

Teaching Taboo:

A Comparative Study of Secondary School Sex Education Curricula and Philosophies

A Senior Honors Thesis for the Department of Education

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Dedication

This thesis is dedicated to the incredible educators at Charlestown High School, Phillips Academy, and the Maranyundo Girls School, particularly Noelle Roop, David Lopes, Amy Patel, Susan Tsao Esty, and Khalia Alleyne. Thank you for the care, support, and love you bring into the classroom each day and for being incredible role models for your students.

Never let practicality stand in the way of idealism.

— Cecile Richards, President of Planned Parenthood

An Introduction

What makes a good sex education program?

At first glance, the answer appears straightforward: to teach individuals about what sex is, how to have sex safely, and what happens if a woman becomes pregnant after having sex. Many researchers cite decreased rates of teenage pregnancy and sexually transmitted infections as evidence of a “successful” program. Others believe quality programming comes from students’ development of personal values, or the “principles or standards of behavior [that affect] an individual’s judgment of what is important in life” (Values, n.d.). And still more researchers claim that a program is beneficial if it helps delay an individual’s first sexual encounter.

But the answer is not actually so simple.

In fact, one must ask several follow-up questions even to come close to a reasonable answer to the question of what makes a good sex education program. For instance, is it not important to ask what is meant by the term “sex”? Or whether or not “sex” is defined the same way for everybody? What about how sex can be integrated into an “educational” framework for instruction? Or who decides what makes a program “good”? What about whether all “good” programs are appropriate for every individual? What about asking who creates these programs? Or who is partaking in these programs? How about asking why people should learn about sex at all in the first place?

Through this abundance of questions, it becomes clear that there is no clear-cut response to what makes a sex education program “good.” Moreover, there never can—nor ever should be—a definitive answer to that question. Each sex education program will look different depending each country, state, city, and school. Each community has its own set of expectations, needs, and

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amount of resources that it can devote to providing sex education to its youth. While one environment may emphasize one aspect of sexual health and ignore another, the school down the street may do the opposite. What may be appropriate for one student may seem outrageous to teach another student due to cultural, developmental, or linguistic differences. No lesson will be the same; no class will learn the same way; and no educator will teach the same way, even if the topic remains constant.

However, despite these variations, one underlying message remains consistent for all programs: *every individual, every school, and every community* should have access to sex education.

Sex is all around us: it is in our books, our music, our favorite television shows, and our news broadcasts. Sex is what brings us into this world and allows us to produce the next generation of people, and the next, ad infinitum. Individuals must learn about sex so that they are able to make safe, pleasurable, healthy choices regarding their sexuality and unite to form a confident, sex-conscious society.

For these reasons, the question should never be about *what* makes a good sex education program, as sex education programs will always vary. The question should be *how* to provide good sex education programs that benefit all schools, all contexts, and all people, especially adolescents, who are on the cusp of burgeoning sexuality and sexual engagement.

The answer to how educators can provide effective sex education programming comes in the form of a framework that has gained momentum in the past several years: social and emotional learning. Social and emotional learning, or SEL, is a framework that provides schools with a basis for curriculum design, classroom instruction, and policy implementation through fostering partnerships between students' classrooms, families, communities, and school districts

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(Collaborative for Academic, Social, and Emotional Learning [CASEL], n.d.). “[E]ngagement, trust, and collaboration” define the SEL process, as well as students’ acquisition of five key skills: self-awareness, self-management, responsible decision-making, relationship skills, and social awareness (CASEL, n.d.). SEL can be applied to a diverse range of environments, as well as schools’ full range of academic subjects, depending on each place’s specific needs (CASEL, n.d.).

SEL is especially important in the context of sex education as sexuality and intimacy are two of the most raw, vulnerable, intimate, confusing, and important subjects about which an adolescent can learn. In late middle school (seventh and eighth grade) through high school (ninth to twelfth grade) students are constantly discovering new parts of themselves while simultaneously negotiating their peers’ differing perspectives, experiences, and anxieties. Some students have even experienced—or continue to experience—traumatic events, such as sexual violence or harassment, and need a place where they can feel comfortable talking about their situation, knowing that their peers will not judge them. Overall, developing SEL competencies ensures that there is an assumed level of respect, security, and support among students and educators within the classroom and that students are making healthy, informed decisions outside of school as well.

Three overarching themes of discussion in sex education curricula are relationships, safety, and choices. Through the framework of social and emotional learning, educators’ instruction on these topics helps students learn how to negotiate desires and boundaries with sexual partners; maintain healthy practices during sexual activity; build positive and caring relationships, whether familial, romantic, friendly, or sexual; define one’s sense of identity; and be cognizant of peers’ feelings and perspectives. Through engaging with the question of how schools educate about these three subjects, the research that follows will ultimately help readers to draw some conclusions regarding if and how schools implement sex education to best benefit their respective student

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populations, whether or not aspects of these sex education programs differ or resemble one another, and how other schools can implement some of these schools' practices to provide their own high schoolers with high-quality sex education curricula in the future.

Therefore, reader, I ask you to think of the following questions as you continue to read this piece and to reflect on your own sex education experience in conjunction with the three schools that follow:

- (1) What is the role of sex education in a comprehensive K-12 education, and how can schools ensure that all students have access to that learning?

- (2) What shapes the values that are inevitably communicated through sex education curriculum?

- (3) What criteria should professionals use to determine if a curriculum has met the needs of students and the community?

Literature Review

I. What is sex education?

Planned Parenthood, the United States' largest provider of reproductive and sexual health education, defines sex education as:

[...] high quality teaching and learning about a broad variety of topics related to sex and sexuality, exploring values and beliefs about those topics and gaining the skills that are needed to navigate relationships and manage one's own sexual health. Sex education may take place in schools, in community settings, or online... [although] parents [should also] play a critical and central role in providing sex education. (Planned Parenthood, n.d.)

Programs typically occur before or during an individual's high school years and cover topics such as puberty, adolescent growth and development, conception, and sexual intercourse (Halstead and Reiss, 2003, p. 137). Ultimately, for the majority of sex education programs, the two most important goals are to reduce rates of sexually transmitted infections (STIs) and teen pregnancy (McKay, 1998, p. 107). Other programs also prioritize decreasing transmission of human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) between sexual partners (Halstead and Reiss, 2003, p. 202).

Unlike a formal study or report of human sexuality, which are often clinical and objective in nature, sex education involves "critical reflection on personal experience," with an emphasis on human behavior and beliefs (Halstead and Reiss, 2003, p. 7). Throughout a given program, participants are encouraged to consider factors such as their culture, the communities of which

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they are a part, society's influence and how these factors affect their values, especially those that they have about sex, sexuality, and relationships (Kendall, 2013, p. 4). Social and Emotional Learning (SEL) should lie at the heart of the curriculum, with students developing competencies in self-management, self-awareness, responsible decision-making, relationship skills, and social awareness (Massachusetts Department of Elementary and Secondary Education, Nov. 2017). Through promoting a SEL framework, schools help students learn more about themselves and others. This framework also aids schools in fostering relationships with families, communities, and other educators (CASEL, n.d.).

Under the umbrella term of "sex education" there exist two main strands of ideology: abstinence only until marriage education (AOUME) and comprehensive sex education (CSE). Although not always the case, AOUME tends to be associated with restrictive or conservative views about human sexuality, while CSE is more permissive or liberal in ideology, especially pertaining to individual choices, informed consent, and preventing pregnancy (McKay, 1998, p. 64; Halstead and Reiss, 2003, p. 98). While one's views on politics and sexuality are often linked, it is important to note these views do not always overlap, and someone may be politically conservative but have comprehensive views about sexuality, or liberal with conservative views about sexuality (Kendall, 2013, p. 8). People also assume that abstinence education and comprehensive education are polar opposites and at odds with one another on the spectrum of sex education practices and ideology. However, in many respects the two types of programs are very similar—such as in their core objectives of educating young adults and emphasizing safety—which is important to keep in mind when comparing or making judgments about the effectiveness of certain curricula (Kendall, 2013, p. 8).

II. What is “Abstinence Education”?

Abstinence education traditionally has its roots in Christianity, specifically dating back as early as the third and fourth centuries AD (McKay, 1998, p. 14-15). Roman theologian and philosopher Augustine (353-430 AD) was a famous icon and bishop who persuaded individuals in the Christian church to frown upon human desire, saying that it was “immoral” and comparable to Adam and Eve’s betrayal of God through “original sin” (McKay, 1998, p. 14-15). Augustine’s condemnation of lust, which was apparent through his pessimistic sermons on sexuality, laid down the foundation for conservative Christian thought surrounding the body, intimacy, and relationships (McKay, 1998, p. 14-15). This conservative dogma developed over time, manifesting itself in the “sanctity” of the nuclear family—a man, his wife, and many children—in the Middle Ages (Kendall 4-5; McKay, 1998, p. 14-15). Family became a “basic unit of identity, community, and nation” in Western society, and sex was limited to being between a man and a woman, more specifically husband and wife (Kendall, 2013, p. 4-5). Homosexuality, single-parent families, divorce, prostitution, and premarital or extramarital sex were all seen as sinful and “threats” to a pure, traditional Christian life (Kendall 2013, p. 4-5; McKay, 1998, p. 14-15). In order to build and maintain a strong relationship with God, and to prevent society from suffering, leaders in the Christian Church encouraged followers to resist any sexual temptations and to view sex as a private and sacred act within marriage, the sole purpose of which was procreation (Kendall, 2013, p. 2-3, 147).

Today, AOUME exists in American society through curriculum and federal legislation that uphold traditional puritanical values, like hard work and a strong moral code. The 1981 Adolescent Family Life Act, for example, was enacted under the Reagan administration to provide funding to abstinence sex education programming, which would “promote self-discipline and other prudent

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approaches” to sexuality (Fine and McClelland, 2006, p. 305). More funding became available in 1996 after Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act, and the Department of Health and Human Services (DHHS) received money under Title V of the Social Security Act (Fine and McClelland, 2006, p. 305). The DHHS gave roughly \$50 million to the states per year in order to fund abstinence-only sex education programs, a number which grew to \$75 million per year when the government resurrected funding and programming for AOUME in 2010 (Fine and McClelland, 2006, p. 305; Santelli et al., 2017). Despite several states refusing funding and shifting toward more comprehensive sex education, \$85 million was allocated to schools through Title V in the 2016 fiscal year (Santelli et al., 2017). Currently more than half of Southern districts and around one in five Northeast districts still have abstinence-only curriculum in their public schools (Fine and McClelland, 2006, p. 322). Given the incentive of funding and the current conservative-leaning state of the United States’ federal government and court system, it is possible that states may demand more conservative programming in the near future (Santelli et al., 2017).

III. Pushback on abstinence-only sex education

Those who disagree with abstinence-only sex education regularly cite problems with the curriculum’s inherent heteronormativity, homophobia, and stigmatization of those who are sexually active. As educators apply scripture directly to the curriculum, abstinence education can “impose religious and moralizing curricula” that are polarizing to non-Christian students (Halstead and Reiss, 2003, p. 98; Fine and McClelland, 2006, p. 307). Students may feel even more self-conscious or uncomfortable as many programs also disregard conversations about sexual orientation and instead reinforce the message that marriage between a man and a woman is always

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virtuous (Fine and McClelland, 2006, p. 306-308). This leads individuals to hide aspects of their identity for fear that they will be “outed,” discriminated against, and/or harassed if they do not consider themselves heterosexual (Fine and McClelland, 2006, p. 310).

Additionally, AOUME is often accused of using scare tactics to prevent individuals from engaging in sexual intercourse. Many proponents of abstinence-only education have a profound mistrust in and condemnation of condoms, birth control, and other forms of contraception, which they incorrectly claim are ineffective in preventing pregnancy or sexually transmitted infections (Fine and McClelland, 2006, p. 312). In her research examining sex education programs around the United States, author Nancy Kendall found that many of the AOUME programs she observed ignored the fact that:

[...] the vast majority of people will have an STI during their lifetimes; second, that most of the STIs contributing to high teen STI rates are not only fully treatable, they have no significant health consequences *if treated in a timely manner*; and third, that stigmatizing STIs and those who have them makes it harder for people to quickly and easily receive preventative care or treatment.

(Kendall, 2013, p. 133)

Furthermore, Henry Waxman, congressman from California, commissioned a group of researchers to review abstinence-only curricula taught in schools. The researchers found that roughly 66% of abstinence-only programs incorporate distorted information and statistics into their curriculum (Fine and McClelland, 2006, p. 309). This distortion was intended to “scare” participants from engaging in sexual intercourse by citing medically inaccurate data, such as increased likelihood of contracting an STI or becoming pregnant (Fine and McClelland, 2006, p. 309). All in all, these

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practices can instill fear, guilt, and shame both in students who have engaged in sexual intercourse and those who have not, which can be problematic in an environment that is highly personal and often vulnerable for students, regardless of their age (Fine and McClelland, 2006, p. 309-311).

IV. What is “Comprehensive Sex Education”?

Comprehensive sex education is another dominant approach to teaching about sexuality. Although probably existing as long as abstinence-only education, comprehensive sex education took off in the eighteenth-century Era of Enlightenment, when people began calling attention to the importance of “truth, justice, and individual rights” in citizens’ everyday lives (Kendall, 2013, p. 226-227). From there, formalized comprehensive curriculum gained popularity in the latter half of the twentieth century. As authors and researchers J. Mark Halstead and Michael Reiss stated in their book *Values in Sex Education: From Principles to Practice*, more diversity of values and attitudes about sex arose in the last fifty years than in the previous five hundred (Halstead and Reiss, 2003, p. 17). Programs operated under the assumption that sex education should constantly adapt to account for changing times and cultures (Halstead and Reiss, 2003, p. 98). CSE educators also emphasized that sex was a natural, empowering act and that sex education should exist to provide information and precautions to individuals so that they can make informed decisions about sexuality, intimacy, contraception, and sexual health in the future (Kendall, 2013, p. 2-3, 147).

Most programs cover a wide range of topics including puberty, reproduction, sexual orientation, gender identity, relationships (familial, amicable, and romantic), communication, personal boundaries, and the influence of society and culture on one’s beliefs and practices (Planned Parenthood, n.d.). In addition, many programs incorporate sex education into a larger framework of health and wellness to illustrate the interconnectedness of an individual’s physical,

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mental, emotional, and sexual health (Halstead and Reiss, 2003, p. 185). Overall, “[i]nstead of holding the act of unmarried teen sex—defined largely by the penetration of a woman by a man—responsible for causing social and psychological problems,” author and educator Michelle Fine writes, “advocates for comprehensive sexuality education place the genesis of social problems not in the act of teen sex, but in the uneven social contexts in which teens develop and sex occurs” (Fine and McClelland, 2006, p. 321). These contexts include individuals’ homes, schools, peer groups, media consumption, communities, states, and home countries, as well as their racial, ethnic, socioeconomic, and educational backgrounds (Fine and McClelland, 2006, p. 316).

Like abstinence-only education, comprehensive sex education underscores that abstinence is the only sure way to prevent sexually transmitted infections and pregnancy. However, educators of comprehensive curriculum do not dismiss individuals who have become sexually intimate and instead try to eliminate the right/wrong dichotomy typically taught in AOUME programs (Fine and McClelland, 2006, p. 306). To account for individuals of all sexual experience, discussion among individuals with a wide range of perspectives is a core component of comprehensive curriculum (Fine, 1988, p. 36). Additionally, comprehensive curriculum educates individuals that they have freedoms “to” and “from” certain entities: people have the freedom to make their own choices, to do what they want with their bodies, and to have control over their actions; people also must have freedom from prejudice, external pressures, discrimination, and interference in their everyday execution of these rights (Halstead and Reiss, 2003, p. 62-63).

V. Pushback on comprehensive sex education

Despite the fact that many people believe that comprehensive sex education is the only appropriate way to teach students about sex, other people critique several aspects of its curriculum. One of the biggest complaints is that because the program is not abstinence-only, learning about resources and contraception may encourage teenagers to engage in sexual intercourse (Halstead and Reiss, 2003, p. 158). Further pushback comes from the fact that many programs cite that sex can be for pleasure and not simply for reproduction. This can be incompatible with individuals' religious beliefs or morals (Halstead and Reiss, 2003, p. 71). A prime example of this was Jocelyn Elders' forced resignation as Surgeon General in 1994 after giving a speech at the United Nations conference on AIDS. Elders supported comprehensive sex education and the promotion of masturbation as a safe alternative to sex, which triggered a great deal of negative response (Fine and McClelland, 2006, p. 324). The secular nature of comprehensive education is seen as problematic, as morality and religious ideology are usually heavily intertwined. Therefore, this tension between pragmatics and pleasure and between sex education and one's religious tradition can create a rift between families and schools due to trust issues, and even between individuals and their own families and communities (Halstead and Reiss, 2003, p. 88-89).

Even those who consider themselves more liberal in their opinions of sex education question the imbedded assumptions present in comprehensive curriculum. Despite framing students' expression of their sexuality as their choice, stigma nonetheless exists in students asking for contraception or declaring that they have engaged in sexual intercourse (Kendall, 2013, p. 129-130). Stigmatization is also a factor in discussions about rape and sexual assault. In educators' focus on students' individual responsibilities, there is an underlying level of victim-blaming and the notion that the victim (usually a woman) could have prevented the assault or rape (Kendall,

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2013, p. 211-214). The overarching narrative of heteronormativity and gender inequity are also apparent in programs' perpetuation of gender stereotypes regarding love, emotions, and roles in relationships, and gender binaries (Kendall, 2013, p. 171). Furthermore, some educators continue to insist that identifying oneself as gay, lesbian, bisexual, or queer is a "lifestyle" or "choice" rather than an innate part of the individual's being (Kendall, 2013, p. 185). Discriminatory beliefs about another's race, socioeconomic class, and age can also play a damaging role in curricula and educators' presentation of information (Kendall, 2013, p. 145).

Finally, the moral facet of comprehensive sex education curriculum can be isolating and destructive for students' understanding of intimacy and their self-esteem. Despite the fact that comprehensive programs pride themselves on being inclusive of a range of experiences and perspectives, educator Nancy Kendall points out that these curricula are nonetheless "shaped by embedded assumptions about what constitutes 'good' individual decision-making and 'good' sexual behavior and relations," thus making sex education a "morality tale" (Kendall, 2013, p. 6-7). In other words, through policy makers', parents', teachers', and administrators' prioritization of a reduction in teen pregnancy rates, sexually transmitted infection rates, and other "risky" behaviors in comprehensive curricula—albeit for the "good" of the students—they are evoking value judgements about sex before students get a chance to form their own beliefs and values (Halstead and Reiss, 2003 p. 8; Kendall, 2013, p. 129). This ideology establishes the idea that "teen sexuality [is] dangerous, teen sexual health [is] precarious, and teen parenting [is] an individual failure and social ill" and that teens are "*becoming*, rather than *being* sexual actors" (Kendall, 2013, p. 131-132).

VI. Current issues of debate

Within both AOUME and CSE strands of teaching, several topics have come to the forefront of discussions in the past decade. In particular, issues related to the age at which students should begin to learn about sex and sexuality, female agency, consent versus coercion, and pornography have received attention given the currently changing political, cultural, and technological landscapes.

Age of instruction:

The question of when to begin incorporating sex education into students' schooling has been around for ages. For many curriculum developers, the tension lies between wanting to give students information and not wanting to corrupt students' "childhood innocence" (Halstead and Reiss, 2003, p. 156). However, one statistic claims that "in the United States, teenagers under fifteen are at least five times more likely to give birth than similarly aged teens in other industrialized nations" (Fine, 1988, p. 49). Additionally, one in four fourteen to nineteen-year-olds is diagnosed with an STI each year, and just under one in five abortions are performed on adolescent girls (Kendall, 2013, p. 1; Fine and McClelland, 2006, p. 319). Furthermore, child abuse, pedophilia, and other various forms of exploitation are a reality for many children and teenagers, without any adults' consideration of that child's feelings or innocence (Kendall, 2013, p. 223). Therefore, starting this education before youth get pregnant, contract sexually transmitted infections, or face other negative consequences is imperative in order to decrease the likelihood of these situations occurring in the future.

Author Alexander McKay believes that educators and parents should be honest in telling young children the concrete details of the human anatomy and sex whenever the child asks them,

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regardless of if that child is three or thirteen (McKay, 1998, p. 147). Using developmental psychologist Jean Piaget's theory of cognitive development as a basis for his reasoning, McKay suggests beginning conversations about sex and sexuality between ages seven and eleven, when children are in the stage of "concrete operational thought" (McKay, 1998, p. 147). As children begin to think more abstractly and are able to critically engage with more topics during "formal operational thought" (roughly ages eleven through twenty), then McKay suggests delving into topics more thoroughly, including why humans go through puberty and engage in sexual intimacy (McKay, 1998, p. 148). Furthermore, J. Mark Halstead and Michael Reiss suggest in their book, *Values in Sex Education: From Principles to Practice*, that schools should incorporate "birth education" and relationship-building skills into the curriculum before formally addressing the sex portion of "sex education" (Halstead and Reiss, 2003, p. 174-176). They also say that adults should be cognizant of "children's writings and drawings [which] may contain explicit or implicit efforts by sexually abused children to communicate this to others" (Halstead and Reiss, 2003, p. 176). Finally, Halstead and Reiss's ideas align with McKay's in that they suggest teachers begin sex education instruction by talking to young students about what is acceptable versus unacceptable sexual behavior, and then working up to other topics such as pleasure, communications, and self-esteem (Halstead and Reiss, 2003, p. 177). In both cases, these authors support students' slow accrual of knowledge from early youth through high school, straightforward terminology regarding the human anatomy, and the significance of intimacy in relationships from students' earliest educational experiences in order to best prepare these individuals for their future sexual encounters and relationships.

Female sexual agency:

Michelle Fine, a Distinguished Professor of Critical Psychology and Urban Education at the City University of New York, tackles sex education curricula's restrictive and destructive views of female sexuality in her pieces "Sexuality, Schooling, and Adolescent Females: The Missing Discourse of Desire" (1988) and "Sexuality Education and Desire: Still Missing after All These Years" (2006). In her analyses, Fine describes programs' perpetuation of female "vulnerability to potential male predators" and female's agency confined only to heterosexual marriage (Fine, 1988, p. 31-32). Moreover, women are victimized due to the antiquated view of the female sex as solely modest, chaste, and pure, as well as needing to be protected by men (Fine, 1988, p. 32). Fine stresses that sex education programs need to incorporate a "discourse of desire," where women have more subjectivity. Programs should give women the opportunity to learn negotiation skills, self-advocacy, and about sexual pleasure, rather than forcing women to assume that their realm of influence lies exclusively in their relations to men, as was the case in the Middle Ages and early American puritanical society (Fine, 1988, p. 33). Ultimately, in giving women agency in sex education programs, educators would "invite adolescents to explore what feels good and bad, desirable and undesirable, grounded in experience, needs, and limits" irrespective of sex or gender (Fine, 1988, p. 33).

Consent education:

Educators have also begun to take more consideration into explaining to their students what consensual and coercive sexual encounters look like so that they can maintain healthy relationships and avoid abuse and/or exploitation. With worldwide conversations such as the social media hashtag "#MeToo," which calls attention to the global prevalence of sexual harassment, assault,

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and abuse, women like New York Times Magazine writer Maggie Jones says that better sex education programming is imperative in order for students to better understand how to communicate with one's partner(s) in sexual relationships (Johnson, 2018). Like Jones, many advocates say that the first step to having better programming is having educators define sexual empowerment and mutual decision making in opposition to force, victimization, and crime (Fine, 1988, p. 41). In formulating this dichotomy, students can understand the boundaries of safety and harm when becoming intimate with a partner (Fine, 1988, p. 41). Furthermore, educators should teach students about cues to continue on with a sexual act—particularly recommending a verbal, enthusiastic “yes” instead of simply relying on body language—as well as cues to stop or go slower in a sexual act (Kendall 2013, p. 214-218). Individuals perpetuate victim-blaming practices in cases of sexual assault, stating that the rape or assault could have been prevented if the individual had dressed or acted differently (Kendall, 2013, p. 210-211). However, educators should make clear that dress, promiscuity, or other acts do not cause rape: not understanding the line between active permission and taking advantage of someone does, which is why consent education is so crucial (Kendall, 2013, p. 210-211).

Pornography

Since the birth of the internet, adolescents have easier access to information than ever before, including sexual explicit materials. Pornography websites in particular make up a large proportion of the top 100 most visited websites worldwide. For example, PornHub averages over 92 billion views per year (Johnson, 2018). Researchers estimate that an individual's first exposure to pornography typically occurs between the ages of thirteen and fourteen, and 42% of ten to seventeen-year-olds have seen porn at least once (Jones, 2018; Johnson, 2018). Some studies even

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estimate that by college age (typically eighteen years old), 93% of males and 62% of females will have watched porn or used it for erotic stimulation (Jones, 2018).

In light of these statistics, educators feel driven to address this phenomenon in their sex education curricula. Of the most pertinent issues, legal age of viewing (eighteen years old, despite many sites not verifying viewers' ages), sexual aggression, viewers' treatment of porn as a "how to" guide for sex, and the business, entertainment, and production side of pornography are particularly important to address in their curricula (Jones, 2018). Programs such as The Truth About Pornography, which is based in Boston's South End, are focused on "pornography literacy" and "reduc[ing] sexual and dating violence" among youth (Jones, 2018). Journalist Maggie Jones emphasizes that adolescents are "not able to separate what is fake and what is real" in everything from pleasure and length of sexual encounter to grooming and body positions (Jones, 2018). Therefore, it is important to unpack these ideas and give students the information they need in order to make healthy, informed decisions regarding their sexuality and use of porn (Jones, 2018; Johnson, 2018).

While talking about pornography may make sex educators and students' parents uncomfortable, particularly due to religious or moral objections, advocates for porn literacy stress the importance of treating pornography as just another facet of sexuality about which students should feel comfortable thinking and talking. Because the internet is not going anywhere, we need to "analyze [porn's] messages... [rather] than simply wishing our children could live in a porn-free world" (Jones, 2018). Renowned sexuality educator and author Al Vernacchio says that by framing pornography in terms of personal values and by communicating to parents that it is his job to teach skills to students, he is able to get past the "foreignness" of teaching this material and instead make the information helpful and worthwhile to students (Johnson, 2018). Emily Rothman,

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program coordinator for Boston's The Truth About Pornography curriculum, even recommends that parents and educators browse pornography websites in order to be up-to-date on information and better facilitate the conversations they have with young people (Johnson, 2018). Overall, as Maree Crabbe, who has studied pornography and sexual violence, eloquently said, "We want to be positive about sex, positive about masturbation and critical of pornography" (Jones, 2018). Therefore, discussing and challenging the expectations that porn sets up for viewers is imperative in order to have a complete curriculum.

Overall:

These issues are just some of the many subjects driving conversations about equity, fairness, respect, and safety within sex education today. A large range of opinions and perspectives exist within each category, with much of the same pushback that affects abstinence and comprehensive programming. However, as will be mentioned later on in the discussion of "best practices," debate is often a place where the most reflection and analysis occur. Therefore, it is important to comment on these matters so that students can be equipped with knowledge to make thoughtful, educated decisions in terms of their sexuality, relationships with others, and acts of intimacy.

VII. A framework for engaging with the question of “best practices”

In examining AOUME and CSE curricula, it is clear that determining the “best” practices for a sex education curriculum can be difficult to generalize. Different schools, communities, and individuals have different needs, values, and opinions. And, while it is important to address as many of those demands as possible, curriculum developers report that it can be a difficult and frustrating process to do so.

Nancy Kendall, Associate Professor of Educational Policy Studies at the University of Wisconsin-Madison, tackled this question of “best practices” in her seminal work, *The Sex Education Debates* (2013). In her research spanning five states and a range of academic programs, Kendall confronts the ways in which schools teach sex education in the larger social, racial, political, cultural, and economic contexts of which they are a part. Ultimately, she concludes that only through the combined work of many institutions and people that educators will be able to implement the “best” practices and provide students with the best education possible.

First and foremost, thorough research needs to provide the basis of the curriculum. Kendall stresses the need for researchers to approach the study of sex education in a “comparative, ethnographic, policy-as-practice” manner (Kendall, 2013, p. 17). In only examining the context of one school, community, state, or country, researchers end up making generalizations when they should be conducting further comparisons with and interrogations of other data (Kendall, 2013, p. 11, 18). Instead of looking at data in isolation, Kendall recommends that researchers examine policies, trends, and cultural differences on a local and global scale in order to understand the significance of sexual health with a multi-tiered, intersectional perspective (Kendall, 2013, p. 138).

With this research in mind, institutions must also recognize the number of influences that contribute to students’ knowledge about sex. While a formal curriculum provides one method of

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instruction, “speech, norms, and practices in all of the students’ classrooms, school cafeterias, locker rooms, [and] dances” dictate the “hidden” curriculum through which students are also learning about sex (Kendall, 2013, p. 12). Educators would be remiss if they did not acknowledge that students learn information in many ways, by many people, at different points in their lives, and through myriad circumstances, including situations beyond the classroom walls, such as on social media and from older siblings. Therefore, Kendall stresses how crucial it is for educators to be cognizant of students range of learning experiences and perspectives when crafting a valuable program.

Next, Kendall discusses significance of teaching about sex through the lens of equity and inequity. In particular, she argues that gender and sexuality are two subjects that educators have historically taught in a biased manner. This can lead to the perpetuation of harmful narratives regarding power dynamics between men and women (Kendall, 2013, p. 178). Because “information about sexuality...is always embedded in the fabric of power, privilege, and social structures of society,” Kendall says educators should constantly challenge the sexist and homophobic systems of oppression present in their culture (Kendall, 2013, p. 186). In doing so, schools would move toward having discussions of gender and sexuality that are inclusive of all identities. Students, particularly those who experience bias, such as women and queer students, will then feel more respected and comfortable in their classrooms and thus be more open and receptive to new information.

Finally, Kendall makes the claim that making sex education programs democratic is the single most important practice that institutions and educators can implement and enforce. She defines democratic sex education as a way of teaching about sexuality and intimacy that values and includes all opinions and ideas regarding sex (Kendall, 2013, p. 235). This type of education

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gives students a place for “deliberation,” “debate,” “critique,” “challenge,” “engagement,” and “reflection” outside of their traditional academic routines (Kendall, 2013, p. 221, 235). Teenagers in particular want to have their voices heard, so the hope is that through having them ask questions and discussing topics pertinent to their lives they will be more invested and interested in the material.¹

Moreover, Kendall believes that democratic sex education is part of one’s civic duty. She believes that increased “dialogue between sex and sexuality researchers and curriculum specialists, teacher educators, local policy makers, and teachers” and among students provides the most comprehensive and informed curricula (Kendall, 2013, p. 237). Because part of being an active citizen in a democratic society means learning to respect others and seeing situations from many perspectives, Kendall believes that sex education should be a microcosm of this system (Kendall, 2013, p. 240). In order to problem-solve and create productive change, everyone in a given community must be involved in determining and implementing sex education curriculum rather than continuing to treat the material as an inconsequential topic of discussion. Ultimately implementing a democratic educational framework would mean acknowledging all perspectives, which may prove difficult for teachers considering the vast range of perspectives that individuals may have. However, Kendall refuses to believe that the existence of more opinions provides an obstacle for curriculum designers or educators: if anything, these many ideas should prompt critical analysis, negotiation, and consideration of the many angles one may have in looking at the same issue.

¹ A prime example of this was the recent protests led by students in response to a mass shooting at the Stoneman Douglas High School in Parkland, Florida on February 14, 2018. Students organized the “March for Our Lives” demonstration to protest gun violence and advocate for more gun control laws across the United States. For more information, the Time article “The School Shooting Generation Has Had Enough,” by Charlotte Alter (March 22, 2018) provides a great overview and analysis of the events during and following the shooting.

VIII. So, what are some of the “best practices” that schools can incorporate?

First and foremost, a commitment to liberal values, such as personal autonomy, rationality, and freedom, should lie at the heart of any sex education curriculum (Halstead and Reiss, 2003, p. 59). Teachers should remind students that sexuality and acts of sex are both intensely personal experiences; moreover, whatever a person does to provide their bodies with pleasure is ultimately their choice (Halstead and Reiss, 2003, p. 162-163). However, in order to foster these feelings of independence and responsibility, teachers must also encourage “open, critical thinking [to ensure] that students have good reasons for their beliefs and actions” that are ultimately rooted in compassion, honesty, and support (Halstead and Reiss, 2003, p. 64). In a sex education classroom, educators give students information, answer students’ questions, and provide students with support—the “preparatory” side of the curriculum. But, ultimately, the curriculum must take on a constructivist perspective, meaning that students must be the ones who take in all knowledge and messages, form their own opinions, and make the decisions that feel “right” to them (Halstead and Reiss, 2003, p. 194). In this model, the responsibility of the learning is up to the learners themselves through a “hands-on” approach that requires individuals to learn through asking questions, experimenting, making inferences, and drawing their own conclusions.

Secondly, schools should create a culture that decreases students’ feelings of guilt, embarrassment, anxiety, and discomfort surrounding sex (Halstead and Reiss, 2003, p. 137). Educators should not force students to be in groups with peers who make them uncomfortable (Halstead and Reiss, 2003, p. 178). Students should not be expected to already know certain material, and teachers should not judge students for whatever the student might ask, say, or think (Halstead and Reiss, 2003, p. 178). Instead, giving students the freedom to choose to whom they talk and emphasizing tolerance and sensitivity may lessen feelings of pressure or fear in students

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and encourages trust among students and faculty members instead (Halstead and Reiss, 2003, p. 178).

Furthermore, schools should be viewed as students' primary resource for obtaining information about sex and sexuality. Parents entrust schools with the social and intellectual development of their children, and sex is inevitably part of that development. Despite the fact that researchers estimate that between 70 to 78% of parents talk about sex to some degree with their teenage children, many parents do not have the right terminology to communicate with their children, nor do they feel comfortable holding extensive conversations (Guttmacher Institute, n.d.). In addition, students' physicians may not provide adolescents with adequate information or counseling on sexual health-related topics, as the average length of conversations regarding sex last roughly twenty-six seconds in the doctor's office (Guttmacher Institute, n.d.). On the other hand, school is the place where students spend most of their time, have peers their age with whom they can talk, and have access to a variety of resources (Fine, 1988, p. 36). The majority of students have the same level of understanding in regard to sexuality and intimacy, so they are constructing knowledge and discussing this new information together. It is also easier for some students to reach out to someone at school, such as a nurse, teacher, or friend, to talk about more confidential or embarrassing topics than a family member, as these other individuals have an outside, objective perspective.

Fourth, sex education curricula should leave room to allow students to discuss, dissent, challenge, critique, and support the material with which they are presented (Fine and McClelland, 2006, p. 327). Aside from learning about themselves, students should use sex education as an opportunity "to learn about...how we as a country make decisions and talk about sex in public institutions" (Kendall, 2013, p. 4). Students should use the context to learn "about critical thinking,

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about broader school and social mores and values, and about appropriate forms of civic engagement with public institutions” (Kendall, 2013, p. 4). While groups of students may not agree on every topic, they should learn to recognize that part of living in a democratic society is listening to others’ thoughts and opinions and that the best opportunities for knowledge occur between those who may not think in the same way (Kendall, 2013, p. 221, 235). And, in keeping an open mind on such a personal subject, as difficult as this action may be, students can help to preserve an environment where their peers feel safe enough to share their thoughts and experiences. To foster this atmosphere, curricula must be constantly critiqued and leave room for students’ discussions, and teachers must work hard to involve all students in active dialogue.

Finally, parents and families, communities, and specialists in community health, adolescent development, education, psychology and medicine should be involved with the planning and implementation of the sex education curriculum (Kendall, 2013, p. 11, 239). Increased “dialogue between sex and sexuality researchers and curriculum specialists, teacher educators, local policy makers, and teachers,” as well as more training opportunities, ensure that the best, most up-to-date practices are being put in place in schools and that all members of the community are focusing on the same issues and principles (Kendall, 2013, p. 237). Moreover, by consistently consulting with families and providing them with the materials used in class, school and family partnerships may be much stronger. Ideally, through doing so, families will be less likely to distrust the school’s practices or withdraw their child from the sex education program and might even use the schools’ resources at home or search for more information to supplement the curriculum (Halstead and Reiss, 2003, p. 179-180).

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While this list of best practices is not exhaustive and surely not perfect, it addresses many of the environmental systems within which individuals live. This list also upholds the notion that sex education should be as safe and engaging as it is informative, like all curriculum.

In order for these practices to be the most effective and wide-ranging, educators need to acknowledge the variety of backgrounds and beliefs that students may have and address them within the curriculum. As in Nancy Kendall's framework, Alexander McKay, research coordinator for the Sex Information and Education Council of Canada, suggests democratic sexuality education as a way of tackling the multiple ideologies that may be present in a classroom. In a democratic program, everyone is entitled to their own values and ways of life, as long as they do not impose those values and ways of life on others (McKay, 1998, p. 127). Students engage with all perspectives without bias, knowing that their rights—such as their right to freedom of belief—will not be limited on the assumption they do not limit others' beliefs in return (McKay, 1998, p. 134-135). McKay gives the example of teaching about homosexuality to demonstrate his point: while some individuals agree with same-sex intimacy and others do not, the topic would have to be taught in the curriculum regardless because ignoring same-sex relationships would infringe upon an individual's right to safety and freedom from harm, such as homophobia and sexuality-based discrimination (McKay, 1998, p. 162). In another example, McKay points out that the "natural facts" of gender—such as normative views of men's strength and women's sensitivity—would have to be rejected in a democratic curriculum because these "facts" perpetuate a presupposed ideology and infringe on individuals' right to equality (McKay, 1998, p. 171). Overall, individuals may not agree with every topic (as in the cases above, where someone may be homophobic or sexist), but ideally McKay hopes that everyone would have access to equal rights within the

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classroom and have the ability to access all information that is not harmful, exploitative, or discriminatory to others (Kendall, 2013, p. 187).

IX. A final word on values

Educators must treat sex education—just like any academic subject—sensitively and be aware of the impact they have on forming students’ understandings of themselves, their community, society at large, and even the world (Halstead and Reiss, 2003, p. 9-10). Teachers should also recognize that students’ have specific points of view going into sex education classes, which further contribute to curricula’s interpretation, discussions between peers, and inquiries that the student may have regarding sex. Overall, sex education can never be value-free: each comment, question, and framework has the possibility of affecting an individual’s perspective and having larger implications outside of the classroom walls (McKay, 1998, p. 30).

Several factors may influence teachers’ and students’ feelings toward sex and sexuality. First and foremost, an individual’s gender, sexuality, ethnicity, race, socioeconomic status, educational background, and ability make up the core of who they are, which inevitably has an impact on their beliefs (Fine, 1988, p. 35). Additionally, one’s past and memories, present situation, and prospects in the future may also play a part in constructing an individual’s attitudes and responses to intimacy and sexuality (Fine, 1988, p. 35). Next, one’s personality, reactions to peer pressure, self-esteem, and sense of morality can affect their outlook on these topics (Fine, 1988, p. 35). Or one’s family, friends, community, school, location, encounters with media and popular culture, and access to healthcare and contraception can contribute to the individual’s relationship with and understanding of sex, as well as their opportunities to learn more about sex and sexuality (Fine, 1988, p. 35, 319). And, finally, an individual’s exercise of their political beliefs and rights, practice of their religion

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or spirituality, culture, citizenship, and perception of their body and how they believe others see them are all incorporated into one big system that shapes their values toward sex (Halstead and Reiss, 2003 p. 17-21, 86).

In a classroom setting, this variety of outlooks and experiences that people bring into sex education establish a dynamic system of knowledge. However, it is important to also acknowledge the difficulties with such a range of ideologies, as too much diversity can often lead to disagreements, tension, and confusion. As mentioned earlier, educators must be cognizant of this fact when following curriculum and leading discussions so that they remain in control of the classroom to the extent where as many voices as possible are heard and none are repressed or ridiculed.

X. Conclusion

Regardless of the type of sex education program or what individual lessons or practices schools employ, the integration of social and emotional learning, democratic education, and constructivism is ultimately the key to ensuring that schools will meet the needs of all of its students. Through social and emotional learning, students learn to make decisions, build relationships, collaborate, and consider their own thoughts and feelings. In democratic education, students learn about the perspectives of others, engage in conversation, and point out material that they may find harmful to themselves or their peers. And, with constructivism, students are constantly asking questions and building upon their wealth knowledge in order to make further inquiries and conclusions.

Through these pedagogies, schools have a basis from which they can include their community in engaging dialogue regarding this important issue. No matter how difficult, no matter how exhausting, and no matter how uncomfortable, adults must remember to talk about sex education

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with youth, or else anti-sex rhetoric and silence will remain the norm. It is a human right to have access to information about one's own body, and it should be a global imperative to provide every young person with a sex education that empowers, protects, and supports them throughout their lifetimes. The discussions of the schools that follow offer a few examples of how educators are addressing the topics of sexuality and intimacy in the classroom while using social and emotional, democratic education, and constructivist perspectives.

Purpose and Methodology

The purpose of this research was to understand schools' rationales for teaching sex education to high schoolers and how these schools' values and beliefs about sexuality, relationships, and intimacy consequently influenced the sex education curriculum that the institutions provide. By evaluating three sets of curricula across a range of academic institutions and paying particular attention to the ways in which schools address relationships, safety, and choices in their curricula, I hoped to uncover the principles most important to each school and context then propose evidence about what makes a successful sex education program in cross-comparing the three curricula.

The three schools I examined were Charlestown High School (CHS), a public school in Charlestown, Massachusetts, which is a part of the Boston Public School system; Phillips Academy (PA), an independent boarding high school in Andover, Massachusetts; and the Maranyundo Girls School (MGS), a secondary boarding school for seventh to twelfth grade girls in Nyamata, Rwanda. I chose these schools for the differing sizes of their student populations, racial distribution, environments (urban versus suburban), type of school (public versus private), and needs of their students (such as if a school accommodated for Special Education programming or those who are English Language Learners). This variety of factors would evidently influence the program's curriculum design, priorities in instruction, and intentions, hopes, or expected outcomes.

I also thought it was appropriate to focus on these three programs as a culmination of my undergraduate career, as I have had different relationships with each school throughout my time at Tufts University. I spent every Thursday morning in the fall of 2017 observing and assisting in

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two Civics classes for eleventh- and twelfth-graders at Charlestown High School; I had attended Phillips Academy all four years of high school and then returned to work there as a Teaching Assistant and House Counselor during the summer after my junior year at Tufts; and I have learned about the history of Rwanda and the Maranyundo Girls School in my Global Educator course and through my advisor, Linda Beardsley, who is the Chair of the Maranyundo Initiative Education Committee. Yet despite my familiarity with each school, I had limited knowledge of the sex education programs that were currently in place or how those programs reflected the schools' values and opinions toward relationships, safety, and choices. Therefore, focusing on my research in this domain was fitting in order to learn even more about each institution.

It was important for me to conduct this research from an educational perspective, rather than from a moral, ethical, clinical, psychological, or public health viewpoint. Issues related to instruction, ideologies, and bonds formed among students, teachers, administrators, health professionals, and policy makers had to be at the forefront of my study in order to appropriately examine the system of education and implications of "learning" in the context of sex education. Thus, in order to appropriately study these curricula, I had to take several steps when collecting information to ensure that I had the necessary background, materials, and opinions from each institution that I researched.

The first step in collecting data was obtaining any written materials that explicitly outlined parts of each school's sex education curriculum. This included any school rules, state or public policies, and/or national standards that may influence these schools' programming and decisions.

In examining Charlestown High School, for example, I had to look at legislation from the state of Massachusetts because it is part of the public-school system. Then, because Charlestown is a part of the Boston Public School group, I had to review the Health Education Frameworks,

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Student Learning Outcomes, and Comprehensive Health Education Policy applicable to all Boston public schools. Finally, I reviewed an outline for the ninth-grade sex education program at Charlestown, as well as materials specific to students with special needs within the Charlestown community.

For Phillips Academy, there were no restrictions at the state level, as PA is an independent school and does not have to adhere to any state laws for curriculum. Therefore, I only examined documents specific to the school: PA's rule book (The Blue Book), two lesson plans (one for talking about boundaries and another for healthy relationships and sexuality), a discussion guide used in student dormitories, and an overview of a four-year proposed development plan for the school's sexual health curriculum.

Finally, for the Maranyundo Girls School, national legislation lay at the foundation of my research, as many guidelines are defined for the entire population. Therefore, I focused on documents relating to the launch of national health campaigns in Rwanda, the Millennium Development Goals set by the United Nations, the Education for All National Review Guide from 2015, and two policies related to adolescent health and family planning by the Ministry of Health in Rwanda. Then, I looked at the national Competence-Based Curriculum Frameworks for instruction at the primary and secondary levels and the Ordinary-Level Biology Syllabus for seventh to ninth graders (S1-S3). Despite the fact that Maranyundo is a private school, it follows national guidelines, and thus these frameworks and syllabus apply to the school, too. Lastly, I looked at a PowerPoint specifically for a seventh-grade biology course at MGS, which was created by one of the science teachers.

After compiling these data, I supplemented the documents with written or verbal correspondence with individuals at each institution. Although the curricula are taught to students

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aged roughly fourteen to nineteen, I contacted only health professionals, administrators, and sex educators at the respective institutions, all of whom were at least twenty-five years of age. I began by emailing each individual asking them for either a face-to-face interview or written correspondence via email, and upon each interview or correspondence I provided the individuals with a consent form to sign and a list of the questions that I would ask them. My goal was to use each interview as an opportunity to ask follow-up questions about any resources used in the curriculum, time commitments and implementation of programming within school schedules, program history, and successes and failures of each particular program in a reasonably quick and thorough manner.

For Charlestown High School, I communicated over email with Megara Bell, Sexual Health Coordinator in the Boston Public Schools, and Paulette DiSpagna, Licensed Mental Health Counselor and Student Support Coordinator at CHS. I also met in person with Noelle Roop, Ph.D., Executive Director of Student Support Services at CHS, and David Lopes, CHS's Wellness Champion, head of the CHS Transition Program for students with special needs, and one of the two sex educators at CHS. For Phillips Academy, I conducted a joint in-person interview with Dr. Amy Patel, Medical Director and Wellness Educator, and Susan Esty Ph.D., Director of Wellness Education. Lastly, at the Maranyundo Girls School, I corresponded with Khalia Alleyne, a Teaching Fellow at MGS and a graduate of Tufts University's Master of Arts in Teaching (MAT) program in Secondary English.

Through these methods, I was able to gather a thorough inventory of each school's sex education materials, as well as some background on the respective programming and schools themselves. The next three chapters are each devoted to one of the three high schools, and the fourth chapter is dedicated to comparisons between Charlestown and Phillips Academy,

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Charlestown and Maranyundo, Maranyundo and Phillips Academy, and all three schools together. Lastly, I will describe some limitations to my work, some conclusions I have drawn throughout this research, and some suggestions for further sex education programming that any school can employ in the future.

Charlestown High School (Charlestown, MA)

I. Background on Charlestown High School

Charlestown High School (“CHS”) is an urban public school in Charlestown, Massachusetts, that is a part of the Boston Public School district, led by superintendent Dr. Tommy Chang (Boston Public Schools [BPS], n.d. (g)). Students are allowed to apply to any of the thirty-three high schools within the BPS system, so long as they rank at least five schools when applying (BPS, n.d. (c)). CHS does not require an additional application, nor is it an exam school (BPS, n.d. (c)). However, due to the limited number of spots at each school, students travel from all over Boston to attend CHS, with varying lengths of commute (BPS, n.d. (c)).

Charlestown High School students range from grades nine through twelve, in addition to roughly seventy-five “Diploma Plus” students.² In the 2017-2018 school year the student body consisted of 919 students and seventy-five students in the Diploma Plus program (Massachusetts Department of Elementary and Secondary Education [MA DOE], 2017b).

The majority of students (85.8%) at Charlestown are considered “high-needs” by the Massachusetts Department of Early and Secondary Education (MA DOE, 2017c). The U.S. Department of Education defines these students as:

at risk of educational failure or otherwise in need of special assistance and support, such as students living in poverty, who attend high-minority schools...who are far below grade level, who have left school before receiving a regular high school diploma, who

² To qualify for Diploma Plus, individuals must be “over-aged” (18+) and “under-credited” (Diploma Plus, n.d.). Individuals work toward a general equivalency diploma (GED) and gain other skills useful for post-secondary school life (BPS, n.d. (d)). The program provides “a unique educational experience that focuses on restorative justice practices and a social justice curriculum” (Charlestown High School [CHS], 2018c).

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are at risk of not graduating with a diploma on time, who are homeless, who are in foster care, who have been incarcerated, who have disabilities, or who are English learners. (United States Department of Education [U.S. DOE], n.d.)

There are many factors that contribute to this classification. For starters, nearly two-thirds of students at CHS are considered economically disadvantaged (MA DOE, 2017c). For the class of 2017, roughly 15% dropped out at some point during their high school career: 11.8% of male students and 19.2% of female students (MA DOE, 2017a). The average number of days of school students miss per year is about thirty, and 49.6% of students are chronically absent, missing ten percent or more of the school year (MA DOE, 2017d).

Moreover, CHS predominantly consists of students of color. Nearly one third of students is African American or Black, and 13.2% identify as Asian (MA DOE, 2017a). Moreover, close to half of students identify as Hispanic or Latino (48.4%) (MA DOE, 2017a). Meanwhile, CHS's population of White students is less than five percent, while 14.2% of students in the Boston Public School district is White, and over 60% of students in the state are White (MA DOE, 2017a).

In addition to CHS's racial and ethnic diversity, differences in language and ability are also varied at the high school, adding to their identification as a "high-needs" school. For over 60% of students, English is not their first language (MA DOE, 2017c). The Massachusetts Department of Education estimates that 42.5% of the total student population are English Language Learners (ELLs) (MA DOE, 2017c). Among the 390 ELLs, the administration at Charlestown estimates that roughly 230 students are currently in Sheltered English Immersion (SEI) (BPS, n.d. (e)). SEI is a program with three levels of instruction based on students' English proficiency (BPS, n.d. (e)).

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The other 160 students are integrated into mainstream classes (BPS, n.d. (d)). Moreover, a quarter of students are considered students with disabilities (MA DOE, 2017c). 160 of these individuals are substantially separate from their typically developed peers for class (N. Roop, personal communication, March 2, 2018).

During the 2016-2017 school year, CHS had 86 teachers, with a student-teacher ratio of 10.6 to one (MA DOE, 2017e). The school is divided into six Small Learning Communities, designed for different populations of students in “smaller cohorts so every student receives the guidance and support (*sic*) his or her needs” (BPS, n.d. (d)). Some other resources that are unique to Charlestown include it’s C-Town Business program, which prepares incoming ninth graders for careers in business through projects and college credits; C-Town Tech program, a six-year technology-centered path for students through high school plus two years of community college; BUILD entrepreneurship program with Bunker Hill Community College; and the Liberty Mutual Math Excellence program that “offers scholarships to students in grades 9 to 12” (BPS, n.d. (d)).

Lastly, CHS shows its school spirit through its red, white, and blue school colors and its nickname of the “Townies” (CHS, 2018b). It’s mission as a school is for students “to be critical thinkers and bold leaders” through its core values of recognition and celebration of diversity, high expectations and high support, and collaboration and community (CHS, 2018a). CHS also has “21st-century expectations,” meaning that it hopes students will:

- Ask real questions
- Find real answers
- Challenge oneself
- Learn together
- Create change

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both in the CHS community and in post-secondary life (CHS, 2018a).

II. History of CHS's Sex Education Program

“Sex education in [the Boston Public School district] used to be provided in a somewhat haphazard [way] and [on a] school by school basis,” stated Megara Bell, Sexual Health Coordinator for BPS, in an email correspondence. “Then BPS moved away from community partners and now has a centrally developed curriculum and offers training and support to priority high schools, of which Charlestown is one” (M. Bell, personal communication, February 20, 2018).

This endeavor to create a standardized curriculum across Boston began in 2010 when the BPS Health and Wellness Task Force completed “Healthy Connections,” a strategic plan solely devoted to student health in the Boston neighborhoods (BPS, n.d. (a)). The task force devised a list of goals to increase physical education, health education, physical activity, and healthier meals and snacks for students, as well as providing access to more out-of-school services and programming (BPS, n.d. (a)). The district also created a Health and Wellness Department “to improve the quality, increase the quantity, and ensure equity of health and wellness services across BPS...[with] Academics, Social Emotional Learning & Wellness and Operations to provide an array of interdisciplinary services and supports to school” (BPS, n.d. (b)). According to the Boston Public School website, the district believes that teaching comprehensive health education is “integral” for schools:

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Comprehensive health education provides students with opportunities to acquire the knowledge, attitudes, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive health education promotes healthy habits, healthy relationships, and health literacy... Healthy students are more ready and able to learn and are less likely to experience negative academic impact than students who engage in risky health behaviors (academic failure, lower test scores, truancy, absenteeism, etc.) (BPS, n.d.(f)).

Boston is currently in the process of seeing sex education as one part of “A Vision for Health Education in Boston.” According to BPS’s Health Education Frameworks, which were published in 2012, this agenda includes programming that is medically accurate, interdisciplinary, developmentally and age-appropriate, and for diverse student populations, with the ultimate goal of imparting skills and knowledge about health-related topics to all youth (BPS, 2012, p. 3). The frameworks incorporate national and state health education standards and are upheld by a Frameworks Committee throughout BPS and an advisory committee of “local professionals” (BPS, 2012, p. 4). Overall, the BPS district believes that students should be learning sex education mostly from their parents (BPS, 2012, p. 5). Nevertheless, the district acknowledges that “schools are in a unique position to support parents in this task by providing resources to families and offering...school-based programming that can serve as a guide for conversations at home” (BPS, 2012, p. 5). In any case, BPS believes that sex education must be an “active, student-centered

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process” with students actively constructing knowledge through self-reflection and their experiences, also known as constructivism (BPS, 2012, p. 6).

The BPS sex education curriculum is broken up into six different types of skills: analyzing influences, accessing resources, developing interpersonal relationships, making decisions, goal management, and advocating for one’s health (BPS, 2012, p. 7-8). Students are asked to consistently provide their teachers with feedback on the curriculum so that they are getting the resources and instruction most applicable to their needs (BPS, 2012, p. 11). The program occurs from kindergarten through twelfth grade and must meet three requirements: human immunodeficiency virus (HIV) education in the fourth grade, two semesters of health education sometime during sixth through eighth grade, and one semester of health education during a student’s high school career (BPS, n.d. (f)). A licensed health education teacher must be the one to administer all lessons (BPS, n.d. (f)). However, these are the minimum requirements for health education, and BPS officials expect that schools provide more instruction to students (BPS, n.d. (f)).

III. Overview of Program

The current health frameworks that are in place in the BPS system are broken up into three categories: Healthy Lifestyle, Healthy Body/Safe Body, and Healthy Mind. Each grade covers different topics, and within each lesson there are skill and knowledge objectives to test students’ understanding of the material.

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For the sake of keeping the scope of this research to high school sex education curricula, the focus of this section will primarily be about grades nine through twelve. However, a brief summary of the kindergarten through eighth grade curriculum demonstrates the following:

In kindergarten, students begin learning about feelings, physical activity, healthy eating, and teasing (BPS, 2012, p. 13-15). Topics such as safety, asking for help, positive role models, allergies, coping with loss, and threat or danger by an adult build upon these themes during children's early elementary school years (BPS, 2012, p. 16-22). By late elementary school, students are learning about bullying, refusal skills, leaving unsafe situations, HIV/AIDS, violence prevention, and the beginnings of sex education through topics related to puberty and reproduction (BPS, 2012, p. 23-33). And, throughout middle school, students begin to talk about dating and relationships, mental health, sexual abuse, sexually transmitted infections (STIs), and developing positive sexual health practices (BPS, 2012, p. 34-48).

Students who continue on to high school in the Boston Public School district will have more intimate—and often more serious—conversations surrounding health. In ninth grade, for example, students build upon personal relationship skills and refusal skills through their conversations about consent, coercion, risk behaviors, negotiation skills, reproductive health planning, and advocacy for sexual violence prevention and domestic violence prevention (BPS, 2012, p. 49-55). At this age, students also learn about topics relating to medical services, such as the validity of certain products and access to resources (BPS, 2012, p. 49-55). There is also an emphasis on balance, wellness, and identity development (BPS, 2012, p. 49-55).

By tenth grade, students learn about topics relating to identity, family, health, and violence. Students talk about gender norms, sexual norms, and character development so that they can better learn about themselves as individuals and their peers (BPS, 2012, p. 56-62). In regard to family,

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educators ask students to think about how and if their personal values are related to that of their family members, as well as what they would do if they became a parent and had to raise a child (BPS, 2012, p. 56-62). For health, conversations are primarily about mental health, including suicidal ideation and stress management, and sexual health in relation to risk-taking and substance abuse (BPS, 2012, p. 56-62). Finally, in talking about violence, students must consider issues such as dating conflicts, cyberbullying, destructive behavior, barriers hindering consent, harassment, and rape (BPS, 2012, p. 56-62). Through all of these conversations, the district assumes that talking about power and privilege will be an ongoing discussion, regardless of the general topic of discussion (BPS, 2012, p. 56-62).

Then in eleventh or twelfth grade, students have the option to take electives in health education based on their individual preferences. Some options include examining policies and regulations pertaining to those with chronic illness, sustainability and environmental health in the local area, or race, class, gender, power, and privilege in relation to public health (BPS, 2012, p. 63-66). Because students have learned basic skills regarding health by the time they are halfway through high school, the ability to choose an elective in junior or senior year allows them to pursue one of their interests and to engage more meaningfully in a health topic of their choosing (BPS, 2012, p. 63-66).

Charlestown High School supplements this curriculum by having a health clinic attached to the school, a condom distribution team, and the Key Steps program for pregnant and parenting teens (N. Roop, personal communication, March 2, 2018). According to Noelle Roop, the Executive Director of Student Support Services, sex education mostly occurs on an “ad hoc” basis: “We literally operate in silos,” she joked in an interview on March 2nd, 2018 (N. Roop, personal communication, March 2, 2018).

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As of right now, CHS does not have a block of time during the week devoted solely to teaching sex education, and teachers must fit curriculum into advisory period, gym class, and any free periods that they can find (N. Roop, personal communication, March 2, 2018). Students' gym classes are split between physical activity and sex education, although conversations about health only occur if there is enough time left over in the schedule (D. Lopes, personal communication, March 2, 2018). Edson Cardoso, Community Field Coordinator, varsity basketball coach, and physical education teacher, is technically in charge of teaching sex education to all non-special education students, or roughly 75% of the student body (D. Lopes, personal communication, March 2, 2018).

Because Charlestown High School also has a large special needs population, the administration has to modify BPS's Health Education Frameworks and provide supplementary materials for students who have varying physical, cognitive, and verbal capacities. Currently, David Lopes, the head of Charlestown's Transition Program for special needs students, runs the entire sex education curriculum for the roughly 230 students who require accommodations (D. Lopes, personal communication, March 2, 2018) "They ask a *lot* of questions," Lopes stated in an interview on March 2nd, 2018. "They're very curious about this stuff. I try to be as open and honest as possible" (D. Lopes, personal communication, March 2, 2018). Lopes tries to teach health one day per week, usually on Thursdays; however, like the mainstream classes, if there is a schedule change, sex education is usually the first item to be passed over in order to prioritize other matters, such as field trips or catching up on material after a snow day (D. Lopes, personal communication, March 2, 2018).

For lower-functioning students in the Transition Program, CHS uses a variety of materials that teach sex education at a fourth- or fifth-grade level. However, most of the students follow a

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curriculum based off of the traditional frameworks, which is simply adjusted for students' comprehension and developmental levels (D. Lopes, personal communication, March 2, 2018). Often, the Health Education Frameworks are used as a tool for Lopes to talk to parents about how to address health-related topics at home, especially for students who may need more time to grasp certain concepts (D. Lopes, personal communication, March 2, 2018). Lopes teaches lessons very slowly to ensure that students can ask questions and not get too overwhelmed or confused (D. Lopes, personal communication, March 2, 2018).

The special needs curriculum emphasizes individuals' bodies, boundaries, and communication (D. Lopes, personal communication, March 2, 2018). Regardless of the specific activity, Lopes finds that students want to be active participants, so he tries to get them as hands-on and involved as possible (D. Lopes, personal communication, March 2, 2018). CHS also uses the Circles Curriculum, which is made specifically for developing social and relationship boundaries and skills for special needs populations (N. Roop, personal communication, March 2, 2018). Through a color-coded, rainbow-like diagram, students learn to identify colors with different groups and relationships of people (for example, purple with oneself, blue with family members, and red with strangers) with the assumption that over time these associations will help them develop interpersonal skills across many settings (N. Roop, personal communication, March 2, 2018).

As of right now, sex education for special needs students is taught in two sections: males and females (D. Lopes, personal communication, March 2, 2018). Although Lopes recognizes the limiting nature of this binary in an age where people identify as many (or no) genders, he believes that this structure is important because many students in the special needs population have been, or are, affected by trauma (D. Lopes, personal communication, March 2, 2018). Therefore, the

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division allows students to identify with people of their same sex and helps Lopes discuss certain topics in a more sensitive way (D. Lopes, personal communication, March 2, 2018).

IV. Curriculum

A. Relationships

In an interview with Noelle Roop, Roop stated that the basis for defining healthy relationships at CHS starts with building a strong relationship between students and the health clinic based at the school (N. Roop, personal communication, March 2, 2018). In constantly reminding students of this important resource, Roop says that the community is very comfortable talking about their health and wellness needs. Within the last few years, CHS has seen a steady increase in the number of students who feel comfortable visiting the center, as well as an increase in the number of individuals asking for contraception, meeting with nurses, and taking advantage of out-of-school resources (N. Roop, personal communication, March 2, 2018). Administrators hope that by learning to advocate for themselves in a school setting, students will be more likely to build relationships with health professionals in their community for their medical needs after high school.

Within the high school curriculum, students learn about myriad types of relationships and how to act and communicate in each respective relationship. Learning how to give and get support, fostering positive personal traits, and alleviating violence are three areas that CHS focuses on throughout students' sex education.

For example, in ninth grade, students learn "skills for communicating effectively with family, friends, and trusted adults about the personal identity development of self and others" while

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also “prevent[ing], manag[ing], or resolv[ing] negative emotions and interpersonal conflicts” (BPS, 2012, p. 52). This is echoed in tenth grade when the curriculum mentions “communicating effectively...to enhance the health of current and/or future dating relationships” as well as “[e]xplain[ing] the importance of responsibility” each individual has within their familial, friend, romantic, sexual, or platonic relationships (BPS, 2012, p. 58). Within lessons such as these, students practice how to verbalize and manage their feelings and desires in an appropriate and non-harmful way. Educators emphasize interdependence and mutual expression of opinions so that students and their partners, family members, peers, or community members can encourage one another and also speak up when one or the other is uncomfortable. Students therefore develop self-awareness and social awareness through a social and emotional learning process, which ultimately allows them to better understand themselves and the individuals around them through an equal exchange of understanding and empathy.

There are also several lessons on identifying positive traits in oneself and others in order to sustain peaceful and positive relationships. When students discuss health within the context of families, the curriculum mentions “trust, loyalty, respect commitment, love, affirmation, and self-reliance” as well as “generosity, kindness, and forgiveness” as traits that help maintain “healthy” and “desirable” family dynamics (BPS, 2012, p. 60). Nearly the same list of qualities is mentioned earlier in a ninth-grade lesson regarding dating relationships (BPS, 2012, p. 57). These positive traits are put in opposition to negative relationships traits that are brought up in subsequent lessons. For example, “active listening, praise, and humor” are contrasted with “teasing, name calling, and bullying” in dating; “collaboration,” communication,” and “assistance” are in opposition to “limits” and “boundaries” in sexual health risks; and “love, respectfulness, [and] generosity” are distinguished from violence (BPS, 2012, p. 58-60). In this way, educators reinforce positive

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characteristics to demonstrate what “healthy” relationships look like, while simultaneously unpacking the negative characteristics to demonstrate to students what to avoid in their encounters. Students are able to reflect on their past or present experiences to inform their understandings of these traits and hopefully to start a precedent of applying the more positive qualities to any relationship that they have.

When students reach eleventh or twelfth grade, they have the option of applying these skills in an elective regarding learning how to end dating relationships. Through its lessons, the curriculum covers material “barriers...[to] healthy decision-making” and individuals “various and complex emotions...when going through a breakup” (BPS, 2012, p. 65). Meanwhile, students are also asked to identify ways to end relationships and reflect on “the potential impact of each method,” both in terms of benefits and consequences (BPS, 2012, p. 65). This lesson asks students to learn how to reduce negative emotions and poor judgment in situations where “these feelings might impact decision-making” (BPS, 2012, p. 65). The pedagogical approach of providing students with a “toolkit” allows individuals to consider their emotions and actions before making any decisions and to find composure and ease even in difficult situations.

Moreover, through lessons on violence prevention, students learn how to avoid prevent dangerous situations from exacerbating in sexual and non-sexual relationships on a much larger scale. In lesson 9.6 S, for example, educators ask students to “[a]nalyze the elements of bullying, harassment, and sexual violence and how each can affect individual and community safety” (BPS, 2012, p. 54). Students gain an understanding of the various spheres of influence that sexual violence has, ranging from the personal/individual to the public/community. They also discuss how advocacy for non-violent sexual encounters can range from a person’s own relationships to their relationships with their state and country through legislation (BPS, 2012, p. 54). In any case,

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students must “[d]emonstrate how to influence and support others to make positive and peaceful health choices to prevent, reduce, or respond to...violence” (BPS, 2012, p. 55). As such, students realize that aggression and maltreatment pervade all aspects of society, and thus learning how to work toward having respectful, safe relationships has positive effects on the rest of society, too.

B. Safety

The BPS Frameworks engage with many aspects of students’ safety in terms of sexual health. For mainstream student populations, the curriculum explains how to prevent experiencing harm in the first place, as well as steps that students can take if they are already injured or in a dangerous situation. In terms of the special needs population, David Lopes also implements several practices that promote wellbeing and security for his students.

Through several general topics, including consent, HIV/AIDS, and mental health, Charlestown High School employs a pattern of defining terminology and examples for each subject and then contextualizing each topic within students’ personal experiences and in the broader societal context in which they are living. In consent education, for example, students first explain the difference between “consent” and “coercion” (BPS, 2012, p. 49). Then they must examine consent with respect to “peers’ influence” and with “the effect of the media” (BPS, 2012, p. 49). Through this lesson, students are made aware of how affirmative or negative expression of desire can manifest itself in their personal relationships and through their understanding of the world around them. Therefore, they learn to be critical thinkers and question the “messages” they receive from different sources so as to stay safe in their sexual health decisions. This same model is used in discussing HIV/AIDS prevention, as students learn about services within one’s community as

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well as policies and government regulations, which both have an effect on access to preventative resources (BPS, 2012, p. 49). It is also used in the ninth-grade lesson on mental health in which students define specific mental illnesses and treatments and then talk about these illnesses in relation to their home lives, school community, and outside community contexts (BPS, 2012, p. 51). Through this framework, students develop the skills to analyze the various contexts in which they are in and the services available to keep them safe within those contexts.

The curriculum also encourages students' self-efficacy, especially through its discussion of contraception and pregnancy. In ninth grade, educators teach about sexuality and "gaining skills relevant to engaging in safer sex practices" through asking students to "[e]xplain various options for adolescents pursuing safer sex practices that will reduce the risk of both unplanned pregnancies and the transmission of infections" (BPS, 2012, p. 53-54). The lesson is framed as an opportunity for students to "[f]ormulate an effective reproductive health plan," so that students will not contract STIs or unexpectedly become pregnant if they decide to become sexually active (BPS, 2012, p. 53-54). Then, in tenth grade, the curriculum follows up with material regarding what students should do if they or their partner do fall pregnant. Students talk about prenatal health, childbirth, and risks that adolescents may experience if they or their partner have preexisting conditions, such as STIs or HIV (BPS, 2012, p. 57). With each situation, educators anticipate the many outcomes and responses that may follow each situation, giving students a better understanding of how one event can lead to the next. In elaborating on these consequences, educators foster students' autonomy and ability to manage these issues on their own. By providing students with a plan of action that accommodates for many outcomes, students develop social and emotional learning (SEL) skills of self-management and responsible decision-making that will decrease the likelihood of them having an unsafe sexual experience.

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Additionally, educators address safety in terms of individuals access to medical treatment through “explain[ing] confidentiality laws and individuals’ rights to seek medical treatment and advice” (BPS, 2012, p. 64). In particular, the lesson touches on “the rights and responsibilities of a minor seeking confidential, affordable reproductive health care” (BPS, 2012, p. 64). Some students may not have access sexual health services for a variety of reasons: their families may not have health insurance, they do not want to tell their partner, or disclosing information regarding their sexual activity could put the individual at risk for abuse or other negative consequences. Therefore, underscoring the availability for private care and diagnosis ensures that students know that they will be protected if they sought out these resources. Educators demonstrate through this topic that each student’s safety is a priority. In learning about these services, students can begin developing habits that will conserve their sexual health with the hopes that these practices will continue in the future.

As a final point, safety in terms of the special needs population of Charlestown High School is essential to mention as well. Transition Program coordinator David Lopes says it is particularly important to keep special needs students safe, as many have experienced significant amounts of adversity and trauma throughout their lifetimes (D. Lopes, personal communication, March 2, 2018). Therefore, the curriculum adapted from BPS’s Health Education Frameworks is designed so that each student feels comfortable enough to participate in discussion, ask questions, and talk to a teacher privately if needed at any point in the sex education instruction (D. Lopes, personal communication, March 2, 2018). Through upholding qualities of inclusivity and respect in the classroom, Lopes hopes that students will be compassionate toward one another and understanding of the many situations that their peers may have faced or continue to face.

C. Choices

At different points in Charlestown's sex education curriculum, students learn both explicitly and implicitly about whether or not they have the ability to make choices in regard to their sexual health.

There are many instances where students learn that they have agency in various aspects of their experiences with sex and intimacy. At the most basic level, ninth graders learn about the various gender identities and sexual orientations that exist and how each person has the ability to choose the labels that they feel are most appropriate to them (BPS, 2012, p. 51). Part of this lesson also has students practicing how to communicate these facets of their identity with different groups of people, including family members, friends, and trusted adults (BPS, 2012, p. 51). The curriculum, therefore, emphasizes the diversity of identities within the community and encourages students to reflect who they are as individuals and give their peers the opportunity to do the same. Through such lessons, students gain self-confidence and reassurance in having parts of their identity validated by their peers and teachers, which they can reciprocate for others as well.

Students also learn that they have the ability to say no to sexual activity with their partners, which reinforces the idea that everyone has the right to boundaries and limits. Part of the skills involved in these lessons involve learning "refusal, negotiation, and collaboration skills" and communicating the need for consent at every point during a sexual encounter (BPS, 2012, p. 49, 58). Students discuss different ways to say "no" during sexual activity and to ask "a trusted adult about sexual communication" (BPS, 2012, p. 58). In fostering these skills, educators teach students that each person has the authority to continue or stop a sexual encounter. Students recognize their agency to do what they want with their bodies when they feel comfortable and to speak up when they do not want to engage in sexual activity. In doing so, the curriculum promotes a sex-positive

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community based on honesty and comfort and that accommodates for each individuals' desires and limits.

In terms of sexual intimacy, the ninth and tenth grade curricula emphasize the choices individuals have in practicing safe sex and the various contraception methods available to them if and when they engage in sexual activity. When educators instruct ninth graders to create a "reproductive health plan," the key phrasing of the lesson involves "incorporat[ing] abstinence and/or safer sex practices" into their lifestyle (BPS, 2012, p. 53). In this way, students do not feel that there is any stigma associated with refraining from sex, nor from engaging in sexually intimate practices with their partner (BPS, 2012, p. 53). This idea is built upon in tenth grade, where students are asked to "[d]escribe the effectiveness and consequences of various pregnancy, HIV, and STI prevention strategies, including abstinence, condoms, and hormonal contraception" (BPS, 2012, p. 56). This lesson demonstrates the many pathways students may take when becoming sexually active with the overarching narrative that students should always choose an option with which they are most comfortable and that keeps them safe and healthy. Educators must stress that each student has different needs, and students have the autonomy to make the choices that best address those needs.

Moreover, the curriculum explains the choices students have even after falling pregnant. The tenth-grade curriculum emphasizes that some students may want to parent if the female individual becomes pregnant, but there are also options for terminating the pregnancy or putting the child up for adoption (BPS, 2012, p. 61). Students and educators discuss the resources available for each possibility, as well as the emotional consequences for each option (BPS, 2012, p. 61). Like many other lessons throughout Charlestown's high school curriculum, educators reinforce the notion that students should not be afraid to talk to adults regarding these choices, either for

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guidance and support or for further understanding the options that they can pursue (BPS, 2012, p. 58-61). Students learn to be independent if faced with this life-altering situation and to be secure with whatever choice they end up making, which translate into skills that are applicable in many aspects of these individuals' lives.

However, there are points in the CHS curriculum where the question of whether or not students actually have a choice in maintaining their sexual health becomes unclear. The Healthy Body/Safe Body lesson for tenth graders in particular is vague for understanding students' choices (BPS, 2012, p. 62). When the curriculum talks about "prevention of harassment and rape," for example, the question becomes *Who is doing the preventing?* With previous lessons' mention of consent, it could be fair to say that the curriculum developers are merely assuming that readers know that both individuals in a sexual relationship should be preventing harassment and rape from occurring. However, with the widespread and incorrect notion that individuals—particularly women—who dress or act a certain way are "asking for sex," the ambiguous language of "prevention" could be manipulated to convey victim-blaming practices for those who have experienced harassment or sexual assault. At the same time, "prevention" could be understood as taking ownership over one's actions, through which individuals are more cognizant of other individuals' comfort levels and/or communication of consent during a sexual encounter. While the latter should be the default prevention method, the previous notion of victim-blaming must be discredited in a curriculum such as this so that individuals do not falsely believe that their clothing, intoxication level, or flirtatiousness is a "choice" that could lead to their sexual exploitation.

Furthermore, the question of choice continues in this lesson with students' discussion of power and privilege in relation to harassment and consent. Students are asked to "[d]efine harassment based on gender, race, national origin, sexual orientation, religion, or handicap" and

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examine “power and privilege and learning to give and get consent in all sexual activity” (BPS, 2012, p. 62). While having the appropriate terminology is key for unpacking issues of hierarchy and structural violence in society, these lessons do not directly say or imply that it is possible for an individual to overcome these types of violence or oppression. If certain groups will always have advantage over other groups, students may feel disempowered and unable to see that there is a possibility for them to fight back against these normalized systems of injustice. Therefore, educators must stress that students *do* have a choice in demanding consent with every sexual partner at all points of a sexual relationship, ending harassment regardless of one’s identity or privilege, confronting assumed power structures in society, and promoting equitable and safe sexual health for all.

Finally, it is important to note the ways in which students are told they do not have a choice in their sexual health through Charlestown’s implementation of the BPS curriculum. From an ideological standpoint, the curriculum does not mention the influence of politics or religion in conjunction with beliefs about sex or intimacy. For a community as diverse as Charlestown High School, students are missing out on deliberation of traditionally “taboo” topics, including premarital sex and homosexuality, which reinforces the idea that these subjects have no place in mainstream school-based discussion. Students should have a chance to talk about how sexual mores are involved with families’ values and religions, given the range of backgrounds represented at CHS.

Furthermore, special needs students, English Language Learners, and women are implicitly told through the curriculum’s implementation that they have fewer choices in their access to sexual health information. As Transition Program Coordinator David Lopes explained in an interview, sex education for mainstream students is currently only offered through gym class (D. Lopes,

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personal communication, March 2, 2018). However, many students—the majority of whom are women—do not take gym because it is an elective, and often take art, music, or dance classes instead (D. Lopes, personal communication, March 2, 2018). This inability to accommodate for female students who are not taking gym demonstrates that women’s access to information is not a priority; otherwise, CHS administration would have figured out a way to educate these women as well.

Moreover, Lopes pointed out that non-English speaking students and ELLs have further disadvantages when learning about sex (D. Lopes, personal communication, March 2, 2018). Even if Spanish- or Chinese-speaking individuals—male, female, or otherwise—take gym class as their elective, the language barriers and stereotype threats they face make learning about sex more difficult in this type of environment (D. Lopes, personal communication, March 2, 2018). If students are both female *and* ELLs, Lopes says they are most vulnerable population and least likely to receive sex education during their time at CHS (D. Lopes, personal communication, March 2, 2018). In conclusion, the message that CHS communicates to its students is that if an individual does not take gym class, does not speak English, and/or is not male, that individual cannot access sexual health information and resources within the school environment.

Overall, the skills and objectives taught, and messages communicated, to students throughout their sex education at CHS varies greatly in flexibility. Each lesson and topic may be inflected differently through how each educator conveys the material. However, several notes about students’ agency or lack thereof remains strong through CHS’s prioritization and attention to certain messages portrayed in the curriculum.

V. Conclusion

On paper, the Boston Public School's Health Education Frameworks appear really promising for teaching adolescents about sex education. The district organizes the material well and has set guidelines from kindergarten through twelfth grade. The level of detail is quite impressive and covers most topics that a health professional would hope to be implemented in a sex education curriculum.

However, it is important to view the BPS curriculum and Charlestown's programming through the framework in Nancy Kendall's *The Sex Education Debates*, to get a better sense of whether or not Charlestown is carrying out the "best practices" Kendall describes in her writing.

The research basis for BPS's curriculum appears very strong. The Frameworks were written and revised by community advisors at Boston-area universities, focus groups comprised of nurses, physical education teachers, and psychologists, a Health and Wellness committee of health professionals, and the Boston Public Schools Health and Wellness Department (BPS, 2012, p. 2). Therefore, the individuals who contributed to this curriculum are knowledgeable in the field of sexual health from a variety of viewpoints, including engagement with the physical, psychological, and emotional consequences of sexual intimacy.

Issues of equity also appear consistently throughout the BPS curriculum, as students are asked to think about power and privilege in relation to community health, access to health resources, harassment and discrimination, and other topics throughout programming. As educators give students the opportunity to reflect on their experiences within their own communities, students learn that their backgrounds are valuable to discussion and contribute to the larger body of knowledge concerning sexuality and intimacy.

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Moreover, the Health Education Frameworks mention many of the influences that contribute to students' knowledge about sex. Through lessons on media, stereotypes and norms, peer pressure, family values, friendship, and community expectations, it is clear that the editors of the Frameworks understand adolescents and how they acquire health-related knowledge. The only way the curriculum could be stronger would be to include more internet-based influences, such as social media platforms (such as Facebook, Instagram, Snapchat, or Twitter), dating apps (such as Tinder, Bumble, or Coffee Meets Bagel), pornography websites, or other outlets from which students are learning about expectations surrounding relationships, sexual activity, and attraction. According to Noelle Roop, these platforms "set up a power dynamic" between peers and skew "students' concept of what's attainable or reasonable" in their relationships (N. Roop, personal communication, March 2, 2018). Therefore, in order to make the BPS Frameworks even more applicable to these teenagers, a series of lessons on technology would support students' critical thinking and judgment of these resources.

The last issue on Kendall's list is seeing sex education as a democratic undertaking for families, teachers, and students in addition to sex educators. The curriculum was clearly designed solely by those considered health professionals in the Boston area. As a public-school, Charlestown must adhere to Massachusetts laws regarding sex education instruction, so policymakers are involved in curriculum design as well. However, the Frameworks never mention consultation with students in the Boston area, nor their parents or adults in neighborhood communities. While curriculum developers did write in the introduction to the Frameworks that "[p]arents and guardians are the primary health educators of their children," they do not acknowledge any advisors, focus groups, or committee members composed of these family members (BPS, 2012, p. 5). Additionally, there is an obvious disconnect between the adults creating this curriculum and the youth who must learn

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from it. While it would seem unreasonable for a ninth grader, let alone a kindergartener or fifth grader, to come up with sex education programming on their own, these students are nonetheless curious beings who have the right to ask questions about that which they are confused. In order to shift toward more democratic practices, curriculum developers should be open to suggestions and edits from the students and families in the Boston community so that the program is as up-to-date and informed by the community it serves as possible.

Outside of Kendall's framework, Charlestown High School's implementation of other "best practices" yields mixed results. The curriculum does appear committed to liberal values, as many lessons do foster students' independence and sense of responsibility. On the other hand, the question of whether or not students feel comfortable in their school environment, if students are able to challenge and critique material in thoughtful discussion, or if their families are involved in students' sex education remain unclear.

Many issues stem from the fact that Charlestown High School has a diverse community, which means that a diverse number of cultures, languages, and backgrounds are present. Language barriers, both for students and parents, prevent the likelihood of students being able to verbalize specific terminology or questions they have, or of family members connecting to their child's teachers and school officials. Moreover, because students come from all over Boston and have a variety of familial obligations, even families who may speak English have a limited ability to attend school board meetings or reach out to CHS. Consequently, families are less able to provide feedback on the Frameworks given their children's individual needs. In order to have more individuals involved in giving feedback or contributing to the curriculum, Charlestown—and probably Boston Public School District as a whole—should provide more opportunities for dialogue on sex education. This could include more widespread meetings throughout Boston to

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talk to educators, the availability of resources in prevalent languages around Boston, such as Spanish, Cantonese, Mandarin, and Vietnamese, or other ways of reaching out to students at CHS to give feedback on programming.

Apart from the list of “best practices,” there is also the Charlestown-specific issue of its special education program and its relation to sex education. David Lopes expressed in his interview that special needs students at CHS in particular are missing out on key resources for sex-related topics because there are so many diverse needs and cognitive abilities present in their large special needs population (D. Lopes, personal communication, March 2, 2018). Lopes said that he wished there were more levels of programming for these students, preferably with more visuals and tangibles for students to use (D. Lopes, personal communication, March 2, 2018). Furthermore, although Lopes states that he loves working with all of his students, it is a big task to assist a quarter of the school on such a wide-ranging and often intimidating topic (D. Lopes, personal communication, March 2, 2018). Therefore, if CHS were to do anything for the future of their sex education program, Lopes wants curriculum developers to remember that special needs students are people, too, and that they deserve as much education and encouragement as the mainstream student body (D. Lopes, personal communication, March 2, 2018).

With all of these ideas in mind, author Michelle Fine’s point about public school education in conjunction with sex education rings loud and clear: “[The] single policy move of high stakes testing, enacted presumably in an effort to leave no child behind, bears significant economic, criminal justice, and reproductive consequences” (Fine and McClelland, 2006, p. 303). Throughout the United States, this testing has led to increased dropout and push-out rates, particularly for English language learners, minority students, and students with disabilities (Fine and McClelland, 2006, p. 303). This rise in students dropping out is correlated with lower incomes,

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increased chance of illness, higher possibility of incarceration, and a greater likelihood of becoming pregnant, and later having multiple children, often with low birth weight (Fine and McClelland, 2006, p. 302-303). These ideas are reflected in the lives of Charlestown High School students: a community with large numbers of students of color, with special needs, who are learning English, and who face a 15% dropout rate. With the added fact that many women are not receiving adequate sex education instruction, the possibility of early pregnancy also becomes likely. The questions then become if, like Fine's research, CHS students are facing these negative outcomes, and if sex education could be a means of ameliorating these situations.

The BPS Health Education Frameworks stress that “[t]hese units can be integrated with other elements of the academic curriculum and incorporated into existing interdisciplinary projects” (BPS, 2012, p. 10). If this is true, perhaps somewhere down the line Charlestown will be able to weave sex education into their existing academic schedule so that all students—Black, Asian, Latinx, male, female, genderqueer, homosexual, heterosexual, or otherwise—can get the knowledge and resources that they deserve to become well-adjusted adults.

Phillips Academy (Andover, MA)

I. Background on Phillips Academy

Phillips Academy is a private boarding school in Andover, Massachusetts (Phillips Academy Andover, n.d. (a)). It was founded in 1778 by Samuel Phillips Jr. as an all-boys independent school; however, in 1973 PA merged with Abbot Academy, an all-girls boarding school also in Andover, Massachusetts, and became coeducational ((Phillips Academy Andover, n.d. (a)). It is considered the oldest boarding school in the United States ((Phillips Academy Andover, n.d. (a)). The school goes by many names: Phillips Academy, Phillips Academy Andover, Andover, PA, and Phillips. As with other independent schools, PA operates outside of the traditional public-school system. Families pay tuition in order to send their children to the school, and a board of trustees governs programming and funds.

PA is part of two main organizations: The National Association of Independent Schools (NAIS) and the Ten Schools Admissions Organization (TSAO). The NAIS is a nonprofit that provides “research and trend analysis, leadership and governance guidance, and professional development opportunities for school and board leaders” to over 1,800 independent schools and associations worldwide (National Association of Independent Schools, 2015). In the past, PA has used NAIS’s School & Student Services to process financial aid applications and its association with other independent schools to collaborate on research initiatives (Phillips Academy Andover, n.d. (b)). Similarly, the TSAO has acted as a resource for PA’s outreach and recruitment endeavors. The ten college preparatory schools in TSAO—including Phillips Academy Exeter, Deerfield Academy, and Choate Rosemary Hall—work together to contact families and students from various locations, backgrounds, and perspectives and help them adjust to life at boarding school (Ten Schools Admissions Organization, n.d.).

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Phillips Academy has a student body of roughly 1,150 individuals with roughly equal numbers of male and female students (Phillips Academy Andover, August 2017a). Just over a quarter of the student population is composed of day students, with the rest (74%) being boarding students (Phillips Academy Andover, August 2017a). Individuals of color compose roughly 48% of the student population, and roughly 11.6% of students come from outside of the United States, with 45 countries in total represented (Phillips Academy Andover, August 2017a). Of those who are from the U.S., there are individuals from 39 different states (Phillips Academy Andover, August 2017a). PA boasts a 13% acceptance rate and an 86% yield rate in its 2017 admissions pool, meaning that nearly nine out of every ten students who were admitted ended up enrolling for the 2017-2018 academic year (Phillips Academy Andover, June 2017).

PA's 1,150 students span ninth through twelfth grade (Phillips Academy Andover, August 2017a). Unlike the traditional designations of high school class years— “freshmen,” “sophomores,” “juniors,” and “seniors”—Andover calls its first-years “juniors,” its second-years “lowers,” its third-years “uppers,” and fourth-years “seniors.” Within the twelfth grade each year there are fewer than twenty post-graduate (PG) students. PGs are students who are repeating their senior year of high school, traditionally because they are either international students who want to experience a year of schooling in the United States, or they graduated from public school but want another year to improve their academic record or athletic abilities before attending college.

In terms of academics, students are graded on a zero to six scale, with zero being a low failure and six being outstanding (Phillips Academy Andover, August 2017a). Administration does not calculate a cumulative grade average nor class ranking, but students in the top fifth of their class graduate *cum laude*, or with an honors distinction (Phillips Academy Andover, August 2017a). There are 99 male teachers and 121 female teachers, and 30% of faculty are people of color

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(Phillips Academy Andover, n.d. (a)). PA's student-teacher ratio is five to one, with the average class size being roughly thirteen students (Phillips Academy Andover, n.d. (a)). Classes run on a trimester schedule, meaning that the year is divided up into three eleven-week blocks of time, with a final exam period and reported grade for each semester (Phillips Academy Andover, n.d. (a)).

The annual tuition for day/commuting students is \$43,300, and the annual tuition for boarders/residential students is \$55,800 (Phillips Academy Andover, n.d. (a)). As of 2007, PA has a need-blind admissions policy and meets one-hundred percent of families' demonstrated need (Phillips Academy Andover, August 2017a). Nearly half of students receive some form of financial aid, with 13% of students receiving full scholarships (Phillips Academy Andover, n.d. (b)). The average annual grant given to a student on financial aid is \$40,800, and total financial assistance per year adds up to around \$22 million (Phillips Academy Andover, n.d. (b)). As of June 30, 2017, PA's endowment is \$1.058 billion (Phillips Academy Andover, n.d. (a)).

PA also has an abundance of resources and programming for students that support community-building and student success. The school's advising system, study centers, peer tutoring, and conference period to meet with teachers are designed to provide students with assistance so that they can thrive academically (Phillips Academy Andover, n.d. (c)). There are also several buildings that house many opportunities for students to bond with those of similar interests and backgrounds. This includes the Brace Center for Gender Studies, which is a hub for student involvement with issues such as intersectionality, human development, and diversity; the Office of Community and Multicultural Development (CAMD), which promotes inclusivity by "eliminat[ing] any barriers that may prevent people with specific racial, ethnic, religious, gender or class affiliations or of any sexual orientation from entering fully into the community"; and the Rebecca M. Sykes Wellness Center, which offers psychological and medical services to students

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in addition to other health-related programming (Phillips Academy, August 2017b, p. 77-80). Additionally, PA puts on an annual “Wellness Week” with events to promote physical exercise, emotional wellbeing, stress prevention, and overall student health (A. Patel, personal communication, January 10, 2018). Students must also participate in activities for Martin Luther King Jr. day and “Non Sibi” day, where students partake in community service endeavors in the Greater Boston area (A. Patel, personal communication, January 10, 2018).

Finally, in terms of school spirit, Andover’s colors are blue and white. At sporting events, Andover is fondly called “Big Blue,” and Gunga the gorilla acts as its mascot. PA has four mottos that define its mission:

- *Finis Origine Pendet*: “The end depends upon the beginning”
 - *Non Sibi*: “Not for self”
 - Youth from Every Quarter: an acknowledgement that students should come from all parts of the world, with all perspectives and backgrounds included
 - Knowledge and Goodness: In PA’s constitution, it states, “Goodness without knowledge...is weak and feeble; yet knowledge without goodness is dangerous.”
- (Phillips Academy Andover, n.d. (a))

II. History of PA's Sex Education Program

Andover's sex education program began over twenty years ago when the Associate Head of School, Rebecca Sykes, began a course called "Life Issues" (A. Patel, personal communication, January 10, 2018). Sykes would gather groups of students in a classroom setting to discuss topics pertinent to adolescents, including relationships, career paths, and sexuality (A. Patel, personal communication, January 10, 2018). Sykes saw a great need for these types of discussions and wanted to formally set up a curriculum that would benefit high school-aged students (A. Patel, personal communication, January 10, 2018).

This programming then began to spread into other areas of campus life. Dorm counselors began to hold late-night talks about friendships, dating, and intimacy; one psychological counselor, Maggie Jackson, started a rape prevention program; and, eventually, PA called for sex-related material to be taught in a formal classroom setting (A. Patel, personal communication, January 10, 2018).

At first, a "classroom setting" meant teaching material limited to one 45-minute physical education class for a mix of juniors and lowers (freshmen and sophomores). The class was a one-time lecture—no annual follow-up, nor any programming for students who came to Andover in their upper or senior years—and students would simply fill out a list of true or false statements in a packet, with a nurse facilitating the responses (A. Patel, personal communication, January 10, 2018). Over time, however, the physical education department increased the amount of time devoted to the curriculum, giving nurses a double-period class (75 minutes) instead of a single period (45 minutes) (A. Patel, personal communication, January 10, 2018). Now, nurses come in over a period of six gym classes to teach specifically about health-related topics. Out of these six

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classes, one is specifically on relationships and consent, one is on sexually transmitted diseases, and one is on contraception (A. Patel, personal communication, January 10, 2018).

PA also incorporated a one-semester course for lowers called PACE (Personal and Community Education), which covered topics such as gender, mental health, bullying, and stress (A. Patel, personal communication, January 10, 2018). Although not a course solely devoted to sex education, students met for 75 minutes per week for ten weeks and spent a great deal of that time talking about identity and relationships, which have a lot of overlap with sex education curricula (A. Patel, personal communication, January 10, 2018).

In 2012, Dr. Amy Patel joined the PA community as the new medical director and began to advocate for more sex education (A. Patel, personal communication, January 10, 2018). At the time, there was an abundance of nurse practitioners and an individual specifically hired as a health educator, so they worked with Dr. Patel to begin teaching a more formalized sex education curriculum in the dorms (A. Patel, personal communication, January 10, 2018). Meanwhile, Rebecca Sykes—the Associate Head of School who initially began the “Life Issues” program—started a Sexual Health Working Group, which met from 2012 to 2014 (A. Patel, personal communication, January 10, 2018). Sykes partnered with what Dr. Patel called “a number of really important key players [and] stakeholders across campus,” including deans, teachers, the visiting health educator, and the Assistant Dean of Students, Carlos Hoyt (A. Patel, personal communication, January 10, 2018). Together, these individuals examined sexual health standards for all types of schools—public, private, religious, international, and others—to see where Andover could improve its own curriculum (A. Patel, personal communication, January 10, 2018). After compiling a list of where they saw opportunities to do more in terms of sex education, the

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Sexual Health Working Group then presented to the entire faculty and suggested recommendations to implement on a school-wide level (A. Patel, personal communication, January 10, 2018).

As discussions surrounding intimacy and sexuality became more frequent, and faculty began to think about the possible inclusion of an official sex education curriculum, another big change affected the boarding school sector. Allegations of sexual misconduct targeted many former (and some current) teachers of the northeast's prestigious boarding schools, which included St. Paul's School, Phillips Exeter Academy, and Phillips Academy. News outlets put out headline after headline throughout 2015 and 2016 about new sexual assault allegations, with Andover's name in the spotlight for months on end (S. Esty, personal communication, January 10, 2018).

At this point in time, the question at Andover became, *How can we talk about these issues in an appropriate, thorough, and sensitive manner?* Despite the day-to-day struggle of acknowledging Andover's difficult past, Dr. Patel acknowledged that this situation ultimately gave PA the "leverage to be able to do more with these conversations" relating to sex, health, and power (A. Patel, personal communication, January 10, 2018). The number of organizations partnering to address these difficult conversations increased significantly: The Wellness Center, the Brace Center, the Office of Community and Multicultural Development, the Dean of Students' Office, house counselors, and teachers all came together to support one another and develop resources to meet the needs of all students (A. Patel, personal communication, January 10, 2018).

Then, in the 2016-2017 academic year, Susan Tsao Esty, Ph.D. assumed the newly created role of Director of Wellness Education. Administrators felt that PA needed somebody whose job was solely to address students' wellness and to create a program that addressed health-related topics in a more comprehensive manner (S. Esty, personal communication, January 10, 2018). Dr. Esty now leads the Empathy, Balance, and Inclusion (EBI) seminars for juniors and sophomores

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with a staff of Teaching Fellows, teachers, and health professionals (S. Esty, personal communication, January 10, 2018). Although the program has just begun to take off, and Dr. Esty admits that providing 24/7 care to 1,150 students can be difficult, she and the rest of the faculty hope that this role will place good health at the core of the Andover community (S. Esty, personal communication, January 10, 2018).

III. Overview of Program

In order to establish a sex education curriculum inclusive of all students, Andover created some guidelines in terms of what topics should be covered at each grade level. Juniors (first-years) must have at least ten hours of instruction throughout the year and be introduced to Massachusetts laws about sex, Academy rules and expectations, and discussions surrounding community culture and identity, including gender, sexual orientation, and sexual curiosity and exploration (Phillips Academy Andover, 2014). Lowers (sophomores) have roughly six hours of curriculum, covering topics such as reproductive health, sexually transmitted diseases, unwanted pregnancy, consent, personal boundaries, assertiveness training, and pornography (Phillips Academy Andover, 2014). Uppers participate in four hours of education, with sexual assault, substances and sex, and more consent training at the core of instruction (Phillips Academy Andover, 2014). Finally, seniors have four hours of curriculum that mostly touch on transitioning to life outside of PA, with emphasis on making good decisions both in senior spring at Andover and in life at college (Phillips Academy Andover, 2014).

Through the advancement of programming, partnerships, and responsibilities within the community, this sex education instruction is split into several avenues. At the most formal level is

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the introductory biology course (BIO 100) that most first-years take, and the Empathy, Balance, and Inclusion (EBI) seminars and single semester of physical education that all first-years and lowers are required to take. At the next slightly more casual level are school-wide events, such as plays and speakers, as well as talks led by counselors in the dorm or day student advisors. Then, at the most casual level there are everyday conversations that happen between students, between students and teachers, and between students and medical staff. Finally, there are aspects of programming that are not yet in practice, but that PA hopes to incorporate within the next five years.

PA made the choice to have some of the sex education be taught in introductory biology because the majority of first-year students—80%—take the course for their science requirement (A. Patel, personal communication, January 10, 2018). Furthermore, the human body is a key subject within the biology curriculum, so incorporating sex education through conversations about reproduction, the body systems, and anatomy was an easy and appropriate scheduling choice (A. Patel, personal communication, January 10, 2018).

The physical education and EBI requirements also ensure that students are getting sex education, regardless of whether or not they are taking introductory biology. The six health-related classes (three of which are focused on sex-related topics) in physical education that students take their junior or lower year ensure that students are seeing sex “[as] one part of health,” alongside physical and emotional wellness (A. Patel, personal communication, January 10, 2018). Furthermore, in both students’ junior and lower years at Andover, they must go to one 45-minute period of EBI during each full week of classes throughout the school year. In EBI, a trained adult (who could be from any department on campus) and a senior facilitate discussions and promote an “understanding of self and others, communication, healthy relationships, self-care, and decision

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making” (S. Esty, personal communication, January 10, 2018; Blue Book 73). Replacing what was originally called PACE, the EBI program that was piloted in the 2017-2018 school year hopes to provide a space for students to ask questions, share personal experiences, and learn any necessary vocabulary related to empathy, balance, and inclusion (A. Patel, personal communication, January 10, 2018). PA’s goal is that through the combination of formalized instruction in physical education and EBI, students will have the knowledge they need to make informed decisions and develop their personal beliefs and values.

Through their more casual approaches to sex education, PA hopes that student interest will lead the community to engage in more discussions relating to sexuality and intimacy. Through putting on events open to the community and by bringing in interesting speakers, administrators hope to capture students’ interest while also imparting knowledge about sex to them. In the past, All School Meetings (ASMs), which occur every Wednesday from 10:50 to 11:35 AM for all students and faculty, provide a venue to reach the entire PA community. Speakers during ASMs have included coach Joe Ehrmann, former professional football player who was included in the 2015 documentary, *The Mask You Live In*; Dr. Caroline Heldman, Associate Professor of Politics at Occidental College and feminist scholar; and Laci Green, a YouTube personality and activist who provides sex education and sex-positive messages through the medium of video blogging (A. Patel, personal communication, January 10, 2018; S. Esty, personal communication, January 10, 2018). Outside of All School Meetings, Andover has hosted several traveling theatre troupes that put on productions for each grade level. Past shows have included “SLUT: The Play,” “Now That We’re Men,” and “We Speak,” all of which cover themes of sexuality, gender, and intimacy (A. Patel, personal communication, January 10, 2018; S. Esty, personal communication, January 10, 2018). Meanwhile, all students have intermittent, informal discussions with their house counselors

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or day student advisors about school policies related to sexuality, as well as any news or information that the administrators find pertinent to students' knowledge (S. Esty, personal communication, January 10, 2018).

In terms of future plans, Dr. Esty hopes to refine the EBI program after getting feedback from its first year in practice. She also hopes to train peer health educators by using *The All-You-Need-to-Know Sexuality Guide to Get You Through Your Teens and Twenties*, by Heather Corinna, as their foundational text (S. Esty, personal communication, January 10, 2018). In having peer educators, Dr. Esty hopes that this will help get information about sex more incorporated into dorm life and that students will feel comfortable talking to their peers (S. Esty, personal communication, January 10, 2018). Then, the peer educators can bring back any questions, patterns, or needs that they notice to the Wellness Center so that they can continue to improve curriculum (S. Esty, personal communication, January 10, 2018).

In addition, both Dr. Esty and Dr. Patel mentioned wanting the Brace Center to host more of what they had called "With the Door Open Discussions." These discussions are, essentially, a series of panels that allow students to ask questions anonymously to an adult panel of experts on sex, fondly termed "sexperts." Through the online tool Socrative, students can ask questions anonymously, whereupon student moderators read the question aloud to the panel (A. Patel, personal communication, January 10, 2018; S. Esty, personal communication, January 10, 2018). Dr. Esty and Dr. Patel said that students felt more comfortable asking their questions, regardless of how "embarrassing" or "provocative" they were. In the Brace Center's trial run, the auditorium holding the discussion was packed with hundreds of students, so Dr. Esty and Dr. Patel hope that through fun, informal discussions like these, students would be more enthusiastic and willing to

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participate in the future (A. Patel, personal communication, January 10, 2018; S. Esty, personal communication, January 10, 2018).

Andover has also begun to offer programming for faculty so that they can better teach sex education material to students. In August of 2017, before any students had arrived on campus, the Brace Center organized a speaker series from Planned Parenthood for 2017-2018 faculty members (A. Patel, personal communication, January 10, 2018). Although individuals at the Wellness Center could have certainly given their own presentations to the faculty, this opportunity allowed another organization on campus to take the lead in addressing a wellness-related topic and for another perspective on sex education to be included in PA's ongoing discussion (A. Patel, personal communication, January 10, 2018).

Yet despite all of these endeavors, PA still faces some difficulties with their sex education program. For one, there never seems to be enough time in the day to devote to talking about sexuality or intimacy. With classes, sports, activities, and homework, students barely have enough time to sleep, let alone listen to someone talk about sex for an hour or two (A. Patel, personal communication, January 10, 2018). Moreover, finding a time that is appropriate for boarders and day students proves to be very difficult. The administration does not want to marginalize students who have specific family commitments, carpool times, or work outside of school, which often means that sex education has to be covered within an already full schedule of classes (S. Esty, personal communication, January 10, 2018). Also, the school cannot restrict day students' access to information because that would be unethical, considering they represent over a quarter of the student population (S. Esty, personal communication, January 10, 2018).

Then, there is also the fact that house counselors and day student advisors are not specifically trained in sex education. Many do not know where to get reliable information or how to teach so

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many students about sex and relationships (A. Patel, personal communication, January 10, 2018; S. Esty, personal communication, January 10, 2018). Some counselors also do not want to divert time away from their other commitments, including class preparation, coaching, professional development, and family time (A. Patel, personal communication, January 10, 2018; S. Esty, personal communication, January 10, 2018). Many teachers have even criticized the idea of teaching sex education because that it is not a part of their job description and should be left to the health and wellness professionals (A. Patel, personal communication, January 10, 2018; S. Esty, personal communication, January 10, 2018).

Overall, the Wellness Center is constantly “trying to identify needs...[and] collecting internal data to decide what it is [they] need” in terms of sex education for PA’s students (A. Patel, personal communication, January 10, 2018). Nurses look at trends within visits to the Wellness Center; house counselors and advisors give updates on that which their advisees are talking; administration compiles the demographic data of the school; and students provide feedback to EBI teachers and through the yearly “State of the Academy” survey, which all help the Wellness Center decide what to do in terms of curriculum for the next year (A. Patel, personal communication, January 10, 2018). Furthermore, through collecting sources in the fields of medicine, psychology, education, and public health, Andover’s health and wellness professionals hope that they can build a comprehensive curriculum inclusive of many systems of thought and practice (A. Patel, personal communication, January 10, 2018). Eventually, PA’s goal is to dedicate a class specifically to sexual health education and “devote an upcoming year to a set of initiatives that address embedded cultural norms and practices [relating to sexuality and intimacy] in our community” (A. Patel, personal communication, January 10, 2018).

IV. Curriculum

A. Relationships

According to Drs. Patel and Esty, social-emotional learning, “developing global citizens,” and “honesty” are at the core of all learning at PA (A. Patel, personal communication, January 10, 2018). The Blue Book, Phillips Academy’s handbook that defines all school policies and expectations, explicitly addresses these qualities by outlining rules students must follow so that PA remains an inclusive community for all individuals.

In particular, students are expected to treat themselves and one another with respect. Upon violation of these rules, students may be putting themselves or their peers in harm’s way. In such cases, Andover must take the necessary steps to discipline the student(s) involved (Phillips Academy Andover, August 2017b, p. 14-18). The Blue Book also defines discrimination, diversity, equity, feminism, microaggressions, oppression, prejudice, privilege, sexism, and several other words so that Andover’s terminology and expectations are clear to readers and community members (Phillips Academy Andover, August 2017b, p. 79-80).

In addition, the Blue Book designates a section to describing community expectations of a “healthy relationship”:

At Andover, we strive to help students develop close connections to a diverse group of acquaintances, classmates, teammates, and friends. We expect all relationships, including those that could become sexual, to be healthy. We seek to create a community of kindness and respect, acknowledging that an intentionally diverse community can present opportunities and challenges involving race,

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class, gender, religion, sexuality, differing abilities, or any other core issue of identity...Awareness and acceptance of identity—one's own and others'—is a central developmental stage of adolescence. Sexuality is a particularly important and complicated element of this process. (Phillips Academy Andover, August 2017b, p.10)

While the explanation initially begins to include all relationships, the definition quickly hones in on possible sexual implications (Phillips Academy Andover, August 2017b, p. 10). This is particularly relevant in terms of sex education programming, in which all types of relationships—amicable, familial, romantic, sexual, and otherwise—should be covered in the curriculum, although particular precautions should be taken to those relationships that become more sexually intimate in nature (A. Patel, personal communication, January 10, 2018; S. Esty, personal communication, January 10, 2018).

In one such lesson in EBI, this concept of a healthy relationship is described through an activity focused on the spectra of emotional and physical intimacies that are possible in relationships. The lesson plan dictates that teachers should ask students to define “intimacy,” as well as the types of possible relationships individuals may have (spanning from strangers to close friends and family) and the types of physical closeness that can exist in relationships (spanning from handshakes to sexual intercourse) (Phillips Academy Andover, 2017). Students are asked to think about questions such as, “Do emotional and physical intimacy line up?” “Does it matter...[if] we share progressively more with the same people we get progressively closer to physically?” and “How does this connect to what’s often called ‘hook-up’ culture?” (Phillips Academy Andover,

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2017). Then, students unpack the notions of “public” versus “private,” and the ways in which media, peers, and parents affect those notions in terms of one’s sexuality and self-image (Phillips Academy Andover, 2017).

Through this outline, the curriculum leaves room for students to acknowledge the myriad experiences possible within different types of relationships. By the end of the lesson, students are able to realize that emotional and physical intimacy may be linked or may not be linked at all depending on how comfortable individuals feel with one another (Phillips Academy Andover, 2017). Furthermore, the curriculum is particularly relevant to boarding school culture, as students must address the so-called “hook-up culture” that takes place on campus. Students may feel pressured to be physically intimate with someone without getting to know that person on an emotional level in order to fit in with this cultural norm, so this discussion gives them the opportunity to critique and question this phenomenon. For those that support this culture, there is also room to agree with this practice. Moreover, because “hook-up” is such a vague term, students can discuss what this experience means to them and compare their definition with the definitions of others.

Furthermore, students are able to practice critical thinking when considering the many influences that determine the “unwritten rules” of what should be kept private and what can be shared publically in terms of sexual relationships. Understanding these social cues involves an interrogation of mainstream culture, taboos, identity politics, and personal values. Overall, the moral of the lesson is that there should be no value judgements, both in terms of the relationship or the choice that an individual makes. Because students are able to share any and all opinions, there is the underlying assumption that they will respect their peers so long as they get that respect back in return. Therefore, the curriculum maintains that all relationships are significant. As long

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as the individuals involved are comfortable and safe, students should respect one another's right to have those relationships and maintain the "goal of creating a culture of dignity and respect at PA" (Phillips Academy Andover, 2017).

Discussion of personal boundaries in EBI and in dorm talks is another place where teachers describe to students what healthy relationships look like. The two important skills that faculty ultimately want students to take away from these particular lessons are knowing what one's personal boundaries are and how to communicate those boundaries to a partner (Phillips Academy Andover, 2016a). These lessons place a lot of emphasis on the self—one's emotions, self-awareness, voice, past and present relationships, and identity (Phillips Academy Andover, 2016a). In focusing inward, the curriculum demonstrates that it can then become possible to look outward and consider what expectations you may have of yourself and others (Phillips Academy Andover, 2016a). Through recognizing one's comfort level, verbalizing and reading signals, and "honor[ing] your feelings and needs," students can learn to have healthy relationships based on mutual understanding and honesty.

This idea becomes especially important in conversations about consent, which faculty at Andover stress as crucial to any relationship, sexual or otherwise. In the Lowers' sections of EBI, faculty incorporated sex educator Laci Green's "Yes Means Yes" and "Consent is Sexy" lessons into the curricula as a way to demonstrate the concept of consent (S. Esty, personal communication, January 10, 2018). Students read Green's pre-written situations aloud and, as a class, decided on whether or not the card was an example of affirmative consent or sexual assault (S. Esty, personal communication, January 10, 2018). Some examples of scenarios included sex between two individuals who are intoxicated; an individual who tells their partner, "What's the big deal? We've had sex before"; and a person saying, "Yeah, I guess" to having intercourse (Green, 2014). Senior

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mentors also supplemented this curriculum by adding their own examples of situations that they believed were less obvious in regard to whether consent was present or not. Dr. Esty reported this was a great exercise in application of terminology, and the Lowers learned a lot from recognizing what was vague in each situation (S. Esty, personal communication, January 10, 2018).

Similarly, the lesson regarding consent specifically within the context of room visits places a strong emphasis on healthy relationships. The lesson reminds students that “sexuality encompasses a whole range of behaviors, not just sexual intercourse, and we want you to *think* about the decisions you make—whether you’re choosing abstinence or sexual activity” (Phillips Academy Andover, 2016b). Through filling in the statement “Sex should be...” students can compile a list of desired characteristics in a sexual relationship, some of which include “integrity,” “safety,” “maturity,” and “mutuality” (Phillips Academy Andover, 2016b). However, by thinking about these actions within the context of living in a dorm environment, students are also asked to think about their role in the larger community outside of their personal relationships. In particular, students must consider how their actions within the dorm may have an effect on others also living in the same building (Phillips Academy Andover, 2016b). Through these exercises, Andover hopes students foster a “community [that] feels safe for everyone,” as each person has their values and boundaries respected by others (Phillips Academy Andover, 2016b).

But the sex education in place fosters healthy relationships beyond simply student-student relationships discussed in the curriculum: it also provides a means of fostering relationships between students and faculty, between students and their own families, and between faculty and families.

Because sexuality and intimacy are such sensitive, personal topics, the role of faculty—particularly in a boarding school environment—in supporting students in learning about sex is

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crucial. Drs. Patel and Esty say that it is the faculty's duty to build trust and respect in their relationships with students, and students must be open and honest in return to maintain that interdependence (A. Patel, personal communication, January 10, 2018; S. Esty, personal communication, January 10, 2018). One key role of faculty members is that of the mandated reporter, someone who is legally required to report abuse of any kind that affects a vulnerable population, in this case youth (A. Patel, personal communication, January 10, 2018). Dr. Patel stressed in her interview that care and safety are priorities within the Andover community, and adults must “fulfill [their] obligation in taking care of [a student] through reporting” if a student experiences physical harm, sexual assault, or other forms of trauma (A. Patel, personal communication, January 10, 2018). Adults can also listen and give students advice, but they must make clear that they are only able to maintain confidentiality up to a certain point, whereupon other individuals—such as health professionals, the police, or protective services—must be involved (A. Patel, personal communication, January 10, 2018).

Furthermore, as three quarters of the student population live on campus, many students may not see their parents except on school breaks, holidays, or Parent's Weekend. Therefore, part of the prescribed sex education curriculum is reminding students to talk to their parents or family members if they feel comfortable enough to do so (A. Patel, personal communication, January 10, 2018). Although Dr. Patel said that conversations may appear awkward at first, students should maintain open communication with their families so that there is a bridge between what they are learning at school and what their parents want to contribute in terms of education or knowledge (A. Patel, personal communication, January 10, 2018). Families place a lot of responsibility in the hands of both their children in making healthy decisions and faculty in looking out for their children. Therefore, students' communication in return demonstrates their maturity and ability to

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see their relationship with their families within the framework of healthy relationships of which they are discussing in sex education.

Finally, the faculty's relationship with parents is foundational in order to ensure that faculty have the freedom to teach sex education in a way that is most conducive to the PA community, while also keeping these families' children safe. The phrase "parents as partners" shows up frequently in faculty's discussions about families, as teachers consider it their job not only to educate in the classroom but in every aspect of boarding school life. "I think the assumption is if [families are] sending a student to Phillips Academy, they understand that this is what we're about," Dr. Amy Patel said in an interview. "I think we're pretty open about what we're about and what we want to be...teaching...We want to give knowledge; we're not going to say what to do and what not to do" (A. Patel, personal communication, January 10, 2018). In constantly communicating with families through email, phone calls, academic reports, and many other means, faculty model to students what reliable, symbiotic, and sincere relationships look like, from relationships with strangers to even individuals' most intimate relationships.

B. Safety

Andover takes student safety extremely seriously. From overnight excursions and keeping cars on campus to taking action if a student needs medical assistance or if alcohol and drugs are found in someone's dorm room, Andover has a specific response plan in place. When available, every classroom is required to have a printed-out inventory of response plans; faculty members who have smart phones are required to download the CrisisManager app with plans of action; and

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counselors are on-call twenty-four hours a day, seven days a week, even if they are not physically on campus (Phillips Academy Andover, August 2017b).

Much of students' safety education with sex-related topics through EBI, meetings with house counselors or day student advisors, and physical education class involves explanations of Andover's response plans and policies regarding safety. Faculty members start with an explanation of Massachusetts laws regarding sexual intimacy: "By law in Massachusetts, a person under 16 years of age cannot give consent to sexual intercourse (defined as any penetrative act)" and "the Academy may be obligated to report the conduct to the Department of Children and Families (DCF) and/or other law enforcement agencies" (Phillips Academy Andover, August 2017b, p. 11). The Academy also explicitly defines "consent" as "clearly, voluntarily, and unambiguously [communicating] at every stage of a sexual encounter...through affirmative words" (Phillips Academy Andover, August 2017b, p.11). The definition states that consent cannot be inferred, "obtained by threat, coercion, or force," or given when at least one participant is asleep, physically or mentally incapacitated, or under the influence of drugs and/or alcohol (Phillips Academy Andover, August 2017b, p. 11). Instead, consent must be "ongoing throughout a sexual encounter," with participants enthusiastically agreeing to each sexual act in which they engage (Phillips Academy Andover, August 2017b, p. 11). If an individual were to not obtain the consent of another, that individual would be subject to consequences both at Andover and, potentially, legally, and families and law enforcement would be contacted. In beginning with the Massachusetts law, PA demonstrates how crucial students' safety is and that these rules are nonnegotiable.

Additionally, faculty are encouraged to use other definitions found in Andover's Blue Book when teaching sex education curriculum in their dorms or advising groups. Words such as "bullying," "cyber-bullying," "harassment or discrimination," "retaliation," "relationship

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violence,” “sexual misconduct,” “unwanted sexual contact,” “sexual intimidation,” and “sexual exploitation” are just some of the terminology that teachers define using the Blue Book for guidance (Phillips Academy Andover, August 2017b, p.13-16). Providing the appropriate terminology gives students a body of reference for if/when they are confronted with an unsafe situation, making them more likely to act upon the violation and call for the necessary help. Furthermore, by outlining these harmful actions with examples from the school handbook, students are able to see just how severe the repercussions are for acting in an unsafe way and how much the Academy values student security and wellbeing.

The most important and explicit lesson that Andover teaches in regard to sexual safety is about knowing and communicating one’s boundaries. Educators ask students to develop the skills to “know your limits,” “tune into your feelings,” “be direct in your communication,” consider your past and present relationships,” “make self-awareness and self-care a priority,” “be assertive,” and “seek support” (Phillips Academy Andover, 2016a). Heavily rooted in social and emotional learning pedagogy, this lesson asks students to be mindful of their own limits and the limits of others through tuning into emotions, body language, and implicit and explicit cues (Phillips Academy Andover, 2016a). From this lesson, and in conjunction with the Blue Book, students have the basis to understand safety in aspects of all sexual encounters, as well as the agency to state one’s desires and limits and to step in if they witness other individuals’ boundaries being infringed upon.

C. Choices

Dr. Patel stated that if there is one outcome that the administration wants for students through Andover's sex education programming it is that they "want people to be really informed thinkers" (A. Patel, personal communication, January 10, 2018). Dr. Patel and Dr. Esty could not stress enough that the school would do whatever it could to provide students with as much information as possible, but, at the end of the day, students must decide what to do with the information that is most right for their lifestyles and values (A. Patel, personal communication, January 10, 2018; S. Esty, personal communication, January 10, 2018). In being an intentionally diverse community, Andover must accommodate for all backgrounds and perspectives, including students' sexual choices; therefore, sex education is another place for students to learn so that their judgments and decisions are informed by a range of knowledge and experiences.

Self-reflection, therefore, is a key component of Andover's sex education. Being physically intimate with another person requires careful consideration of both the values and readiness of the other person and of oneself. This concept is addressed in dorm talks, where students are reminded to ask themselves at every sexual encounter, "Is it right? Is it safe? Can I handle the potential consequences? Is this what both of us want?" (Phillips Academy Andover, 2016b). Each question has room for "Yes" or "No" answers, and it is up to the individuals in the sexual relationship to choose what is best for each of them at that point in time (dorm talk). Even if one or both of the parties say "No" to a particular question or questions, the individuals may also choose to proceed with the sexual encounter. In this case, counselors make it clear that these are also choices that students must make, and ultimately the individuals must live with whatever consequences arise from the situation (Phillips Academy Andover, 2016b).

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The school is also very upfront about options for students who need contraception or—although very rare—become pregnant. When professionals from the Wellness Center visit EBI, biology, or physical education classes or dorms, a staff member always reminds students that contraception is available at the Wellness Center and local pharmacies. As Dr. Patel said:

We teach that [contraception, including Plan B] is available at pharmacies without a prescription...If [the pharmacists] are going to ask for identification, go to another CVS. Come here [to the Wellness Center] if you can, if you feel like that's comfortable. Just to give people other options and to not delay in getting their care because there are time-sensitive things. (A. Patel, personal communication, January 10, 2018)

Furthermore, if students experience sexual assault, rape, or pregnancy while at Andover, counselors help the student “individualize a plan” to best suit their needs, rather than simply saying, “You must leave school” (A. Patel, personal communication, January 10, 2018). Dr. Patel emphasized student responsibility and needs in these circumstances, as each student’s care plan and utilization of resources will look different depending on the context (A. Patel, personal communication, January 10, 2018). Ultimately, “[the school] would embrace them and what they need,” but students must be independent enough to express their decisions (A. Patel, personal communication, January 10, 2018).

Noah Rachlin, history teacher and research fellow at Andover’s Tang Institute, has extensively studied the ways in which growth mindset, intrinsic motivation, deliberate practice, and focus have

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an effect on student learning (Rachlin, n.d.). In other words, Mr. Rachlin believes that through determination, hard work, autonomy, and purpose, students can be empowered “to overcome the inevitable challenges of learning both in and out of the classroom” (Rachlin, n.d.). This research has been a powerful tool that undergirds Andover’s mission to “help young people achieve their potential not only intellectually, but also artistically, athletically, and morally, so that they may lead responsible and fulfilling lives” (Phillips Academy Andover, August 2017b, p. i). Sex education, like any other learning environment, is full of challenges to students’ ideologies, comfort levels, and self-concepts. Therefore, the intersection of Mr. Rachlin’s research with sex education allows students to not only learn *how* to make choices appropriate to them but also *why* these choices are so important for their adolescence, and for the rest of their lives.

V. Conclusion

In looking at PA’s sex education program through Nancy Kendall’s framework for best practices, the curriculum seems to cover many of the bases. PA’s health professionals really try to have the most up-to-date, thorough research that incorporates resources from a variety of disciplines. The fact that Andover’s research includes a global component demonstrates PA’s willingness to account for international students at the school and for the ways in which the school is trying to create “global citizens.” Andover is also very cognizant of the myriad ways students learn about sex. Through their incorporation of sex-related material into dorms, classrooms, film screenings, play productions, and public forums, the school can reach students in a number of different ways. In terms of other “best practices,” Andover is committed to liberal values, eliminating students’ guilt and feelings of embarrassment, and working with parents and outside members of the community to provide the best sex education possible. The school is very aware

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of the fact that the majority of students are on campus all day, every day of the week and that material regarding sexuality and intimacy must be talked about in order to sustain a healthy, safe community.

However, there are also several ways that Andover can improve its curriculum. Despite being a liberal environment, for example, issues of equity and inequity are not addressed directly in the available curriculum. In a school with a student population that is majority white, cisgender, straight, and upper-class, it is important that faculty address the amount of privilege that exists on campus. However, there are also students who feel ostracized from this privilege, particularly those who identify as lesbian, gay, bisexual, transgender, asexual, and queer, so incorporating literature specific to these populations is crucial. Working with CAMD, the Brace Center, and other organizations on campus could help make obtaining these resources much easier, while also strengthening inter-organizational partnerships.

Making the sex education programming more democratic is another important step for Andover moving forward. Currently, there are many ways in which students at Andover are having their voices heard in regard to sex education. On the other hand, some students may not feel comfortable or confident enough to express their opinions. Moreover, the curriculum does not explicitly touch on the more taboo topics of religion, politics, gender roles, or ethics/morality. With such a diverse student and faculty body, it could appear overwhelming and impossible to account for each opinion on topics such as abortion, homosexuality, pre-marital sex, or fornication. However, as McKay and Kendall point out, forming an environment in which students have at least someone with which to discuss these topics, and giving students access to all information is crucial so that these students feel empowered and can form their own judgments and perspectives.

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Overall, Andover is an extremely safe environment. Yet this is mainly due to the amount of privilege that comes from living in a wealthy, suburban area. The area is less crowded; there are low crime rates; there is constant surveillance by PA's public safety and by the town of Andover's police department; and all students follow the same rules and schedule. Even with holes in the sex education programming, the likelihood of students facing harm, both sexually or otherwise, is very low.

However, this fact should not dissuade Andover's administration from working to implement more changes into their sex education curriculum and to make their community even stronger. Drs. Esty and Patel and the Wellness Center staff have the passion and goals to make the future of sex education at Andover first-rate. But in order to do so, the school must be willing to devote the appropriate amount of time and resources to changes such as a course specifically devoted to sex education, peer health educators, more sex-related dorm talks, and partnerships in the outside community. As Andover's four mottos state, students should develop their own opinions, live a life with knowledge and goodness, act in a way that is "non sibi," and remember that "the end depends upon the beginning." In doing so, students will be active citizens who are also informed, sexual beings that know how to make good choices regarding the bodies of others and themselves.

Maranyundo Girls School (Nyamata, Rwanda)

I. Background on Maranyundo Girls School

The Maranyundo Girls School is a private boarding school in Nyamata, Rwanda (Maranyundo Girls School, n.d. (c)). Rwanda is one of the most densely populated countries in the continent of Africa with over 10.5 million residents and a population density of 415 people per square kilometer (National Institute of Statistics of Rwanda, 2012, xv). Rwanda is also primarily made up of young people: the mean age is 22.7 years old, and only three percent of the population is over 65 years old (National Institute of Statistics of Rwanda, 2012, xv). In fact, nearly half of the population is made up of youth who are fourteen years old or younger (Republic of Rwanda, December 2012). Moreover, roughly 83% of the population lives in rural areas, and only one percent of the total population is non-Rwandan, typically coming from nearby countries such as the Democratic Republic of the Congo, Burundi, and Uganda (National Institute of Statistics of Rwanda, 2012, xv-xvi).

The Maranyundo Girls School—also called Maranyundo or MGS, for short—houses and educates roughly 400 girls from seventh through twelfth grade (Maranyundo Girls School, n.d. (a)). The school started with a pilot class of 60 girls in 2008 and has grown every year subsequently (Maranyundo Girls School, n.d. (c)). Since 2008, the school only accommodated 180 girls in a seventh through ninth grade program (S1 to S3) (Maranyundo Girls School, n.d. (c)). Yet due to high demand for a quality secondary education program for women, the school more than doubled in size in January 2017 when it opened its admission to tenth through twelfth graders as well (S4 to S6) (Maranyundo Girls School, n.d. (a)).

The school was the dream of Senator Aloisea Inyumba of Rwanda, who believed that educating girls was the key to a strong society (Maranyundo Girls School, n.d. (h)). Senator Inyumba, along

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with a board of philanthropic supporters based in Boston, Massachusetts, thus designed the school and opened its doors in 2008 (Maranyundo Girls School, n.d. (h)). These board members—collectively the Maranyundo Initiative—continue to support the school to this day through financial contributions and grant-making to fund technology and other facilities at MGS (Maranyundo Initiative, n.d. (b)).

Although a secular school, Maranyundo has been owned and operated by the Benebikira Congregation of nuns since 2010 (Maranyundo Girls School, n.d. (a)). The Benebikira Congregation is a Rwandan order of Roman Catholic nuns that helps run 21 other schools in Rwanda and Burundi, educating over twelve thousand students a year (Maranyundo Girls School, n.d. (a)). The nuns' teaching is “[s]teeped in Rwanda values of discipline, faith and personal responsibility,” which exemplifies all that Maranyundo hopes to nurture in its girls (Maranyundo Girls School, n.d. (b)).

The school also follows the Rwanda National Curriculum (REB) with particular focus on science, technology, engineering, and math (STEM subjects) in order for girls to develop “21st-century competencies,” such as critical thinking, entrepreneurship, oral and written communication, and collaboration (Maranyundo Girls School, n.d. (b)). The school boasts a three-to-one ratio of students to computers and a two-to-one ratio of students to tablets, as well as use of technology in the classroom at least once a week for every academic subject (Maranyundo Girls School, n.d. (b)). Class sizes never exceed thirty students in the hopes that a small class size will foster collaboration and student-teacher interactions (Maranyundo Girls School, n.d. (b)).

Roughly half of MGS students receive scholarships, and the largest proportion of students comes from the Bugesera District, the poorest district in Rwanda and of which Nyamata is a part (Maranyundo Girls School, n.d. (a)). Students have full days of activities, ranging from nine

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academic classes to mandatory sports participation to cleaning classrooms and partaking in extracurricular activities on the weekends (Maranyundo Girls School, n.d. (e)). Girls have a network of mentors around campus including a “mother,” who is a girl from the previous class, and her mother’s mother (“grandmother”), as well as her teachers (Maranyundo Girls School, n.d. (a)). Maranyundo hopes that this “network of caring relationships [will develop] across academic divides and grade levels” and make all students feel equal to one another and their elders (Maranyundo Girls School, n.d. (a)).

Girls must wear a uniform and keep their hair short during their time at Maranyundo (Maranyundo Girls School, n.d. (d)). There is also a list of “Allowed Items” that students are allowed to bring to campus, excluding electronic devices or an abundance of personal items (Maranyundo Girls School, n.d. (d)). Through these practices, MGS hopes to further stress the notions of equality and community upon which their school is built.

The school color is a medium shade of blue, and its symbol is a sun (Maranyundo Girls School, n.d. (a)). Maranyundo’s mission is ultimately “to offer students not simply access to education but academic excellence” (Maranyundo Initiative, n.d. (a)).

II. History of Maranyundo's Sex Education Program

In order to give the history of Maranyundo's sex education program, it is important to first acknowledge the history of Rwanda as a country.

Beginning in 1918, Belgium colonized the land that is now Rwanda and Burundi after obtaining the territory from Germany through the Treaty of Versailles (PBS, 2014). Throughout both German and Belgian rule, Rwandan citizens were subject to a class/caste system based on their ethnic identities (PBS, 2014). Despite only making up 14% of the population, one ethnic group—the Tutsis—were given more privileges than the Twa (one percent of population) and Hutus (85%) (PBS, 2014). European powers saw value in Tutsi's pastoralism and their lighter skin tone, while Hutu's agriculture, short stature, and darker skin were criticized (Encyclopedia Britannica, n.d. (a)). Then in 1957, the Hutus became emancipated, and in 1959 they rebelled against the Belgian power (PBS, 2014). In 1962, Rwanda declared independence from Belgium and separated from Burundi to form its own separate country (Central Intelligence Agency [CIA], n.d.).

Due to the caste system created by European colonizers, there remained a lot of hostility between ethnic groups even after independence (CIA, n.d.). For decades, the Tutsi and Hutu attacked and tried to assume power over the other (CIA, n.d.). Then in 1990 the country erupted into a civil war, which lasted for several years (CIA, n.d.). Between April and July of 1994 in particular was a time of genocide: in roughly one hundred days, over 800,000 people (mostly Tutsis) were murdered at the hands of Hutu extremists (CIA, n.d.). Meanwhile, over two million people fled Rwanda to other nearby African countries (CIA, n.d.).

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This genocide had an enormous impact on the Rwandan education system. Many teachers were murdered; students were prejudiced against and abused due to their ethnicities; and school overall became a place of tenuous power relations and violence (Encyclopedia Britannica, n.d. (b)). The war also had a profound influence on individuals' feeling of safety, particularly women, who were often sexually abused as part of the Hutu's war tactics: "Rape was...used as a weapon and included the deliberate use of perpetrators infected with HIV/AIDS to carry out sexual assaults; as a result, many Tutsi women were intentionally infected with HIV/AIDS" (Encyclopedia Britannica, n.d. (a)).

Because of this history, the late 1990's and early 2000's were periods of mourning and reconstruction for Rwanda. The various court systems (the International Criminal Tribunal for Rwanda (ICTR), national courts, and local *gacaca* courts) sentenced many Hutu extremists to death (Encyclopedia Britannica, n.d. (a)). The government called for reorganization of power and a rebuilding of the education system, particularly to accommodate the large number of children who now did not have parents (Encyclopedia Britannica, n.d. (b)).

Then in 2000, the United Nations—of which Rwanda is a part—developed a set of Millennium Development Goals. These countries collectively created these goals in order to declare a "global partnership" and implement peace-making practices that they hoped would alleviate social ills around the world by 2015 (Maranyundo Girls School, n.d. (a)). Many of these goals had to do with education and treatment of women, including but not limited to:

- Increasing gender equality in government positions, like the Rwandan Parliament
- "Fighting against gender-based violence and negative cultural attitudes toward women"
- Decreasing the prevalence of HIV and AIDS, as well as mother-to-child transmission

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- Increasing the percentage of mothers who give birth in a healthcare facility from 52% to 90% (and eventually 100%)
- Encouraging women to stay in school and get an education. (United Nations Rwanda, 2000)

These goals became the springboard for other initiatives throughout Rwanda, particularly in addressing women's sexual health. For example, a team of researchers began collecting data on sexually transmitted infection rates, pregnancy rates, mortality rates, visits to healthcare facilities, use of contraception and a variety of other topics. In doing so, researchers learned that "approximately 23% of patients still have to walk for more than one hour or more than 5 kilometers to reach the nearest health facility" (Republic of Rwanda, December 2012, p. 3). This became an issue for which community health professionals advocated, as they saw it as a significant obstacle for mothers who are giving birth, individuals who are sexually active and want access to contraception, and individuals who need treatment for sexually transmitted infections or HIV/AIDS (Republic of Rwanda, December 2012, p. 3).

There was also a push to give females, particularly adolescent women, more rights and options concerning their sexual health. One of the Rwandan government's solutions was to give students access to sexual health and reproductive health education in schools. In the Program of Action of the International Conference on Population and Development, officials defined this education as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes" (Republic of Rwanda, May 2012, p. 14). The education would be gender-sensitive and developmentally appropriate, as well as relevant to Rwanda's cultural context (Republic of

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Rwanda, May 2012, 14). Officials would incorporate sexual health into a larger health curriculum comprised of nutrition, mental health, substance education, and sexuality, as they believe that these topics are interconnected and must be talked about in conversation with one another (Republic of Rwanda, May 2012, 25).

This education was coupled with a school-based vaccination program that provided human papillomavirus (HPV) vaccines to twelve- to fifteen-year-old girls (Republic of Rwanda, May 2012, 17). Furthermore, the Ministry of Education worked with several organizations in 2010 and “launched a campaign to ‘break the silence’ about menstruation in Rwanda...coupled with advocacy efforts to address...gender-related issues,” which also gained momentum in secondary schools around Rwanda (Republic of Rwanda, January 2015).

Many of Rwanda’s recovery and reconciliation efforts after the genocide were focused on establishing a national identity founded on peace. Sexual health and safety naturally became two topics that were a part of these efforts. Overall, Rwandan officials made goals of “supporting adolescent sexual and reproductive health”; “promoting women’s independence and decision-making in contraceptive use”; and “addressing gender equality and mitigating gender-based violence and violence against women” through the sex education programming that they established (Republic of Rwanda, December 2012, p. 19).

III. Overview of Program

Prompted by the national issue of family planning, Parliament member Nyirarukundo Ignatienne explained in a public interview that the government wanted students “to understand the consequences of increased population growth, which, in Rwanda’s case, does not match economic growth” (United Nations Population Fund Rwanda [UNFPR], 2016). Government officials also wanted to decrease stigma surrounding sexual development and begin implementing sex education before students began becoming sexually active (Republic of Rwanda, January 2015, p. 93-94). Therefore, in 2012 the Rwandan government officially published two policies: The Adolescent Sexual Reproductive and Rights Policy and the Family Planning Policy. By implementing these policies, sex education became a compulsory part of Rwanda’s National Education Guidelines.

The curriculum is competence-based, meaning students master concrete skills one at a time through formative assessments, rather than learning abstractly and working toward a summative assessment based on general knowledge (Republic of Rwanda, 2015b, x). The government chose this approach as it is “[a] competence-based curriculum...characterised by approaches that are largely learner-centred, criterion-referenced, constructivist, and focused upon learning outcomes” (Republic of Rwanda, 2015b, x). The curriculum is also comprehensive, which curriculum developers justify through saying:

The primary goal of a school based comprehensive sexuality education curriculum is to equip children, adolescents and young people with the knowledge, skills and values in an age appropriate, culturally and gender sensitive manner so as to enable them to make responsible choices about their sexual and social relationships,

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explain and clarify feelings, values and attitudes, and promote and sustain risk-reducing behavior. (Republic of Rwanda, 2015b, p. 22)

This comprehensive sexuality education (CSE) is taught throughout all academic subjects, including social studies, history and citizenship, biology, English, French, and physical education, beginning in late primary school (P4 through P6) and through middle and high school (S1 to S6) (Republic of Rwanda, 2015b, p. 25).

Comprehensive sex education is paired with Peace and Values Education (PVE), which “is all about how education can contribute to a better awareness of the root causes of conflicts, violence and peacelessness” as well as “social cohesion, positive values...and action in order to build a more peaceful society” (Republic of Rwanda, 2015b, p. 23). Through PVE and CSE, at minimum students will learn about male and female reproductive systems, sexual development, family planning, sexually transmitted infections, human papillomavirus (HPV), HIV/AIDS, sex and gender-based violence, interpersonal conflict, prenuptial consultation, post-abortion care, prenatal consultation, and life skills education (Republic of Rwanda, May 2012, p. 15). Instruction must be developmentally appropriate for each age group and taught by teachers who have received sex education training (Republic of Rwanda, January 2015, p. 94, 127). Schools work with many stakeholders, including parents, national authorities, and school boards, to distribute curriculum and provide the most up-to-date information (Republic of Rwanda, January 2015, p. 93).

Outside of the curriculum, lawmakers also launched two national campaigns pertaining to adolescent females’ sexual health in secondary schools across Rwanda. The first was the “ABC Campaign,” which stood for “Abstain, Be faithful, and use a Condom” (Massicotte, 2013, p. 24). The slogan was created in the early 2010’s to help teenagers practice healthy sex and was often on

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posters that were hung up around schools. The second campaign that launched in 2015 involved having more single-sex bathrooms available in secondary schools, which lawmakers stressed were crucial for women once they reached puberty (Republic of Rwanda, January 2015, p. 63). Not having single-sex bathrooms, activists said, perpetuated issues of sanitation, privacy for women who were menstruating, and safety from male teachers and classmates who were potential sexually abusers (Republic of Rwanda, January 2015, p. 63). Moreover, not having a comfortable, secure place to use the toilet prevented many women from attending school regularly once they reached puberty (Republic of Rwanda, January 2015, p. 63). Through both of these endeavors, government officials and policy-makers hoped to increase adolescent awareness of sexual health-related topics and practices pertaining to healthy sexuality.

IV. Curriculum

A. Relationships

The basis of all sex education pertaining to relationships is rooted in two Rwandan Education Sector Objectives. These objectives, included in Rwanda’s Competence-Based Curriculum Frameworks, express the need for schools to cultivate “Rwandese and universal values” of (1) eliminating discrimination and (2) increasing “justice, peace, tolerance, respect for human rights, gender equality, solidarity and democracy” (Republic of Rwanda, 2015b, p. 8). As part of its reconstruction efforts as a country after the genocide, Rwanda emphasized these goals in all sectors of education to promote the wellbeing of its citizens and those citizens’ relationships with others.

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Beginning in primary school, students learn about “respect,” “tolerance,” “social cohesion,” and “conflict management” with their peers (Republic of Rwanda, 2015b, p. 145). These students, who are roughly ten to twelve years-old (P4 through P6), reflect mostly on how to maintain healthy friendships and communities (Republic of Rwanda, 2015b, p. 145). Educators begin to build on these ideas in the first few years of secondary school, particularly in Citizenship courses, where they discuss human rights and individuals’ relationships with their families (Republic of Rwanda, 2015b, p. 183). S1 through S3 students—the first grades of schooling that Maranyundo offers—talk generally about personal and family values, rights individuals have as Rwandan citizens, and conflicts concerning those values and rights (Republic of Rwanda, 2015b, p. 183). However, students also talk about these issues within the context of sexuality, reproductive health, and sexual intimacy (Republic of Rwanda, 2015b, p. 183) In this way, students learn broad skills relating to social interactions and then specifically in terms of sexual relationships, which demonstrates the applicability of these competences in real-life situations.

This pattern of cultivating wide-ranging skills and then applying those skills to sexual health is echoed in parts of seventh to ninth graders’ biology curricula. When learning about the biological processes of puberty in S1 and sexual intercourse in S2, students learn about communication and refusal skills that they can cultivate both in general interactions with peers and specifically in sexual relationships (Republic of Rwanda, 2015a, p. 16, 67). Students also learn about reading body language and understanding changes in individuals’ emotions, physicality, and social behaviors, which can both also be applied in a range of relationships (Republic of Rwanda, 2015a, p. 16).

In S6, or twelfth grade, discussions about relationships re-emerge in Religious Education class. In particular, students must consider their relationship with God and how that relationship

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is related to their treatment of others (Republic of Rwanda, 2015b, p. 256-264). One of the skills, for example, focuses on “social problems bas[ed] on religious teachings,” including murder, drug abuse, and segregation (Republic of Rwanda, 2015b, p. 256). In terms of sex-related “problems,” the curriculum lists prostitution, abortion, and sexual deviation as against certain religious practices (Republic of Rwanda, 2015b, p. 256). A later lesson also mentions the sanctity of marriage and couples’ adoration of God (Republic of Rwanda, 2015b, p. 264). However, the lesson underscores that sexuality is restricted to being expressed within marriage or else that sexuality is immoral (Republic of Rwanda, 2015b, p. 264).

These topics are important for democratic discussion, especially in discussing why someone may have reason to engage in these acts. For example, a woman may engage in prostitution because she may be living in poverty and has to find ways to earn money to feed herself and her family; or, in another situation, individuals may engage in sexual relations outside of marriage because there are legal obstacles to making their union official before the law. Both of these situations are largely tied up in larger societal questions and individuals’ relations to one another. Because Maranyundo is non-denominational, each individual’s religion, or general perspective outside of religion, may consider these topics differently.

Each grade level’s skills regarding relationships get built upon over time and encompass more of the range of emotional and physical intimacies across friendships, families, peers, colleagues, and sexual partners. Through this competence-based program, girls at Maranyundo learn the appropriate tools to use in their individual relationships.

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B. Safety

Maranyundo's discussion of safety in its sex education program can be broken up into three categories: violence prevention, HIV/AIDS and STIs, and personal/emotional safety.

Talking about violence begins in primary school (P4 or fourth grade) before students attend Maranyundo when they are asked to “identify gender based (*sic*) violence and sexual abuse practices” in their homes, communities, and relationships (Republic of Rwanda, 2015b, p. 146). In beginning with this lesson, students learn terminology and examples of hostility so that they can later name these types of abuses and know when and how to ask for help if they or someone they know is in danger. This lesson gets added onto throughout the first half of secondary school in various academic classes, and in S5 (eleventh grade) students revisit the topic most thoroughly in lectures on Gender Studies (Republic of Rwanda, 2015b, p. 261). Eleventh graders are asked to understand the consequences of violence in sexual relationships, as well as ways to reduce and eliminate these practices (Republic of Rwanda, 2015b, p. 261). Students also learn about the signs of child abuse and ways to address maltreatment for their own families and in witnessing the mistreatment of others (Republic of Rwanda, 2015b, p. 261). Then, in Religion Class in S6 (twelfth grade), students look at violence in lessons on Islam, linking domestic violence with “early marriage” and calling it a “problem... related to sexuality” (Republic of Rwanda, 2015b, p. 266). Through each of these lessons, students look at violence in the context of their own safety, the safety of their families, and the safety of others. By labeling abuse, identifying prevention methods, and advocating for the elimination of violence, students are working toward peace-building practices that Maranyundo—and Rwanda as a country—strive to uphold.

HIV/AIDS and sexually transmitted infections are consistently addressed throughout secondary school biology courses. In 2015, the nationwide HIV rate in Rwanda was three percent

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(2.3% for males and 3.6% for females) (Republic of Rwanda, January 2015, p. 88). Despite the HIV rate for 15- to 24-year-olds being 1%, “young people still account for 40% of new infections” every year (Republic of Rwanda, January 2015, p. 87-88). Furthermore, HIV/AIDS leads to increased dropout rates, particularly for secondary-level female students (Republic of Rwanda, January 2015, p. 88).

Therefore, students are constantly talking about sexual health issues in relation to safety. Students begin by defining “safe sex” and learning about the transmission of HIV/AIDS and STIs (Republic of Rwanda, 2015b, p. 227). Educators teach about methods of transmission for infections and diseases, including through blood, saliva, and other bodily fluids or wastes (Republic of Rwanda, 2015a, p. 59). One objective of the curriculum even involves student research in the library on types of infections and technological simulations of antigens, pathogens, and antibodies in response to STIs and HIV/AIDS (Republic of Rwanda, 2015a, p. 59-61). Students also talk about prevention methods for STIs and HIV/AIDS, particularly in sexual decision-making practices (Republic of Rwanda, 2015b, p. 227). A common activity used in schools is labeling different interactions as being “high risk,” “low risk,” or “no risk” in transmitting or contracting STIs or HIV/AIDS (Republic of Rwanda, 2015a, p. 105). Educators also ask students to “[d]escribe natural and artificial methods that fight against [HIV/AIDS]” and later explain how post-exposure prophylaxis (PEP) and anti-retroviral therapy (ART) work in particular with treatment of HIV/AIDS (Republic of Rwanda, 2015a, p. 37 and 68).

It is also part of the curriculum to decrease stigma about HIV, mainly so that those who have the virus are not scared of getting professional care in a health facility and are not prejudiced against for their condition (Republic of Rwanda, 2015a, p. 70). Therefore, there are lessons specifically about “living positively with HIV,” with schools being encouraged by government

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officials to bring in speakers who have HIV/AIDS to talk about their experiences with students (Republic of Rwanda, 2015a, p. 70). Teachers are also mandated to “[s]tate that age disparate/intergenerational relationship (*sic*) can increase the risk of acquiring HIV” (Republic of Rwanda, 2015a, p. 67). For female students who are dating older men, this is a particular concern, as educators want these girls to remain in school. Therefore, by including this statistic, teachers hope that these young women will carefully choose their sexual partners and seek help immediately if they fear they may be infected with HIV/AIDS so that they stay safe.

Then there is the issue of students’ personal and emotional safety. Educators repeatedly remind students of their human rights and the ways in which systems of oppression can infringe upon those rights. For example, everybody has the rights to safety and boundaries in regard to their sexuality, and coercion, sexual harassment, and human trafficking violate those rights (Republic of Rwanda, 2015a, p. 63, 105). Thus, individuals also have the right and “responsibility to report” any abuses in order to maintain their security (Republic of Rwanda, 2015a, p. 105). People also have the right to confidentiality and non-discrimination, especially in healthcare facilities. In linking this idea back to HIV/AIDS lessons, educators talk about this confidentiality and fairness in the context of people who have HIV/AIDS (Republic of Rwanda, 2015a, p. 103). Furthermore, students learn about their right to health and reproductive education at any age and that individuals cannot be discriminated against for their gender, for their age, or if they are sexually active (Republic of Rwanda, May 2012, p. 13). Through these lessons, the girls at Maranyundo take ownership of their bodies and learn to fight against any barriers to their rights. Talking about human rights ensures the safety of these young women and the safety of the Maranyundo community as a whole.

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Moreover, the curriculum has a section on “potential legal, social and health consequences of sexual decision making” (Republic of Rwanda, 2015b, p. 227). This includes lessons on poverty and gender inequality in regard to sexuality, as well as the influence of peer pressure (Republic of Rwanda, 2015a, p. 35). In particular, educators address the idea of “transactional sexual activity,” which is prevalent among girls in secondary school (Republic of Rwanda, 2015a, p. 105). Roughly 3% of young girls in Rwanda are involved in prostitution (Republic of Rwanda, January 2015, p. 88). More specifically, many girls in S1-S6 have “sugar daddies” or “sugar mummies” who give them gifts and money in exchange for sex (Republic of Rwanda, January 2015, p. 92). Many girls feel pressured to maintain these relationships with older partners either because they need the money, their peers also have sugar daddies/mummies, or they want the status that comes from expensive material items (Republic of Rwanda, January 2015, p. 92). Although Maranyundo has policies regarding technology usage and the number of personal items girls are allowed to have on campus, it is possible for girls to still be influenced by this trend. Breaks from school are dangerous times for young women, as older predators are more likely to approach these girls, and students do not have the same support and guidance from teachers (Republic of Rwanda, January 2015, p. 92). Therefore, girls are at risk of experiencing mental, emotional, and social instability as well as physical and health consequences for their sexual involvement with these individuals. Educators teach this portion of the curriculum to prevent students from being manipulated and to encourage the girls to practice safe sexual decision-making with all of their partners.

C. Choices

The curriculum makes clear that students have several choices to make regarding their sexual health: what beliefs and values they possess about sexuality, to what extent they practice self-control, and how—and if—they prevent pregnancy. Like learning about relationships and safety, students learn many basic competences in primary school and develop them more fully at Maranyundo.

For example, throughout primary school students learn about many aspects of their identity in terms of likes and dislikes (like favorite color or least favorite vegetable) and their feelings (Republic of Rwanda, 2015b, p. 108). Once they begin secondary school, the conversation becomes more about how individuals can share aspects of their identity and how some parts are unique to each person (Republic of Rwanda, 2015b, p. 258). Discussion also turns to beliefs in the context of sexuality, such as when students are asked to examine the “influence of culture, tradition and religious practices on one’s thinking about sex, gender and reproduction” (Republic of Rwanda, 2015a, p. 32). When thinking about puberty, students must “show respect for diversity in when and how peers develop and change” during adolescence, even when that diversity does not match one’s own beliefs or experience (Republic of Rwanda, 2015a, p. 33). In this way, sex education becomes a place for students to be introspective and analyze the ways in which their understandings of sexuality, intimacy, and their relationships to others are formed. The curriculum reminds students that everyone may have different ideologies and backgrounds, but students must be respectful of how others choose to live their lives so that they receive the same kindness back onto them.

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The idea of self-control in regard to sex is an idea that pervades Rwanda's sex education, as educators state that willpower is a choice that students must constantly have to make in order to stay healthy. Broadly speaking, the topics of "handl[ing] sexual desires" and "peer pressure" are often paired together throughout both primary school and secondary school sex education (Republic of Rwanda, 2015b, p. 146). Students are taught refusal and negotiation skills as well as about consequences to not choosing self-discipline in terms of sex. Other times, self-control appears throughout students Religion courses. In S1, S3, and S6 Christianity classes in particular, students learn to "[m]anifest positive attitudes (*sic*) values and self-control in [their] social relations as a Christian," particularly in the realms of friendship, romantic partners, and sexual partners (Republic of Rwanda, 2015b, p. 150 and 190 and 264). Educators teach that "sexual promiscuity" and "sexual deviations" are at odds with one's self-control, and thus students must "practice" not giving in to sexual temptations (Republic of Rwanda, 2015b, p. 264). Classes on Islam Education reinforce these ideas by teaching students that they must "[I]ive under mastery of sexuality" throughout their adolescence and adulthood and "avoid adultery between spouses" once they are married (Republic of Rwanda, 2015b, p. 192). While mostly taught within the context of faith, these lessons underscore the idea that an individual's sexual choices are never one-sided: every act ultimately affects one's partners, family members, and community, as well. This competence can be extrapolated and applied to many other situations, all of them with the underlying message that people's choices matter and can be made thoughtfully and healthily if people practice self-control and see sex as involving lots of risks and consequences.

In addition, choosing to and how to prevent pregnancy is a choice left up to each individual. The Education for All National Review estimates that only 3.4% of adolescents (13- to 18-year-olds) use a condom when engaging in sexual intercourse (Republic of Rwanda, January 2015, p.

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88). Through sex education, therefore, Rwandan officials hope to increase this rate of condom usage, as well as explain other contraceptive methods to students so that they are aware of their ability to be safe in any sexual encounter in a way that is best for them.

Throughout primary and secondary school, students talk about “different ways of delaying sex,” “risky behavior,” and “the consequences of engaging in unprotected sex...and associated responsibilities” (Republic of Rwanda, 2015b, p. 146, 260). Secondary schools’ sex education curricula in particular are mandated to address misconceptions about different contraceptive methods, including the stigma associated with different methods, potential side effects, and rates of effectiveness if used properly (Republic of Rwanda, May 2012, p. 19). Biology classes talk about avoiding penetrative sex as the most dependable option for preventing pregnancy, although if this is not an option for individuals, they can also decrease the number of sexual partners they have and agree to mutual faithfulness with that partner (Republic of Rwanda, 2015a, 67). Moreover, in S2 Biology and S4 Geography and Environment classes, educators frame pregnancy prevention as a choice that affects not only the individual but the entire nation. In S2, for example, educators stress that family planning is a “responsible decision” that will affect students sexual health and relationships for the rest of their lives (Republic of Rwanda, 2015b, p. 186). Then in S4, students must “[a]nalyse the impact of high population growth on malnutrition, reproductive health, birth-rates, and mortality rates” (Republic of Rwanda, 2015b, p. 260). In this way, students come to understand that the birth of a child influences one’s private life and the public sphere through linking alleviation of social problems to pregnancy prevention in adolescents. Students are empowered to make decisions that better their lives while also making a difference in the environment in which they live.

V. Conclusions

Maranyundo succeeds in applying most aspects of Nancy Kendall's frameworks for sex education instruction. Since its genocide in the 1990s, Rwanda has collected evidence from schools, health clinics, and government-issued surveys to provide better sex education and to improve the overall sexual health of its citizens. The Ministry of Health in particular has done a lot of work with the national sex education curriculum and continues to do so. The curriculum does appear to be inherently democratic, as students are encouraged to respect all people in the name of Rwandan unity and peace. And, the curriculum does an exceptional job of including issues of equity, from the standpoint of individuals' access to information to treatment of individuals with HIV to population density.

The one area where Maranyundo's curriculum may not align with Kendall's framework is in its acknowledgement of the many ways in which students learn about sexuality and intimacy. While curriculum is interwoven throughout students' primary and secondary school years in a variety of academic subjects, there does not appear to be any material on the social, media, and cultural aspects that lead to students' understanding of relationships, safety, and choices within sexuality. By incorporating these influences, educators would acknowledge the facets of sex education outside of a biology, environmental studies, or religion classes.

In looking at other "best practices" of sex education, Maranyundo checks off many of those boxes as well. The curriculum stresses liberal values from the onset, as many competences strive to develop autonomy and uphold individuals' freedom and human rights. Furthermore, school does become an open space for students to learn about sex, especially since Maranyundo incorporates sex education into many academic subjects and given the fact that it is a boarding school. According to some estimates, nearly a quarter of students in secondary school in Rwanda belong

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to one-parent families or have no parents (Republic of Rwanda, January 2015, p. 135). Therefore, it is essential for this material to be taught in an educational environment, as many girls do not have family members with whom they could otherwise discuss sexuality or intimacy. Because Maranyundo is such a tight-knit community with dormitories and mentorship across ages, their sex education naturally becomes another topic that is discussed within the community.

There are also some practices that Maranyundo should incorporate more into its curriculum. Despite the many ways in which sexuality and intimacy are addressed in academic classes, lessons on “self-control” and “responsibility” may contradict educators’ efforts to decrease students’ feelings of anxiety or guilt. Therefore, when presenting these lessons with the notion that students have choices in their actions, educators must be mindful in not creating a dichotomy of “good” and “bad choices” that could make students self-conscious or embarrassed. Moreover, it is unclear whether students have room to dissent or critique the material with which they are presented. Because discrimination is strongly opposed in Rwandan society, it would appear that students would have room in their classes to talk candidly about the curriculum. However, the extent to which this actually happens is unclear. It is also unclear what amount of outside participation from parents, doctors, and researchers is involved in creating curriculum. Maranyundo has a strong parent board who help make decisions regarding the school, but the amount to which they are involved in working on sex education curriculum is ambiguous and can probably be improved in the future.

Additionally, there are some other general improvements to the curriculum that Maranyundo can incorporate. The term “consent,” for example, is neither mentioned nor defined at any point in the curriculum, which would be acceptable to some extent if lessons alluded to enthusiastic mutual agreement in sexual activity. Students should know that their boundaries and desires are human

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rights, and that any infringement upon those rights is considered sexual assault. Therefore, explicit lessons on this topic should be integrated into the curriculum.

Last of all, educators miss an important opportunity to talk about sexuality by avoiding material in the context of the Rwandan genocide. Despite the fact that sex education is included across academic disciplines, the subject is never paired with discussion surrounding sexual violence tactics used in the Rwandan genocide. Understandably, Rwanda is still grieving and learning how to process the events that transpired in its past relating to death, war, and suffering. Nevertheless, reflection on these difficult moments is what prompts constructive changes to society and reinforces society's wellbeing. In order to promote the sexual health of adolescents, educators must focus part of the curriculum on individuals' perpetration of abuse and exploitation during the genocide and another part of the material on how Rwanda as a nation can move past these events to build peace.

Overall, comparing Maranyundo Girls School to other approaches to sex education—like Charlestown High School and Phillips Academy—is difficult given the vastly different contexts under which these schools are operating. It would be unwise to view Maranyundo from a Western perspective, as the culture, political landscape, and education system look much different than, for example, in the United States. Thus, it would also be naïve to expect that certain aspects of sex education programming taught in the U.S. would translate over into Rwanda. For example, gender roles are much more rigid in Rwanda than in Massachusetts, so it would not make sense to suggest incorporating gender or sexual orientation education at Maranyundo to the same degree as PA or CHS. Or, in considering the use of social media, pornography, or other online resources in one's sex education, one must remember that the internet is both controlled by the government and not always available to the general public in Rwanda, so this type of education is not a priority. Each

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nation has its own perspective, and thus in analyzing Maranyundo's curriculum, especially from a Western point of view, one must be cognizant of these circumstances.

Maranyundo, like the rest of Rwanda, is moving forward into the future with great aspirations. If "[h]ope is a Rwandan girl," Maranyundo educators must take advantage of the opportunity to equip these girls with the knowledge and tools that guarantee them lives full of safety, peace, and success. In order to do so and help students strive for the "academic excellence" that Maranyundo prides itself on, teachers must not forget that sex education is a crucial part of this excellence and that their students have a right to know more about their bodies, their feelings, and their health.

Comparisons

I. Phillips Academy and Charlestown High School

Apart from having a similar number of students and both operating in Massachusetts, Phillips Academy and Charlestown High School's sex education curricula have a few demographic and pedagogical similarities.

First of all, both schools are incredibly diverse. Students are of all races and ethnicities, speak a variety of languages, and have a range of identities and backgrounds. Both PA and CHS attempt to incorporate this diversity into their respective curricula by talking about how perspectives and past experiences influence one's values and views on sexuality. In acknowledging that each person's voice matters, both programs ensure that the notion of democracy is upheld in the context of sexual education.

Furthermore, both schools emphasize consent education and the range of contraception methods available for those who are sexually active. Discussing consent and contraception is extremely important in fostering a sense of responsibility in students and ensuring that students make safe, healthy decisions regardless of if they are engaging in sexual activity or remaining abstinent. Charlestown and PA's inclusion of these topics in their curricula demonstrate the importance of student and community wellbeing.

However, these two schools also have many differences between them. From the standpoint of school type, Charlestown is not a residential school and Andover is. This difference plays out in the amount of surveillance on campus, the roles teachers play in students' sexual health education, and what expectations students have in their school environment. Therefore, the residential context plays a large role in PA's curriculum and teaching, especially in talking about boundaries and

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“hook up” culture. Charlestown does not need to address the residential component, so curriculum developers are responsive to the fact that students go home every night to their families and guardians, and school sex education must be matched with the lessons families impart on their children.

PA also has a much smaller special needs population of students, none of whom need substantial separation for classes. Oftentimes the extent of students’ accommodations is for mild dyslexia, ADHD, or high-functioning autism, which would not necessarily interfere with sex education instruction. However, a significant portion of Charlestown’s students have moderate to severe special needs. Many students have Down Syndrome, cerebral palsy, and other cognitive, mental, or physical disabilities, which require separate accommodations for teaching, including for sex education. Therefore, the attention that Charlestown must give to address the needs of these students within their sex education curriculum is something about which PA does not have to think or include in its lesson plans.

The schools vary greatly in their access to resources, as well, which inevitably affects the programming each school can offer its students. Charlestown is a government-funded public school with a set budget. Thus, how many health teachers CHS can hire and how much money can be spent on classroom materials is defined by a fixed amount handed down by the state. However, PA is a private school with a large endowment, board of trustees, large alumni base who can offer donations, and much more flexible budget. Plus, PA does not have to rely on state funding or regulations. Thus, PA can make choices such as hiring someone whose role is solely Director of Wellness Education or getting grants to sponsor Planned Parenthood to teach faculty about sex education in a way that Charlestown cannot. The amount of time and money that schools are able

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to put directly into sex education can greatly influence that quality of instruction and availability of resources, which can be seen in comparing PA to CHS.

Additionally, Phillips Academy has more flexibility in its curriculum because it does not have to adhere to state laws the way Charlestown does. In Part One, Title Twelve, Chapter 69, Section 1L of Massachusetts General Law, public schools must include consumer health, ecology, AIDS/HIV prevention education, nutrition, fitness and body dynamics, first aid, and other topics in addition to sexual health in their respective curricula (MA Law). Furthermore, public schools must have set objectives, activities, and anticipated results for the health curriculum that is outlined in advance of instruction (MA Law). However, PA does not have a strict form that its health curriculum must follow. In fact, PA does not even have to include topics outside of sexual health if administrators do not want to, nor does the school have to stick to a curriculum once it is in place. This gives PA more flexibility to make changes based on its community's needs, current events, or topics about which students have interest. Charlestown, on the other hand, must follow the laws laid out for the public-school system so that it is consistent with Massachusetts's evaluation standards and its fellow public schools' instruction.

Finally, there is the question of each school's treatment of teenage pregnancy and parenting. Charlestown has the ParenTeen program and elements of its Health Education Frameworks geared specifically toward prenatal care, adoption versus abortion versus parenting options, and childrearing. PA, on the other hand, has no such programming. Despite the fact that PA insists that counselors would individualize a plan for a student if she became pregnant, the sex education curriculum operates under the assumption that it is very unlikely that a female student would get pregnant during high school in the first place. No lessons outside failed contraception methods and

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response plans after rape even mention that the student could have a child. There is certainly no mention of what would happen if a student wanted to keep that baby while at Andover.

As Michelle Fine explains in her piece “Sexuality Education and Desire: Still Missing After All These Years” (2006), several factors are correlated to teenage pregnancy: academic failure, dropping out of high school, low socioeconomic status, and being a racial or ethnic minority student (Fine 302-304). In looking at Charlestown’s curriculum for pregnancy and parenting, Fine’s description connects to CHS’s image as a high-needs, low-income, urban high school. Because Andover is an upper-class, majority white private school, the administration would not think to incorporate lessons on raising a child because no student has done so at Andover before: that is not their reputation. This comparison, therefore brings to light a chicken-and-the-egg scenario: have these differences in curricula influenced how society views urban public schools over suburban private schools, or have these demographics and statistics regarding different types of schools led to differences in sex education curricula?

While comparable in many respects, these contextual differences between private and public school, upper socioeconomic class and lower socioeconomic class, and pedagogical and financial flexibility and inflexibility establish many tensions between the curricula of Phillips Academy and Charlestown High School. In putting these schools in dialogue with one another, one can see these schools’ struggles to frame their curricula appropriately for different populations, even if the schools are in similar locations and have the goal of keeping students safe.

II. Charlestown High School and Maranyundo Girls School

Many aspects of Charlestown and Maranyundo's curricula overlap in terms of structure and topics of discussion. Most obvious is the fact that both schools begin sex education instruction at a very young age. While CHS only accommodates ninth through twelfth graders, with a handful of Diploma Plus students, and Maranyundo houses seventh through twelfth graders, the standardized curricula at the district and national levels, respectively, allow both institutions to build upon material from elementary and primary school in their secondary school programs. In this way, both schools aim for "developmentally appropriate" and "age appropriate" lessons and increase the complexity of topics relating to sexuality and intimacy as students become older and more mature emotionally, psychologically, physically, and sexually.

Both CHS and Maranyundo also emphasize "21st-century skills" and "21st-century mindsets" throughout their curricula. Technology is largely incorporated into these schools' classrooms as tools to better understand information taught in lectures and to visualize and apply data in various ways. Examples of this include Charlestown students' understanding of technology in relation to HIV/AIDS prevention and reproduction, and lessons on the processes involved in infection and virus transmission in the human body that are taught at Maranyundo. Moreover, CHS and Maranyundo promote critical thinking, self-reflection, and analysis within multiple contexts, including at the communal, state, national, and global level. Through students' understanding of themselves as individuals within a larger societal framework, educators help to foster autonomy, empathy, awareness and integrity in students and equip them with the knowledge to make informed decisions as citizens in their communities and in the world.

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This 21st-century ideology carries through to both schools' discussions of equity and inequity. Charlestown's attention to privilege and systems of power come up many times throughout its sex education curriculum, as students are asked to think about healthcare, discrimination, and access to information through a social justice lens. Maranyundo's curriculum discusses nearly the same subjects although with particular focus on the issues of HIV/AIDS and population density in Rwanda. Educators of both curricula frame sexual health as a basic human right, while mentioning the myriad ways in which other people, policies, and organizations may infringe upon those rights.

Furthermore, both Maranyundo and Charlestown understand the importance of considering trauma within the context of sex education. Charlestown's label as a "high-needs" school means that it must address the needs of its student population who are considered individuals with special needs, English Language Learners, below grade level in school, living in poverty, or are facing several other significant disturbances to their personal and academic lives. This is paralleled by Maranyundo's discussion of the 1994 genocide that has lasting effects on students' family dynamics and understanding of violence in the context of sexual health. In both situations, these schools' trauma-informed lessons aim to alleviate feelings of anxiety and discomfort in the classroom and to prevent future traumas from occurring.

At the same time there are many ways in which pedagogy and curricula differ between Maranyundo and CHS. At the most basic level, who receives the curriculum at each school is very different: men are the ones getting the curriculum at Charlestown due to where sex education can fit into students' academic schedules, and women are the ones getting instruction at Maranyundo because it is an all-girls school. While who educators teach is done out of convenience, as scheduling and student demographics will inevitably dictate who has access to education, Maranyundo was explicitly created as a school to teach an underserved population, whereas

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Charlestown's instruction of only men is a manifestation of masculinist supremacy in society. In other words, Maranyundo's instruction to one gender is intentional; Charlestown comes from implicit (and harmful) normative culture. Thus, each school's awareness of its curriculum's audience varies greatly, demonstrating the ways in which power and bias operate even in seemingly equitable academic environments.

On the other hand, Charlestown appears to be more aware of the ways in which students learn about sexuality and intimacy than Maranyundo. While Maranyundo's curriculum is included in a variety of academic subjects, and Charlestown program is by no means perfect, CHS does touch on aspects such as the media, family values, and stereotypes and norms regarding sexuality in a way that Maranyundo does not. Charlestown's curriculum is based more on students' social relations and interactions in the "real world," while Maranyundo's is rooted more in students' academic subjects and scholarly endeavors. Though both approaches are useful, Charlestown's is more applicable to students' lives outside of the school environment, which Maranyundo does not necessarily have to cover since all of its students live on campus.

The topic of religion further divides the two curricula. Although both schools are non-denominational, Maranyundo's religion courses directly talk about sexuality in peoples' faiths, whereas there is no discussion of religious conviction at any point in the Charlestown curriculum. Because religion may be a significant part of individuals' identity, the framing of one's faith within sex education promotes democratic engagement with people of varying ideologies. In Charlestown's absence of this material, religion is further considered taboo, which can be problematic in that people already consider sex a taboo topic. Maranyundo's inclusion of religion in sex education—even from an academic perspective—mainstreams the conversation so that individuals feel more empowered to discuss their faith in relation to sexuality and intimacy.

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Lastly, the pedagogic disparity that separates Charlestown's curriculum from Maranyundo's is the emphasis on diversity rather than shared identity. At several parts in the CHS curriculum, educators underscore the various backgrounds, perspectives, and identities present in the school community and assert that this multiplicity promotes a more comprehensive, inclusive sex education program. Meanwhile, Maranyundo functions under the idea that a unified identity encourages the best instruction, as students' identification with being Rwandan leads to harmony and peace both in and outside of the classroom. The amount to which each school stresses the private versus the public, or the individual versus the community, is what defines what schools ultimately hope to achieve through their sex education programming. Ultimately, neither program is better than the other for this difference in emphasis: both have the potential to foster positive learning in schools so long as educators are actively thinking about the contexts in which they are teaching and to whom they are teaching their material.

Many of the distinctions between the two curricula ultimately come down to a question of public and private, both in terms of school type and in programs' focus on the individual self versus the public community. In comparing Charlestown and Maranyundo, many disparate factors are caused by what each school prioritizes and how best to address the needs of its particular students.

III. Maranyundo Girls School and Phillips Academy

From a structural level, Maranyundo and Phillips Academy's curricula have a lot in common. Both schools are residential, meaning that the administrations of Maranyundo and PA must account for students' surveillance, privacy, and sense of community on campus. This also means that teachers must truly act "in loco parentis"—in the place of a parent—for all aspects of students' lives. In the case of sex education, teachers therefore have a different type of relationship with students than if the school were simply a day school.

These schools also both situate the core of their sex education curricula in biology classes. While PA also offers EBI and gym courses with sex education, and Maranyundo weaves sexual health topics through other academic subjects, both schools locate the opportunity to teach about sexual health primarily in science classes on reproduction and anatomy. Even in discussing the social, emotional, and relational aspects of sexuality and intimacy, introductory biology at PA and the national biology standards for Maranyundo provide the basis for instructions from which teachers discuss these topics.

Moreover, each school has used events that directly influenced its respective environment to talk about important issues relating to sexual health. In the case of Maranyundo, this topic was the 1994 genocide, through which many individuals' family members were killed and/or sexually abused. Sex education became a place where educators could reflect on these events with students in a productive way, while also promoting peace and wellbeing in students' own future sexual and relational encounters. For PA, the topic of sexual abuse and assault at boarding school campuses around the northeast prompted their acknowledgement of safety and teacher-student relationships in their sex education curricula. Although a difficult time for many students and educators, PA

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used these allegations as opportunities to educate and foster community rather than deflect attention away from campus. In the end, both schools turned difficult moments into occasions for members of each school to come together, reflect, and move forward as one healthy, supportive community.

Alternatively, PA and Maranyundo's curricula differ drastically in other ways. For example, while consent education is one of the central parts of PA's curriculum, there is no explicit discussion of consent at Maranyundo. Although one could argue that consent is implied in some of Maranyundo's lessons, PA's curriculum is very explicit in defining terminology and providing examples of consent. This could be because consent has become a buzzword in the past several years across high schools and college campuses around the United States, and perhaps this trend has not reached Rwanda yet. Or, maybe the values or reasoning for safety in sexual encounters are different at Maranyundo than at PA, and educators did not think to include or prioritize consent to the same degree.

Addressing issues of equity in the curriculum, moreover, manifests itself differently in Maranyundo's curriculum as compared to PA's. Maranyundo is very focused on people's ability to access information about sexual health, and many lessons in the curriculum touch on socioeconomic status, educational level, and location as barriers to citizens' knowledge. However, despite being a diverse and prestigious school, PA does not mention inequity to the same degree. Many resources on campus, such as the Office of Community and Multicultural Development (CAMD) and the Brace Center for Gender Studies, are geared toward tackling topics related to inclusivity in relation to race, ethnicity, gender, sexuality, and other facets of identity. However, the sex education curriculum itself does not delve deep into these subjects and focuses more on the social and emotional aspects of sexuality. As stated earlier, PA would, therefore, benefit from

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more discussion of justice in relation to sexual health, as students are influenced by different backgrounds and perspectives that inform their understandings of sexuality and intimacy.

Then there is the difference in pedagogy: PA is heavily discussion-based, whereas Maranyundo's is competence-based. While both are ultimately constructivist in nature, meaning that students use their experiences to draw conclusions and make their own knowledge, PA emphasizes conversations and abstraction, rather than definitive skills or concrete answers like Maranyundo. Neither method is necessarily "better" than the other, as the importance lies in what system educators believe will work for its population of students. For PA, this means something more organic and flexible for students' interests, and for Maranyundo this means more structure.

Overall, the strengths of Maranyundo and PA's curricula are coincidentally where the two overlap. Both curricula have a strong sense of place—in literal location, space within their academic schedule for sex education, and circumstances affecting their communities—which strengthens their ability to provide adequate resources and information to their respective populations. In aspects that differ between Maranyundo and PA, these schools should look to one another as models for new ways of engaging with the same questions. By looking at what another school does successfully, the other institution will ultimately take away new frameworks and practices to strengthen their own curriculum for the benefit of their students.

IV. Charlestown High School, Phillips Academy, and Maranyundo Girls School

As a final point, comparing and contrasting all three schools together helps to draw out some of the successes, failures, and disparate methods of instruction that academic institutions use in their respective sex education curricula. While some differences exist due to location, student demographics, and curriculum priorities, there are also many similarities among all three unique programs.

Three key similarities regarding Charlestown, Phillips Academy, and Maranyundo's curricula are the schools' focus on constructivism, research-based programming, and a commitment to liberal values. Each school acknowledges the individual viewpoints that students bring into academic settings and tries to incorporate those perspectives into the curricula. By having students define terminology, analyze situations, and suggest ways of engaging with problems relating to sexual health, students learn to construct meaning from their environment and ask questions rather than passively take in information. Each curriculum is also developed by researchers, physicians, psychologists, and other medical and education professionals, which demonstrates each school's willingness to provide up-to-date, thorough material. This means that educators are giving students the information that is most applicable for their age group and developmental level and that has been studied extensively within the medical, community health, and education fields. Moreover, these schools' commitment to liberal values demonstrates each institution's emphasis on equality, civil rights, and freedom, as well as students' development of autonomy. Altogether, these qualities exhibit CHS, PA, and Maranyundo's comprehensive frameworks and these schools' dedication to crafting programming that is thought-provoking and suitable for all of its respective students.

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Another similarity in the curricula involves the importance these schools place on communication between students and teachers, students and their peers, students and their sexual partners, students and their families, and teachers and students' families. This idea manifests itself in lessons on refusal and negotiation, enthusiastic consent, discussion of values and identity with family, peer pressure, and a range of other topics throughout the three schools. In all cases, verbalizing one's desires, boundaries, comfort level, and anxieties surrounding sexuality and intimacy help to ease feelings of guilt and embarrassment and instead foster open dialogue and consideration for others on school grounds, at home, and in the community. By building this type of environment, students grow to be knowledgeable, perceptive, and confident in their understanding of sexuality and intimacy and can pass on their wisdom so that other people can learn how to be the same way.

It is also important to talk about how similarities across curricula may not always take on positive connotations. For instance, all three schools need to work on integrating democratic learning practices into their curricula by asking for more feedback from their students, getting students' parents involved in talking to their kids about sex, and having both students and parents be active in curriculum planning. Through doing so, all parties will have the chance to offer their opinions and feel actively involved in addressing this topic in schools.

Furthermore, all three schools stress the need for the adults in their respective schools to be more committed to sex education. Currently only a handful of teachers and health professionals at each institution are spearheading the initiative to provide these curricula, which is not enough to teach the entire student body at each school. As Drs. Amy Patel and Susan Esty, Noelle Roop, David Lopes, and even President Kagame of Rwanda all point out, every adult in a students' school must be devoted to teaching about sexuality and intimacy or the subject loses its place and purpose

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in the school. Therefore, stressing the importance of such a curriculum and giving teachers the incentive to want to teach this material in their classes is a crucial step to promoting sex education in schools and making its instruction a community endeavor.

There are also several differences that affect the way in which curriculum is developed and implemented at each school. The timeline of how and when sex education was incorporated into each school's curriculum varies significantly, from Andover's long history of evolving programs, to Rwanda's revival efforts after the genocide that led to sexual health programming, to Charlestown's haphazard projects that finally became a standardized curriculum across the Boston Public School District six years ago. Additionally, these implementations of curricula demonstrate the differences in needs at each school, as each institution had different reasoning and events prompting their respective programming. The "when" and the "why" of the curricula then coincide with the "how" and "where" of programming, as each school has different levels of education, from formal classes to casual discussions. In other words, sex education in Maranyundo's mandatory biology classes differs from Charlestown's elective physical education course or Andover's optional attendance at a speaker series. Overall, the progression of how sex education came to be at these three schools varies significantly and gives audiences a glimpse into what may have been the motivations for educators, policy makers, and health professionals in providing this type of instruction to adolescents.

Each community, culture, set of policies, and education system is unique, making every sex education program specific to one context and one population at a specific point in time. Thus, while it is certainly productive to compare these curricula to understand how individuals learn about sexuality and intimacy, it can be complicated to do so and end up prompting more questions about what these data mean and how these data are relevant in the larger pedagogical perspective.

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Regardless of these difficulties, the point of education is ultimately to nurture curiosity in the minds of each learner, which is exactly what these sex education curricula asks of those who study them. Moreover, education should instill in youth a profound respect for one another in all types of relationships, so these individuals can grow up to be adults who positive and responsible role models, as well as intellectual beings and contributors to society.

Limitations

Despite the thoroughness with which I have approached researching these three schools, my findings could never be completely generalized due to four particular factors: (a) convenience and familiarity with the schools; (b) small sample size; (c) limitations in location; and (d) self-reporting of data by health professionals and administrators.

Convenience and Familiarity:

As stated previously, I chose to research these schools because of the connections I had previously developed with each of them during my time at Tufts. These relationships allowed me greater ease in obtaining materials and talking to the professionals at each institution. Moreover, because several individuals at each school knew me or my professors, they trusted me to use the information and opinions with which they provided me with care. Had I not had any association with the schools, nor knew any of the staff or educators, I would have had a lot more difficulty getting curriculum and responses from each school, let alone to the level of honesty with which my participants ended up responding.

Small Sample Size:

While a sample size of three schools was optimal for delving deep into each curriculum and cross-comparing themes, the number of schools is too few to account for the myriad sex education programs that exist around the world. Each school has its own values and practices, so it would be naïve to assume that differences in regard to culture, social interactions, and sex/sexuality between these three schools would be representative for all schools. In future

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research, examining a greater number of institutions would be beneficial for following trends, identifying correlations, and drawing conclusions.

Limitations in Location:

Each continent, country, state, and city has its own culture and demographics. Therefore, looking at two locations—Massachusetts and Rwanda—is not enough from which to draw conclusions on country or state values in sex education. Even if all three schools in the study had been from one state or one city, generalizing would have still been incredibly difficult, as each school environment is incredibly different from the next. Thus, in order to generalize about locations and populations, researchers must invest in more comprehensive methods of study. Looking at many schools in one particular area, for example, or multiple institutions across several states, countries, or continents would be useful in considering place in the context of sex education. Ultimately, engaging in discourse with every school that provides a sex education curriculum would be the most successful way for investigators to gain insight into values, practices, and expectations around the globe. However, national surveys can be a first step in helping countries better understand the programs functioning within institutions under their domain.

Self-Reporting of Data:

Because interviews are conducted by and with human subjects, there is always going to be a level of caution with which researchers must view their data. As individuals hold their own opinions and preferences, bias can play a major part in affecting what data emerges and how it emerges.

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On the part of researchers, phrasing a question or recording notes in a particular way may alter interpretation of the data. Moreover, participants may selectively share, understate, embellish, or distort information in their interview due to the subjectivity of their memory and how they view their experiences. While all data may be considered “true” to either the researcher or the participant, it is important to recognize the partiality underlying qualitative data that may consequently affect analysis.

Summary:

Overall, several factors may influence the outcome of my research. However, my findings ultimately contribute to the worlds of educational and developmental research through their illumination of schools’ values and understandings of relationships, safety, and choices in the context of sex education. If further research were conducted to supplement my preliminary results, these studies could help educators, community health workers, health professionals, policymakers and parents better understand schools’ needs and rationales for teaching sex education. Eventually through more research, institutions will learn how to implement the best practices into their sex education curricula and be cognizant of the many other ways schools teach sex education on a global scale.

Conclusions and Suggestions

Many—if not all—academic institutions would argue that sex education is not the primary purpose of schooling. Instead, they would claim that schools function in order to keep students safe, help youth learn to build healthy relationships, and provide students with the skills to make informed decisions in their futures. Thus, sex education often gets put on the backburner within schools to prioritize other courses and programming that schools believe are geared toward helping students succeed in life after high school.

Yet, if educators are going to make this argument, then they should realize that sex education is at the core of what they hope to achieve. What more can assist schools in doing their jobs than a curriculum that provides students with education on their identities, their associations with families and peers, their physical beings, and the capacity to think critically? If schools are moving toward social and emotional learning (SEL) and constructivist pedagogy, why not concentrate on curricula about sexuality and intimacy, which is directed at developing students' self-awareness, social awareness, and active engagement with their schools and outside communities?

The answers to these questions lie in the fact that sex is still very much a taboo topic for many cultures and communities, and thus implementing curricula focused on sexuality and intimacy in schools challenges administration, parents, and students in a way few other academic programs do. However, if schools can move past this discomfort and see the value in sex education programming, students and teachers can develop a relaxed, secure, and mindful community that understands and respects their rights and the rights of others.

Currently, many researchers determine the efficacy of sex education programs in schools by citing decreased rates of teenage pregnancy and sexually transmitted infections and diseases.

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These numbers are certainly helpful, as results often dictate how much funding a school receives toward health programming and curriculum development. However, data do not tell the whole story about a program's success or failure, as many outcomes cannot be generalized or reduced to a quantitative measurement. Some of sex education programming's most crucial results and influences often affect individual people and communities in an internal and subjective manner. As Halstead and Reiss write:

Unless we can help young people to understand human values in relation to sexuality, people may increasingly attempt to measure fulfillment in terms of quantifiable experiences rather than in terms of fundamental and mutual human enrichment. (Halstead and Reiss, 2003, p. 203)

Sex education is about people, people who have emotions, anxieties, hopes, and experiences. While facts and figures demonstrate some aspects of what individuals get out of sex education, the social, psychological, physical, and behavioral facets of programming must be recognized to add a human component to conclusions regarding the programs' value.

In order to create effective programming, therefore, sex education must start with a strong curriculum and pedagogical point of view, translate into thoughtful implementation and practice, and result in careful application and interpretation from students. Yet, there are several obstacles to this process, even apart from sex being considered taboo: How do schools guarantee that their curriculum and pedagogy are thoroughly put into practice? How do academic institutions bridge the gap between goals and expectations for their sex education program and the reality of their school's schedule, policies, and student population? How is it possible to measure students'

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understanding and erudition of relationships, safety, and choices, upon which sex education programs are built?

Charlestown High School, Phillips Academy, and Maranyundo Girls School are three institutions whose curricula and sex education instruction provide glimpses into the challenges schools face to answer these questions. In the case of Charlestown, its Health Frameworks are incredibly detailed and balanced in content. On the other hand, very few students have access to this curriculum because sex education is part of an elective—gym class—taught by few instructors and is not very accessible to non-English speaking populations. For Phillips Academy, the administration has interwoven curriculum throughout academics, dorm life, and special events, which allows for different levels of engagement from students. But the Wellness Center struggles to get teachers and house counselors on board with instruction and to have a permanent block of time for EBI classes in the academic schedule. And with Maranyundo, the school has a drive to keep its students safe from HIV/AIDS, sexual violence, and early pregnancies that can interrupt continuing education, as well as a strong focus on sex education in many of its academic courses. However, most of the content is delivered through the formal biology curriculum with only a few contexts in which sexuality and intimacy are discussed in seminar-based settings.

These schools know that sex education is important, otherwise they would have not included such programming in their general curriculum. Still, sex education curricula are not seen as schools' main concerns, as evidenced by the gaps in each program. In other words, the basic tools for effective sex education exist at Charlestown, Phillips, and Maranyundo; the execution, however, still falls short of its potential.

Despite the fact that each school has areas that it needs to work on for better instruction, they also each have core values to guide them through these adjustments. Charlestown successfully

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developed an interdisciplinary approach to health and a goal of equity among its students; Phillips Academy challenges students to think creatively, while providing them with opportunities to be independent; and Maranyundo unites its community through a sense of national identity and purpose. Each context has different struggles, different needs, and different fears; but each school also has the same ambition to advocate for its students and make lasting change, which is a very powerful notion.

In her 2013 book, *The Sex Education Debates*, Nancy Kendall compellingly writes:

Most sex education outcome studies measure whether a particular curriculum or program affects a small set of student health and behavioral outcomes...Very few studies have systematically examined other outcomes, including the emotional, social, psychological, or spiritual effects of sex education programs on individuals; peer-group effects; effects on school-community or teacher-student relations; or the interactions among sex education programs and broader social, economic, political and cultural processes. (Kendall, 2013, p. 11)

In examining these three curricula, the goal of this research was to provide a cross-contextual analysis that reveals schools' intentions for sex education programming. Through examining relationships, safety, and choices at each school, data are inherently more qualitative and rooted in human experience, as Kendall asserts that sex education studies should be. Moreover, in putting these institutions in dialogue with one another, the data can be evaluated from a global perspective and within sociocultural phenomena happening in each context. This research reminds audiences that curricula are more than just pieces of paper with objectives, outlines, and lesson plans: they

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are means of fostering curiosity, prompting discussion, and enacting revolution that could one day change the world.

You may remember, reader, that I asked you to think about these questions at the beginning of this research:

- (1) What is the role of sex education in a comprehensive K-12 education, and how can schools ensure that all students have access to that learning?
- (2) What shapes the values that are inevitably communicated through sex education curriculum?
- (3) What criteria should professionals use to determine if a curriculum has met the needs of students and the community?

In the spirit of the sex education curricula that have been examined in this document, I ask you to continue to reflect on these questions and to construct your own understandings and answers. I also invite schools to ask themselves these questions as they examine their own sex education curricula one day and provide answers that show their ability to meet the needs of all students and members of the school community.

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