

Sexual Health Issues in
Adolescents:
An Examination of the Discourses of
Sexuality within Health Education

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Statement of Originality

This thesis contains no material which has been accepted for a degree or diploma by the University or any other institution and to the best of my knowledge and belief, no material published or written by another person except where due acknowledgement is made in the text of the thesis.

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Ethical clearance for this project was gained from the University of Tasmania's Human Research Ethics Committee (Tasmania) Network. The schools, the teachers and the students are anonymous.
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Abstract

This thesis, 'Sexual health issues in adolescents: an examination of the discourses of sexuality within health education', is a feminist poststructural and critical ethnographic investigation of the production of knowledge and gendered subjectivities within a single Tasmanian secondary co-educational government school. The main focus of the research is on the ways in which power operates through dominant teaching practices to constitute particular versions of sexuality as the truth, and to what effect (Foucault 1980).

The research focuses upon teacher and student dominant discursive constructions of knowledge regarding sex, sexuality and sexual decision-making and its impact upon students' production of gendered subjectivity and the sex education program's potential for addressing issues of sexual violence, homophobia and sexual health. The thesis argues that current pedagogies within curriculum-based sex education classes reproduce binary versions of gender, which are inequitable and significantly limiting in terms of transforming homophobic, sexist and discriminatory attitudes.

The methodology for this thesis combines the principles of constructivist grounded theory (Charmaz 2000, 2006) and Foucauldian discourse analysis (Carabine 2001) to develop a framework for data collection and analysis which acknowledges how discourses and social practices construct both a representation of experience and a positioning of individuals as gendered subjects (Hiller 1998).

In conclusion, this thesis offers recommendations for an alternative model of curriculum-based sex education informed by feminist poststructuralist theory and based upon a critical pedagogical approach that focuses on the concept of sexual ethics. These recommendations are informed by the knowledge that critical pedagogies can become catalysts for change in the way sex education is currently perceived, by enabling the production of new knowledges, new discourses and new, more equitable pedagogical practices (Kamler 2001).

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CHAPTER 1

Introduction: Sex education, sexual health and gendered subjectivities

1.0 Introduction

This dissertation tells a story of paradoxical social justice. It writes of people who are excluded by their inclusion, people who are made invisible by their image, and people who are silenced by their discourse. It juxtaposes a romanticised and mythical ideology of heterosexuality, against a curriculum text that embodies a politically driven and socially controlled exegesis on sexual knowledge, sexual violence and sexual discrimination within its community. It endeavours to show how the application of constructivist grounded theory (Charmaz 2000, 2006) and critical discourse analysis (Carabine 2001) within a feminist poststructural framework, can work not only as a powerful tool for exposing the inherently ideological dimensions of texts and their ‘role in enactments or productions of power’, but also for re-writing the personal (Kamler 2001, p.109).

This study highlights the need for, and value in, establishing an educational response to overcoming the social problems of sexual violence, homophobia and discrimination within our communities. The broad aim of most educational programs in Australia is to bring about attitudinal changes at the local level of social, cultural and political activity, with the intention of establishing a dominant discourse at Commonwealth, state and territory levels; in this case fostering a nation that does not tolerate sexual violence, homophobia or discrimination in any form.

This research will demonstrate how a model for sex education, informed by feminist poststructural theory and based upon a critical pedagogical approach that focuses on the concept of sexual ethics, can offer alternative ways for addressing issues of sexual violence, homophobia, discrimination and sexual

health within curriculum-based sex education programs. In this way it is argued that education can become a catalyst for change in the way these problems are currently embedded within social life, by enabling the production of new knowledges, new discourses and new, more equitable, forms of representation. Equal space and representation within the educational agenda does not in itself guarantee the mantle of social justice. Therefore a method of critical discourse analysis informed by the work of Carabine (2001) and Charmaz (2000, 2006), will be used throughout to guide this project and to challenge incorporation and marginalisation, especially from within liberal humanist discourses that make vocal claims to social justice on behalf of those they represent, while denying their own technologies of power (Foucault 1980).

1.1 Sex education in Tasmania

Health education became part of the Tasmanian curriculum in 1987. From this date all government schools were mandated to provide health education for each year of schooling from kindergarten to year twelve, thereby incorporating issues of physical, sexual, emotional, social and spiritual dimensions of health into pedagogical practice and social regulation. However, while significant research has been carried out on the efficacy, outcomes and implications of curriculum resources, pedagogical practices and policy initiatives used to address issues of physical education (levels of fitness) and associated problems (drug and alcohol abuse), little or no research has been carried out in the area of health education which deals specifically with sexual development (sex, sexuality and sexual decision-making). This study aims to address this omission.

The key element of Tasmania's health education curriculum document regarding the area of sexuality has a central focus on identity. This curriculum document addresses the nature of identity and the ways in which students develop an understanding about the social and cultural constructions of identity; it is about how students view themselves, how they develop ethical relationships, how they understand their physical body, its growth and development, and their sexual, emotional, mental and spiritual health (Department of Education, Tasmania 2002). Within poststructural theory, the term subjectivity is used in place of identity; this is discussed further in Chapter Two.

Students' gendered subjectivity, and the ways in which discourses of sexuality in sex education programs are implicated in its production, will not only depend upon how students understand themselves as female, male, masculine, feminine, homosexual, heterosexual, bisexual or trans-gendered, it will depend upon the ways in which the texts and discourses of pedagogy in sex education programs constitute sexuality, and the laws of regulation and regulatory practices which prevail within the social, cultural and historical setting of this practice.

This research situates sexuality as pivotal in understanding definitions of the self – subjectivity – and it is considered within feminist poststructural theory as inextricably linked to our understanding of the self as a gendered human being, within a specific social, cultural and historical location (Butler 1990; Davies 1989; Foucault 1980; Lather 1991). Therefore it suggests that pedagogical practices and educational policy initiatives, which construct and regulate sexuality within the classroom, need to be closely examined to make transparent their effects on students' understanding of sex, sexuality and sexual decision-making, and on the production of students' gendered subjectivities within sex education classes.

1.2 Research aims

Two equally important and mutually compatible aims inform this research. The first is to identify the ways in which power, knowledge and discourse operate within a curriculum-based sex education program to construct particular versions of sexuality as a truth (Foucault 1976). The second is to examine the effects of these discourses upon the production of knowledge regarding sex, sexuality and sexual decision-making within the sex education classes; the potential for addressing issues of sexual violence, homophobia and discrimination within the sex education program and the students' production of gendered subjectivity within sex education classes.

The objectives of this research are to:

- 1 Identify and examine the health educators' discursive constructions of knowledge and teaching practices within secondary sex education classes.

- 2 Examine and discuss the effect of the health educator's discourses and teaching practices upon the sex education program's potential for challenging issues of sexual violence, sexism and homophobia and addressing issues of adolescent sexual health.
- 3 Identify and examine secondary students' discursive constructions of sexuality within sex education classes.
- 4 Examine and discuss the implications of the students' discursive constructions on their production of gendered subjectivity.
- 5 Examine and discuss the implications of the findings for future health education policy and teaching practices.

1.3 Research questions

The questions for this thesis are framed by the researcher's ontological, epistemological and methodological principles as a feminist poststructuralist, which interprets the construction of gender, knowledge and sexual ethics in education through the codes and social practices of discourse and power. This framework uses a model of critical discourse analysis which combines constructivist grounded theory (Charmaz 2000, 2006) and critical discourse analysis (Carabine 2001) as a lens for interpreting the relationship between adolescent sexuality, subjectivity and pedagogies within the Tasmanian health education curriculum.

Following Carabine (2001), this thesis takes Foucault's (1976, 1980) key concepts of discourse, power and knowledge, and combines it with what he has to say about a specific knowledge – sexuality. In his work, Foucault (1976, 1980) investigates the ways in which sexuality has come to be seen and spoken of and the development of knowledges about sex, as a means of understanding the operations of power. His analysis challenges a universal notion of sexuality, showing it to be socially and culturally constructed. This position questions the popular belief of sexuality as natural, fixed and/or biologically determined, and emphasises the need to interrogate the ways in which knowledge about sexuality is constituted through discourses (Carabine 2001). In order to assist this interrogation, the following questions are used to frame the researcher's observations and enquiries throughout this thesis:

- 1 How do the discourses of policy, student talk and pedagogy construct sexuality within secondary sex education classes?
- 2 Are there inter-relationships between these discourses?
- 3 What are the processes through which these discourses operate and how do they make transparent their laws and regulatory practices?
- 4 How are issues of difference constructed through the secondary student talk, teaching practices and sex education program?
- 5 What or who is absent or silent from the discourses?
- 6 What are the material effects of teacher and student dominant discourses?
- 7 How are issues of transformation, resistance and change constructed within the sex education program?
- 8 In what ways are students and teachers involved in the production of new knowledges regarding issues of sexuality and gender?
- 9 In what ways are teachers and students empowered through the teaching and learning process to take up alternative subject positions?

1.4 Definitions

The term sex education is used throughout this thesis to refer to curriculum-based educational programs which focus on issues of sex, sexuality and sexual decision-making, although the term is often considered inadequate to describe the full range of attitudinal and behavioural factors that need to be addressed (Alldred et al. 2003; Epstein et al. 2003; Szirom 1988). However, as this is a common term that is understood in all groups and is widely used in the communities of education and health, it is considered appropriate to use at this time, and for this research thesis.

The words and definitions used to describe instances of sexual violence have many features in common; however, the meanings differ between discourses and institutions. Sexual violence is defined by the Australian Bureau of Statistics (2003b) as ‘physical assault of a sexual nature’, and it includes ‘rape, sexual assault, sodomy, buggery, oral sex, incest, carnal knowledge, unlawful sexual intercourse, indecent assault and assault with intent to rape’ (pp.1-7). For the purposes of this thesis, sexual violence is defined as an expression of sexuality and violence inflicted by one person against another, physically, verbally or mentally, without that person’s active, willing and mutually reciprocated consent. Sexual violence is considered an expression of the

violator's sexuality as much as it is an expression of violence, which does not necessarily involve physical penetration.

Sexual discrimination is defined within this thesis as a set of attitudes and behaviors towards people that judge or belittle them on the basis of their gender, or that perpetuate stereotypical assumptions about gender roles. The term is most often used to refer to men's attitudes towards women; although in recent years there has been increasing discussion of sexism by women towards men. Homophobia is defined as an irrational hatred, disapproval or fear of homosexuality, homosexual men and lesbians, and their culture.

1.5 Defining the social problem

Research has established that a common reaction to sexual violence across all sectors of the community is denial – by the perpetrator, by the perpetrator's friends and family, by the criminal justice system, the government and by the community (Domestic Violence Symposium 2002). This occurs by denying the behavior or responsibility for the behavior, denying any harm to the victim, or denying the need for legal or government intervention. Communities have been particularly reluctant to accept that sexual violence against young people occurs or that it occurs in apparently normal or safe families and organisations. For instance, over the past two years, various religious institutions have demonstrated a level of denial and tolerance of sexual violence by priests and teachers against adolescents in their care and control. This tolerance and denial has allowed an informal policy of transferring alleged perpetrators to other work areas to continue for many years, enabling alleged perpetrators to carry on their predatory activities, resulting in further acts of sexual violence (Whinnett 2003).

The existing data on sexual violence indicates that they are often invisible crimes. The vast majority of survivors do not seek any intervention, and silencing by threat or manipulation is a common strategy of perpetrators, particularly in relation to sexual violence against the young. It is estimated that only 3% of all sexually violent assaults reach the courts (Bigalow 1997). This research suggests that these figures are indicative, not of survivors' unwillingness to seek intervention or of the courts incapacity to fulfill its objectives of protecting its citizens, but of the dominant social, cultural and

political discourses that constitute acts of sexual violence and discrimination as other than criminal, thereby impeding access to justice for many (Broude & Garrard 1992; Brownmiller 1975; Davies 1989; Gilbert & Gilbert 1998; Hanmer 1996; Hearn 1996a, 1996b; Higgins & Silver 1991; Hollway 1996; Lancaster 1996; Segal & McIntosh 1993; Threadgold 1993).

In order for attitudinal changes to be successfully fostered at the local level, Commonwealth, state and territorial bodies must be seen to discursively legitimise intolerance toward any form of sexual violence and discrimination through government laws, curriculum-based educational programs and policy documents. Safety from physical attack, harassment and other forms of violence are central to a person's sense of well-being and are closely associated with fundamental notions of human rights. For adolescents, sexual violence and discrimination, including the threat of sexual violence and discrimination, are a denial of their basic human rights, a major force in their marginalisation and oppression, and a contributing factor to the majority of adolescent suicides among same sex attracted young people (Department of Health and Human Services, Tasmania 2001; Hillier et al. 1998).

Sexually violent crimes continue to increase in Australia with horrifying regularity, and yet there has only been one federal government survey carried out to specifically try to measure the extent of the problem (Australian Bureau of Statistics 1996). This survey found that 490,400 women had experienced an incident of sexual violence in the twelve months prior, 19% of women between the ages of 18–24 had experienced an incident of sexual violence in the previous year, half of all women had sustained physical injuries, and 1.1 million women had experienced sexual violence from a previous partner (Australian Bureau of Statistics 1996). While this survey greatly extended the limited information previously available regarding sexual violence against women, it was conducted as a one-off survey in 1996, has never been repeated and did not include adolescents.

1.5.1 Sexual violence in Tasmania

In 1995 the Tasmanian government established a Task Force to review the 'whole-of-system' response to sexual violence against women (Tasmanian Government 1998). The Task Force consisted of representatives from the Tasmanian Police department, the Department of Justice, the Department of

Community and Health Services, the Office of the Status of Women, the Office of Aboriginal Affairs and the Office of Multicultural and Ethnic Affairs. Respondents to the review included survivors of sexual assault and their family members. They recounted the destructiveness of the offences of sexual violence with its accompanying horror, loss of personal autonomy and fear for personal safety, often perpetrated by people previously known to them and trusted by them (Tasmanian Government 1998). The Task Force estimated that, in Tasmania, the number of women who had experienced sexual violence or been threatened with sexual violence in the 12 months prior to the survey was 6,454, and women who had experienced sexual violence since the age of 15 was 32,939 (Tasmanian Government 1998, p.18).

The emphasis of the Task Force report was that sexual violence was a crime and must therefore be aligned with the crime prevention responsibilities of government. The strategies developed aimed to,

enable the government and the community to work together to develop positive solutions to reduce crimes of sexual assault and rape. It aims to change the public attitude to sexual assault, provide a less traumatic process in the courts, ensure consistent condemnation of the proven offender and provide an adequate level of support for the victim (Tasmanian Government 1998, p.5).

The Task Force did not include any representatives from the Department of Education. However, one of the key recommendations made in their report clearly indicated the significance of education in overcoming this devastating social problem:

Recommendation 37

Crime prevention education in relation to sexual assault and rape, a strengthening of community education activities and an improved public understanding of the issues (p.6).

It is over five years since the report issued by the Task Force and, to date, there has been no decline in reported cases of sexual violence in Tasmania. Crimes against property and physical assault have all declined, and this has been attributed in part to increases in community awareness and school programs such as neighbourhood watch, adopt a cop, and democracy and citizenship programs that support active communal involvement and improved public understanding through educative approaches. According to the Australian

Bureau of Statistics (2003a) and the Tasmanian Police, those crimes relating to sexual assault in Tasmania, i.e. rape, domestic violence, sexual abuse, incest, indecent assault, unlawful sexual intercourse and aggravated sexual assault, have steadily increased.

Sexual violations recorded by Tasmanian Police 1993–1997

1993	1994	1995	1996	1997
126	140	162	160	193

Source: ABS National Crime Statistics 1993–1997 (Cook et al. 2001)

In the period 2002–2003, the Tasmanian Police recorded 257 cases of sexual violence; this is an increase of 33% on 1997 figures. For the purposes of this dissertation, the following chart shows the numbers of recorded cases of sexual violence against those aged less than 25 years.

Sexual violence recorded by Tasmanian Police 2002–2003

Age	Sexual violence	Male	Female
0–9	39	12	27
10–14	41	6	35
15–19	48	2	46
20–24	36	6	30

According to the Australian Bureau of Statistics (1996), only 15% of cases of sexual violence are reported to the police. If we apply this figure to the table above, then the estimated numbers of sexual violence within Tasmania become staggering.

Estimated numbers of sexual violence in Tasmania over 12-month period

Age	Sexual violence	Male	Female
0–9	260	80	180
10–14	273	39	234
15–19	311	13	298
20–24	239	39	200

Estimated total numbers over 12-month period: 1,103

1.5.2 Sexual violence in schools

A national report on the sexuality, health and well-being of same-sex attracted young people in Victoria, Australia, offers a snapshot into the levels of violence experienced by same sex attracted young people in schools (Hillier et al. 1998). Some of the key findings of this report note that nearly one-third of those adolescents surveyed believed that they had experienced unfair treatment and discrimination because of their sexual orientation, and that 13% of those surveyed had experienced actual physical abuse. In respect to this thesis, approximately 70% of the abuse occurred at school; 60% of the abusers were other students; 40% were friends, family and strangers (Hillier et al. 1998, p.33). These findings suggest that schools are more violent places for same sex attracted young people than are the streets.

Many adolescents who participated in the Australian study did not experience any abuse, either physical or verbal, simply because they did not disclose their sexual orientation. However the anxiety these students experience because of their fear about being found out, and the potential for abuse and/or exclusion is obvious (Hillier et al. 1998, p.35):

I haven't told anyone at all. Rejection and homophobia is still rampant in the playground and in ordinary families. I don't know if anyone has guessed, but I know I would lose most of my friends if I were to disclose it (Tran, aged 15).

Attendance at school is mandatory in Australia, and in Tasmania the level of compulsory schooling is being amended from year 10 to year 12. Therefore some adolescents will be legally obliged to attend either a college, TAFE or other higher educational institution until they reach the age of 17 years. Given this mandatory form of education, to find that schools are the place where most abuse occurs for same sex attracted young people not only raises serious concerns regarding adolescents' rights to safety, it brings into question the competence of school authorities in demonstrating their duty of care.

A study of gender and school education was undertaken in Australia to provide data on gender matters in relation to boys as well as girls (Collins et al. 1996). Four hundred and eight schools across Australia were involved in the study commissioned by the Commonwealth, and in the 10 years since, there has been no other study of its magnitude addressing the concerns held by schools

regarding what students learn about gender. The major findings of this study revealed that sex-based harassment – behaviour that embarrasses hurts or frightens others in ways related to their sex – happens frequently in schools. Verbal sex-based harassment was reported as occurring for 90% of students, with both sexes being equally victimised. Boys labelling boys as gay is a standard aspect of this verbal harassment at secondary level, while labelling girls who refuse to comply with dominant male behaviour as lesbians, was also widespread. Physical sexual harassment – embarrassing touching, pinching or interference with clothes – was reported by 50% of students at both primary and secondary levels. Boys were named as the usual perpetrators of sex-based harassment of their own and of the other sex, although some girls also harassed both sexes. Physical bullying by one's own sex was reported by 80% of year six boys and over 90% of year ten boys. The report noted that:

More work on the whole pattern of sex-based harassment is urgently needed. It seems to be part of a process of establishing dominance relations among males as well as of putting girls, as a group, '*in their place*' in a gender system (Collins et al. 1996, p.x).

Disruptive and dominating behaviours in the classroom were also a major finding of this report, where disruptions of the learning process through 'mucking around', ridiculing answers given by others in class, deriding those who want to work, were reported by most students as happening on a daily basis (Collins et al. 1996, pp.xi). This behaviour was overwhelmingly male dominated and included attempts to dominate teacher attention as well as classroom resources. Despite these disturbing and significant findings, the 1996 report remains an isolated study that has not been followed up at the Commonwealth level in Australia.

There is a significant body of literature from other educational sources, however, that suggest the issue of violence in schools is now a major concern in Australia; a situation which is enabled by assumptions of masculinity that construct male violence and domination as natural and normal behaviour in men (Connell 2002; Francis 1999; Kimmel 2000; Mills 2001). There are particular concerns regarding the ways in which dominant discourses within schools, sport and work limit performances of masculinity, and it has been suggested that to decrease violence in males will require an expansion of repertoires concerning what is valued in masculine behaviours and attitudes

(Mills 2001). This will mean interrogating assumptions that all males are the same by focusing on and valuing sexually ethical, supportive and negotiable behaviours, as opposed to demonstrations of violence, domination and competitiveness. The assumptions about femininity also need to be interrogated, as hegemonic forms of masculinity rely upon the notion that males are superior to females, and male hierarchy relies upon the ability to dominate someone (Steinem 1999).

The issue of gender has all but disappeared from current educational agendas in Australia. The 1986 National Policy for the Education of Girls and its ideals, which guided so many teachers and schools over 20 years ago, is but a dim memory of a bleak past when it was necessary to remind schools that they must not limit students' participation in learning because of their gender; that they must value girls and boys equally in schooling; that they must reflect the right of girls to personal respect, security, and participation in decisions which affect their lives; that they must ensure both boys and girls are prepared for productive careers; that they must assist students to recognise and understand the contribution of women to society; and that they must be socially, culturally and physically comfortable places for girls' learning to take place.

Curriculum-based sex education programs are one of the few spaces within educational institutions where gender is still explicitly addressed. In sex education classes, what students learn about gender and sexuality is central to how they define themselves, and how they produce their gendered subjectivities. This understanding will impact upon the ways they experience and understand the adult world, a world in which the distribution of work, power and economic reward between the sexes is played out (Mills 2001).

1.6 Theoretical location

This thesis combines the theoretical principles of feminist poststructuralism, constructivist grounded theory and critical discourse analysis, to reflect the fusion of theories and practices that characterise the social imperative of educational research. After Hiller (1998) it is self-consciously multi-disciplinary, as it examines the teaching of sex education from within the framework of poststructuralist feminist theory in order to raise questions about social differences and power relations with specific reference to sexuality and

the production of gendered subjectivities in sex education.

1.6.1 Feminist poststructuralism

This thesis takes the position that feminism is a politics directed at ‘changing existing power relations between women and men in society’ (Weedon 1997, p.1). There are many forms of feminism, for instance radical, liberal, and Marxist feminisms, and each implies a particular way of understanding patriarchy and change. The theory of knowledge that informs the feminist position in this research is poststructural. Poststructuralism is seen as a theory which can be of most benefit to a feminist politics which calls for an examination and transformation of inequitable social organisations, power structures and ‘the social meanings and values which guarantee or contest them’ (Weedon 1997, p.12). Poststructural theory enables an interrogation of ideologies, power, the discourses that support them, and the social practices that they authorise. The term poststructural does not have one fixed meaning. It is generally applied to a range of theoretical positions; this thesis uses the term poststructuralism informed by the works of Foucault (1972, 1976, 1977, 1980) which look to historically specific discursive relations, social practices and the operations of power. Feminist poststructuralism denies the liberal humanist assumption that females and males have essential natures. It insists on the social construction of gender in discourse, a social construction that encompasses desire, the unconscious and conscious emotional life (Weedon 1997). It refuses general theories of a feminine or masculine psyche or biologically based definitions of gender that locate its essence in processes such as motherhood or patriarchy.

From the feminist poststructural position for which this thesis is arguing, constructivist grounded theory and critical discourse analysis offer access to the discourses that constitute gender and the meaning of male and female adolescents’ sexual experiences during this particular point in time.

1.6.2 Constructivist grounded theory

Constructivist grounded theory enables a systematic coding process to be carried out upon the data in order to identify patterns and themes. Through separation, sorting and synthesising, the data is constructed into a qualitative form of coding, which distils the data and enables the researcher to make comparisons with other data collected from the research site. By studying the

data, comparing the data, and writing memos, constructivist grounded theory enables the codes to conceptualise into analytic categories, which not only coalesce upon further interpretation, but become more theoretical as the process engages in further levels of analysis (Charmaz 2006). The analytic categories, and the conceptual relationships identified between them, assist in building levels of abstraction directly from the data that culminate in an 'abstract theoretical understanding of the studied experience' (Charmaz 2006, p.4). It is through this systematic method of coding and analysis that the dominant discourses are constructed.

1.6.3 Discourses

Discourses are systematically organised modes of talking which express the meanings and values of a particular institution (Foucault 1972, 1976, 1977, 1980; Kress 1988a, 1988b). They define, describe and constrain what it is possible to say and not say, do and not do, in the area of concern of that institution (Foucault 1972, 1976, 1977, 1980; Kress 1988a, 1988b). Discourses provide statements about a particular subject which organise and give structure to the way a topic, object or process is able to be talked about. In this way discourses can be understood to provide descriptions, rules, permissions and prohibitions for social and individual action (Foucault 1972, 1976, 1977, 1980; Butler 1990; Kress 1988a, 1988b). This thesis takes the position that the individual is constituted through discourse. It sees discourse as socially constructed, 'publicly available ways of speaking or writing' (Muecke 1992, p.21) that are linked to knowledge and institutions of society (Hiller 1998).

This thesis argues that the dominant discourses of knowledge, gender and sexuality within sex education classes inform the subject positions that are available to students. It argues that gender and subjectivity are discursively produced and are complex social constructions which are formed in the interaction of individuals with their social, cultural, historical and political contexts – in this case the sex education classroom. The gendered subject is seen to have agency in the sense that subjectivity is not determined by cultural discourses of gender difference, but rather is capable of acting on its own behalf (Butler 1990; Connell 1995).

Agency of the subject is seen to be central to an emancipatory pedagogy (Hiller 1998). For Butler, gender is performance expressed through the repeated

performances of words and actions that are coded as feminine or masculine (Butler 1990). 'There is no possibility of agency or reality outside of the discursive practices that give those terms the intelligibility they have' (Butler 1990, p.148); however, the constant repetition and citation of these performances do allow for differences and agency, as meaning is interpreted in different ways and will therefore offer variations upon performances (Barvosa-Carter 2001). The role of agency can be accepted if it is recognised that the subject is not determined, but rather shaped by cultural norms of gender difference. This thesis takes the position that although subjects are constituted by discourse, they are not determined by it (Hiller 1998). Awareness of the nature of discourse, discursive practices and how discourses make available a range of subject positions allows the individual agency to move among multiple discourses and open spaces for change.

In this thesis, discourses are not understood as reflecting knowledge and social practices, but constituting them (Hiller 1998). Discourses are also understood as productive; they produce the objects of which they speak (Foucault 1972, 1976, 1977, 1980; Carabine 2001). Discourses are also productive in that they have effects; they define and authorise what is considered to be true at particular moments in time and place, i.e. madness and sexuality (Foucault 1972, 1976, 1977, 1980), unmarried mothers (Carabine 2001) or in the case of this research, gender and subjectivity. Discourses – and language use – are central to a feminist poststructural investigation of 'social organisations, social meanings and issues of power and consciousness' (Hiller 1998, p.11).

1.6.4 Critical discourse analysis

Critical discourse analysis is carried out on the constructed discourses. As a method of analysis it demonstrates how language figures in social processes and is therefore highly appropriate for this study. Critical discourse analysis seeks to identify how language figures as an element in social processes, and makes the relationship of language to other elements of social processes explicit. It provides ways of looking at how speakers and writers give meaning to language within specific situations and is critical in the sense that it aims to make transparent the ways in which language is implicitly involved in social relations of power, domination and ideology (Fairclough 2001).

1.7 Overview of the thesis

The data in this dissertation is offered as an inter-weaving and inter-writing of various texts – the written, the spoken and the performative. Each text is woven from the threads of discourse and entwined within the fabric of the discipline within which it is written. Each text offers a way of seeing and a way of being seen, and each text works to construct a whole – a multi-textual, multi-discursive tapestry of knowledge. Plurality and difference are accepted in this thesis as empowering cultural phenomena, not as something ‘other’ that needs to be subsumed to a dominant norm. It is also accepted that at the educational, political and individual levels there will be different stories to tell, as we are all defined and constituted within different disciplined literacies and different networks of disciplinary power. However, it is by acknowledging and engaging with these competing disciplines, these different ways and layers of knowing that intersect and inform one another, ‘that we avoid constructing what is other, inferior, opposite to a dominant, totalising story which accounts for everything’ (Threadgold 1993, p.15).

A ‘constructivist grounded theory and critical discourse analysis framework’, designed by the researcher and based upon the works of Carabine (2001) and Charmaz (2000, 2006), guides and supports this thesis. The framework guides the thesis as follows:

- Step one identifies the social issue or subject of analysis, and the possible sources of data. This step is addressed in Chapter One – Introduction, and Chapter Two – Literature review.
- Steps two, three, four, five and six apply a method of constructivist grounded theory to identify the codes, categories and discourses within the collected data. These steps are addressed in Chapter Three – Methodology, and Chapter Four – Data analysis: codes, categories, discourses.
- Step seven applies Foucault’s concepts of the interrelationship between discourse, power and knowledge to describe the discourses. This step is addressed in Chapter Five – Data analysis: writing up the discourses.
- Step eight applies Foucault’s idea of discourses having force, as being productive, by identifying the effects of the dominant discourses. This step is addressed in Chapter Six – Data analysis: mapping the consequences.
- Step nine looks at the way the social problem is currently being

addressed, and offers recommendations for change in the way the social problem is currently embedded within social practices. These steps are addressed in Chapter Seven – Conclusion: Exploring the alternatives.

As can be seen from the above and in the chart below, the ‘Constructivist grounded theory and critical discourse analysis framework’ is applied to the whole of the thesis, not just the analysis. In this way the ontological, epistemological and methodological connections that inform the choice of analysis are made transparent. The framework is elaborated upon further in Chapter Three – Methodology.

Constructivist Grounded Theory and Critical Discourse Analysis Framework

Step 1 – Select your topic

Identify the issue, read extensively around the topic and then identify and collect possible sources of data for analysis.

Step 2 – Open coding

Identify and list all active open codes in your collected data.

Step 3 – Applying the open codes

Apply each of the active codes to the whole of your collected data, then count the number of times each active code has occurred.

Step 4 – Axial coding

Collapse those codes that share discursive strategies and techniques, contexts and conditions, into categories.

Step 5 – Writing up the categories

Describe each category's shared contexts, conditions and consequences.

Step 6 - Dominant discourses

Collapse the categories into dominant discourses.

Step 7 – Writing up the discourses

Describe the dominant discourses, noting the discursive strategies and techniques and looking for evidence of inter-relationships between them.

Step 8 – Identify the effects

Describe the material effects of each discourse. Look for any tensions, absences and silences within the discourses.

Step 9 – Offer recommendations

Review the way the social problem is currently being addressed through social practices, and offer any recommendations for change in the way the social problem is currently being addressed through social practices.

1.8 Conclusion

Through the application of constructivist grounded theory (Charmaz 2000, 2006) and critical discourse analysis (Carabine 2001) to a variety of texts produced during a curriculum-based sex education program, this thesis demonstrates how power, knowledge and discourse operate to construct particular versions of gender and sexuality as the truth, and to what effect (Foucault 1972, 1976, 1977, 1980). It is the intention of this thesis to argue through its analysis that the production of knowledge regarding sex, sexuality and sexual decision-making, and students' production of gendered subjectivity within sex education programs, are often constrained by the pedagogical discourses put in place by health educators. The gendered subject positions made available to the students through the health educators' pedagogies are not multiple, fluid and contradictory in ways which reflect the complexities of students' lived sexual experiences; they are totalising, dominant and/or hegemonic versions of femininity and masculinity which function as oppressive regimes for both adolescent males and females.

It is argued in this thesis that these oppressive regimes are the effect of the homogeneous, stable and public health pragmatism of dominant biological discourses embedded within educational policy directives. It is also argued that the effectiveness of most sex education programs in addressing issues of sexual violence, homophobia and discrimination are seriously undermined as a result of this uniformity, which includes the rationale of marketisation.

The following chapter is organised into two sections; the first reviews some of the tensions currently being experienced throughout the educational community as a result of dominant educational directives that call for standardisation and conformity in the design and implementation of sex education programs. In particular, the literature discusses the tensions experienced between aims, content and delivery of sex education programs, the tensions between the market and the social value of sex education programs, and tensions experienced between the social values and global health imperatives embedded within sex education programs.

The second section of this chapter reviews the benefits of feminist poststructuralism as a theoretical framework for addressing issues of gender, sexuality and subjectivity within curriculum-based sex education programs. In

this section of the review, feminist poststructuralism is used to displace the power/knowledge apparatuses of patriarchal structures that lay hidden within the discursive strategies and techniques of essentialist versions of biology and public health. Through discussions of subjectivity, sexuality, knowledge, power and regulatory practices, and the discursive constructions of gender and sexuality, the following chapter demonstrates how feminist poststructuralism can position health educators to produce alternative discourses and subject positions for their students through the use of a critical pedagogy informed by the concept of sexual ethics.

CHAPTER 2

Literature review

2.0 Introduction

This chapter discusses some of the issues that are evident within the literature regarding educational policies' propensity towards unproblematically transcribing highly individual, fluid and multifaceted concepts such as gender, sexuality and subjectivity, into the universalising, stable and public health pragmatism of biology and standardisation. It is argued in this chapter that these totalising educational discourses are in part, responsible for the current tensions and contradictions being experienced regarding the design and implementation of sex education programs (Allen 2005; Connell 2005; Ingham 2005). These discourses exclude the role of sexual ethics in sex and replace it with the role of logic in sex (Foucault 1976, 2000b), thereby contributing to and shaping the discursive regimes that make sexual violence, homophobia and discrimination thinkable today (Higgins & Silver 1991).

It is argued in this thesis that sex education is not a stable construct, it is something that quickly responds to national crises or to changes in the social ethos; it responds to evolving ideas about gender, race, social class and childhood as well as sexuality (Moran 2000; Nelson & Martin 2004). However, despite complex notions of difference and fluidity that inform the work of many educational theorists concerning sex education (Alldred et al. 2003; Epstein et al. 2003; Moran 2000; Nelson & Martin 2004; Szirom 1988), there are a number of disquieting similarities regarding the ways in which sex education is currently being taught and experienced by educational communities around the world.

This chapter is organised into two sections. The first outlines some of the tensions currently noted throughout international and national educational

literature regarding the design and implementation of school-based sex education. It is argued in this thesis that these tensions can be understood as the material effect of the dominant discourses embedded within educational policy directives, those of biology and standardisation. The second section discusses the benefits of feminist poststructuralism as an alternative discursive framework for addressing the issues of subjectivity, sexuality, knowledge, power and regulatory practices within sex education. Feminist poststructuralist theory acknowledges how discourses and social practices construct both a representation of sexuality and a positioning of individuals as gendered subjects (Hiller 1998). It also acknowledges discourses and social practices as productive in that they have material effects which are produced as a result of this positioning, and that these material effects have the potential to be socially empowering as well as dis-empowering.

This chapter concludes by discussing how feminist poststructuralism can inform a critical pedagogical approach to teaching sex education based upon the concept of sexual ethics (Carmody 2003; Carmody & Willis 2006). This alternative approach will seek to transform the ways in which sexual violence, homophobia and discrimination are currently embedded within society by looking for unrealised possibilities for change in the way sex, sexuality and sexual decision-making are currently constructed (Fairclough 2001; Kamler 2001; Lather 1991).

2.1 Existing discursive regimes

Given the vast differences between countries such as New Zealand, Northern Ireland, Nigeria, the United Kingdom, Hong Kong, Canada and Australia, it is to be expected that the design of sex education programs, their content and modes of delivery would be vastly different. However, a review of the recent research literature into the design and implementation of sex education programs in these countries reveal that, despite the significant geographical, historical, social, cultural, political, and economic differences that impact upon the educational environment of each location, the content and delivery of sex education programs in each country are remarkably similar. It is argued in this thesis that these similarities are an effect of the homogeneous, stable and public health pragmatism of dominant biological discourses embedded within

educational policy directives. It is also argued that the effectiveness of most sex education programs in addressing issues of sexual ethics, sexual discrimination and violence are seriously undermined as a result of this uniformity and its call for standardisation in both content and delivery.

2.1.1 Tensions between aims, content and delivery

It is repeatedly noted, and problematised, throughout the educational literature that the ultimate markers of success for most sex education programs are a reduction in numbers of teenage pregnancies and STIs/BBVs/HIV/AIDS (Abel & Fitzgerald 2006; Allen 2005; Ingham 2005; Kippax & Stephenson 2005; Morris 2005; Oshi & Nakalema 2005; Rogow & Haberland 2005; Rolston et al. 2005). In New Zealand it is noted that these markers of effectiveness are ‘largely adult conceived’ (Allen 2005, p.389), with decreases in unplanned pregnancies and other ‘negative/unwanted’ (p.389) adolescent sexual behaviours high on the list of predetermined outcomes. Outcomes of this nature are the product of biological, fact-based models of sex education which operate on the assumption that once adolescents are given the biological facts about sexual health risks, their attitudes and behaviours will change and they will avoid high risk sexual behaviours (Abel & Fitzgerald 2006).

Sex education programs based upon biological discursive regimes of knowledge regarding sex, sexuality and sexual decision-making have been shown to have little or no effect on either delaying sexual initiation among adolescents, increasing contraceptive use among adolescents, nor on reducing the number of teenage pregnancies (DiCenso et al. 2002; Franklin & Corcoran 2000; Wight et al. 2002). These discourses authorise a version of sexuality that is constituted through non-negotiable facts, technical information, and universal truths, and are aimed at addressing predetermined outcomes – outcomes which affirm the legitimacy of the non-negotiable facts, technical information and universal truths, and authorise a biological and psychological version of sexuality. Through this process biological discourses normalise the sexual experiences of males and females, and authorise the dominant patriarchal gendered orderings in society (Gatens 1996; Grosz 1994). One of the problems with basing sex education programs on biological versions of sexuality is that it excludes the social context of the sexual encounter and the nature of the relationship within which the encounter occurs; both of which, ‘play an important part in the ability

of young people to negotiate protected sex' (Aggleton et al. 1998, in Abel & Fitzgerald 2006, p.106).

In addition, it is argued in this thesis that sexual encounters are affected by social, cultural and economic factors, sexual orientation, age and power; and then differently experienced depending upon whether the adolescent is male or female. Sex educators cannot fully predetermine the sexual decision-making and behaviour of adolescents, and therefore sex education programs need to be able to address the 'unexpected and opportunistic nature' (Abel & Fitzgerald 2006, p.106) of adolescent sexual behaviour, as well as be open to multiple differences, in order to be effective. Biological models of sex education programs limit the teacher's capacity to negotiate difference and effectively marginalise and silence those adolescents who do not find their own experiences and needs reflected in the content of the program.

Students' criticisms of sex education classes in New Zealand reflect the concerns of researchers regarding the limited biological versions of knowledge constituted in these programs; they are also highly critical of the focus on the negative biological aspects of sexuality (Abel & Fitzgerald 2006). Students are clearly disengaged from the learning process when sex education is about biological aspects of sex 'dangers and stuff' (Abel & Fitzgerald 2006, p.109), and 'the risks of unwanted pregnancy' and 'diseases and STDs and that' (Abel & Fitzgerald 2006, p.109). Despite the emphasis on the dangers and negativity of unsafe sexual practices within the program's content, students confessed to 'seldom using condoms ... being unable to provide any detailed information about STIs and did not acknowledge any vulnerability to acquiring one' (Abel & Fitzgerald 2006, p.109).

Biological based sex education programs are aimed at normalising the sexual experiences of males and females in ways that support society's dominant gendered order, in this case patriarchy, therefore alternatives to penetrative intercourse, such as masturbation or oral sex, are seldom discussed as an effective means of exploring sexual desires without the concern of pregnancy (Abel & Fitzgerald 2006). There is 'an exclusion of a discourse of desire, including discussions of feelings and emotions' (Abel & Fitzgerald 2006, p.115) from the content of these programs that silences discussions about the

reasons and ethics behind the initiation of sexual activity. The exclusion of these discourses from sex education programs is of serious concern, as is the way insufficient attention is given to the social contexts in which adolescents' sexual experiences occur (Ingham & Kirkland 1997).

The way biological based sex education programs address the issue of condom use is an example of its limitations; be prepared is the usual advice given to most male adolescents, along with instructions on how to put on a condom. However, the assumption that all male adolescents feel confident in not only introducing the topic of condom use, but of interrupting the flow of passion/desire in order to put it on, while maintaining 'a credible performance of masculinity ... erection, penetration and ejaculation' (Abel & Fitzgerald 2006, p.116), is one way in which these programs fail to take into consideration the impact of social contexts and social constructions of gender upon adolescent sexual activity.

Condom use holds considerable risks for the emergent and sometimes fragile sexual identity of male adolescents, and does not necessarily support dominant versions of hegemonic masculinity. Introducing discussions about condoms also holds significant risks for adolescent females who can then be positioned discursively as sexually active. For females of any age, femininity is constituted within biological discourses as passive using a variety of discursive strategies and techniques. Any suggestion of having premeditated sexual activity constitutes females as against the norm, leaving them exposed to censure for behaving like a slut, a prostitute or other forms of deviant heterosexuality (Abel & Fitzgerald 2006; Coleman & Ingham 1999; Epstein et al. 2003; Thomson & Holland 1998). The failure of biological based sex education programs to consider these issues seriously undermines their potential effectiveness.

In Britain and the Republic of Ireland the impact of content on the effectiveness of biological based sex education programs receives its most articulate and devastating critique from adolescents themselves (Rolston et al. 2005). These criticisms include: avoiding discussions on the emotional aspects of sexuality; focusing on reproduction rather than sexuality; an absence of discussions of desire, especially for girls; an emphasis on the dangers for women, being mainly pregnancy, abortion, STIs; a narrow definition of sexuality simply as

sexual intercourse; avoiding discussions of homosexuality; the failure to engage boys, who complain of the emphasis solely on what happens to girls (Measor 2000, p.123; see also Buston & Wight 2004; Ingham 2005; Strange et al. 2006).

The complaints from students regarding ‘an over-emphasis on biology and on sex as risk, as well as the denial of sexual pleasure, especially to girls’ (Rolston et al. 2005, p.227), would be greatly improved by opening up the content of sex education programs to a wider range of discursive positionings. This requires ‘the replacement of silence and avoidance with open discussion and dialogue’ (Rolston 2005, p.232), which seeks not to deny young people’s sexuality, but to recognise that there is place for a ‘discourse of erotics’ (Allen 2005) and a ‘discourse of desire’ (Fine 1988).

The United States has also been criticised for the way in which biological versions of sexuality are used to normalise a patriarchal view of society, resulting in programs that fail to reflect what has been learnt about the fundamental role of gender in shaping sexual attitudes and behaviour.

Typically missing altogether is a meaningful treatment of underlying gender discrimination in society that is ... empowering girls through legal and social reforms, transforming relations between the sexes, and ensuring that girls have power to decide about sex, marriage and condom use (Rogow & Haberland 2005, p.335).

In Hong Kong, biological based sex education programs still reflect the dominant traditional and heterosexist tone of patriarchy through topics such as ‘love and infatuation’, ‘dating and courtship’ and ‘managing relationships with the opposite sex’ (Fok 2005). These topics dominate at the expense of others such as ‘sexual orientation’, ‘sex, law and ethics’, ‘sexual harassment, sexual abuse and sexual violence’, despite concerns expressed by the Hong Kong government and education departments over an escalation in sex crimes and homophobic behaviours (Fok 2005, p.288). Sexual practice is fluid and takes on a multiplicity of forms, it is a social and cultural practice produced within a specific historical place and time, and embedded in specific locations and formations (Carabine 2001; Kippax & Stephenson 2005). In order to achieve its goals, it is vitally important that the content of sex education programs reflects the complexity of sexuality as a social practice and does not limit adolescent

understandings of sexuality to a biological and psychological model of non-negotiable facts, information and universal truths.

2.1.2 Tensions between social and market values

Sex education, with its controversial and intimate body of knowledge, is not a subject area known for bringing either academic success or financial profit to schools or the market place. Unfortunately, the dominant discourses within educational policy directives reflect the push towards marketisation in schools today, where the conflation of academic success with financial profit has produced a competitively driven form of education that relies on publicly recognised forms of achievement (Gerwitz et al. 1995; Epstein et al 2003; Epstein & Kenway 1996). This has consequences for sex education in three ways. The time and money schools spend on resourcing sex education depends on whether it attracts public support and funding; subject areas attract public support and funding by being able to attain publicly recognised forms of achievement. Publicly recognised forms of achievement are attained by being included in curriculum development, where they are taught in ways that meet outcomes-based forms of assessment (Epstein et al. 2003).

In terms of the way in which different countries address sex education through curriculum development, one could be excused for thinking that, despite political and social concerns, sex education is a subject area that has no significant educational or social value. In Hong Kong, 'the importance of sex education has always been subsidiary as it is not an examination subject' (Fok 2005, 292); in the United Kingdom, there are 'considerable anxieties about sex and relationship education as a subject and its low status in the school curriculum' (Alldred et al. 2003, p.80); in Northern Ireland, 'the paucity of information on the subject' is indicative of its status (Rolston et al. 2005, p.218); and in Nigeria, it is considered that 'only when the government formalises sex education in the teaching curriculum and effectively enforces it, will teachers feel confident in teaching it' (Oshi & Nakalema 2005, p.100).

Despite the above, there is a general consensus expressed throughout the literature that social values are agreed in wanting the best for young people, and 'that it is difficult to remain passive as they engage in high-risk behaviours' (Morris 2005, p.406). It is also evident that the social concerns over increases in

sexual violence, homophobic behaviours, discrimination and STIs/BBVs, HIV/AIDS are forcing many countries to address the issue of sex education within curriculum development. However, as Alldred et al. (2003) notes in a study of 17 secondary schools in an inner-city area of England, addressing such complex issues requires more than simply including sex education in the curriculum. The main factors influencing the implementation and success of sex education are status, resources and pressures:

At the school level, the status and importance of SRE (Sex and Relationship Education) were barely recognised, because the head teachers saw their main concern as raising achievement levels and improving their school's league-table performance, especially when dealing with inspections or trying to gain specialist college status (Alldred et al. 2003, p.87).

Sex education in the above context, is organised as one of five blocks within a larger health education program, which competes with topics like drugs, careers, health and hygiene, safety, media, and whole-school health priorities, such as immunisation (Alldred et al. 2003, p.89). However, even if sex education is successful in competing for timetabling within the larger health education program, health education itself is 'undervalued at the school level because it is not examined or assessed' (Alldred et al. 2003, p.87). As a result there is no formal recognition for the time and skills necessary to effectively teach sex education, which impacts on teachers' willingness to take on the additional workload as there is no opportunity for job promotion and little incentive for additional training or on-going professional development. Expecting sex education to be taught without training reflects and reinforces its low status among staff and pupils (Alldred et al. 2003).

In the Australian state of Tasmania, sex education is also organised under the curriculum subject area of health education (Department of Education, Tasmania 1996). Health education is compulsory in Tasmanian schools; however, it has never been considered an examination subject, and sex education is an elective that competes against subjects such as drug use, nutrition, exercise, smoking, safety and accidents, alcohol and leisure. Few schools address sex education as a regular timetabled subject in either primary or secondary areas, and very few teachers in Tasmanian schools are trained to teach subjects such as sex, sexuality or sexual decision-making, or feel

confident and/or appropriately supported by the school and community environment to teach sex education. This has meant that when or if Tasmanian schools address sex education, they do so by using outside organisations. A survey carried out in 1996 noted that approximately 70% of Tasmanian government schools use outside government or non-government organisations to address issues of sex education in the classroom, a circumstance that has very strong community support (Department of Education, Tasmania 1996, p.2).

While outside organisations do offer a valuable service to the community and can help to support curriculum-based sex education programs in schools, this thesis argues that they should never be used as the sole basis of sex education in any school. Unfortunately, during the pilot study for this thesis it was noted that most secondary government schools do use outside organisations as their only recourse to sex education in the school, and in most cases this was a one-off visit aimed only at those students who were considered high risk, usually in terms of pregnancy. The majority of primary government schools only call in an outside organisation during the final year of primary education, mainly to address issues of menstruation among the girls only, or as a response to teacher perceptions of student interactions becoming sexually overt. Tasmania's Department of Education is currently reviewing its curriculum framework and as a result of parent and community feedback is making considerable changes to the way in which health education and, in particular, sex education, will be addressed within all government schools from 2007 (Department of Education, Tasmania 2007).

Sex education in Hong Kong (Fok 2005) has no formal position within the school curriculum, but is included within several subjects in the school timetable, such as General Studies, Social Studies, General Science, Ethics and Religious Education (p.286). It is also delegated to the form teacher's period, where it is integrated with moral, civic, environmental or drug education or other related areas. This thesis does not consider it inappropriate that sex education be taught during any of these curriculum subject areas, as the issues of values clarification, critical analysis and decision-making which underpin them all would expand on the knowledge and skills approach to teaching sex education that is typically used.

However, it is noted in the Hong Kong study that sex education programs are implemented at weekly school assemblies, during lunch time, after-school hours or special time slots, which are justified by the fact that 'the school timetable is already so packed that sex education is not given priority in the formal curriculum' (Fok 2005, p.286). This does not suggest that sex education is being integrated into the existing curriculum in any meaningful way which would elevate its status, and it is repeatedly noted that the attitudes of classroom teachers regarding the status and importance of sex education is influenced by the fact that it is not included in the examination syllabus:

Subjects that were not included in the examination syllabus were usually regarded as being of secondary importance (Fok 2005, p.290).

The social and political concerns expressed regarding adolescent sexual well-being and the call for action in addressing the escalating rates of sexual violence and sexual disease among adolescents, are not reflected in the discourses of dominant educational directives, which allow sex education programs to remain under-resourced, under-funded and professionally un-recognised. The connection between the low status of sex education and the fact that it is not an examination subject is made throughout all of the literature reviewed in this research. These issues impact significantly upon student, teacher, parent and community attitudes towards sex, sexuality and sexual decision-making; it also has implications for the way in which the broader community support issues of research and research funding into sex, sexuality and sexual decision-making.

2.1.3 Tensions between social values and global imperatives

It is suggested within this thesis that there are also discursive tensions between local social values and the global health imperatives used as a basis for most curriculum-based sex education programs. Global health imperatives are aimed at halting the worldwide increase and spread of HIV/AIDS, STIs/BBVs and addressing the high risk health issues associated with teenage pregnancies, such as abortion-related deaths, poverty, disempowerment and parenthood; these imperative are publicly supported by the local social and political rhetoric of many countries throughout the world. It is at the pedagogical level of the discursive regime that the public support becomes somewhat forced, and this thesis suggests that it is the result of placing uniform global imperatives into

diverse social, cultural, religious, political and economic contexts.

Most countries address the global health imperatives through health education discourses that are embedded within dominant biological and psychological bodies of knowledge. These discourses are used to develop sex education programs. Health education hinges on the direct relationship between knowledge and behaviour (Manderson 1998): if students are given the facts about sex, they will adjust their behaviour accordingly. One of the difficulties with this as a model for sex education within schools is that the conceptual framework for health education requires details regarding sexual activity to be discussed in a public forum, and in many countries this is against local social, cultural and political norms.

In the educational literature from Nigeria (Oshi & Nakalema 2005), Northern Ireland (Rolston et al. 2005), Hong Kong (Fok 2005) and the United Kingdom (Corteen 2006), tensions between local social values and global health imperatives can be seen to impact directly on the implementation of sex education programs for both primary and secondary schools. Nigeria is a close-knit, traditional and religious society where sex education is seriously frowned upon and strong traditional and religious laws tend to be contrary to messages contained within the global health imperatives (Oshi & Nakalema 2005; UNAIDS 2000), especially in the context of teaching sex education. However, while social values are resistant towards implementing sex education programs, there is an ever-increasing liberalisation of sex in Nigerian society that is associated with high levels of unprotected sex among teenagers.

Despite the fact that Nigerian primary school teachers demonstrate a high level of knowledge regarding the transmission of HIV/AIDS through STIs, they have very negative attitudes towards teaching sex education (Oshi & Nakalema 2005). Many teachers in Nigeria believe that the issue of sex education and contraception is a violation of religious norms and a promotion of sexual promiscuity; others say it corrodes moral values in society (Oshi & Nakalema 2005, p.99).

In Northern Ireland there is a culture of silence, conservatism and tradition in relation to sex and morality that is at odds with the conceptual framework used

by health to develop sex education programs. Northern Ireland's culture derives to a great extent from the continuing power of the churches in society (Rolston et al. 2005, p.227), and impacts dramatically on the implementation of sex education programs into school settings. Approaches from the mass media, feminism and gay liberation that focus on issues of sexual pleasure, diversity and individual sexual rights (Carlson 1991; Inglis 1998, p.16), have put some pressure on the churches, resulting in the inclusion of controversial issues such as contraception, STIs, abortion and homosexuality within Northern Ireland's health education curriculum. However, the directive notes that these issues should be taught,

... in a sensitive manner, which is in harmony with the ethos of the school or college and in conformity with the moral and religious principles held by parent and school management authorities (Department of Education, Northern Ireland, 1987, p.1).

In this way the tensions between local social values and global health imperatives undermine the impact of sex education programs and guarantee the continuing power of religious morality (Rolston et al. 2005, p.230).

While Hong Kong's government and education departments acknowledge a genuine concern regarding increases in sexual violence, homophobia and the spread of HIV/AIDS, and BBVs/STIs (Fok 2005, p.282), these issues are understood to be the result of rapid economic and social changes that have culminated in 'a generation of increasing sexually active young people', who are then confused by the commercialisation of sex and the distorted information and values broadcast by the mass media (Fok 2005, p.282). There is a consensus between Hong Kong's government and education department that led to the *Guidelines on sex education in schools* (Department of Education, Hong Kong 1997). The foreword to this document reads:

Young people of Hong Kong today are exposed to the rapidly changing values in our social system and challenges towards traditional moral codes. They are much bewildered and confused by the less than factual pictures painted by some of the mass media. Such misinterpretation and blurred concepts need to be made right (Department of Education, Hong Kong 1997).

The above-mentioned foreword echoes the moral tone of local social values

within Hong Kong society, where a promiscuous and irresponsible present is 'frequently compared with a more ordered past in which unwanted pregnancy and STIs were managed by family and community structures' (Aggleton & Crewe 2005, p.303). While the social and political rhetoric embodied within Hong Kong's 1997 educational guidelines imply a positive attitude towards the promotion of sex education, underpinning this rhetoric is a firm political statement about the role of social values in determining the mode of delivery, content and appropriateness of sex education. Teachers are either unwilling to take up sex education or that they are uncomfortable and embarrassed teaching sex education (Fok 2005; M.P. Lam 1997; T.H. Lam 1997). Schools report that they are implementing sex education programs; however, most schools have no assessment procedures for sex education and there is little evidence of reflection on how effective sex education is, how it is conducted, or whether it truly meets the needs of students (Fok 2005, p.292).

In the United Kingdom, the tensions experienced between local social values and the global health imperatives impact dramatically upon the effectiveness of sex education, where the resistance towards including issues of homosexuality, lesbianism, bisexuality and prostitution has been well documented (Corteen 2006; Epstein & Johnson 1994, 1998; Haydon & Corteen 1998; Mason & Palmer 1996; Warwick & Douglas 2001). Within a health education framework, sex education programs must be able to explicitly discuss these issues if they are to address the global health imperatives of HIV/AIDs, BBVs/STIs, homophobia, sexual violence and teenage pregnancies to any effect. In the United Kingdom, research into sex education confirms that topics such as homosexuality, lesbianism, bisexuality and prostitution are constituted through biological and psychological discourses as abnormal or deviant behaviours. These behaviours are understood by schools, parents and teachers to be in opposition to what is considered normative and desirable social behaviours; as such, they are resisted, marginalised and invariably absent from most sex education programs (Alldred, David & Smith 2003; Buston & Wight 2004; Corteen 2006; Ingham 2005; Kehily 2002; Strange et al. 2006).

Most schools and teachers currently deliver a prohibitive, or damage limitation model of sex education that stresses heterosexual health, and the avoidance of early heterosexual activity, underage/unwanted conceptions, STIs and sexual

intercourse (Corteen 2006; Epstein & Johnson 1994, 1998; Mac An Ghaill 1994; Wolpe 1988). In this way schools and teachers consider they are supporting local social values by ensuring that programs and practices are not authorising any sexual practices that are constituted as abnormal.

Within a health education framework, sex education programs rely upon the principle of knowledge acquisition to modify high risk behaviour. As discussed so far, the transmission of knowledge to students within sex education programs based on this model requires in depth discussions involving many different aspects of sexuality such as homosexuality, lesbianism, bisexuality, prostitution, underage sexual activity, unsafe sexual practices and forms of sexual expression other than coital. However the local social values of many countries do not authorise discussions involving explicit or alternative sexual knowledge, especially to school age students. In many instances sex education has proven to be an area fraught with embarrassment, fear, and prejudice; in some cases it has even led to professional censure and the withdrawal of funding (Epstein et al. 2003). It is not surprising then to find that a deeply rooted resistance to implementing sex education programs can be identified in countries as diverse as Hong Kong (Fox 2006), Northern Ireland (Rolston et al. 2005), Nigeria (Oshi & Nakalema 2005), New Zealand (Abel & Fitzgerald 2006), Scotland (Buston & Wight 2004), the United Kingdom (Corteen 2006) and Australia (Kippax & Stephenson 2005; Weaver, Smith & Kippax 2005).

The second section of this review will discuss the benefits of feminist poststructuralism as a theoretical framework for addressing issues of gender, sexuality and subjectivity within curriculum-based sex education program. In this section of the review feminist poststructuralism is used as an alternative theoretical paradigm for sex education, which displaces the otherwise oppressive and uniform structures of biology and public health. Through discussions of subjectivity, sexuality, knowledge, power and regulatory practices, and the discursive constructions of gender and sexuality, the following section will also demonstrate how feminist poststructuralism can position health educators to produce alternative discourses and subject positions for their students through the use of a critical pedagogy informed by the concept of sexual ethics.

2.2 Subjectivity

Subjectivity, in this thesis, is used to refer to ‘the conscious and unconscious thoughts and emotions of the individual, her sense of herself and her ways of understanding her relation to the world’ (Weedon 1997, p.32). Subjectivity is considered central to poststructural theory and marks a fundamental break with structuralist notions of the individual as an innate, unified and rational being who is non-contradictory and in control of the meaning of their lives (Weedon 1997). Poststructuralist theory emerges from the social sciences, and proposes that subjectivity does not exist outside of language, that it is precarious, contradictory and in process, constantly being reproduced in discourse each time we think, speak and act (Butler 1990; Weedon 1997).

The significance of this approach to subjectivity is that it positions the self as the product of social, cultural and historical systems of representation (Butler 1990). For some feminist theorists and educators, this is one of the most liberating and potentially transformative aspects of poststructuralist theory. If it is possible to conceive of subjectivity as constituted through externally regulated social practices, then it follows that it is possible to conceive of ways in which these social practices can be altered to produce alternative subject positions; in this way classroom teaching practices are able to open up students’ present ways of understanding the production of gendered subjectivity to the possibility of change (Lather 1991).

Unlike poststructuralist theory, biological and psychological theories emerge from within the physical sciences, where the normative guiding principle of all knowledge is that there are fundamental, unchanging structures which govern everything in the physical world; these theories of knowledge are sometimes referred to as structural or positivist (Lather 1991, 1992, 1996; Thomas 2002; Weedon 1997). Structural or positivist theories foster an understanding of the individual as a separate and discrete unit, which can be studied in isolation from the influences of society, culture and history (Thomas 2002). Their influences on the social sciences support the idea that,

if we want to know the truth about a person we have to peel away the layers of the self [and] somewhere deep down we will find the inner self and therefore the truth of the person's identity (Thomas 2002, pp.85-86).

The impact of structuralist theories of biology and psychology on some of the social sciences, have meant that subjectivity is understood as an effect of the inner self (Weedon 1997). Ideas, problems and personal qualities are linked to an internal psyche or inner nature, which is linked to a person's biology. Therefore, if someone is behaving appropriately, it is due to the inner self and the biological self working well; if someone is behaving inappropriately, it is due to a defect or disorder in either the inner self or biological self, which requires either medical or psychotherapeutic treatment of some description to rectify (Corey 2001).

There are significant differences between a structuralist and a poststructuralist approach to subjectivity within sex education programs. A structuralist approach will inform students about the need to search for deep structures or essential truths about their inner selves; a poststructuralist approach will draw attention to the material effects of the process of looking for deep structures or essential truths (Thomas 2002). One of these effects is the development of various norms about subjectivity that are used as a standard against which all men and all women are measured regardless of time and place, race, religion, economics or politics, and removed from relationships with others, with institutions and with broader relations of power (Butler 1990; Thomas 2002; Weedon 1997).

From a poststructural reading of Tasmania's curriculum document (Department of Education, Tasmania 2002) the area of sexuality in health education has as its central focus, the issue of subjectivity. This curriculum document addresses the nature of identity and the ways in which students develop an understanding about the social and cultural construction of identities; it is about how students view themselves, how they develop effective relationships, how they understand their physical body, its growth and development, and their sexual, emotional, mental and spiritual health (Department of Education, Tasmania 2002).

Within a feminist poststructuralist theoretical framework, students' gendered subjectivity and the ways in which discourses of sexuality in sex education programs are implicated in its production, not only depend upon how students understand themselves as female, male, masculine, feminine, homosexual, heterosexual, bisexual or cross-gendered, they depend upon the ways in which the texts and discourses of pedagogy in sex education constitute sexuality, and the laws of regulation and regulatory practices which prevail within the setting of this practice (Carabine 2001). Therefore, this research suggests that educational policy initiatives and pedagogical practices, which construct, regulate and normalise sexuality within the classroom, need to be closely examined to make transparent their effects on the students' understanding of sex, sexuality and sexual decision-making, and on the production of students' gendered subjectivities within sex education classes.

2.3 Sexuality

The word sexual is situated as pivotal in understanding definitions of subjectivity and it is considered within poststructural theory as inextricably linked to our understanding of the self as a gendered human being, within a specific social, cultural and historical location (Butler 1990; Foucault 1976, 1980; Lather 1991). Notions of appropriate and inappropriate performances of sexuality, through words, gestures and actions, are profoundly important to how a person understands and develops their subjectivity (Butler 1990). As such, performances of sexuality and the normalising processes which affirm ways of performing sexuality, need to be closely examined within sex education programs to ensure that they do not exclude an understanding of 'how individuals as sexed and gendered bodies constitute themselves as ethical or unethical subjects within the social body and within interpersonal relationships and sexual encounters' (Carmody 2004, p.45), as this has implications for how the social problems of sexual discrimination and violence are currently embedded within social life.

Ways of performing one's sexuality operate on both internal and external levels. Internally they operate to produce a signified sense of identity that we come to call our own; externally, they operate to produce a physical signifier of our identity to others; together they combine to become a sign of who we are

(Barthes 1997). The signified sense, physical signifier and sign of one's sexuality are considered within poststructural theory to be the fluid product of social, cultural and historical discourses (Weedon 1997). Therefore, the ways in which we perform our sexuality will not only depend upon whether we understand ourselves as female, male, masculine, feminine, homosexual, heterosexual, bisexual or cross-gendered, they will depend upon the laws of regulation and regulatory practices which prevail within our social, cultural and historical setting (Butler 1990, 2004; Foucault 1976, 1980).

Violence in a man, for instance, is considered within many social and cultural settings throughout history, as an appropriate sign of masculinity. It may be considered more appropriate at some times than at others, but it is not seen as outside of what it means to be masculine or male. Violence in a woman, however, is never seen as an appropriate sign of femininity; it is only appropriate in a woman when it is used to invoke and support phallogentric heterosexual relationships, for instance, a mother's use of violence to protect her child, a female lover's use of violence in a jealous rage, pornography's use of the violent femme within erotica (Bal 1996; Broude & Garrard 1992; Harris-Bluestone 1995; Parker & Pollock 1981; Pollock 1999; Segal & McIntosh 1993).

Sexual violence refers to those acts of violence considered as performative in constituting a person's sexual identity. For instance, when, in traditional heterosexual family units, a child witnesses a scene of domestic violence, then that child learns to identify this act of violence as constitutive of his parents' sexual identities. He learns to understand his father as a man who beats, and he learns to understand his mother as a woman who is beaten. When we read in the newspaper about a drunken male footballer that gropes a female patron's breast at a local nightclub, we understand the man's drunken act of groping in terms of our notion of his sexual identity, and the young woman being groped with our notion of her sexual identity. When a grade one boy is caught lifting up the skirt of a grade one girl in order to see her underwear, the classroom teacher and the class students understand the boy's act of looking in terms of his sexual identity, and the girl's being looked at in terms of her sexual identity.

While these acts of sexual violence are not prescribed, they are not given

sanction in as much as they are acts of violence; they are authorised by the dominant discourses of biology and psychology as innate signifiers of what it means to be male or female, or what it means to perform dominant forms of masculinity and femininity (Thomas 2002). As such, these acts of violence can all be understood as constitutive of sexual identities, for those involved in the act and for those who witness it. When the cause of these acts of violence are localised within the self, that is, when they are understood by the self and others as originating within the biological or psychological inner core of the individual, then those laws and regulatory practices which exercise power over the individual through dominant social, cultural and political discourses are effectively displaced from view (Butler 1990).

Theories which constitute gender, sexuality and subjectivity as a performance of dominant social, cultural and political discourses are particularly useful to this research, as the theoretical positioning is one that places importance upon the concept of discourse as not purely a linguistic concept (Butler 1990; Foucault 1972). The theoretical framework for this research focuses on language *and* practice, and places great emphasis upon overcoming the traditional distinction between what one says (language) and what one does (practice). After the fashion of Butler (1990), this research authorises the view that,

Words, acts, gestures, and desire produce the effect of an internal core or substance, but produce this on the surface of the body, through the play of signifying absences that suggest, but never reveal, the organizing principle of identity as a cause. Such acts, gestures, enactments, generally construed, are performative in the sense that the essence or identity that they otherwise purport to express are fabrications manufactured and sustained through corporeal signs and other discursive means (p.41).

Performances of sexuality are not one-off events, they are enacted over and over again to a variety of audiences, and these performances are always received with official acknowledgment of their merit as being either appropriate or inappropriate to a specific gender. The constant repetition and citation of these performances do allow for differences or agency, however, as meaning is interpreted in different ways and will therefore offer variations upon performances (Barvosa-Carter 2001; Butler 1990).

2.4 Knowledge, power and regulatory practices

Knowledge is understood in this research as a form of power (Foucault 1976, 1980). The different aspects of knowledge around sexuality are central to this research. In particular, the processes through which seemingly safe knowledges, or dominant common sense discourses, are put into effect and held in place within educational institutions, especially in relation to sexuality, and the implications this has for the production of students' gendered subjectivities (Epstein & Johnson 1998). These processes are not simply about oppression or domination, however, as all hegemonic knowledges are considered contested, and schools are one of the sites of that contestation (Connell et al. 1982; Epstein & Johnson 1998; Gilbert & Gilbert 1998).

The ways in which sexuality have come to be seen and spoken of and the development of knowledges about sex as a means of understanding the operations of power are investigated through the work of Foucault (1972, 1976, 1977, 1980). As a result, it is possible to argue that power is constituted through discourse (Foucault 1980). Thus power is important in the construction of knowledge and what counts as knowledge. It may help to think of discourses as functioning as sets of socially and historically constructed rules designating 'what is' and 'what is not'. An analysis of the way in which knowledge and power operate to constitute a particular version of the truth challenges the universality of sexuality, showing it to be socially and culturally constructed, thereby questioning the popular belief of sexuality as natural fixed and/or biologically determined (Carabine 2001; Foucault's 1976).

Issues of sexuality are constituted through biological and psychological discourses as expressions of an authentic, essential, gendered self that is normalised through the regulated performances of masculinity and femininity. However, when sexuality is localised within the self and understood by the self and others as originating within the biological or psychological inner core of the individual, then those laws and regulatory practices, which exercise power over the individual through dominant common sense discourses, are effectively displaced from view (Butler 1990). This displacement prevents an analysis of the laws and regulatory practices incorporated within the construction of gender and sexuality, including idealised, hegemonic forms of sexual violence. As such, it is important to recognise and critically analyse the role of educational

institutions in the construction and maintenance of safe knowledges regarding sexuality and the implications of this for students' gendered subjectivities (Epstein & Sears 1999).

Whether sexuality is constituted as biologically determined or socially and discursively constructed, it can be acknowledged that appropriate and inappropriate ways of expressing and communicating sexuality – through acts and gestures, articulated and enacted – are regulated by the social and political structures within which individuals are located. These socially and politically regulated acts and gestures are normalised to the extent that they become common knowledge, and are then assumed to be universally common and therefore universally cohesive. As such, these laws are capable of being incorporated as part of an inner, essential or psychological core (Butler 1990; Coward 1984; Foucault 1977).

This dissertation is informed by Butler's (1990) theory, which suggests that gender and subjectivity are socially constructed and regulated performances that are not determined by biology, but by social, cultural and historical norms; they are understood as rule-bound. Butler (1990) understands gender and sexuality as constructed in and through social practices that are authenticated through 'a regulated process of repetition' (1990, p.145). It is the reiteration and citation of these regulated processes, these gendered social meanings and norms, that produce the effect of an ongoing, active and self-motivated performance of prevailing gender norms (Barvosa-Carter 2001, p.125).

This research closely aligns an interpretation of Butler's (1990) theory on gendered performances, with Foucault's (1977) doctrine of internalisation in the context of prisoners and the law. Foucault (1977) writes of laws as social regulations and norms generally, which are not literally internalised but incorporated into the way gender and sexuality is performed. The consequence of this incorporation is that subjectivity is produced which signifies the law on and through it (Foucault 1977; Butler 1990). In this way Foucault suggests that socially and culturally regulated norms are able to manifest themselves as 'the essence of the self, the meaning of the soul, the conscience, the law of desire' (1977, p.29).

This research constitutes gender and sexuality as the performance of socially, culturally and historically located laws or norms (Butler 1990; Foucault 1977). These laws or norms do not exist independent of or prior to language or cultural formations; neither are they capable of being performed outside of the historical locations or regulatory processes through which certain constructions of gender and sexuality are deemed appropriate. However, as previously noted, this does not mean to imply that as human beings we are without agency or the capacity to resist or change, or that we have a single knowable subjectivity whose performativity applies to only one gendered and sexual norm. As Barvosa-Carter (2001) notes in her insightful essay on Butler's theory of performativity,

For the subject to be socially constructed is not for it to be socially determined and hence without agency ... agency for Butler is not ground in the subject's distance from the gender discourses that forge her, but instead in the subject's capacity to vary – rather than repeat – those constituting discourses (p.125).

Notions of variation assist us to understand how seemingly prescriptive laws or norms can result in subjectivities which are multiple and contested. If we extend these personal variations to include historical, cultural and social influences, then it becomes clear that ways of performing gender are highly complex and contested issues which cannot be understood simply as biologically determined edicts, i.e. masculine or feminine.

The displacement of the social, cultural, historical and discursive origins of gender and sexuality precludes an analysis of the laws and regulatory practices incorporated within its construction, including those fabricated notions of idealised hegemonic masculinity. There is no assumption made that the gendered subject conceals or carries layers of ideology through their social, cultural, political and historical positioning, or through their inevitable relation to the laws and regulatory practices governing performance (Patterson 1997).

This research argues that notions of individualism and biological determinism are in fact limiting in their approach to teaching about issues of sex, sexuality and sexual decision-making, or to addressing the social problems of sexual discrimination and violence, as they inevitably locate the solution (and the problem) firmly within the individual. Within dominant educational discourses,

however, the social, cultural and historical location of gendered and sexual performances are not necessarily acknowledged as its organising principles; gendered performances are more typically acknowledged as a reflection of dominant liberal humanist discourses which situate themselves firmly alongside notions of individualism and biological determinism.

Whether sexuality is understood as biologically determined, spiritually ordained or socially and discursively produced, and this dissertation would support the latter, it is an integral part of who we are, of how we come to know ourselves, of how others come to know us, and of how we come to know ourselves in relation to others. Furthermore, these ‘ways of knowing’ are always subject to regulation; they are always prescribed, conditional to our social, cultural, historical and discursive location (Butler 1990; Coward 1984; Foucault 1977; Kress 1988a, 1988b; Lather 1991). In this sense, different theoretical positions regarding subjectivity – religious, humanist, social constructivist, essentialist, and poststructuralist – do not exclude a common understanding or recognition of the material effects that discourses and social norms have upon notions of sexuality.

It would be wrong to say that the soul is an illusion, or an ideological effect. On the contrary, it exists, it has a reality, it is produced permanently around, on, within, the body by the functioning of a power that is exercised on the self (Foucault 1977, p.29).

This research suggests that whether sexuality is understood as biologically determined or socially and discursively constituted, it is possible to acknowledge that appropriate and inappropriate ways of expressing and communicating sexuality – through acts and gestures, articulated and enacted – are regulated by the social and political structures within which individuals are located. These socially and politically regulated acts and gestures are normalised to the extent that they become common knowledge, and are then assumed to be universally common and therefore universally cohesive. This research further suggests that these laws are capable of being incorporated as part of an inner, essential or psychological core (Butler 1990; Coward 1984; Foucault 1977).

2.5 Discursive constructions of gender and sexuality

Socially determined perspectives, which are articulated through language, are referred to in this research as discourses (Foucault 1980). Discourses are not random; they are systematically organised sets of statements that give expression to the meanings and values of an institution. Typical of social institutions whose meanings are linguistically expressed, those who share membership in the particular social institution – students, counsellors or sex educators – actively participate in a shared performance of that institution's practices, values, meanings, demands, prohibitions, and permissions (Foucault 1980; Kress 1988a, 1988b). It is this shared form of language, including its shared performance, which is referred to in this study as a discourse. Whenever these discourses make reference to the same object, share the same style, support the same strategy, or subscribe to the same institutional, administrative or political drift and pattern, they are referred to as discursive formations (Foucault 1972; Hall 2001).

Discourses construct reality and produce that of which they speak. Not only do discourses construct gender, they regulate as they construct. Therefore, the regulatory discourses which form the subject of gender 'are those that require and induce the subject in question' (Butler 2004, p.41). In this way, discourses are not a passive phenomenon. They embody a point of view that strives to represent not only its own institution but also those institutions outside of its concern (Kress 1988a). Foucault's (1980) analysis of the role of power in the construction of knowledge, and his identification of the body as the site of struggle between operations of power and ideology, give a sense of reality to Kress's metaphor of the effects of discourse as 'a military power whose response to border skirmishes is to occupy the adjacent territory' (Kress 1988a, p.7). Informed by theories of knowledge regarding the shared performances of linguistic and socially constitutive perspectives, and gender as discursively constructed, this research contextualises dominant discursive representations of sex, sexuality and sexual decision-making within the power/knowledge networks of sex education's discipline, and then considers the impact of these dominant discourses upon students' meaning making and gendered subjectivity (Butler 1990; Foucault 1972, 1980; Kress 1988a).

Educational discourses embody a point of view regarding sex, sexuality and

sexual decision-making within the discipline, or institution, of health education. These discourses produce and are produced by the discipline of health education; however, to dominate as a discourse they must also embody a point of view representative of other areas of knowledge within the discipline, such as science, medicine and public health. By linking different areas of knowledge within the discipline, discourses work to legitimise a dominant perspective, which is then offered as a plausible account of the whole, leaving no room for an alternative view (Kress 1988b). Within sex education these dominant discourses operate to establish the theoretical legitimacy of sex education programs, the medical and biological rigour of its content, the manner in which it is to be delivered, and how it is representative of social, cultural and political values.

The current dominant biological discourses within sex education position students to understand issues of sex, sexuality and sexual decision-making as a homogenous and factual body of knowledge indicative of the inherent biological subjectivity of humankind, wherein the social, cultural, political and historical complexity of gendered subjectivity is simplistically read as: men are sexually active, women are sexually passive, men fight, women nurture, men have sex, women have babies. Within dominant pedagogical discourses in sex education, these simplistic readings are not contested despite the wide body of literature from feminist educators and cultural analysts, which argue for sex education programs to be opened up to a variety of alternative theoretical positions (Abel & Fitzgerald 2006; Allen 2005; Connell 2005; Epstein et al. 2003; Fine 1988; Ingham 2005; Morris 2005). In fact, these simplistic readings are often used by sex educators and philosophers alike as biological indicators of an authentic male and female sexual behaviour (Gatens 1991, 1996; Grosz 1990).

Dominant pedagogical discourses within sex education do not constitute knowledge of sex, sexuality and sexual decision-making as being outside of what it means to perform heterosexual forms of masculinity and femininity. As such, they normalise heterosexuality and then situate it as a signifier of gender performances without making explicit the relationships which operate between discourses and social processes; that is to say that all discourses are intimately connected to issues of power and knowledge specific to their social, cultural and

historical location (Butler 1990; Foucault 1976, 1980). Without alternative discourses, critical pedagogical intervention by sex educators becomes essential if students are to understand the relationship between discourse, knowledge and power and develop the skills to challenge inequitable and normalising discourses – particularly considering the escalating rates of sexual discrimination and violence currently within the Tasmanian context (Australian Bureau of Statistics 2003a, 2003b).

Informed by the principles of feminist poststructuralism, the following will discuss how a critical pedagogy which focuses upon the concept of sexual ethics can assist health educators in the design and implementation of a sex education program that offer students alternative subject positions from which to question dominant constructions of sex, sexuality and sexual decision-making.

2.6 Alternative discursive regimes

Calls for alternative approaches to the design and implementation of curriculum-based sex education programs are noted throughout the international and national literature (Carmody & Willis 2006; Epstein et al. 2003; Epstein & Sears 1999; Szirom 1988). As the discourses of critical pedagogy and sexual ethics have both been identified as consistent with the social agenda and theoretical standpoint of feminist poststructural theory, they are discussed here in terms of what they might offer as an alternative to the dominant biological discourses that presently underpin most curriculum-based sex education programs.

2.6.1 Critical pedagogy

Some feminist theorists have argued that given its roots within the Frankfurt school of social theory, the discourse of critical pedagogy ‘constructs a masculinist subject which renders its emancipatory agenda for gender theoretically and practically problematic’ (Luke & Gore 1992, p.25). However, in this thesis it is argued that situated within a feminist poststructural framework, the discourses of critical pedagogy can provide useful conceptual tools with which to interrogate and reformulate the social construction and reproduction of gendered subjectivities and sexual knowledges within sex education programs. Critical pedagogy of the 1980s claimed to provide

transformative agency. It assumed that if students were encouraged to articulate their meanings and juxtapose them against dominant cultural meanings, then new liberatory meanings could be developed (McLaren 1995). This new move in critical pedagogy linked with new or revived moves in the teaching of literature, where student readings of texts and the meanings of the texts themselves were understood to interact and produce a range of diffuse, though culturally constrained, meanings (Hiller 1998; McLaren, 1995).

Critical pedagogy develops from the theories of Gramsci (1971) and Freire (1990). Gramsci's (1971) contribution to critical pedagogy is through his idea that hegemonised subjects have the power to contest their ideological positions. Although he acknowledges the powerful control of hegemony, Gramsci (1971) argues that it is within the diversity and complexity of hegemony that contestation can occur (Hiller 1998). The conceptualisation of hegemony in this way is useful to a feminist poststructural reworking of curriculum-based sex education programs, as the sex education classroom can provide the site for the development of a critical language crucial for questioning the taken for granted assumptions about sex, sexuality and sexual decision-making that underpin this subject area.

Freire's (1990) contribution to critical pedagogy is in the development of a critical literacy that provides students with the skills to critique the ideological sources of inequality and disempowerment (Hiller 1998; Luke & Gore 1992). Central to his pedagogy is the importance of student voice and student problematisation of knowledge within the learning environment (Freire 1990). Freire's (1990) theory of empowerment through conscientisation involves critical reflection on lived experience as the basis for transforming emancipatory action; a position that emphasises the transformation of social relations through pedagogy (Hiller 1998). For Freire (1990), reflection leads to action; for the purposes of curriculum-based sex education programs, however, this action will only constitute an authentic praxis if its consequences become the object of critical reflection.

For Giroux (1991) the aims and purposes of a critical pedagogy are grounded in a politics and view of power and authority, which link teaching and learning to forms of self and social empowerment through individual and collective action

(Hiller 1998). Central to this pedagogy and politics of personal and social transformation is a notion of community developed around a shared conception of social justice, rights and entitlements that open up the range of possible social relations, subject positions and human capacities as the basis for an ethical and compassionate social order (Hiller 1998).

Giroux (1991) articulates principles for a critical pedagogy that situate pedagogical issues and practices within a wider political discourse (Hiller 1998). Within this discourse, education is seen as producing not only knowledge but also political subjects, which requires that students are provided with opportunities to develop the critical capacity to challenge and transform existing social and political forms, rather than simply adapt to them (Hiller 1998). Giroux (1991) defines pedagogy in terms of those political practices that question how individuals learn, how knowledge is produced and how subject positions are constructed; pedagogical practices are the forms of cultural production, social, historical and political, which construct particular subjectivities and views of the world (Hiller 1998). Critical pedagogy therefore, is defined in terms of those theories and practices which emphasise breaking down the boundaries between disciplines and the creation of new spaces in which new forms of knowledge may be produced.

As a framework for addressing the issues of gender, sexuality and subjectivity within sex education, critical pedagogy combines a language of critique and possibility, which articulates a sense of alternatives (Giroux, 1991). As Hiller (1998) notes, part of this language of possibility for teachers is that they can explore opportunities for the construction of knowledges which provides students with 'opportunities to develop the critical capacity to challenge and transform existing social and political forms, rather than simply adapt to them' (p.46). When applied to the sex education classroom, students are positioned 'to read the world differently, resist the abuse of power and privilege, and construct alternative democratic communities' (Giroux 1991, p.49).

For Epstein et al. (2003), sex education is not just about learning the subject area of sex, sexuality and sexual decision-making, it is about 'learning how to be heterosexually normal, that is, monogamous, married, with one's own biological children' (p.141). The discourses of heteronormativity that dominate

within sex education are critical shapers of students' gendered subjectivities in ways which can be extremely detrimental for all students, whether underachieving boys, sexually active young women, lesbian and gay youth, or students with different ethnic and religious backgrounds (Epstein et al. 2003, p.145). A critical pedagogy informed by feminist poststructuralist theory, will not only assist students to develop a critical consciousness, it will enable them to take transformative action and to 'speak in dialogical contexts that affirm, interrogate and extend their understanding of themselves and the global contexts in which they live' (Giroux 1991, p.54). Epstein et al. (2003) advocate that,

young people need to develop a critical approach to sex education, as with education generally. They need to be equipped to analyse and understand the pitfalls of any particular paradigm for understanding sexuality, whether that paradigm is steeped in the biological, the moral, or the constructivist (p.146).

Such an approach to sex education can develop 'nourishing convictions that summon up the courage to imagine a different and more just world and to struggle for it' (Giroux 1991, p.54).

2.6.2 Sexual ethics

As Serres (1995) noted regarding the crisis of representation within qualitative research, 'it's easy to spot the problem, hard to supply the ethic!' (p.101). It is possible to suggest that sex has no particular ethical or moral significance (Primoratz 1999), that is to say that sex is morally neutral, and therefore moral guidance regarding sexual behaviour can be provided by the same general moral rules and values that apply in other areas, such as autonomy, beneficence, non-maleficence and justice (Halstead & Reiss 2003). However, it is argued within this research that such a position denies the specificity of the sexual situation in terms of its discursive constructions of relations, and fails to account for the ways in which knowledge and power operate within those relations to constitute multiple and competing versions of what is considered right and proper sexual conduct.

Within psychotherapeutic discourses, ethics are understood as moral principles that provide guidance and rules for right conduct; morality is concerned with perspectives of right and proper conduct and involves an evaluation of actions

on the basis of a broader cultural context or standard (Corey, Corey & Callanan 2003). Within the philosophical works of Foucault (2000a, 2000b), ethics can be understood as embodied in the forms of relation that one has to oneself, and to others (p.112). These forms of relation require an active exchange of knowledge and power within the dialogue of a given situation. It is within the logics of this open-ended dialogue, throughout the processes of reflection and reciprocal elucidation, that Foucault understands the rights of each person as being present (Foucault 2000a, pp.112-116).

The psychotherapeutic and philosophical versions of ethics above are used to authorise a view of sexual ethics as bound by socially and culturally determined rules and regulatory practices, make transparent the role of knowledge, power and discourse within the construction of what is and what is not sexually ethical, and recognise the distinctive context of the sexual relation for constructions of knowledge and operations of power. The psychotherapeutic and philosophical versions of ethics are also used in this thesis to constitute and authorise a view of sexual ethics as pedagogy (Corey, Corey & Callanan 2003; Foucault 2000a, 2000b). This pedagogy of sexual ethics incorporates notions of self-reflection, reciprocity and an evaluation of one's actions based on one's relations with the self and others (Corey, Corey & Callanan 2003; Foucault 2000a, 2000b). Pedagogies within sex education play a significant role in extending students' understanding of 'how individuals as sexed and gendered bodies constitute themselves as ethical or unethical subjects within the social body and within interpersonal relationships and sexual encounters' (Carmody 2004, p.45). This, in turn, has implications for how the social problems of sexual violence, homophobia and discrimination are currently embedded within social life (Carmody 2004; Carmody & Willis 2006).

Over the past 30 years, values clarification and moral development frameworks have been used to design and implement sex education programs that implied recognition of ethics through emphasis on a recognition of difference. These programs emphasised teacher and student discussions of individual sexual differences and life styles, self-image and performances of gender, language and philosophy; they also included spaces to discuss a range of sexual issues such as teenage pregnancy and STIs (Halstead & Reiss 2003; Morrison & Price

1974; Pearce 1979; Szirom 1988). Values and moral development sex education programs were greatly influenced by liberal humanist discourses within education regarding equal opportunity. As a framework for sex education, it was based on the notion that differences exist between people, but that despite these differences, people are fundamentally the same, and are entitled to the same rights and responsibilities (Szirom 1988).

While offering an alternative to the limited biological models of sex education, the values and moral development approaches of the past do not include the potential to address the ways in which social, political and economic discourses constitute difference, and how these constructions of difference impact on students' production of gendered subjectivities in different and inequitable ways. When framed within the context of sexual ethics, the same issues of individual difference addressed through the values and clarification models of sex education, are able to be discussed in terms of the ways in which individual differences such as body shape, gender and sexuality, do not exist in a neutral way within society (Rowan 2001). Individual differences exist in social settings which attach meanings and values to them, and as Audre Lorde (1990) notes, there are powerful discourses operating within society which constitute what is normal and desirable regarding how we look and behave as gendered bodies:

Somewhere on the edge of consciousness, there is what I call a mythical norm, which each one of us within our hearts knows 'that is not me' ... this is usually defined as white, thin, male, young, heterosexual, Christian and financially secure (p.282).

A pedagogy of sexual ethics focuses on the ways in which meanings around sex, sexuality and sexual decision-making are constructed and normalised as a basis for creating positive and inclusive ways of being in this world. It is transformative in that it emphasises the ways in which individuals can transform social problems such as sexual violence, homophobia and discrimination, through a transformation of the ways in which they understand issues of sexuality. Within sex education programs, a focus on sexual ethics would move the focus away from negative aspects of sex and sexuality, such as pregnancy and sexually transmitted infections, to the positive aspects such as pleasure, feelings, emotions, and relationships. Educators of the past and present have written about the need for the development of positive feelings

about the self and others within sexual relationships (Carmody 2003; Epstein et al. 2003; Grimsley 1979; Puddy 1978). Pedagogies based on the concept of sexual ethics are about helping people understand and enjoy their sexuality in such a way that they respond to their own and others' needs; in this way it is possible to talk about enjoyment as well as other issues (Puddy 1978). Pedagogies of sexual ethics enable teachers and students to explore alternative discursive regimes regarding sexual intimacy, which include versions of both pleasure and danger in sexual relations; in this way, multiple and dynamic versions of sexual negotiation can be constructed (Carmody 2004; Fine 1988; Vance 1992).

2.7 Conclusion

This chapter has discussed some of the tensions experienced in different educational settings regarding the dominant discourses of biology and standardisation that currently inform the design and implementation of curriculum-based sex education programs. It has been noted how the imposition of dominant educational discourses that constitute sex, sexuality and sexual decision-making as a uniform and coherent body of knowledge able to be learnt through rote learning, and fact-based, biological discursive strategies and techniques are contested at the individual and social levels of practice. It has also been noted that social and political concerns regarding the issues of sexual violence, homophobia, and escalating numbers of sexual disease and pregnancy within adolescents are not being addressed in school-based sex education programs in ways which reflect their social and political importance due to the dominant discourses of standardisation and market value.

The following chapter addresses the issue of methodology. It discusses the use of qualitative and critical ethnography as an appropriate framework for the collection and analysis of data that acknowledges the specificity of the research topic within its educational context. The methods of constructivist grounded theory and critical discourse analysis are also discussed in terms of their coherence with a feminist poststructural investigation into the dominant discourses of sexuality within a curriculum-based sex education program.

CHAPTER 3

Research methodology

3.0 Introduction

This thesis, 'Sexual health issues in adolescents: an examination of the discourses of sexuality within health education' is a feminist poststructural and critical ethnographic investigation of the production of knowledge and gendered subjectivities within a single, Tasmanian, secondary, co-educational, government school during sex education classes. The main focus of the research is on the ways in which power operates through dominant teaching practices to constitute particular versions of gender and sexuality as the truth, and to what effect (Foucault 1980).

This chapter discusses the methodological principles of qualitative research and critical ethnography and their theoretical coherence for a feminist poststructural investigation of the research topic. It also examines the ethical issues that arise for the researcher during the process of data collection and analysis, and the use of the constructivist grounded theory and critical discourse analysis framework as a model for guiding the research process.

The methods of data collection are described in detail in this chapter, including the pilot study that informs the main research focus. The methods of data analysis are also examined in detail, in terms of constructivist grounded theory and its use as a systematic coding process for constructing the codes, categories and discourses from the multiple sources of data collected; and then the application of critical discourse analysis to the identified discourses in order to make transparent the ways in which power and knowledge operate through discourses to construct particular versions of reality as the truth, and to what effect (Foucault 1980).

3.1 Methodological principles

3.1.1 Qualitative research

The research methodology for this thesis is located within a feminist poststructuralist ontological, epistemological and theoretical framework, which acknowledges how discourses and social practices construct both a representation of experience and a positioning of individuals as gendered subjects (Hiller 1998). It acknowledges that discourses and social practices are productive in that they have material effects which are produced as a result of this positioning, and that these material effects have the potential to be socially empowering as well as dis-empowering.

Pedagogical discourses are referred to in this study in an expanded sense. While notions of the practice of teaching, instruction and training within formal settings such as schools and universities are foremost, pedagogy is also considered in terms of the many ways in which individuals learn and are taught to position themselves within a gendered, patriarchal and predominantly heterosexual world, including punishments for transgression as well as rewards for conformity (Butler 1990; Lather 1991).

By critically analysing discourses of sexuality across academic texts, pedagogical discourses and policy documents, it is possible to make transparent those implicit laws and regulatory practices that operate within educational institutions to construct dominant notions of appropriate and inappropriate gendered subjectivities (Kress 1988a, 1988b). This study describes the material effects of these discourses upon the production of students' gendered subjectivities, and the implications for addressing issues of sexual violence, homophobia and discrimination within our community, thereby enabling educational research to 'open up present ways of knowing to possibilities of thinking differently' and therein become a catalyst for resistance and change (Lather & Smithies 1997).

Feminist researchers in education, particularly those interested in developing a critical social science capable of empowering for change as well as understanding, traditionally find themselves situated within established

quantitative paradigms for doing social science, even as they called them into question (Lather 1992). Known as positivist, natural or physical science research approaches theoretically dominate educational research, with the preferred methods of data collection and analysis being detached observation, controlled experiments, and mathematical or quantitative measurement. Positivist methods are considered particularly unsuitable for a study such as this, which requires more interactive, dialogic and interpretive methods of data collection and analysis.

Post-positivism or qualitative approaches to research, however, where the focus is on constructed versus found worlds, prefer methods of data collection and analysis that involve description, interpretation and critical analysis. These methods are eminently more suitable for researching social issues such as sexual violence, homophobia and discrimination, and accord with the critical intent of this research; the production of new knowledges which can lead to emancipatory social change. Qualitative, or post-positivist, approaches allow this research to develop more interactive, contextualised, dialogic and humanly compelling methods of interpretation (Lather 1992). These methods assume there are multiple realities that grow out of personal interactions and perceptions, and that these multiple realities reflect and contribute to the importance of meaning making and context in human experiences (Mishler 1979).

The history of qualitative research is extensive, drawing from ‘the evolving curiosities of humankind’ over the centuries and formally disciplined by ethnographers, social psychologists, historians and literary critics alike (Stake 1995, p.35). Some even note that the term qualitative is inadequate when ‘naming this unprecedented cross-disciplinary fertilisation of ideas’ and that too often it is restricted by its label as ‘other’ to quantitative (Lather 1992, p.90). However, choosing a qualitative research design presupposes a certain view of the world that defines how the researcher selects participants, collects data, analyses and approaches issues of validity, reliability and ethics. The importance of these issues is reflected throughout the researcher’s ontological and epistemological positioning.

While the terms qualitative and quantitative denote contrasting positions in

relation to a number of dimensions of social research, any distinction between the two is far from watertight (Denscombe 1999). These methodological approaches are not mutually exclusive and, in theory, the norms of regulation and discursive constructions of knowledge associated with the two approaches frequently overlap. Keeping this in mind, there are six features that are considered as specific to a qualitative research design. Qualitative research tends to be:

- Associated with words as the unit of analysis.
- Associated with description.
- Associated with small-scale studies.
- Holistic in perspective.
- Associated with researcher involvement.
- An emergent research design (Denscombe 1999, pp.173-76).

The view of knowledge implied by qualitative research draws from the human science research paradigm. Human science is distinct from natural or physical science in that its subject matter is the human world. It is the world of

the mind, thoughts, consciousness, values, feelings, emotions, actions and purposes, which find their objectification in languages, beliefs, arts and institutions (Van Maanen 1990, p.3).

A qualitative approach is eminently appropriate for this research, as it aims to identify patterns between language and social practices, and to demonstrate the constitutive aspects of language for society and the people within it.

3.1.2 Critical ethnography

Critical ethnography provides a way for inquiry into the creation of knowledge about everyday social life; in particular 'its critical thrust raises serious questions about the role of schools in the social and cultural reproduction of social classes, gender roles, and racial and ethnic prejudice' (Anderson 1989, p.251). As such, it is also useful as a methodological frame for data collection in a research project that aims to understand how issues surrounding a social problem are embedded within the way social life is currently organised. Critical ethnography generally refers to the study of the culture which a given group of people more or less share; it sources notes, reflections, conversations, the reading of texts constructed by teachers, students, policy documents and the writings of others (Moss 1999, p.39). In this case, the culture is one of a local,

Tasmanian, secondary co-educational government school and a set of classrooms.

Critical ethnography emerged in the field of education as a result of rigorous methodological and theoretical debates between various critical theorists and ethnographers. These debates arose out of

... ethnographers' dissatisfaction with social accounts of structures like class, patriarchy, and racism in which real human actors never appeared, and critical theorists' dissatisfaction with cultural accounts of human actors in which broad structural constraints like class, patriarchy, and racism never appeared (Anderson 1989, p.249).

While this debate was centered in the field of education, it was in fact paralleled by a debate and reassessment of dominant ideas and methodologies that were under way in the social sciences between qualitative and quantitative social researchers (Anderson 1989). At the same time questions were being raised regarding the role of schools in issues of social and cultural reproduction. Critical ethnography, as a form of representation capable of providing social explanations 'sensitive to the complex relationship between human agency and social structure', emerged 'from the ashes of this academic debate' and is in keeping with the critical and emancipatory objectives of this research thesis (Anderson 1989, p.251).

The collection of data for this research is also informed by Van Maanen's (1990) critical ethnographic approach to researching lived experience, which sees the appropriateness of the researcher embedded within the culture and discourses of various school settings during curriculum-based sex education classes, including those of government and non-government organisations who deliver sex education programs to schools, in order to collect and analyse relevant data. During the 12-month pilot study for this research, the researcher observed, recorded and interpreted how individual classroom teachers and school principals positioned and supported the inclusion of non-government organisations into their schools to deliver sex education programs at both the primary and secondary levels.

Informed by critical ethnography the researcher was embedded within a non-government organisation's culture in order to better understand the constraints experienced by this organisation and their sexual health educators, when asked to deliver programs regarding intimate and 'dangerous knowledge' (Epstein & Johnson 1998) to students whom they have never met, in an environment they were not familiar with, and within a limited time frame. Informed by this positioning, the researcher documented and critically analysed the findings using the methods of constructivist grounded theory to identify patterns and themes within the data (Charmaz 2006). This process of systematic coding grounded the research in its initial aims and objectives, enabling the researcher to establish that while the inclusion of non-government organisations was of benefit to those students who otherwise were not exposed to sex education programs in their schools, the limited time in which the outside organisation had to deliver their program meant that they could only offer a cursory overview of the fundamental basics of sexual reproduction and coitus from within a fact-based biological model of knowledge. The impact this had on students in general was minimal.

The pilot study enabled the researcher to identify that the dominant discourses regarding the production of knowledge regarding sex, sexuality and sexual decision-making and students' production of gendered subjectivities were those which dominated within the school environment. The discourses used by the external non-government sexual health organisation were in fact subsumed within the school-based health educators discourses. As a result of this preliminary finding, the research moved to the second stage of data gathering and analysis. In this stage the researcher continued the qualitative critical ethnographic approach and was embedded in the culture of a local, secondary, co-education government school to observe, record and analyse the design and implementation of a six-week, curriculum-based sex education program.

3.2 Methodological issues

The potential methodological dilemma for this thesis arises from educational research's misplaced methodological propensity toward overcoming difference. For instance, traditionally it has been the role of the researcher to construct a reading position from the point at which difference is neutralised, and from

where the reader may successfully adopt a coherent reading and subject position that seems to transcend any contradictions by eliminating a competing discourse, dominating a competing discourse or accommodating a competing discourse (Kress 1988a, 1988b). It is against this production of a plausible, coherent and unified reading that the researcher intends to situate the research methodology. It is the researcher's intention to become a site of methodological contention, as a methodology is inscribed and embraced that can sustain a multiplicity of educational discourses that acknowledge the continual shifting nexus of researcher/researched, student/teacher, reader and subject positions.

This methodological position supports a shift away from the dominance of liberal humanist methodologies within educational research. It resists taking refuge behind politically motivated calls for the resolution of discursive differences, which, when analysed, are shown to support a form of rationalisation that values conformity above diversity, and reverts to such simplistic labelling and artificial dichotomies as us/them, gay/straight, right/wrong (Lather 1996). However, this methodological position also recognises that to move beyond the operations of labelling and dichotomising, particularly those which abound within the discourses of sexuality, means to be a nomad 'amidst a politics of fear and containment ... in which we are all accomplices' (Lather & Smithies 1997, p.32).

In an effort to disperse the constraints of such a politics, it is the researcher's intention to ensure that her subject position during the writing of this thesis is both ethical (Foucault 1977) and self-reflexive. In this respect, while the researcher is writing and engaging with the 'regimes of truth' that constitute others as particular kinds of people, she will acknowledge the networks of power that operate and constitute her own subjectivity as a feminist poststructural academic (Foucault 1977). In this sense, the researcher's intentions are not to write as the 'expert' telling others what to think, but to write as a socially, politically and discursively constituted subject, capable of making informed choices about the specific discourses and practices that regulate her actions.

As Threadgold (1993) notes,

it is only when we acknowledge how we ourselves have

been made subject and begin to make choices about the specific discourses and practices with which we regulate our own actions that we can begin to understand what our decisions are asking others to do to themselves (p.4).

This approach to research is not only ethical, in that it acknowledges and accepts the multiplicity of ways in which people come to experience their lived realities, it can also be emancipatory. Once we acknowledge the practices that construct subjectivity (be they social, political, discursive or textual) we are able to create a space in which to question and transform those that are inequitable, oppressive and socially unjust.

The participants who collaborated in this project are the researched, but they were also the researchers as they actively participated and negotiated in a process which allowed a more interactive way of doing research than is usually the case when 'we try to know from the inside what is our outside, and step over the threshold between what we know and what is beyond our knowing' (Lather & Smithies 1997, p.xiv). For the researcher, a feminist poststructural academic, this is the embodiment of educational research – bringing the discourses of the lived into the domain of academia and breaking rank in the 'regimes of truth' (Foucault 1977) in order to construct a new discursive field upon which we can draw as we search for different ways to talk and write.

3.3 Methods of data collection

This thesis combined constructivist grounded theory (Charmaz 2000, 2006) with critical discourse analysis (Carabine 2001) to create a model of critical discourse analysis that was methodologically consistent with a feminist poststructural investigation of the discursive production of knowledge and gendered subjectivities within sex education classes. This model 'interrogates the validity and universal authority of scientific knowledge', it 'adopts a context-bound critical perspective', it is able to 'transgress closed theoretical and methodological systems', it points to the 'limits of dominant power/knowledge regimes', makes transparent 'excluded subjects and silenced voices', and clearly marks out the political dimensions of research (Tamboukou & Ball 2003, pp.3-4).

Methodological Framework

Constructivist Grounded Theory & Critical Discourse Analysis

- 1 Select your topic – Identify possible sources of data.
- 2 Open coding – Read the data identifying any active open codes.
- 3 Apply the open codes to all data counting the occurrence of each open code.
- 4 Axial coding – Collapse open codes into categories noting their shared context and conditions, discursive strategies and techniques.
- 5 Write up the categories, noting the shared contexts, conditions and consequences of each.
- 6 Identify the dominant discourses from the categories.
- 7 Write up the discourses and look for evidence of inter-relationships between discourses.
- 8 Identify the effects of the discourses, looking for any tensions, absences and silences within the discourses.
- 9 Review current practices and offer recommendations for transformation.

The data for this study was collected over a period of three years and includes researcher observations, classroom transcripts, interview transcripts, policy documents, student forum discussions, discussion and conference papers, sexual health reports from government and non-government agencies, newspapers and other media sources, including pamphlets from local and national government sexual health organisations.

3.3.1 Pilot study

The data collection for this thesis was ‘deliberately ethnographic in its concern to account for the specificity of experience and response to a patriarchal culture’ (Hiller 1998, p.54). During the initial stages of the research, a pilot study was carried out, whereby the researcher accompanied a primary school and a secondary school sexual health educator from a non-government organisation, to various government co-educational school settings, where they delivered school-based sex education programs. Over this 12-month period the researcher familiarised herself with the complex phenomenon of teaching sex education in its present social, cultural and political context. The researcher accompanied the sexual health educators to seminars and professional study conferences, parent and community health worker meetings, and participated in the sexual health educators’ own weekly staff and general board meetings. This process allowed the researcher to embed herself in the relation between forms of discourse, the

historical struggle in which they are immersed, the institutional practices to which they are linked, and the forms of authority they presuppose (Dean 1994, p.71).

During the 12-month pilot study, the researcher made extensive field notes, conducted interviews with the sexual health organisations management and various primary, adolescent and disability sexual health workers, and held discussions with various school teachers, counsellors, principals, university staff members and community health workers who employed the sexual health organisation to deliver sex education programs. The sex education programs were delivered to a variety of audiences, from primary to secondary and college students, university students in health, science and education, specialist trained school teachers in disability, disability social workers and disability health workers, medical students, local GPs, parents and concerned community members. A self-reflexive approach on the part of the researcher was intended and reciprocity between the researcher and the various members of the non-government sexual health organisation was encouraged at all times.

After focusing on the sexual health organisation's experiences in their design and implementation of sex education programs to a variety of audiences and in a variety of contexts, including responses received from their various audiences, an initial stage of constructivist grounded theory was applied to the data that had been gathered. This process enabled the researcher to get an understanding of the dialectical relationship between the social structural constraints placed on the sexual health organisation as human actors, and the relative autonomy of human agency (Anderson 1989). The initial analysis found that the sex education program delivered by the sexual health organisation had a limited effect on students' constructions of knowledge regarding sex, sexuality and sexual decision-making and on their production of gendered subjectivities. These findings were the result of constraints placed on the sex education program by the sexual health organisation's own guidelines, and the limited time frame given to the sexual health organisation for delivery of their program in the various schools settings.

Most primary and secondary schools booked the sexual health organisation for a one-off sex education program which covered 40 minutes; this generally gave

the sexual health organisation time to cover the basic features of sexual reproduction and contraception, with the focus more on one than the other depending on the grade. In primary schools the sexual health organisation was usually booked for the final grade six year to address the issues of menstruation among girls only, or to address inappropriate sexual behaviour that may have been observed by class teachers. In secondary schools and colleges the organisation was usually booked as a result of inappropriate sexual behaviours being noted by grade teachers or reported to school counsellors. The issue of funding also arose as the sexual health organisation charged a fee to the individual schools and colleges which was paid for out of annual funds; if the funding was not allocated at the beginning of the school year, schools rarely had the means to afford anymore than one visit by the sexual health organisation.

3.3.2 Research study

After completing the pilot study, the researcher was approached by a local government, co-educational secondary school about to embark on an extensive health education program that combined a six-week term of curriculum-based sex education lessons held by classroom-based health and physical education (HPE) teachers, with additional sex education lessons held by an external non-government adolescent sexual health worker, and an external government adolescent social worker. This school was experiencing behavioural management issues with some of their male students during which homophobic, sexually violent and sexist behaviours had been identified. The principal and HPE teachers were also concerned about the high number of anecdotal references to alcohol and sexual activity that were being made by the students. To address these and other behavioural issues the school's principal and HPE teachers felt that a term of intensive sex education lessons, which combined issues of drugs and alcohol, was warranted. The school had been involved in the initial pilot study and the principal felt that the further observations of a researcher, particularly one with a teaching background, would offer an additional perspective to the issues currently being experienced in the school. This circumstance was considered to be of mutual benefit to the school, the external government adolescent health organisation, the external non-government sexual health organisations, and the researcher as further data for the PhD thesis.

During the following six-week term of curriculum-based sex education classes, the researcher observed and documented all classroom practices, student/HPE teacher interactions, noted the use of internal and external curriculum resources and interviewed the HPE teachers and school principal. All curriculum-based sex education classes were audiotaped and transcribed. The HPE teachers' and students' transcripts along with the researchers' observational notes were used as data for analysis. The three HPE teachers and the school principal were also interviewed. Their interviews were audiotaped, transcribed and then used as data for analysis. The researchers' extensive observational notes were also used as data for analysis.

During the six-week term, the external non-government sexual health organisation and the external government adolescent health organisation were invited by the school principal to run their additional sex education program in conjunction with the curriculum-based sex education classes. The modes of delivery used by the two external organisations differed from the curriculum-based sex education lessons in so far as they favoured small group delivery to 10 to 12 students at a time, with the assumption that this offered the students a forum to express their understandings of sexuality, sexual health and relationships that was not possible within larger classes of up to 30 students.

The adolescent sexual health educator and the adolescent social worker were happy to have the researcher attend their small group classes with the proviso that she act as participant as well as observer. They felt that if the researcher attended the classes but was removed from the learning environment it might distract the students and offer them validation for their own non-participation. The researcher agreed and acted as participant observer throughout the additional lessons. The researchers' participation was minimal; however, it was included within the data collection and analysis process. All of the additional sex education classes were audiotaped and transcribed. The transcripts along with the researchers' observation notes were then used as data for analysis. The adolescent sexual health educator and the adolescent social worker were both interviewed. Their interviews were audiotaped, transcribed and then used as data for analysis.

As part of the reciprocal and open-ended dialogic of the research process the

researcher returned all classroom transcripts and interviews to the research participants for their comments. All research participants were given the opportunity to withdraw, amend or add to their transcripts before the final analysis. Some participants decided to amend parts of their transcripts, feeling that they did not make themselves clear in the points they were discussing, some participants added to their transcripts for the same reason; some participants simply signed and returned their transcripts for analysis.

3.4 Methods of data analysis

3.4.1 Constructivist grounded theory

This thesis combined elements of constructivist grounded theory (Charmaz 2000, 2006) and Foucauldian discourse analysis (Carabine 2001) to create a model of critical discourse analysis that was methodologically consistent with a feminist poststructural investigation of the discursive production of knowledge and students' gendered subjectivities within sex education classes.

Constructivist grounded theory was considered appropriate for this research as it did not presume theory, it generated theory, which meant that in its processes of generation it was open to multiple versions of reality, multiple readings of data. It was not objective, definitive or neutral; it was open, and in its openness it strengthened and consolidated the feminist poststructuralist resolve (Charmaz 2000, 2006).

This thesis is concerned with multiple meanings, interpretations and 'the possibility for less fixed and determined ways of looking' (Lather 1991, p.39). Constructivist grounded theory's methods of generating discursive themes through an empirically systematic coding process not only encouraged multiple readings of the data, it enabled the differences and diversity in meanings to strengthen analysis. Constructivist grounded theory (Charmaz 2000, 2006) was used within the methodological framework to identify the codes, categories and discourses within the data through the following three stages.

Stage 1 – Open codes to active codes

The initial open codes for the data were constructed through an ethnographic

reading of all sex education lessons and interviews. One set of open codes was constructed for the students and another set of open codes was constructed for the health educators. The students' open codes were re-applied, through an iterative process (Hiller 1998), to the transcripts collected during the curriculum-based sex education lessons and the additional sex education program implemented by the outside organisations. The health educators' open codes were re-applied, through the same iterative process (Hiller 1998), to the transcripts collected during the curriculum-based sex education lessons, the additional sex education program and the interviews (Hiller 1998).

The researcher's position as participant observer during the data gathering process enabled experiences, contexts, meanings and actions to be shared with the research participants. This sharing of experiences was important during the initial stage of open coding, when the researcher needed to take an active stance toward the data, interacting with it and asking questions of it as correspondence was created between experiences and social scientific representations of them (Charmaz & Mitchell 2001).

Memo taking was an additional method within constructivist grounded theory that encouraged the researcher to view the data and open codes in different ways. Through memo taking, the research participants' processes, assumptions and actions were elaborated upon as they were subsumed under an active code. This method allowed the researcher to explore the open codes and expand upon any processes or phenomena that were identified. As Charmaz (2000, 2006) notes, the memo taking process helps to connect the raw data with the theoretical aims of the research, and in this way aids in linking analytic interpretations with the researcher's empirical reality.

The open codes that shared contexts, meanings and actions were collapsed into active codes. Active codes were constructed after multiple readings of the data. By constructing active codes, which represented the immediacy of participants' actions within specific contexts, the researcher was deterred from imposing theories and beliefs onto the data. In this way the data was able to provide insights into what participants were doing and what was happening in that particular setting (Charmaz 2000, 2006). Once the active codes were constructed, they were re-applied individually to the data and the number of

occurrences for each active code was counted.

Stage 2 – Axial coding to categories

After the active coding and counting process the data was re-read and similarities regarding the conditions, context and discursive features of each code were identified (Hall 2001; Foucault 1972). Active codes that shared similarities in conditions, context and discursive features were collapsed into categories and written up with an explanation of their discursive similarities (Hall 2001; Foucault 1972). This was the axial coding stage of data analysis.

In this way conditional statements and propositions demonstrated the theoretical relationship between categories, which assisted with their integration into discourses (Carabine 2000; Charmaz 2000, 2006). This stage of the data analysis was where the relations between categories and concepts were made explicit, and where the categories were integrated into a theoretical framework that would be able to specify the causes and conditions of the processes (Charmaz & Mitchell 2001, pp.1-3).

Stage 3 – Categories to discourses

Those categories, which shared similar causes, conditions and consequences, were collapsed into discourses. However, as can be seen in the data sets and tables in Chapter Four, there were many conceptual relationships within categories that existed between and across discourses. This evidence of inter-relationships aided and supported the Foucauldian theoretical resolve within discourse analysis, which looked for evidence of the way power and knowledge operates across and between discourses to produce both meanings as well as effects in the real world (Carabine 2001).

3.4.2 Critical discourse analysis

Critical discourse analysis shares the aims of discourse analysis in that its intention is ‘to provide a better understanding of socio-cultural aspects of texts, via socially situated accounts of texts’ (Kress 1990, p.84). The way in which critical discourse analysis differs, however, is in its aims to provide a critical dimension to the theoretical and descriptive accounts of texts. It is important here to note that the word critical is not used in a negative sense to imply that the research is on a fault-finding mission; critical is used in its analytical and

judicious sense. This research used critical discourse analysis with the political aim of putting into crisis the forms of texts and their processes of production and reading, together with the structures of power which produce them (Kress 1990). By denaturalising the discursive practices and the texts of sex education classes, and by making transparent what was invisible and seemingly natural, this research aimed to demonstrate the ways in which discursive practices operate 'within the wider socio-political structures of power and domination' (Kress 1990, p.85).

Critical discourse analysis puts significant emphasis on 'the active role of discourse in constructing the social world' (Phillips & Jorgensen 2002, p.7). However, there are no specific guidelines for using critical discourse analysis as a method of data analysis. What is at the heart of the method of critical discourse analysis used in this thesis are Foucault's concepts of discourse, power and knowledge which enable discourses to be understood as social practices through which power and knowledge are produced (Foucault 1972, 1976, 1977, 1980). A method of critical discourse analysis, informed by Foucault's (1972, 1976, 1977, 1980) concepts enables us to,

... read discourses as, on the one hand, being infused with power/knowledge and, on the other, as playing a role in producing power/knowledge networks (Carabine 2001, p.268).

The idea of discourses as consisting of groups of related statements which cohere in some way to produce both meanings and effects in the world is central to this method of analysis (Carabine 2001; Hall 2001) and a defining stage in the final analysis of this thesis. Following Carabine (2001), this research combines Foucault's (1972, 1976, 1977, 1980) work on discourse, power and knowledge with what he has to say about sexuality, and uses it as a lens for examining the relationships between sexuality, teaching practices and the production of students' gendered subjectivities (Carabine 2001).

In the initial stages of data analysis, constructivist grounded theory (Charmaz 2000, 2006) was applied to the variety of texts collected throughout the sex education program, such as classroom transcripts, health educator interviews, textbooks, policy documents, researcher observations and journal writing, small

forum discussions with students, interview with school principal and lesson plans. Through the initial stages of analysis the researcher constructed the codes, categories and discourses. The discourses were then analysed using a method of critical discourse analysis (Carabine 2001) informed by the work of Foucault (1972, 1976, 1977, 1980). Critical discourse analysis was used to build upon the constructivist grounded theory by elaborating on the health educators' and students' dominant discourses and critically analysing the ways in which knowledge and power operated through the discourses to produce particular versions of sexuality as the truth.

3.4.3 Discursive effects

Discourses have force; they are productive. They 'define and establish what truth is at particular moments' and in doing so produce the objects of which they speak (Carabine 2001, p.268). As a result, discourses have power outcomes; they convey meanings about topics, which can have a material effect upon lived experiences. The method of critical discourse analysis used in this thesis focuses on the discursive processes and procedures whereby truth and knowledge are produced. It introduces scepticism about scientific versions of truth and objectivity, and helps to make transparent the way 'some powerful groups are able to impose their definitions of reality on others' by interrogating the interconnections between knowledge, power and discourse (Hammersley & Atkinson 1995, p.12) the issues of how production occurs and how meanings are conveyed are examined in detail.

As critical discourse analysis is also concerned with the ways in which discourses have effects in the real world (Carabine 2001), the effects of the health educators' dominant discourses on the production of knowledge regarding sex, sexuality and sexuality decision-making, and the effects of the students' dominant discourses on their production of gendered subjectivities within the researched sex education classes were examined. The effects of the health educator's dominant discourses upon the sex education program's potential for challenging issues of sexual violence, homophobia, discrimination and adolescent sexual health were also examined.

3.4.4 Tensions, absences and silences

As part of analysing the effects of discourses, tensions, absences and silences

were often noted. This stage of the analysis looked for tensions, absences and silences within all of the discourses. For example, one aim of the school was to encourage and support an understanding and tolerance of difference among students, with particular focus on the male students' sexually violent, homophobic and discriminatory attitudes; therefore this stage of the analysis looked for evidence of this within the health educators' discourses. Absences can have a material effect on both male and female students' construction of knowledge and production of gendered subjectivity within sex education classes. Silences were also considered to occur when there were low occurrence rates in the data. For example, discussions of sexuality as being a positive dimension of self are only evidenced 47 times throughout the entire six-week sexual health program. These absences and silences were considered an important aspect of discourse analysis in terms of their impact on the construction and authorisation of a particular object, in this instance the way in which they constituted and authorised particular versions of sexuality (Carabine 2001).

At this stage, the effects of the discourses were also considered in terms of their potency; whether there were tensions arising as a result of resistance; for instance, the female students resisted the way in which knowledge of female sexuality was constituted through the health educators' discourses. The female students' resistance to the health educators' closed questions regarding female sexuality were a complex interweaving of acknowledgment regarding the health educators' version of knowledge, acquiescence to the health educators' position of power, and then manipulation of discursive strategies to enable the voicing of an alternative discourse. Unfortunately, because the dominant discourses within sexual health constitute females as passive, non-sexual and without any authorised knowledge of sex, the complexities of the discursive strategies and techniques involved in voicing the resistance and counter discourse were constituted by the health educators and male students as proof of its illegitimacy.

The methods of constructivist grounded theory and critical discourse analysis were considered useful in meeting the aims and objectives of the research. There were no problems encountered in attempting to combine the two methods as they were theoretically consistent with both the feminist poststructural

framework of the thesis and its transformative agenda. The advantage of combining the two methods was in enabling the thesis to move from a process of identification of the dominant discourses, to the process of critically analysing the dominant discourses. There were no identifiable limitations noted during the analysis process of this research, and it is a recommendation that the combination of these two methodological approaches be further refined and developed, and that they be promoted for use within both qualitative and quantitative educational research projects.

3.5 Conclusion

This chapter discussed the methodological principles, ethical issues, methods of data collection and methods of data analysis used in this research. The principles of qualitative and critical ethnographic enquiry were discussed in terms of their appropriateness as methodological frameworks for this research, and coherence with the researcher's theoretical positioning. The potential ethical dilemmas were also discussed in terms of the collection and analysis of data, considering the emphasis placed on reciprocity and social justice within the methodological research process. This dilemma is indicative of the tensions inherent within any research when attempting to locate it within an emancipatory and transformative framework.

Constructivist grounded theory as a systematic coding process for distilling the data and constructing the codes, categories and discourses has been discussed as a theoretically coherent method of analysis for this research (Charmaz 2000, 2006). Critical discourse analysis has also been discussed in terms of its appropriateness for providing a critical dimension to analysing the discursive formations, strategies and techniques of dominant discourses, together with an analysis of the power structures that give rise to them (Kress 1990).

The following chapter demonstrates how the methods of constructivist grounded theory are applied to the data collected during a secondary, co-educational government school's six-week curriculum-based sex education program, which ran in conjunction with an additional sex education program delivered by a non-government sexual health organisation and a government sexual health organisation. The methods of constructivist grounded theory are applied in the three stages of: open and active coding, axial coding to

categories, and categories to discourses.

CHAPTER 4

Data analysis: Codes, categories, discourses

4.0 Introduction

The data for this thesis was collected over a three-year period of qualitative critical ethnographic research. The initial stages of data collection occurred during a 12-month pilot study, whereby the researcher was immersed in the specificity and experience of delivering sex education programs to a variety of primary and secondary government, co-educational schools with a non-government sexual health organisation. As a result of the pilot study the research moved to its second stage where the researcher continued the qualitative critical ethnographic approach and was embedded in the culture of a local, secondary, co-education government school to observe, record and analyse their design and implementation of an intensive, six-week curriculum-based, grade 10 sex education program.

During the six-week term, three classroom-based health and physical education (HPE) teachers held weekly one-hour sex education classes for all grade 10 students. Concurrently, a government health organisation and a non-government sexual health organisation were invited into the school to implement an additional sex education program for all grade 10 students regarding sexual health practices. The additional sex education program also ran weekly one-hour sex education classes for all grade 10 students, held by an adolescent social worker and an adolescent sexual health educator.

In keeping with the aims of the research to identify the dominant discourses in sex education and how they constitute gender and sexuality and the implications of this for the production of knowledge, the sex education program's potential for addressing issues of sexual violence, homophobia, discrimination and sexual

health, and the students' production of gendered subjectivities, the data is divided into three sets: the health educators' data set (which included the three HPE teachers, the government adolescent social worker and the non-government adolescent sexual health educator), the male students' data set, and the female students' data set.

Using a method of constructivist grounded theory, the transcripts from each data set are analysed separately for their codes, categories and discourses. This chapter relates to steps two, three, four, five and six of the 'Constructivist grounded theory and critical discourse analysis framework'. The findings for each data set are organised in the following way:

- 4.1 Health educators' data
 - 4.1.1 Active codes
 - 4.1.2 Axial coding and categories
 - 4.1.3 Discourses
- 4.2 Male students' data
 - 4.2.1 Active codes
 - 4.2.2 Axial coding and categories
 - 4.2.3 Discourses
- 4.3 Female students' data
 - 4.3.1 Active codes
 - 4.3.2 Axial coding and categories
 - 4.3.3 Discourses

4.1 Health educators' data

The following table identifies the 25 active codes that were applied to all of the health educators' data. The 25 active codes were constructed through a critical ethnographic reading of all sex education classroom transcripts and interviews collated during the six-week curriculum-based sex education program. The active codes are a combination of codes that were evident within the data, and codes that the researcher considered should be evident within the data, given the aims of the school, the current Tasmanian curriculum requirements regarding sex education, and current research into adolescent sexual health.

Once the 25 active codes were identified they were re-applied to all of the health educators' data as part of the analytical process and the rates of occurrence for

each active code were counted. The active codes that the researcher expected to find in the health educators' data, given the school's aims, current Tasmanian curriculum requirements regarding sexual health education, and current research into adolescent sexual health, were highlighted. As can be seen, they were generally at the lowest end of the scale in terms of occurrence. This phenomenon was considered important within the process of analysis and was the subject of memo taking and further analysis within the axial coding, category and discourse stages; the occurrence rate of 36 for code 15: 'Jokes with the girls', compared to 317 for code 14: 'Jokes with the boys', was also the subject of memo taking and further analysis.

4.1.1 Active codes

The table on the following page lists the 25 active codes and their rates of occurrence throughout all of the health educators' data.

	Health educators' open codes	Total
1.	Tells students what they will learn/should have learnt about sex, sexuality and/or sexual decision-making.	255
2.	Tells students what to think about sex, sexuality and/or sexual decision-making.	534
3.	Asks students' opinions about sex, sexuality and/or sexual decision-making.	243
4	Asks students what they have learnt about sex, sexuality and/or sexual decision-making.	110
5	Talks about social and cultural influences on sex, sexuality and/or sexual decision-making.	442
6	Uses sarcasm/humour when talking about sex, sexuality and/or sexual decision-making.	423
7	Uses sarcasm/humour to enforce rules/expectations.	249
8	Uses slang when discussing sex, sexuality and/or sexual decision-making.	237
9	Uses biological language to discuss and explain sex, sexuality and/or sexual decision-making.	755
10	Uses time for control/as excuse.	103
11	Limits student responses.	447
12	Uses personal anecdotes about sex, sexuality and sexual decision-making.	200
13	Discusses consequences of unprotected sex.	306
14	Jokes with boys.	317
15	Jokes with girls.	36
16	Promotes sex, sexuality and/or sexual decision-making as personal choice.	349

17	Refers to the role of the male in sex, sexuality and/or sexual decision-making.	547		
18	Refers to the role of the female in sex, sexuality and/or sexual decision-making.	576		
19	Uses sexist language when discussing sex, sexuality and/or sexual decision-making.	333		
20	Promotes sex, sexuality and/or sexual decision-making as different for different people.	210		
21	Includes homosexuality, lesbianism or bisexuality in discussions of sex, sexuality and/or sexual decision-making.	201		
22	Uses gendered stereotypes to discuss/explain sex, sexuality and/or sexual decision-making.	313		
	Health educators' categories	Code	Sub-totals	Total
24	Discusses biological and psychological language to explain sex, sexuality, and sexual decision-making.	913	755306	1108282
25	Discusses sex, sexuality and/or sexual decision-making as a positive dimension of self.	25	47	47

4.1.2 Axial coding and categories

After the active coding, the health educators' data was re-read and similarities regarding the conditions, contexts and discursive features of each active code were identified. Active codes that shared similarities in conditions, contexts and discursive features were collapsed into categories and then written up with an explanation of each category in terms of the discursive similarities (Carabine 2001; Foucault 1972; Hall 2001). The 25 active codes identified within the health educators' data were collapsed to form the following 12 categories.

2.	Limits student responses.	11 10	447 103	550
3.	Tells students what sex, sexuality, sexual decision-making is.	2 1	534 255	789
4.	Uses humour with students.	14 15 6 7	317 28 424 249	1018
5.	Uses discriminatory language.	19 22 8	333 313 237	883
6.	Refers to the role of the female.	18	576	576
7.	Promotes sex, sexuality, and sexual decision-making as personal choice.	16 12 13	349 200 306	855
8.	Refers to the role of the male.	17	547	547
9.	Discusses values, morals, emotions and feelings regarding sex, sexuality and/or sexual decision-making.	23 24	531 282	813
10.	Ask students what they understand about sex, sexuality and/or sexual decision-making.	4 3	110 243	353
11.	Acknowledges sex, sexuality and/or sexual decision-making as different for different people.	20 21	210 201	411
12.	Discusses social and cultural influences on sex, sexuality and/or sexual decision-making.	5	442	442

Category 1 ‘Uses biological and psychological language to explain sex, sexuality and/or sexual decision-making’ was formed by collapsing codes 9, 13 and 25. All codes used biological and/or psychological discursive strategies to explain and/or discuss issues of sex, sexuality and/or sexual decision-making. The codes shared conditions where dialogue was restricted, meaning making was limited, gendered stereotypes were authorised, and socially constructed norms and values were attributed by the health educators without interrogation. Examples of this category:

- You’ve heard of cervical cancer ... it’s a major problem for women. It’s basically a part of the body which you can not see, unless you put a camera inside a female’s body, and we’ll actually see a cervix doing its thing at some point in the next couple of weeks.
- You are the result of one incredibly mighty sperm, the best of the lot, the best of five hundred millionish, and it

basically found the egg, the ovum, and got jiggy with it.

Category 2 ‘Limits student responses’, was formed by collapsing codes 11 and 10. Both codes used discursive strategies that limited the way in which students could respond to issues of sex, sexuality and/or sexual decision-making in the classroom. The codes shared conditions where dialogue between the health educators and students were closed down, meaning making and pedagogical processes were restricted, the health educators’ experiences and understandings were valued, students’ experiences and understandings were not valued, and/or students were not involved in the meaning making process. Examples of this category:

- Are we happy with that? Does that sound good? What’s next? (not waiting for a reply)
- Have you heard of cervical cancer, that’s cancer of the cervix (answers own question, not waiting for reply)
- You’ve got 20 seconds, go! (limits time)

Category 3 ‘Tells students what sex, sexuality and/or sexual decision-making is’ was formed by collapsing codes 2 and 1. Both codes used discursive strategies, which told students explicitly what counted as knowledge regarding issues of sex, sexuality and/or sexual decision-making, while implicitly attributing social values to them. The codes shared conditions where knowledge was defined in terms of biological and psychological models. Examples of this category:

- The cervix can actually aid sperm moving essentially from the vagina into the deeper parts of the woman’s body where eggs and sperm get together and create human life.
- So I want you, and I expect you, to know things like uterine tubes and ovum and ovaries right?
- You guys now should be able to describe, even draw the process of conception.

Category 4 ‘Uses humour with students’ was formed by collapsing codes 6, 7, 14 and 15. All codes used jokes as discursive strategies to constitute a shared masculine bond between the male health educator and the male students. The conditions when joking between males simulated mateship between the male health educator and male students valued the heterosexual masculine sexual experience, objectified the feminine, marginalised the female students and

devalued the female sexual experience. The conditions when joking with the female students framed each joke as negative or applied sarcasm in tone to imply the opposite of what was being said and devalued the female students' sexual experiences; the low count of 28 when joking with the female students was also noted. Examples of this category:

- What's a caesarean? Isn't that a type of salad, Fred [boy]?
- When you were there, boys [the uterus], you couldn't wait to get out, and most of the boys around will spend the rest of their lives trying to get back in, hey Barney [boy]?
- And guys who don't think they get periods, guess again, we all get periods ... you got a girlfriend or a wife, you get periods too.
- Congratulations, she actually put out her first vagina in front of a great big group of people!

Category 5 'Uses discriminatory language' was formed by collapsing codes 8, 19 and 22. Sexism, stereotypes and slang were used as discursive strategies in each code when referring to issues of sex, sexuality and/or sexual decision-making. The codes shared conditions where gendered stereotypes and inequalities were reproduced without question; the male sexual experience was valued, the female sexual experience was devalued, meaning making was closed down, and difference was excluded. Examples of this category:

- Booby magazines! Constantly trying to get away with reading booby magazines!
- Up the duff as some people put it, bun in the oven, that sort of thing.
- She's an easy lay. You know? She's just like that [snaps fingers]. You go up to her at the pub and you go, hey, how you going, and the next thing you're going at it like rabbits, ok?
- At the end of the day the boys aren't gonna get pregnant they're just gonna get their rocks off.

Category 6 'Refers to the role of the female' was formed by collapsing code 18. The discursive strategies of biology, psychology and personal choice were used in each code whenever references to the female role in sex, sexuality and/or sexual decision-making were made. The conditions were that the female was objectified, her role was devalued, she was positioned as responsible for contraception, accountable for male sexual behaviour, accountable for the consequences of unprotected sex, warned about pregnancy, STI/BBVs and

simultaneously positioned as knowing/unknowing about sex, sexuality and/or sexual decision-making. Relationships and relationship building also featured strongly in discussions on the female role. Examples of this category:

- So there are different expectations and assumptions about how girls should behave, and what sexual beings girls should be and what sexual beings boys should be.
- So if a girl has a lot of sex she'd be a legend ... No?
- Ah, so girls are judged a bit more harshly about that stuff?
- So having unprotected sex puts you at risk of pregnancy.
- Girls seem to be pretty knowledgeable compared to boys about this generally.
- Sometimes boys, you'll need to go to your resources, and these resources, sometimes, have their hair tied back, sometimes they have earrings.

Category 7 'Locates sex, sexuality and/or sexual decision-making as an issue of personal choice' was formed by collapsing codes 16, 12 and 13. The discursive strategies in each code located sex, sexuality and/or sexual decision-making as a matter of personal choice. The codes shared conditions that normalised some behaviours and privileged personal responses; they assumed all people were equal and had free choice and free will. The conditions excluded social, cultural, economic and religious influences on choice other than through issues of access and equity. Examples of this category:

- Do you think there's anything that you could do to stop that person from getting bashed or from being victimised?
- So that's the thing with values, you've got the right to have your own opinion and to respect other people's opinions.
- Teenage girls said that when they had sex for the first time they put no thought whatsoever into protecting themselves from either pregnancy or STIs.

Category 8 'Refers to the role of the male in sex, sexuality and/or sexual decision-making' was formed by collapsing code 17. The discursive strategies of biology, psychology and personal choice were used to celebrate the heterosexual males' physical role in sex, sexuality and/or sexual decision-making. The conditions of the code valued the male's physical role, constructed his physique as active, strong, virile, and competitive and his psyche as weak and separate from his physique. He was warned against being uncool or a dork as this might undermine his sexual success in a relationship.

- So you can always get hold of condoms, no matter what the time is.
- Three things to think about when you're out buying a whole truck load of condoms.
- You are the result of the most dominant, powerful, best swimming, most good looking, intelligent sperm that was involved in your conception. He's killed about nine hundred million [other sperm].
- So how do you look after yourself without looking like a complete dork, you know?

Category 9 'Discusses values, morals, feelings and emotions in reference to sex, sexuality and/or sexual decision-making' was formed by collapsing codes 23 and 24. Feelings and emotions were used as discursive strategies to reinforce an overarching perspective on appropriate behaviour; they were typically negative emotions. The codes shared conditions where an assumed uniform and cohesive view of sex, sexuality and sexual decision-making existed, located within a context of personal choice. Examples of this category:

- It depends; there should be no **pressure** to have sex at any age.
- I'm not going to stand here and say don't have sex, it's your life, it's your body. You do what you want **but make sure you're happy with the consequences.**
- But it's really important **that you're not embarrassed.**

Category 10 'Asks students what they understand about sex, sexuality and/or sexual decision-making' was formed by collapsing codes 4 and 3. Both codes used discursive strategies that reproduced the health educators' knowledge and power. The codes shared conditions where meaning making was limited, health educators' knowledge and experiences were valued and reproduced, students' knowledge and experiences were devalued and excluded, and sarcasm was used to reinforce the health educators' power and the students' powerlessness. Examples of this category:

- What's conception? Ok we'll stop it there; I'm sure you all looked at each other and went, uh ... I haven't got a clue.
- Who has heard of the word conception? Who has never heard the word in their life? Who's not sure? Are you awake? Hello. I'm over here!
- Why is it then that girls go on the pill? Wilma, [g] give me some reasons why a girl might go on the pill?

Category 11 ‘Acknowledges sex, sexuality and/or sexual decision-making as different for different people’ was formed by collapsing codes 20 and 21. Both codes used discursive strategies that normalised and privileged heterosexuality. The codes shared conditions where different heterosexual experiences were authorised but different non-heterosexual experiences were either silenced or framed within a discourse of tolerance based on individual human rights,

- There’s a whole lot of ways you can do that, and we’re actually gonna in the next lessons today, start looking at this whole idea of how many ways you can prevent conception from occurring.
- Some people find that they can’t take certain contraceptives, like the pill. Some girls find that they get migraines from being on the pill.
- So basically for one in 10 people in society, being gay or being lesbian is their sexuality and it’s not a phase, it’s their right.

Category 12 ‘Discusses social and cultural influences on sex, sexuality and/or sexual decision-making’ was formed by collapsing code 5. The discursive strategies in this code positioned social and cultural influences as static and uniform concepts that were constituted through human endeavour. The conditions of this code were to position individuals as influenced differently dependent upon a person’s biological and/or psychological reality. Examples of this category:

- We’re saying there are different expectations and different assumptions about how girls should behave, and what sexual beings girls should be and what sexual beings boys should be.
- Most parents freeze immediately and go ‘blah, blah, blah, he, he, he...ask your father’. You can use that approach or you can do what a lot of adults do and be educated and up front.
- I mean it strikes me that it’s a little bit too many, and yet you’ve got all these education programs, and for some reason people aren’t using their brain.

4.1.3 Discourses

The next stage of the data analysis was where the relations between categories and concepts were made explicit, and the categories were integrated into a theoretical framework that was able to specify causes, conditions and consequences of the processes (Charmaz & Mitchell 2001, pp.1-3). The

categories that shared similar causes, conditions and consequences were collapsed into discourses. However, as can be seen in the table, there were many conceptual relationships within categories that existed between and across discourses. While discourses shared many categories, the concepts within the categories were always mediated by the object of the discourse and the dominant discourses' inter-relationship with other discourses. This phenomenon aided and supported the model of critical discourse analysis used in this thesis, which looked for evidence of inter-relationships between and across discourses (Carabine 2001).

The 12 categories previously identified in the data were collapsed to form the following five discourses. These discourses are elaborated upon in chapter five.

Category		Discourse
1	Uses biological and psychological language to explain sex, sexuality and sexual decision-making.	Discourse of Bodily Remains
2	Limits students' responses.	
3	Tells students what sex, sexuality and sexual decision-making are.	
6	Refers to the role of the female.	
8	Refers to the role of the male.	
11	Acknowledges sex, sexuality and sexual decision-making as different for different people.	

Category	Discourse
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1	Uses biological and psychological language to explain sex, sexuality and sexual decision-making.	Discourse of Bodily Values
6	Refers to the role of the female.	
7	Promotes sex, sexuality and sexual decision-making as personal choice.	
8	Refers to the role of the male.	
9	Discusses values, morals emotions and feelings regarding sex, sexuality and sexual decision-making.	
11	Acknowledges sex, sexuality and sexual decision-making as different for different people.	
12	Discusses social and cultural influences on sex, sexuality and sexual decision-making.	

Category		Discourse
1	Uses biological and psychological language to explain sex, sexuality and sexual decision-making.	Discourse of Physical Transmissions
2	Limits students' responses.	
3	Tells students what sex, sexuality and sexual decision-making are.	
4	Uses humour with students.	
5	Uses discriminatory language.	
10	Asks students what they understand about sex, sexuality and sexual decision-making.	

Category		Discourse
1	Uses biological and psychological language to explain sex, sexuality and sexual decision-making.	Discourse of Liberal Constraints
7	Promotes sex, sexuality and sexual decision-making as personal choice.	
9	Discusses values, morals emotions and feelings regarding sex, sexuality and sexual decision-making.	
10	Asks students what they understand about sex, sexuality and sexual decision-making.	

Category	Discourse
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1	Uses biological and psychological language to explain sex, sexuality and sexual decision-making.	Discourse of Primal Heterosexuality and Essential Gender
3	Tells students what sex, sexuality and sexual decision-making are.	
4	Uses humour with students.	
5	Uses discriminatory language.	
6	Refers to the role of the female.	
7	Promotes sex, sexuality and sexual decision-making as personal choice.	
8	Refers to the role of the male.	
9	Discusses values, morals emotions and feelings regarding sex, sexuality and sexual decision-making.	
11	Acknowledges sex, sexuality and sexual decision-making as different for different people.	
12	Discusses social and cultural influences on sex, sexuality and sexual decision-making.	

4.2 Male students' data

The following table identifies the 15 active codes that were applied to all of the male and female students' data. The 15 active codes were constructed through a critical ethnographic reading of all sexual health transcripts and are a combination of codes that were evident within the students' data, and codes that the researcher considered should be evident within the students' data, given the aims of the school, the current Tasmanian curriculum requirements regarding sexual health education and current research into adolescent sexual health.

Once the active codes were identified they were re-applied to the male students' data as part of the analytical process and the rates of occurrence for each code were counted. The development of the categories included a consideration of the measurement of the codes. Therefore codes that did not occur, or occurred in low or high numbers, were the subject of further interpretation and analysis (Hiller 1998).

The codes that the researcher expected to be evident within the students' data given the aims of the school, the current Tasmanian curriculum requirements regarding sexual health education and current research into adolescent sexual

health, are highlighted. With the exception of code 6, these were in the lowest end of the scale in terms of occurrence in the male students' data. This phenomenon was considered important within the process of analysis and was the subject of memo taking and further analysis during the category and discourse stages.

4.2.1 Active codes

The following table lists the 15 active codes noting their rates of occurrence within the male students' data.

Male student codes	Total
1. Asks questions about sex, sexuality and/or sexual decision-making.	15
2. Asks general, un-related questions.	49
3. Offers personal opinions, examples, experience, information about sex, sexuality and/or sexual decision-making.	96
4. Offers un-related information, opinions, examples, experiences.	24
5. Answers questions in limited mono-fashion.	301
6. Answers a question at length, elaborates in own words, uses personal examples.	199
7. Uses sarcasm, put-downs, negative language.	277
8. Uses sexism, gender stereotypes, and slang.	136
9. Uses biological/textbook language.	141
10. Positive and inclusive of difference in sex, sexuality and/or sexual decision-making.	3
11. Negative and excluding of difference sex, sexuality and/or sexual decision-making.	169
12. Discusses personal values and moral development in reference to sex, sexuality and/or sexual decision-making.	123
13. Discusses feelings and emotions.	93
14. Refers to the role of the male.	297
15. Refers to the role of the female.	184

4.2.2 Axial coding and categories

After coding, the male students' data was re-read and similarities regarding the conditions, contexts and discursive features of each code were identified. Codes that shared similarities in conditions, contexts and discursive features were collapsed into categories and then written up with an explanation of each category in terms of its discursive similarities (Carabine 2001; Foucault 1972; Hall 2001).

The 15 active codes identified within the male students' data were collapsed to form the following seven categories.

Male student categories	Code	Sub-totals	Total
1. Uses negative language when discussing sex, sexuality and sexual decision-making.	7 8 11	277 136 169	582
2. Uses biological and textbook language when discussing sex, sexuality and sexual decision-making.	1 9	15 141	156
3. Addresses teacher expectations.	5 6	301 199	500
4. Demonstrates surface understanding of sex, sexuality and sexual decision-making.	5 9 10 12	301 141 3 123	568
5. Normalises hegemonic heterosexual masculinity.	2 3 4 13 6 11	49 74 24 93 199 169	608
6. Refers to role of the male.	14	297	297
7. Refers to the role of the female.	15	184	184

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Category 1 ‘Uses negative language when discussing sex, sexuality and sexual decision-making’ was formed by collapsing codes 7, 8 and 11. The discursive strategies used in each code demonstrated the male students’ use of sexist, misogynist, homophobic, racist, sarcastic and threatening language as a means of negotiating power between themselves and the health educators, other male students and the female students. The conditions were that hegemonic heterosexual masculinity was the norm against which females, non-heterosexual males and non-hegemonic heterosexual masculinity were measured and constructed as lacking. Examples of this category:

- You could use a double-edged screwdriver and put a condom on each end, that’d work for lesos [referring to lesbian contraception].
- Shut up Barney, you’d grab your own genitals anyway. I bet he’s gay [pointing to Barney].
- Well, if everyone knows, then they [the girls] must be sluts.
- False ... it might be bleeding but it’s not broken [in response to the statement, girls can’t fall pregnant if they have intercourse when they’re having their period].

Category 2 ‘Uses biological and textbook language’ was formed by collapsing codes 1 and 9. The discursive strategies used in both codes located knowledge of sex, sexuality and sexual decision-making as biological and fact-based. As with category 1, this category was highly influenced by the classroom teachers’ pedagogies, which used transmissive models that relied mainly upon textbook and Internet information for teaching issues of sex, sexuality and sexual decision-making. Examples of this category:

- Is the use-by date because they’ve got a lubricant on them?
- Sperm swim through the uterus into the uterine tubes.

Category 3 ‘Addresses teacher expectations’ was formed by collapsing codes 5 and 6. The discursive strategies used by the male students in both codes constituted sex, sexuality and sexual decision-making as a uniform biological and fact-based body of knowledge able to be learnt through transmission and rote learning practices. The conditions were that the male students unproblematically met the health educators’ expectations and responded to questions by either repeating what the health educator had previously told them

or by answering in a surface yes/no, true/false form. Examples of this category:

- True.
- True.
- Creation of a new life.
- False.

Category 4 ‘Demonstrates a surface understanding of sex, sexuality and sexual decision-making’ was formed by collapsing codes 5, 9, 10 and 12. The discursive strategies used in all codes demonstrated the male students’ knowledge of sex, sexuality and sexual decision-making was at a surface level of understanding. The male students were unwilling to elaborate or think at a critical level, or willing to justify their responses. They used sarcasm and sexism as a form of resistance to prolonged interaction, and they used biological, fact-based answers that did not require justification or elaboration. This category also shared conditions with categories 2 and 3. Examples of this category:

- It’s a whole crock of shit. Depends who you are.
- Nah, it’s easy.
- Yeh, you just pull out half way through ... that’s if you like.
- Yeh, its unchristian [homosexuality].
- I’d let them grab my genitals.

Category 5 ‘Normalises hegemonic heterosexual masculinity’ was formed by collapsing code 2, 3, 4, 6, 11 and 13. The discursive strategies of sexism, homophobia, and racism were used to enforce the male students’ view that sex, sexuality and sexual decision-making were not open to interpretation, negotiation or multiple readings. The codes positioned the male students’ versions of sex, sexuality and sexual decision-making as the truth and for those male students who were willing to contribute in these discussions, the discursive strategies demonstrated limited skills with which to reflect, evaluate and communicate personal opinions about sex, sexuality and sexual decision-making. The conditions were that heterosexuality was understood as the only normal form of sexuality, and hegemonic masculinity was the only normal means of expressing that sexuality. Examples of this category:

- I mean why would you want to be like, want it in the arse, when there’s so much muff out there [lots of laughter and calling out in agreement].
- We went on a trip on the *Spirit of Tasmania* and we went up

to this guy and said 'Konichi wa you fucking nip' and this guy turns around and goes 'ah, ah, fuck you'! You know, like totally flipped ... bloody nip!

- Yeh, they go out looking for em, and then when they came home it'd be like 'we got three gay guys tonight.

Category 6 'Refers to the role of the male' was formed by collapsing code 14. The discursive strategies used by the male students in this code positioned the role of the male in sex, sexuality and sexual decision-making as biological, fact-based, heterosexual and defender of hegemonic male privilege. The role was prescriptive and required the male to be a factual surface thinker, to value the physique not the psyche, be a risk taker in sex, be sexually active, lust after women in an overt way, be violent and aggressive toward anything that did not support hegemonic heterosexual masculinity and constantly prove their masculinity through hegemonic heterosexual acts. Examples of this category:

- Yeh, taking risks [lots of laughter].
- Boys want it more than girls. Yeh, all the boys want it.
- Boys get called a legend and stuff for having lots of sex.
- Well you gotta watch out. You are what you eat ... Pussy [lots of laughter].
- They'd [non-heterosexuals] get beaten up [laughter]. They would really get beaten up [laughter].

Category 7 'Refers to the role of the female' is formed by collapsing code 15. The discursive strategies used in this code constituted the role of the female across biological and psychological discourses. The strategies and techniques were used to devalue the role of the female. The female was constituted as immoral, duplicitous (they hid their real feelings), there for the male gaze, non-sexual, inanimate objects that things were done to, of no consequence and weak because they had feelings and emotions. The role of the female was also constituted as primarily to support hegemonic heterosexual masculinity. Examples of this category:

- Yeh, my girlfriend's dad did go gay bashing. They'd drive around looking for poofers and then bash em.
- The reason they don't want to go out and say it is because they'll get called a slut and a ho and stuff.
- Yeh, girls care about themselves [sarcastic].
- Well, if everyone knows they're having sex, then they must be sluts.
- Nah, it's like ... if Carmen Electra were to walk in the room, everyone's gonna go [hangs tongue out] you know? There's nothing you can do about it ... that's just the way guys are ... we're men and that's what women are for.
- True [contraception is the woman's responsibility].

4.2.3 Discourses

This next stage of the data analysis was where the relations between categories and concepts were made explicit, and the categories were integrated into a theoretical framework that could specify causes, conditions and consequences of the processes (Charmaz & Mitchell 2001).

The categories that shared similar causes, conditions and consequences were collapsed into discourses. As can be seen in the table, there were many conceptual relationships within categories that existed between and across discourses. This phenomenon aided and supported the Foucauldian model of discourse analysis (Carabine 2001), which ultimately looked for evidence of inter-relationships between and across discourses.

The seven categories previously identified in the data were collapsed to form the following four discourses. These discourses are elaborated upon in chapter five.

Category		Discourse
2	Uses biological and textbook language when discussing sex, sexuality and sexual decision-making.	Discourse of Due Knowledge
3	Addresses teacher expectations.	
4	Demonstrates surface understanding of sex, sexuality and sexual decision-making.	
5	Normalises hegemonic heterosexual masculinity.	
6	Refers to role of the male.	
7	Refers to the role of the female.	

Category		Discourse
1	Uses negative language when discussing sex, sexuality and sexual decision-making.	Discourse of Compulsory Heterosexuality
2	Uses biological and textbook language when discussing sex, sexuality and sexual decision-making.	
3	Addresses teacher expectations.	
4	Demonstrates surface understanding of sex, sexuality and sexual decision-making.	
5	Normalises hegemonic heterosexual masculinity.	
6	Refers to role of the male.	
7	Refers to the role of the female.	

Category		Discourse
2	Uses biological and textbook language when discussing sex, sexuality and sexual decision-making.	Discourse of Hegemonic Masculinity
4	Demonstrates surface understanding of sex, sexuality and sexual decision-making.	
5	Normalises hegemonic heterosexual masculinity.	
6	Refers to role of the male.	
7	Refers to the role of the female.	

Category		Discourse
1	Uses negative language when discussing sex, sexuality and sexual decision-making.	Discourse of Contained Femininity
2	Uses biological and textbook language when discussing sex, sexuality and sexual decision-making.	
4	Demonstrates surface understanding of sex, sexuality and sexual decision-making.	
5	Normalises hegemonic heterosexual masculinity.	
6	Refers to role of the male.	
7	Refers to the role of the female.	

4.3 Female students' data

The following table identifies the 15 active codes that were applied to the male and female students' data. The 15 active codes were constructed through an ethnographic reading of all sex education transcripts and are a combination of

Female student codes	Total
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codes that were evident within the students' data, and codes that the researcher considered should be evident, given the aims of the school, the current Tasmanian curriculum requirements regarding sex education, and current research into adolescent sexual health.

Once the active codes were identified they were re-applied to the female students' data as part of the analytical process and the numbers of occurrences for each code were counted. Development of the categories included a consideration of the measurement of the codes. Therefore, as previously noted, codes that did not occur, or occurred in low or high numbers, were the subject of further interpretation and analysis (Hiller 1998).

The codes that the researcher expected to find within the female students' data are highlighted. As can be noted most of these were at the high end of the scale in terms of occurrence, particularly in comparison to those measured within the male students' data. This phenomenon was considered important within the process of analysis and was the subject of memo taking and further analysis during the category and discourse stages.

Codes 7, 8 and 11 did not occur in the female students' data and were therefore omitted; however the absence of these codes was considered relevant for further analysis considering their high number of occurrences within the male student data.

1. Asks questions about sex, sexuality and/or sexual decision-making.	38
2. Asks general, un-related questions.	7
3. Offers personal opinions, examples, experience, and information about sex, sexuality and/or sexual decision-making.	241
4. Offers un-related information, opinions, examples, and experiences.	10
5. Answers questions in limited mono-fashion.	140
6. Answers a question at length, elaborates in own words, uses personal examples.	358
7. Uses sarcasm, put-downs, and negative language.	0
8. Uses sexism, gender stereotypes, and slang.	0
9. Answers questions by the textbook, uses biological language.	54
10. Positive and inclusive of difference in sex, sexuality and/or sexual decision-making.	126
11. Negative and excluding of difference sex, sexuality and/or sexual decision-making.	0
12. Discusses personal values and moral development in reference to sex, sexuality and/or sexual decision-making.	268
13. Discusses feelings and emotions.	220
14. Role of the female	261
15. Role of the male	138

4.3.1 Active codes

The following table lists the 15 active codes noting their rates of occurrence within the female students' data.

4.3.2 Axial coding and categories

After coding, the female students' data was re-read and similarities regarding the conditions, contexts and discursive features of each code were identified. Codes that shared similarities in conditions, contexts and discursive features were collapsed into categories and then written up with an explanation of each category in terms of its discursive similarities (Carabine 2001; Foucault 1972; Hall 2001).

The 12 active codes identified within the female students' data were collapsed to form the following seven categories.

Female student categories	Code	Sub-totals	Total
1. Engages with learning expectations.	2 4 5 9	7 10 140 54	211
2. Offers information based on personal opinion, examples, and/or experiences of sex, sexuality and sexual relationships.	3	241	241
3. Demonstrates deep understanding of sex, sexuality and sexual decision-making.	6	358	358
4. Discusses personal and social values regarding sex, sexuality and sexual relationships.	1 10 12	38 126 268	432
5. Discusses feelings and emotions regarding sex, sexuality and sexual relationships.	13	220	220
6. Refers to the role of the male in sex, sexuality and sexual decision-making.	15	138	138
7. Refers to the role of the female in sex, sexuality and sexual decision-making.	14	261	261

Category 1 ‘Engages with learning expectations’ was formed by collapsing codes 2, 4, 5 and 9. The discursive strategies in each code demonstrated the female students’ willingness to address the health educators’ expectations for the lessons and engage with the topics under discussion. The strategies were aimed at clarifying the health educators’ expectations for the lessons and therefore make transparent the boundaries within which the female students had to work. The conditions were sometimes conciliatory, sometimes questioning, sometimes assertive and sometimes requesting support. Examples of this category:

- How do you know when a relationship isn’t working?
- What are some sexual options other than intercourse?
- Yeh, that’s right.

Category 2 ‘Offers information based on personal opinion, examples and/or experiences of sex, sexuality and sexual relationships’ was formed by collapsing code 3. The discursive strategies questioned the limitations of the yes/no true/false answers and looked for alternative scenarios, or the possibilities of difference. Personal examples were used to support the female students’ view that sex, sexuality and sexual decision-making should be open to interpretation, negotiation and multiple readings. The conditions also framed knowledge of sex, sexuality and sexual relationships within an environment that was uncertain, vulnerable, frustrating and inequitable. Examples of this category:

- I do, but I can’t speak for everyone.
- Yeh, like my cousins are Christians and they wanted to wait until they got married. That’s ok, that’s their choice.
- Some people don’t. I heard of someone who kept getting their period all the way through.
- Yeh, but it was like the first time she’d went out to a party as well.
- Yeh, cause it doesn’t mean just because she’s on the pill she’s sexually active. You go on the pill for lots of reasons you know?
- Yeh, not every girl goes on the pill because of sex you know.

Category 3 ‘Demonstrates complex understanding of sex, sexuality and sexual decision-making’ was formed by collapsing code 6. The discursive strategies used in this code located knowledge of sex, sexuality and sexual relationships

within a personal response frame of reference. The strategies and techniques demonstrated the female students' understanding of sex, sexuality and sexual decision-making as a highly complex body of knowledge that needed to be negotiated through a variety of interpersonal skills. The female students were always willing to elaborate on their responses, think at a critical level and justify their responses. They demonstrated high-level collaborative, communication and evaluation skills. Examples of this category:

- Well everyone has their own opinion, but because the boys are like rah, rah, rah about it, then we just don't bother saying anything because we know what they're like.
- Well the guys, they're all like homophobic and stuff, but when they play football they're always touching each other on the bums, and patting and slapping each other you know, 'well done', and then they turn around and say 'no way, you shouldn't do that stuff', but it's ok for them if it's football.
- Yeh, I guess so, it depends on the people I guess. But that's the same with a lot of the issues you bring up; it just depends. People are different you know, and we all live different lives.

Category 4 'Discusses personal and social values regarding difference, sex, sexuality and sexual relationships' was formed by collapsing codes 1, 10 and 12. Personal examples were used as discursive strategies in these codes to address the ways in which values and moral development interacted with the female students' experiences of sex, sexuality and sexual decision-making. The female students were aware of contradictions between the health educators' views and their own experiences, and of contradictions between social and personal values, they were critical and defensive of unitary versions of sexual experience and constantly defended a 'what if' scenario. Examples are:

- Everyone would come out [if homophobia didn't exist] and they wouldn't feel afraid to admit it like they are now.
- It may be a little bit easier in the city, if you're homosexual, I suppose. Like you know how everyone in the country like knows who you are and whatever?
- I mean if two guys were together here the guys would just go aahhh! And attack them. There's something really wrong with that.
- The guys in this school don't mind lesbians but they hate gay guys. They think lesbians are like porno, you know? They get off on it.

Category 5 ‘Discusses feelings and emotions regarding sex, sexuality and sexual relationships’ was formed by collapsing code 13. The discursive strategies used in this code located feelings and emotions within a negative frame of reference and constituted knowledge of sex as something that was not to be encouraged or associated with issues of pleasure, happiness or anything else positive. Feelings and emotions were also positioned as indicators of the way in which hegemonic heterosexual masculinity was currently organised. Examples of this category:

- I reckon it’d be hard [being homosexual] wherever you live.
- It would be bad news; you wouldn’t even try [to express your homosexuality].
- Boys don’t have to worry about getting pregnant and all that crap.
- Girls can’t say things like that [that they enjoy sex]. The guys would really hassle you; it would be horrible.

Category 6 ‘Refers to the role of the male’ is formed by collapsing code 15. The discursive strategies in this code positioned the role of the male within a psycho-social discourse. The use of personal examples demonstrated how the role of the male was understood by the female students as being influenced by social values and by the way in which hegemonic masculinity was currently socially organised. However, because psycho-social discourses do not account for the constitutive effect of social discourses, the effect of this category is that the role of the male was understood by the female students in terms of psychologically innate responses to social influences. Examples of this category:

- It’s that whole Adam and Eve thing.
- It’s just a guy problem.
- You can’t change the way the guys are.
- They might be homophobic about this sort of stuff but you can’t get them to see that any sort of homophobia is wrong.

Category 7 ‘Refers to the role of the female’ was formed by collapsing code 14. The discursive strategies in this code also positioned the role of the female within a psycho-social discourse. The use of personal examples demonstrated how social values, the way in which hegemonic masculinity was currently socially organised and the consequences of sex, sexuality and sexual decision-

making, all impacted on how the female students' understood the role of the female. However, because psycho-social discourses do not account for the constitutive effect of social discourses the female students' comments regarding the role of the female were understood in terms of psychologically innate response to social influences. Examples of this category:

- Well, it's like prostitutes. They sleep with a lot of people and I know that girls who have had a lot of experience, then guys just relate them to a prostitute.
- The guys get labelled as the coolest. The girls get labelled as prostitutes and stuff.
- Yeh, like the guys walk around bragging about it and saying, you know, that guy is so cool because he's had a lot of action, but no way, not the girls, they just get total put downs.

4.3.3 Discourses

This next stage of the data analysis was where the relations between categories and concepts were made explicit, and the categories were integrated into a theoretical framework that could specify causes, conditions and consequences of the processes (Charmaz & Mitchell 2001).

Those categories that shared similar causes, conditions and consequences, were collapsed into discourses. As can be seen in the following table, there are many conceptual relationships within categories that existed between and across discourses. This phenomenon aided and supported the Foucauldian model of discourse analysis, which ultimately looked for evidence of inter-relationships between and across discourses.

The seven categories previously identified in the data were collapsed to form the following four discourses. These discourses are elaborated upon in chapter five.

Categories	Discourses
<ol style="list-style-type: none"> 1 Engages with learning expectations. 2 Offers information based on personal opinion, examples, and/or experiences of sex, sexuality and sexual relationships. 3 Demonstrates deep understanding of sex, sexuality and sexual decision-making. 4 Discusses personal and social values regarding sex, sexuality and sexual relationships. 6 Refers to the role of the male in sex, sexuality and sexual decision-making. 7 Refers to the role of the female in sex, sexuality and sexual decision-making. 	Discourse of Compromised Knowledge

Categories	Discourse
<ol style="list-style-type: none"> 2 Offers information based on personal opinion, examples, and/or experiences of sex, sexuality and sexual relationships. 3 Demonstrates deep understanding of sex, sexuality and sexual decision-making. 4 Discusses personal and social values regarding sex, sexuality and sexual relationships. 5 Discusses feelings and emotions regarding sex, sexuality and sexual relationships. 6 Refers to the role of the male in sex, sexuality and sexual decision-making. 7 Refers to the role of the female in sex, sexuality and sexual decision-making. 	Discourse of Heterosexual Subterfuge

Categories	Discourse
1 Engages with learning expectations 2 Offers information based on personal opinion, examples, and/or experiences of sex, sexuality and sexual relationships. 4 Discusses personal and social values regarding sex, sexuality and sexual relationships. 6 Refers to the role of the male in sex, sexuality and sexual decision-making. 7 Refers to the role of the female in sex, sexuality and sexual decision-making.	Discourse of Deficient Masculinity

Categories	Discourse
1 Engages with learning expectations. 2 Offers information based on personal opinion, examples, and/or experiences of sex, sexuality and sexual relationships. 3 Demonstrates deep understanding of sex, sexuality and sexual decision-making. 4 Discusses personal and social values regarding sex, sexuality and sexual relationships. 5 Discusses feelings and emotions regarding sex, sexuality and sexual relationships. 6 Refers to the role of the male in sex, sexuality and sexual decision-making. 7 Refers to the role of the female in sex, sexuality and sexual decision-making.	Discourse of Guarded Femininity

4.4 Conclusion

This chapter has demonstrated how a model of constructivist grounded theory (Charmaz 2000, 2006) has been applied to the data collected during a six-week, curriculum-based sex education program for grade 10 students in their final year of a secondary, co-educational, government school in Tasmania. Constructivist grounded theory (Charmaz 2000, 2006) has been applied to the data in order to identify patterns and themes. Through separation, sorting and

synthesising, the data has been constructed into a qualitative form of coding, which distilled the data enabling the researcher to conceptualise the codes into analytic categories, which not only coalesced upon further interpretation, but became more theoretical as the process engaged in further levels of analysis (Charmaz 2006). The analytic categories, and the conceptual relationships identified between them, assisted in building levels of abstraction directly from the data that culminated in an 'abstract theoretical understanding of the studied experience' (Charmaz 2006, 4). It is through this systematic method of coding and analysis that the dominant discourses are constructed.

The following chapter applies a model of critical discourse analysis (Carabine 2001), informed by Foucault's (1972, 1976, 1977, 1980) work on the inter-relationships of discourse, power and knowledge to the dominant discourses constructed from the health educators', the male students' and the female students' data. Critical discourse analysis makes transparent the ways in which power and knowledge operate through discourse to authorise and produce particular versions of sexuality as the truth, and to what effect, and is consistent with the critical and feminist poststructural intent of this research.

CHAPTER 5

Data analysis: Writing up the discourses

5.0 Introduction

The methodological framework for this thesis combines constructivist grounded theory (Charmaz 2000, 2006) with elements of a Foucauldian genealogical discourse analysis (Carabine 2001) to construct a model of critical discourse analysis consistent with a feminist poststructural investigation of the ways discourse, power and knowledge operate within a curriculum-based sex education program to construct particular versions of sexuality as the truth, and to what effect (Foucault 1976).

The previous chapter demonstrates how the systematic coding processes of constructivist grounded theory are applied to all of the health educators', male students' and female students' data in order to construct codes, categories and discourses. This chapter demonstrates how the method of critical discourse analysis (Carabine 2001), informed by Foucault (1972, 1977, 1976, 1980) is used to elaborate upon the health educators', the male students' and the female students' dominant discourses. This chapter relates to step seven of the 'Constructivist grounded theory and critical discourse analysis framework'.

5.1 Health educators' discourses

The five dominant discourses constructed from the health educators' data are elaborated upon to make transparent the ways in which power and knowledge operate through the discourses to authorise and produce particular versions of sex, sexuality and sexual decision-making as the truth. Each discourse is offered separately in terms of its constitution of a particular object, i.e. knowledge, pedagogy, sexuality and gender; however, the conceptual or theoretical elements of each are closely interconnected. This enables each discourse to draw upon the other regarding an issue which supports their object 'whilst

utilizing, interacting with, and being mediated by, other dominant discourses' (Carabine 2001, p.269). In keeping with the feminist poststructural intent of this research, the five dominant discourses are not offered as an authentic truth, they are offered as one of multiple readings that can be made through the research process.

5.1.1 Discourse of Bodily Remains

This discourse privileges a reductionist version of biology which allows the health educators to reduce knowledge of sex, sexuality and sexual decision-making to an objectified assortment of bodily pieces, or bury it beneath the metaphorical dirt of social innuendo and cultural malpractice. This discourse is used by the health educators throughout the curriculum-based sex education classes, and during parts of the non-curriculum sex education program. It features the discursive strategies of biology, psychology and essentialism.

The discourse operates in two ways to authorise the health educators' particular version of knowledge. In one way it operates explicitly as a system of knowledge, enabling the health educators to tell students what counts as knowledge in terms of biological models of sexual intercourse and sexual reproduction, psychological models of male and female behavioural characteristics, biological forms and functions of contraceptive devices, and the pathology of common STIs and BBVs.

In another way it operates implicitly, enabling the health educators to attribute social values to each of these models, which normalise and privilege a patriarchal and heterosexual version of sex, sexuality and sexual decision-making. The biological model of knowledge authorises a view of gender that is dichotomous, which consequently legitimises a view of sexuality that is heterosexual, and normalises and regulates performances of hegemonic masculinity and emphasised femininity. Within the health educators' data, for instance, the following statements were commonplace:

- It's quite amazing how far the sperm actually travels from where they start from where they leave the male's body in an ejaculation; it's quite amazing, in fact it's quite super human in fact how far a sperm travels. So, "male ejaculates sperm into female's vagina during intercourse",

write that down.

- Essentially that's where the egg hangs out. Eggs come down every now and again, they hang out there for a while waiting for sperm, you know, waiting ... and the egg will be produced and it will just hang around waiting for sperm.
- You know, so always waiting for the guys you know girls? Constantly waiting ...

These statements demonstrate how the two systems of knowledge about males and females – social values and biology – cohere to support a view of gender that normalises heterosexuality and privileges the male. They also demonstrate how the language of biology operates to authorise a dichotomous view of gender, which polarises the role of the male and female in sexual reproduction. Both statements use biological terms such as sperm, ejaculation, vagina, fallopian tubes, and eggs, and objectify both males and females through those parts of the genitalia that are linked to conception.

By taking up this discourse, the health educators privilege and value the role of the male in sexual reproduction by marvelling at the speed, strength and superhuman quality and quantity of the sperm and, by association, the ejaculation. The role of the female however is minimised; she is reduced to a vagina, a receptacle for male sperm. Social values and biology cohere in this discourse to produce a version of knowledge regarding the role of the female in sexual reproduction as trivial. By using the discursive strategies of biology, such as uterine tubes, fallopian tubes and eggs, then linking these with sexist versions of women as always waiting on men, the health educators construct a truth about the role of the female in sex, sexuality and sexual decision-making that is underpinned by patriarchal assumptions of women as sexually passive and of lesser consequence.

The discourse authorises patriarchal norms by allowing the health educators to devalue and trivialise the role of the female in conception and reproduce sexist stereotypes that emphasise the socially constructed and dichotomous view of females as passive and males as active. This is authorised through the reproductive arena and by the use of biological terms such as fallopian tubes, eggs and sperm. This view of conception supports and reproduces a patriarchal, dichotomous and sexist view of gender.

Through this discourse the health educators are able to authorise this particular view of sex, sexuality and sexual decision-making because of the way in which power and knowledge operate in this discourse to bring the object of sex, sexuality and sexual decision-making into being (Foucault 1980). This discourse enables the health educator to authorise knowledge as residing within the teacher/educator, not the student. Subsequently, the teaching practices emphasise telling the students what they need to know and not asking for students' opinions. This allows the health educators to successfully transmit reductionist views of biology to the students without question. The health educators following statements demonstrate how the discourse is infused with the health educators' power and knowledge, and how it ultimately plays a role in reproducing those power/knowledge networks through the students' responses (Carabine 2001; Foucault 1980).

- So, what I'm doing now is giving you the list so you can start making sense of it. So write that one down, 'some of the sperm swim through the uterus entering the uterine tubes', good.
- If we ask you in a quiz next week, 'What is conception', how many of those six bullet points are you going to remember? You should be able to get four or five, or in some cases all six.

In taking up this discourse, the health educators are also able to constitute the consequences of unprotected sex as the physical consequences (the biological) of negative risk taking behaviour (the psychological). Having unprotected sex is always constituted as an example of an individual's negative risk taking behaviour, the result of not thinking, or not thinking properly. In the health educators' following statement the normative assumption that all individuals choose when or when not to have sex, and all individuals can choose whether to have unprotected or protected sex is authorised by the discourse.

- Well in a recent study, 78% of the girls who were surveyed, teenage girls, said that they hadn't put any thought into contraception to prevent conception or to prevent the transmission of STIs or BBV before they had sex with the person for the first time. Eight out of 10 girls did not put any thought into it whatsoever. Are we happy with that? I mean it strikes me that it's a little bit too many, and yet you've got all these education programs,

like this one, and for some reason people aren't using their brain.

This discourse consists of groups of related statements about the biological and psychological aspects of reproduction, and social practices such as dating, marriage and the family unit, that cohere to produce a dichotomous view of gender. This view of gender authorises and privileges a heterosexual version of sex, sexuality and sexual decision-making that is patriarchal, legitimises male hegemony and devalues females.

5.1.2 Discourse of Bodily Values

This discourse privileges the liberal humanist view of knowledge used by the social worker to constitute a particular version of sex, sexuality and sexual decision-making as the truth. Liberal humanism promotes the acquisition of knowledge as a fundamental right of the autonomous liberal subject, because it is upon the knowledge acquired that the individual may make rational and informed decisions (Tapper 1986). This discourse features discursive strategies associated with liberal humanism, such as personal response, choice, access and equity, and essentialism.

The Discourse of Bodily Values conflates the bodily aspects of humanity with the concept of shared social and cultural values to produce a unified, essentialist view of human nature. This discourse enables the social worker to legitimise a view of human nature as individual to all, inextricably linked to an inner psychological self and pre-determined by a person's biological sex. The following statements are common throughout the social worker's data and demonstrate the inevitably essentialist and determinist nature of the discourse.

- Your sexuality is your individual thing; it's a part of you that you can't help.
- But you can't help the way you feel can you? That's just the way we are, isn't it?

This discourse allows the social worker to place more value on the inner psychological self than on the physical self, and suggests that the individual can transcend the constraints of their physical embodiment if they have the inner psychological resilience to do so. It constitutes behaviour, which is the manifestation of the inner psychological self, as being determined by a person's

biological sex, but not limited to it. Therefore, although men are naturally predisposed towards being active, aggressive competitors because of their physical embodiment, they can transcend the limitations of this physical embodiment if they really want to, in order to become nurturing and caring fathers, childminders or nurses. The emphasis placed on the individual's will to change means that if change does not occur, it is the result of individual deficit.

This discourse authorises the social worker's view that the inner psychological self can transcend its biological limitations if sufficient support is given an argument that is often used to inform educational reform. For instance, boys' resistance to talking about emotions during sex education classes are constituted as part of normal male behaviour. By taking up this discourse the social worker is able to help the girls understand the boys' resistance as normal male behaviour. The girls are then expected to compensate for it by maximising their own naturally caring and supportive behavioural traits. The social worker's following statements demonstrate this positioning.

- And if you noticed these things happening, what could you do about that?
- Ok, so if it hurts, then the supportive approach is good. Talk to him and say that it's not very comfortable for you. But it's best not to say anything in the heat of the moment though.
- For young men though, at this age that might be a bit hard, you know, to feel comfortable enough to speak about this sort of stuff. So sometimes you just have to be supportive.

This discourse authorises the social worker's linking of behaviour to physical embodiment in a way that constitutes and normalises a dichotomous view of masculine and feminine behaviour. By normalising a dichotomous view of gender, the Discourse of Bodily Values also supports a heterosexual view of sexuality. The social worker's following statements demonstrate the ways in which masculinity and femininity are polarised and positioned as different, enabling the dominant but implicit biological and psychological versions of knowledge that underpin liberal humanism, biology and psychology to be constructed as truth.

- Men can accept male to male affection; they just don't show it the way women do. They just need

very clearly drawn lines around where it can happen.

- So girls hide it more don't they? And boys are a little more out there about it? Yeh.
- It's all about image isn't it, but these images are sort of different depending on whether you're a boy or a girl.
- There is a perception out there isn't there, that boys are hornier than girls, don't you think?

This discourse enables the social worker to normalise a heterosexual version of knowledge regarding sex, sexuality and sexual decision-making, which occurs by privileging and discussing heterosexual experiences in detail across a variety of topics, such as relationships, sexual intercourse, conception and contraception. By taking up this discourse non-heterosexuality is implicitly constructed by the social worker as other through a process of difference and deferral (Derrida 1973). Therefore, when the male students make homophobic statements during sex education classes, their behaviour is constituted as normal heterosexual male behaviour. It is not understood by the social worker as positive male behaviour, but because homosexuality is positioned as other to the normalised heterosexuality, the social worker must accept the boys' homophobic comments as authorised.

The social worker addresses the male students' homophobic comments by stressing that the external social forces of the law penalises adults for making such statements in public. The social worker warns the male students that it is illegal to make homophobic statements about people who are sexually different.

- Well certainly in terms of homosexuality it's illegal to incite hatred against them because they're different, yeh. It's illegal to discriminate because of difference in any way, whether it's against males or females
- There are legal consequences for doing what you are doing here regarding homosexuality ... when you are outside in the adult world there are consequences.

The Discourse of Bodily Values positions individuals as rational agents who 'all speak the same language, from the same position as abstract individuals'

(Tapper 1986, p.39). It accounts for difference with regards to knowledge of sex, sexuality and sexual decision-making in two ways. Firstly, differences are not denied, but they are not considered to be relevant as far as being an active moral citizen is concerned. Secondly, if a person is different and does not act morally, or is not acted upon in moral way, it is understood as due to their personal and subjective desires, not because the way in which difference is constituted through social, political and moral discourses.

5.1.3 Discourse of Pedagogical Transmissions

This discourse authorises the health educators' authoritarian approach to teaching about knowledge of sex, sexuality and sexual decision-making. By taking up this discourse the health educators are able to reduce all knowledge of sex, sexuality and sexual decision-making to biological and psychological models of knowledge, and then use this to inform the content of their sex education program. The following discusses how knowledge and power, as used through the health educators' pedagogical practices, operate to authorise a particular version of sex, sexuality and sexual decision-making.

This discourse enables the health educators to authorise a sex education curriculum that is designed by the health educators and school principal in keeping with Tasmanian policy guidelines on health education (Department of Education, Tasmania 1996). It promotes a logical and universal approach to designing and implementing a curriculum-based sex education program that is typically linear, unidirectional and sequential. The discursive strategies used to implement the sex education program involve tightly prescribed objectives, resources, teaching approaches and evaluation strategies that are developed in advance of meeting students and must be accomplished in a specific time frame. Other strategies emphasise technical knowledge, conventions, rules and rote learning procedures (MacNaughton 1999). Discursive features of this discourse include the use of objectives to frame lessons and outcomes, which in turn authorises a view of knowledge as able to be reduced to pre-specified outcomes. These discursive strategies are generally associated with dominant public health views regarding the role of sex education in schools in reducing negative aspects of sexual activity, such as teenage pregnancies and STIs/BBVs, HIV/AIDS (Ingham 2005; McLean 1992).

This discourse authorises the health educators' role as instructor and values the products of learning about sex education rather than the processes. The health educators are able to decide how and when sex education material is to be learnt, and then pass what they consider to be the facts of sexual health onto students using programmed instructional methods, closed-ended materials and questions that are strictly task-based. In the curriculum-based sex education lessons, the facts of sex, sexuality and sexual decision-making, are located within two sources: the health educators' resources, their biology textbooks, approved sexual health websites and toolboxes containing an assortment of contraceptive devices; and the health educators themselves, their personal experiences, anecdotes and interpretations. The health educators' following statements demonstrate the way the pedagogy is authorised to transmit knowledge through this discourse.

- With the list that I've given you, this is basically how it [conception] happens but they're all mucked up. So I want you to put numbers next to them putting them in the right order, ok? When I've told you what the correct order is, then you can write them into your books.
- I don't like that version of conception ... so I'll tell you what; write this down ... 'The male ejaculates his sperm into the female's vagina and conception occurs ...'. Ok? Everybody got that down? Good.

The way in which power and knowledge operate through the discourse to position the health educators and students differently, while authorising a particular version of knowledge is clearly evident throughout the health educators' data. For instance:

- Asking questions but not waiting for a reply: 'Are we happy with that? Does that sound good? What's next?'
- Dictating: 'I'll just get you to write this down first though, capital c, "Conception is the creation of a new human being"'
- Asking closed questions: 'Is that true or is that false?'

In the health educators' data the low rate of occurrence for student participation is indicative of the ways in which this discourse operates to position the health educators as powerful, while authorising their version of knowledge, a circumstance which marginalises and silences the students. When this is further

analysed in terms of rates of occurrence for female students compared to male students, the numbers become even more alarming.

By taking up this discourse, the health educators' are able to use personal anecdotes for linking and conceptualising the biological and psychological facts of sex, sexuality and sexual decision-making to a socially constructed context. This privileges the health educators' experience of sex, sexuality and sexual decision-making, which authorises their versions of knowledge and legitimises their position and power as instructors of sexual health. The health educators' personal anecdotes are constituted as a truth, which is used to authenticate the classroom learning experience. Other discursive strategies used in this discourse to authorise the health educators' version of truth are humour, slang and other colloquial sexual language.

- I had a mate – Fred – and he had a great way of wording that ... 'Pull up, pull out and fill up the belly button mate'. I said what do you mean? 'Pull, up, pull out and fill up the belly button mate'. Ohhh! So withdrawal is making sure that Mr Peeny is not in the ... mmm inside her body when he ejaculates.
- Can I tell you something, Barney? I've got lots of female friends, hot female friends. I'm not joking. And all of those girls I remember at 18 were on the pill, and do you reckon we could get anywhere near them? No way!
- I can remember when I was at school there was this guy who was really short and had this high squeaky voice and he used to get bagged all the time, you know. Well now he's driving a brand new BMW and he just made his first million ... he's a jockey. So we're all different physically you know, but so what?

This discourse authorises the health educators' use of various gendered stereotypes and sexist opinions, normalises socially constituted values as universal truths, regulates the way in which gendered subjectivities can be produced, and reproduces socially constructed inequalities as inevitable biological and psychological facts.

5.1.4 Discourse of Liberal Constraints

This discourse authorises the open-minded, non-interventionist and free-thinking approach to teaching used by the social worker during part of the non-

curriculum sex education program, it also acknowledges the way in which the liberal nature of the pedagogy actually constrains the program's potential for achieving success. What is to be taught during this part of the non-curriculum sex education program derives from two sources; what is considered to be for the good of the students, and what is considered to be morally defensible (Carr & Kemmis 1986). These two sources are based on the school principal's aims for the sex education program, which are to maximise desirable consequences and minimise undesirable ones, while steering a course through competing values. This discourse features the discursive strategies of psychoanalysis (Freud 1969) and psychosocial (Erikson 1968) learning principles and theories of development.

The Discourse of Liberal Constraints authorises the social worker's role as facilitator of knowledge, student autonomy and control over how and when material is to be learnt, the use of open-ended questions by the social worker and the valuing of students' answers/knowledge. The discursive strategies are in the form of explicit teaching, which include informing students of their ethical rights and responsibilities at the beginning of each lesson and encouraging students to take ownership over their learning environment. The discursive strategies also include acknowledging the students as co-authors of their learning experience while affirming their existing knowledge, making transparent the social worker's belief in the students' right to an opinion, and encouraging student participation while endeavouring to minimise the facilitator's (MacNaughton 1999).

The discourse enables the social worker to authorise a version of sex, sexuality and sexual decision-making that is biologically and psychologically innate; however, because it also constitutes individuals as having their own unique way of expressing their beliefs, the teaching strategies acknowledge that individual's might experience different versions of sex, sexuality and sexual decision-making. However, because the discourse of liberal constraints constitutes heterosexuality as normal, difference refers to different heterosexual experiences, not different sexual orientations. The following excerpts from the social worker's classroom transcripts demonstrate the way the discursive strategies convey differences between individuals:

- It's totally different for everybody [finding out you are

pregnant], what you think you might do could be completely different from what your friend might do.

- The way we deal with relationships is completely different depending on who you are, you know ... what boys say and what girls say is usually different as well.
- It's different for everyone. So it depends on the individual and the individual's reason for choosing celibacy.

The discourse authorises the social worker's view of the individual, which constitutes everyone as having the right to their own opinion, that there are no right or wrong answers and that all students should be treated as equals with equal rights and responsibilities (Carr & Kemmis 1986). Through the pedagogy authorised by the discourse of liberal constraints, the social worker models an ethical consideration of others' opinions, while opening up meaning making to the possibility of thinking differently; the social worker is not explicitly positioned hierarchically in the meaning making process and therefore demonstrates a willingness to disperse power (Lather 1991). The following excerpts from the social worker's classroom transcripts demonstrates how the discursive strategies convey this meaning,

- You all have your opinions and you all have your right to those opinions and it'll be good to have a discussion about them.
- It affects different people in different ways so there are no right or wrong answers.
- That's ok, because everybody's sexuality is individual to them.

The Discourse of Liberal Constraints authorises the individual's right to have their own view and not be discriminated against by others who do not share that view. As a result, the male students' homophobic statements cannot be challenged by the social worker. Other than noting such statements are socially unacceptable and legally problematic, the pedagogy and the authorised version of knowledge informing it must support the students' rights to verbally articulate their hatred at behaviour which is constituted as biologically and psychologically abnormal, and/or a threat to their view of hegemonic, heterosexual masculinity.

- Yes ... well ... you have a right to your own view, but you must understand that it's illegal to say those things in

public.

- Well, that might be your opinion, but well ... let's move onto the next one and we'll agree to disagree.

This discourse positions social practices as static and linear and constituted through human endeavour. Individuals are not understood by these discourses as constituted within/by social practices, but as existing prior to, and affected by them (Weedon 1997). The effects of social practices upon individuals are dependent upon the individual's pre-existing and innate psychological characteristics, which are linked to their biological sex (Grosz 1990). These discourses enable homophobia and sexism to be normalised as part of natural, hegemonic, heterosexual male behaviour.

There are two ways in which this discourse addresses homophobic and/or sexist behaviour in the male students. One way is to threaten legal sanctions, as the previous excerpts demonstrate; so the social practices of law will act upon the male students' innate hegemonic, heterosexual behaviours to penalise them for acting in a particular way that is constituted through the discourses of law as socially unacceptable. As a social practice, law is responsible for this sanction; it has nothing to do with the discourse of liberal constraints. Therefore, the male students are still acknowledged as having the right to express their opinion, but they are made aware that there might be legal consequences as a result of that action.

The other way is to constitute homosexuality and femininity as the cause of homophobic and sexist behaviour and suggests ways of being homosexual or feminine that might mitigate the effects of the homophobic and sexist behaviour. In this instance, being excluded is the result of being homosexual; it is not the result of homophobic behaviours. The social worker is authorised by this discourse to make statements such as, 'How do you think a student might feel in this school if they were homosexual, pretty excluded huh? Well what do you think you might do to help them feel better about themselves?' which implies that the need is for the student who identifies as homosexual to develop better strategies as a coping mechanism so they feel better about themselves. The social worker is also authorised by this discourse to make the following statements which implies that sexism is able to be located within female

behaviour. Here is an example of that discourse.

Social worker: So if a girl has a lot of sex she'd be a legend?

Male student: No way she'd be a slut.

Social worker: She'd be a slut? Well why is that?

Male student: Because girls can't just go sleeping around.

Social worker: Oh I see, so girls are judged differently about that stuff are they?

Male student: Shit yeh, we'd be a legend though [laughter].

Social worker: Ok, well is that fair?

Male student: Well if they didn't want people to think they were sluts, then they shouldn't be sleeping around.

Social Worker: Well ok, so what you're saying is people behave differently depending on whether they're a boy or a girl, right? And some things girls aren't allowed to do and some things boys aren't allowed to do?

Student: Yep.

5.1.5 Discourse of Primal Heterosexuality and Essential Gender

This discourse enables the health educators to use the notion of an original sex, an ancient and primordial drive within all humanity, to authorise their versions of sexuality and gender. The discourse constitutes this primordial drive as vital for the continuation of the human race, enabling individuals to fulfil their most basic human function of reproduction. This discourse allows the health educators to construct heterosexuality as lying at the heart of all human psyche, and legitimising heterosexuality as the only way for men and women to reach their full and true potential. The discourse is one where men and women are constituted as having true, authentic sexual characters that are dichotomous and pre-exist any social, cultural, religious, political or historical context. These masculine and feminine characteristics are considered universal to all men and women, and they remain unchanged across time and place.

The discourse is normative and highly prescriptive. Non-heterosexual forms of sexuality are constituted as existing outside of its normative framework and versions of gender that differ from the norm are considered the result of individual deviance and/or deficit. This discourse authorises the health educators' view that people experience sex, sexuality and sexual decision-

making differently. However, because heterosexuality is constituted as the norm, the form of difference that is authorised refers to different heterosexual experiences of sex, sexuality and sexual decision-making. The following statements from the health educators' data demonstrate how these meanings about heteronormativity and difference within heterosexuality are conveyed.

- So you need to make a decision if you're using contraception, which form of contraception is the best one for you and obviously guys, you're going to have to think about forms for yourself that are different from the girls.
- Remember it doesn't have to be penetrative sex with penises and vaginas; there are lots of different versions of sex that girls and guys can have.

By taking up this discourse the health educators link contraceptive choices to biology; making it explicit that what is chosen will depend upon whether you are male or female, and because there is a biological division between the male and female then contraceptive needs will be different. This strategy affirms that psychology is linked to biology. Consequently sexual behaviour is linked to biology, and as biology privileges the male/female divide, heterosexual practices are normalised. The discourse enables the assumption of heterosexuality to be reinforced by the biological divide using male to female genitalia. By stating that penis/vagina penetration does not have to be the norm, the discursive strategy assists in conveying the meaning that in fact, it is.

The discourse privileges the health educators' particular version of heterosexuality, which supports a dichotomous view of gender and privileges the hegemonic male. The discursive strategies of biology, patriarchy and colloquialism combine to convey meaning about the value of hegemonic versions of heterosexual masculinity. By using these strategies, the health educators convey the meaning that active, powerful and successful sperm are privileged. They are rewarded for being the best by being able to find the egg, and then get 'jiggy with it' [colloquialism for having sex].

- You are the result of one incredibly mighty sperm, the best of five hundred millionish, and it basically found the egg, the ovum, and got jiggy with it.
- Uterus is a fairly amazing part of the body for girls, boys unfortunately you don't have one but I'm sure you could get one on eBay.

This discourse enables the socially constructed features of hegemonic masculinity and emphasised femininity to be transposed onto the biological features of conception in ways that naturalise patriarchal versions of gender. The female is constituted through this discourse as an object, an egg waiting to be acted upon by the sperm, the male sperm. The female is constituted as without choice, thought or rationality. She is passively waiting for the best male sperm to find her, and when he does he will get jiggy with her; it is inevitable. The female has been constituted through these strategies as a reward for the hegemonic, heterosexual male. By using the discursive strategies of biology and sarcasm, the health educators are able to trivialise the role of the female in conception by making her the object of a joke. Firstly, she is objectified – she is a uterus. Secondly, the value of her role in reproduction is applauded and then trivialised by the assumption it can be obtained from the most unlikely of places, a public internet site.

By taking up the Discourse of Primal Heterosexuality and Essential Gender, the health educators are able to constitute the role of the female in sex, sexuality and sexual decision-making as naturally supportive and nurturing. The health educators are able to say this because females support and nurture human life during pregnancy and motherhood, they are naturally better at maintaining relationships and dealing with feelings and emotions than are males. By using this discourse to authorise a view of females as maintaining relationships, the health educators can then legitimise the view of females as responsible for relationships and relationship issues. Being responsible can include being responsible for a variety of issues that support the male's compulsory performances of hegemonic heterosexuality.

The discourse not only normalises heterosexuality and performances of femininity, it also regulates performances of masculinity. By taking up this discourse, the health educators are able to legitimise the males' compulsory performance of hegemonic heterosexuality. The health educators note that the male students are always trying to 'get away with reading booby magazines', they 'spend the rest of their lives' trying to have sex with females, they need a 'whole truck load of condoms', they have '100s of millions of sperm' who are typically described as male, and have 'killed about nine hundred million' other male sperm. All of these discursive strategies convey meaning regarding a

particular version of masculinity that is authorised by the discourse.

This discourse also authorises a version of masculinity that is essentially bad at dealing with feelings and emotions. Males are constructed as innately weak in dealing with feelings and emotions or relationships, because they are active, aggressive and competitive by nature, and far closer to their primal heterosexual drives than females. Males are more physically sexual by nature as opposed to females who are more emotionally sexual. This discourse constructs males as biologically and psychologically suited to maintaining and protecting relationships through their performance of hegemonic, heterosexual masculinity. The performance of hegemonic heterosexual masculinity justifies the use of physical and verbal violence, the need for power, the need to resist powerlessness, the need to resist dialogue, to suppress feelings and emotions such as love, to be overtly sexual towards females, to be aggressively masculine towards males, to compete, to win, to be unaccountable for their sexual natures, to marginalise and demean those who are not hegemonically, heterosexual males. The health educators' following comments demonstrate how the discourse conveys meaning about the purely physical aspect of male sexuality, and their dismissal of the importance of contraception.

- Most guys are pretty macho aren't they ... I mean, they don't bother with the relationship stuff, just get a couple of beers into em and bingo, who needs to worry about contraception?
- Yes, I see what you're saying, but for some girls who are reasonably large breasted anyway, to have them get bigger can be a real pain. I mean ... yes, I know what you mean [laughing] it's not a problem for us I know. [In this excerpt the male student and male health educator were discussing the negative consequences of some contraceptives].

5.2 Male students' discourses

In the following section, the four dominant discourses constructed from the male students' data are elaborated upon to make transparent the ways in which power and knowledge operate through the discourses to authorise and produce particular versions of sex, sexuality and sexual decision-making as the truth. Each of the male students' discourses is offered separately in terms of its constitution of a particular object, i.e. knowledge, sexuality, masculinity and femininity; however, as previously noted, the conceptual elements of each

discourse are closely interconnected. In keeping with the feminist poststructural intent of this research, the four dominant discourses are not offered as an authentic truth, they are offered as one of multiple readings that can be made through the research process.

5.2.1 Discourse of Due Knowledge

This discourse enables the male students to authorise and normalise their versions of compulsory heterosexuality and hegemonic masculinity, which they consider the basis of all male/female relationships. This discourse features the discursive strategies of biology, psychology and essentialism. It authorises a reductionist version of biological knowledge and values rote learning and uniform, surface level understandings of sex, sexuality and sexual decision-making. The discourse authorises the male students' version of heterosexuality as normative, and gender as biologically determined.

The discourse authorises and naturalises the male students' socially constructed dichotomisation of the male and female as right and proper, using essentialist discursive strategies. These strategies convey meaning about a fixed essence within men and women that is universal and can be identified by biological and psychological characteristics. The following statements made by the male students demonstrate how the discursive strategies convey meaning about the biological and psychological dichotomisation of males and females. These are offered as facts by the male students, and enable them to construct a clear distinction between the way males and females behave based upon and justified by their biological division.

- The woman gets sperm into her; after a man has had sex with her ... he deposits millions of sperm next to the cervix and gets her preggers.
- Yeh, like its simple ... men have sex, women have babies, that's it.
- Boys show it, you know? We show what we want, girls don't, they're **different** [sarcastic].
- Yeh, girls are all about feelings, and guys are like [pant, pant] awesome! [laughter].

The dichotomous thinking authorised by this discourse hierarchises and ranks the polarised terms, so that one becomes the privileged term and the other its

suppressed, subordinated, or negative counterpart. All things female and/or feminine are implicitly defined in the discourse as lacking and passive, but potentially disruptive, thereby in need of direction, judgment and containment. All things male and/or masculine are defined as sexually active, virile and successful; males are the winners, the champions. These are all socially constructed terms, which represent the social, political and historical contexts within which the male students' data was collected; they have no relevance to biology or psychology. However, because the essentialist discursive strategies attach these definitions to the biology of the male and female students, they enable the following statement to be constituted as normal and natural, allowing the influences of the social, political and historical contexts to remain unseen and uninterrogated (Gatens 1996; Grosz 1990).

- It's like ... if Carmen Electra were to walk in the room, everyone's gonna go [hangs tongue out] you know? There's nothing you can do about it ... that's just the way guys are ... we're men and that's what women are for!

By taking up this discourse, the male students define sex, sexuality and sexual decision-making as a biologically natural and universal body of knowledge able to be learnt through transmission and rote learning practices. During sex education classes, the health educators ask closed questions that require a yes/no, or true/false response. This discourse enables the male students to unproblematically provide the yes/no or true/false response without question or elaboration, and is favoured by the male students as opposed to answering questions at length, elaborating in their own words or using their own personal examples. When taking up this discourse, the male students supply the answer the health educator expects, which reproduces the health educators' version of knowledge and authorises the health educators' pedagogy. The male students often follow their monosyllabic answers with a joke in order to position themselves as also having knowledge and power. In the following comment the male student answers the health educator's question and then links the answer to women's social subordination and secondary status to men in patriarchal societies by making a joke about the female biological function of menstruation.

Health educator: Can a woman fall pregnant if she's having her period?

Male student: No. But, just because it's bleeding doesn't mean it's broke [laughter].

Health educator: Yeh good one, Fred, I'll take that as a no.

This discourse authorises the male students' use of jokes to demean and trivialise the complex function of menstruation within the reproductive cycle. It also enables the male students to objectify women by constituting them first and foremost as sexual objects, even at a time when many women can feel physically and/or psychologically vulnerable, ill and/or in pain. The male health educator received the joke in the manner it was intended by the male students; with laughter and approval, thereby affirming the male bond. The joke about menstruation relies upon a patriarchal and dichotomous version of masculinity and femininity that constitutes women as other (Derrida 1973).

This discourse enables the male students to constitute the role of the male in sex, sexuality and sexual decision-making as located purely within the physical act of reproduction, with no reference to relationships, feelings, emotions or issues regarding morals, ethics or personal values. Within this discourse, feelings, emotions and ethics of any kind are able to be constituted as feminine issues that have no place within hegemonic, heterosexual masculine identities. The following statements demonstrate how the role of the male in sex is constructed by the male students as physical, heterosexual and fact-based.

- Conception is when the male deposits millions of sperm near the cervix.
- Sexual intercourse is when the male gets an erection and has sex with a female.
- Withdrawal ... it means pulling out before you come.
- Ten million sperm are ejaculated near the cervix.

This discourse also enables the male students to use homophobic and misogynist language in order to authorise their versions of hegemony and heterosexuality. Homophobic language is used to marginalise and warn male students who are not performing in an acceptably hegemonic and heterosexually masculine way, and misogynist language is used to blame females for their failure to guard against the consequences of sex, or warning female students against sexual promiscuity. The following statements by the male students demonstrate how these meanings are conveyed.

- Shut up ya poofteer, you're pretty brave considering you live

across the road from me.

- We smash em ... my girlfriend's dad goes gay bashing, and it's awesome.
- It's only the guys who get bashed, nobody cares about the girls.
- Yeh lesbians are hot.
- You could use deep heat as a lubricant.
- Yeh that'd make her squirm [lots of laughter].
- Well if she doesn't want people to call her a slut, she shouldn't be fucking around, it's that easy.

While the meanings in this discourse are not explicitly authorised by the health educators' dominant discourses, the versions of masculinity, femininity and hegemonic heterosexuality contained within this discourse are not constituted by the health educators as being outside of what it means to be male, female or heterosexual.

5.2.2 Discourse of Compulsory Heterosexuality

This discourse constitutes heterosexuality as the only form of authorised sexuality and frames the ways in which sex, sexuality and sexual decision-making are discussed by the male students. This discourse regulates and polices sex and sexual relationships between members of the opposite sex; it constitutes heterosexuality as obligatory, binding and a prerequisite for sharing in the privileges of hegemonic masculinity. The discourse authorises a biologically reductionist and dichotomous view of gender that privileges masculinity over and above femininity.

This discourse allows the male students to use fact-based, uniform and surface levels of knowledge to reproduce biological and essentialist versions of masculinity and femininity. The word heterosexuality means relating to sexual desire or sexual relations between people of opposite sexes. The word opposite means something that is completely different from another, of the same general class yet completely different. The dichotomous and biological discursive strategies that authorise the male students' version of gender are embedded within this definition of heterosexuality. However, the emphasis on 'compulsory' in the discourse of compulsory heterosexuality indicates that the

obligatory and binding nature of heterosexuality is sometimes threatened, and requires policing (Connell 1995; Mills 2001).

The male students are authorised in their use of slang, stereotypes, sarcasm and put-downs by this discourse as a means of regulating performances of sexuality and establishing heterosexuality as normative. Performances of femininity and masculinity that do not support the males' investment in heterosexuality, or which threaten it, are legitimately subjugated, marginalised or silenced. Sarcasm and putdowns are authorised as discursive strategies to enforce the obligatory performance of heterosexual activity among males, and homosexuality is used as a threat and a putdown in order to police this particular version of heterosexual masculinity. The consequences of not performing heterosexual versions of masculinity are implicit within these strategies.

This discourse enables the males to authorise a version of femininity as sexually active and available only in order to support their performance of compulsory heterosexuality, while at the same time regulating and policing female sexual activity with threats of sexual deviance. The male students are also able to use performances of non-heterosexual femininity to compulsory heterosexual masculinity through the subjugation of difference, i.e., homosexuality and lesbianism. Misogynist discursive strategies are used in this discourse to denigrate lesbian versions of femininity, and sexist discursive strategies are used to transform lesbian versions of femininity into objects for the heterosexual males' gaze. The following statements from the male students demonstrate how these meanings are conveyed.

- They could use a double-edged screwdriver and a condom on each end, that'd work for lesos [discussing lesbian contraception].
- It's fine with girls; two girls are hot [laughter].
- Yeh, like here pussy, pussy, pussy [lots of laughter].

This discourse authorises the view that males who perform sexuality in ways that do not support the dominant version of heterosexuality, should be devalued and excluded from hegemonic male privilege. This is particularly directed toward masculine, non-heterosexual performances of sexuality, where

homophobic attitudes are explicitly articulated by the male students and dominate most of their discussions around sex, sexuality and sexual decision-making. The following comments by the male students demonstrate how non-heterosexuality is made the object of putdowns, sarcasm and threats of violence.

- You're a bloody poof, Fred! You wouldn't have the first idea what one of those are for [Condom]. Someone should smash your head in.
- Yeh, when was the last time you got laid, Fred? Never that's when, not with a girl anyway [laughter].
- Yeh, he's never had a girlfriend. Up the bum, Fred, that's what we should call him ... or maybe he likes animals [lots of laughter].
- It's just disgusting, that's what it is.

Heterosexuality is constituted by this discourse as hierarchic and reliant upon versions of gender that rank and polarise the male as dominant. As such the male students are authorised by this discourse to police those males who perform heterosexuality in a non-controlling, passive or negotiated way during sex, sexual relationships or sexual decision-making. In this way the discourse enables the male students to remind all males, including those who identify as heterosexual, that their performance of heterosexuality must also be a performance of dominant masculinity; this will determine their eligibility for sharing in the privileges of hegemonic masculinity.

This discourse authorises the male students' overt sexual behaviour towards females. Sexual relationships with females are legitimised as important signifiers of both heterosexuality and hegemonic masculinity; as noted before, even females who identify as lesbian with no interest in heterosexual relationships are constituted within this discourse as sexually available for the male students' gaze in ways that support their investment in hegemonic masculinity and heterosexuality. By taking up this discourse the male students are authorised to view females who do not perform femininity in ways that support the male students' dichotomised view of gender and investment in heterosexuality, as objects of sexist and misogynist discursive strategies, including the use of slang, stereotypes, sarcasm and put-downs.

The discourse also authorises the male students' version of the role of the male in sex, sexuality and sexual decision-making as biological, functional, fact-based and heterosexual. The males' role is constituted purely within the act of reproduction with no reference to relationships, feelings, emotions or issues regarding morals, ethics or personal values. All comments are made by the male students within a heterosexual frame of reference, most refer to the role of sperm in conception, others refer to facts and statistics involving the most common male forms of contraception, and other comments have specific homophobic overtones that are aimed at marginalising male students who are not performing in an acceptably hegemonic and heterosexually masculine way.

5.2.3 Discourse of Hegemonic Masculinity

This discourse authorises the male students' view of hegemonic masculinity as the authentic performance of male gender, and it enables the male students to use hegemonic masculinity as a measure against which all other gendered performances are found lacking. Non-heterosexual masculinity, non-hegemonic heterosexual masculinity and femininity are all constituted by this discourse as 'other' (Derrida 1973) to hegemonic masculinity, and then positioned as its deficit and negative counterpart. This discourse enables the male students to perform masculinity in ways that control, dominate, influence and justify the production of knowledge within sex education classes that supports hegemonic male privilege.

The normative version of masculinity within this discourse is prescriptive and values the physical and active role of the male. It authorises the male students to be factual surface thinkers, to value the physique and devalue the psyche, to be risk takers in sex, to be sexually active, to lust after women in overt ways, to be violent and aggressive toward anything constituted as 'other', to be violent and aggressive toward anything threatening to disrupt the hegemony of heterosexual masculinity, and to constantly prove their eligibility for sharing the privileges of hegemonic masculinity by performing hegemonically heterosexual acts.

This discourse sanctions the male students' use of dichotomous and biological discursive strategies. The male students who take up this discourse are authorised in their view that the males' role is constituted purely within the physical act of sex and/or reproduction with no reference to relationships,

feelings, emotions or issues regarding morals, ethics or personal values. This discourse authorises the male students' use of negative and oppressive language use, and uniform, surface level thinking strategies. It also authorises their view of normative heterosexuality. Comments made by the male students who take up this discourse are made within a heterosexual frame of reference, most refer to the role of sperm in conception, others refer to facts and statistics involving the most common male forms of contraception, and other comments have specific homophobic overtones aimed at marginalising male students who do not perform in an acceptably hegemonic and heterosexually masculine way.

This discourse authorises the males' use of slang, stereotypes, sarcasm and put-downs to devalue and exclude males who perform masculinity differently. It also authorises their performances of hegemonic masculinity within the sex education classroom. This discourse allows the male students to convey warnings to other males about the consequences of not conforming to the dominant masculine norm. The following statements made when discussing homosexuality demonstrate how these meanings are conveyed and how hegemonic heterosexuality is affirmed.

- It's wrong. It's that simple.
- No it's not wrong, it's deranged.
- Yeh, it's unacceptable, even the bible says it's unchristian.
- It's just disgusting. I mean, why would you want it up the arse, when there's so much muff out there [lots of laughter and calling out in agreement].
- Yeh all that grub...gobble, gobble [lots of laughter].
- My dad's mates go poofteer bashing all the time. You know, they'd drive around looking for poofteers and then bash em.
- Yeh, they go out looking for em, and then when they come home, it'd be like 'we got three gay guys tonight' [laughter].
- Yeh, my girlfriend's dad went gay bashing, good value.

The discourse also authorises the male students' use of sexist and misogynist language to devalue the role of the female in sex, sexuality and sexual decision-making. These strategies enable the male students to convey meaning about their role in sex, sexuality and sexual decision-making, and to justify and

normalise the males' position of authority; it also allows the male students to marginalise and silence female student voices. The following statements made by the male students demonstrate how these meanings are conveyed.

Health educator: How would you let a girl know you were interested in her?

Student: I'd get her drunk and then pash her.

Student: I'd grab her on the genitals [lots of laughter].

Health educator: Do you think it's a good idea to grab someone's genitals when you don't know them?

Student: You get them pissed first.

Health educator: What if she wasn't interested in you?

Student: She would be by time I've finished with her [lots of laughter].

Health educator: What does that mean?

The policing of difference authorised by this discourse extends to and supports attitudes of racism among the male students. While what is counted as normative becomes somewhat obscure at this point, it is quite clear that by taking up this discourse they feel authorised in replacing sexual difference with racial difference to justify displays of violence and aggression directed at a perceived threat to white western hegemonic masculinity.

- I'm not racist, I just can't stand Asians [lots of laughter].
- Yeh, you need to put em in a line and kapow! [Simulates gunshot].
- They're taking over the country.
- We went on a trip on the *Spirit of Tasmania* and we went up to this guy and said 'Konichi wa you fucking nip' and this guy turns around and goes 'ah, ah, fuck you'! You know, like totally flipped, bloody nip.
- Yeh, they're all poor and the scum of the third world, you know?
- Yeh, they're just chinks and stuff. I just hate fucking Asians you know, they're all taking over our country.

This discourse authorises the male students' direct challenge to the health educators' monopoly of power during sex education lessons. The male students easily respond to the health educators' expectations in terms of using biological,

functional and fact-based discursive strategies to answer questions. The problem is the way in which power operates through teaching practices to position them as passive recipients of knowledge. The discourse authorises the male students to interrupt class or offer unsolicited information. For the male students, being positioned as a listener and learner is to be positioned as passive.

This discourse authorises the male students' view that passivity is either the effect of normal femininity or abnormal masculinity, and, in terms of securing their investment in heterosexual masculinity, it requires immediate resistance and disruption. This also applies to the issue of feelings and emotions. As previously noted, the male students make no reference to feelings or emotions within their data. These concepts are not counted as knowledge within this discourse nor are they authorised as part of normal masculine behaviour. Feelings and emotions are understood within this context as purely feminine characteristics and therefore have no place within hegemonic, heterosexual masculine identities.

5.2.4 Discourse of Contained Femininity

This discourse enables the male students to construct a version of female gendered subjectivity that supports their own investment in compulsory heterosexuality and hegemonic masculinity. Using biological and psychological discursive strategies females, are constituted as non-sexual and the sum of their reproductive parts. They are positioned as passive objects whose role in the act of sex is delegated to the anatomical aspects of conception and childbirth, and then devalued through the use of sarcasm, sexism, slang and other negative discursive techniques.

By taking up this discourse, the male students are able to construct a version of conception where the female is always passive; she is either penetrated by or receiving of the male sperm. Romance, excitement or pleasure are not relevant to issues of conception in this discourse, and the female is not referred to as a person with feelings and/or emotions. In this discourse the male students are able to construct females as having no physical, emotional or sexual needs that require human endeavour in order to conceive. The male students effectively contain the female by her biology, and her subjectivity is prejudiced to the point

of objectification; she is a cervix, a uterus, a womb or an ova, a receptacle for male sperm. The following comments demonstrate how the discourse enables the male students to construct this version of female subjectivity.

- When a female gets sperm into her the baby is conceived.
- The guy gets a woody and he penetrates the vagina and then millions of sperm swim to the cervix.
- Sperm swim through the uterus into the uterine tubes.
- Yeh, then sperm penetrates the egg.
- Some of the sperm swims through the uterus into the uterine tube.
- If there are no new eggs in the tube the sperm will cluster around it.

The discourse allows the male students to suppress, marginalise and devalue the active role of the female in gestation and childbirth. Using discursive strategies such as sarcasm, humour and slang, the male students are able to ridicule her role in sexual reproduction, remove it of power, knowledge and value, and then dehumanise it by impersonal biological references. This also enables the male students to ignore issues of ethics, values or moral obligation regarding their own sexual behaviour. The discourse allows the male students to use psychological discursive strategies that contain the female students' behaviour and gendered subjectivity by positioning them as accountable for the consequences of sex, sexuality and sexual decision-making. This discourse constructs the females as accountable for safeguarding against contracting or transmitting STIs/BBVs; for safeguarding against conception, and for childrearing, adoption or abortion in the case of pregnancy. By positioning females as accountable the discourse authorises the way some male students inhibit the female students' participation within classroom discussions by constituting their gendered subjectivity within notions of blame, guilt and shame.

Health educator: Why do you think those 16,000 girls got pregnant?

Male student: Cause they were drunk.

Health educator: Yes alcohol was probably one of the reasons. But also because they put no thought into using contraception at all. Now are we happy with that?

Male student: No way.

By constituting females as passive and non-sexual, but accountable, the discourse places them in a dangerously ambiguous sexual position. For instance, while females are constituted as accountable for the prevention of pregnancy, their activity in initiating preventative measures can be constructed as potentially deviant. The following comments by the male students demonstrate how deviance is constituted in this discourse.

True, girls on the pill are easy.

Yep, they're easy alright.

What's she doin? If she's on the pill then it means that she's sexually active and she'd like a bit.

Right, so she's gonna be easy to get into bed [lots of cheers].

An easy shag, easy game [lots of laughter].

This discourse acknowledges the females' potential for sexual agency and power that is possible through their support of the male students' version of compulsory heterosexuality. As such, the discourse enables the male students to position the female against the dominant versions of knowledge that construct females as non-sexual and passive. By being sexually available and active in supporting the male students' performance of heterosexuality, and by being sexually knowing about contraception, the discourse positions the female as deviant. Therefore female subjectivity is defined by the male students' version of knowledge as passive and non-sexual, but potentially deviant and in need of surveillance and control.

This discourse authorises the contradictions and ambiguity in the male students' construction of female subjectivity. Females who do not actively support the heterosexual investment are constituted within this discourse as morally corrupt, negligent or suspicious; however, females who do actively support the heterosexual investment are also constituted within this discourse as morally corrupt, negligent or suspicious. The discourse authorises the male students' scrutiny of female behaviour and justifies the removal of deviant females from protection against unwanted male sexual advances; it also justifies the removal of females from sharing in the privileges of romance, marriage, motherhood and

family as they are defined by the patriarchal view of society underpinning all of the male students' discourses.

- If she's carrying around condoms then she must be getting it. So if she's getting it then she's a slut.
- Are you telling me I can't call her a slut when she is? I mean come on! That's not being sexist, that's saying what she is ... she's just a prostitute.

By taking up this discourse the male students are authorised to use sexist and misogynist discursive strategies to devalue the role of the female in sex, sexuality and sexual decision-making and to establish the context of fear, concern and danger in which female subjectivity is produced. These strategies enable the male students to affirm the importance of the male role and to justify male authority. They also operate as a warning to females who do not actively support the male students' investment in hegemonic, heterosexual masculinity.

5.3 Female students' discourses

In the following section the four dominant discourses constructed from the researcher's interpretation of the female students' data are elaborated upon to make transparent the ways in which power and knowledge operate through the discourses to authorise and produce particular versions of sex, sexuality and sexual decision-making as the truth. Each of the female students' discourses is offered separately in terms of its constitution of a particular object, i.e. knowledge, sexuality, masculinity and femininity; however, as previously noted, the conceptual elements of each discourse are closely interconnected. In keeping with the feminist poststructural intent of this research, the four dominant discourses are not offered as an authentic truth, they are offered as one of multiple readings that can be made through the research process.

5.3.1 Discourse of Compromised Knowledge

This discourse endorses the female students' struggle to constitute their version of sexuality and femininity from a position of marginalised other within sex education classes. It acknowledges the processes and risks involved for the female students in constructing and authorising what counts as knowledge of sex, sexuality and sexual decision-making, and it takes its name from the

context within which the female students' gendered subjectivities are produced. A compromise is generally understood as something that somebody accepts because what is wanted is unattainable; however, it can also refer to an exposure to danger or disgrace. In this instance both meanings are appropriate.

Throughout the sexual health classes, the health educators locate sex, sexuality, and sexual decision-making within a statistical and fact-based frame of reference, which constitutes gender as cohesive and uniform. This construction of gender is authorised by the health educators' biological and psychological model of knowledge; a model that is implicitly informed by social biases and assumptions that remain uninterrogated. To achieve good assessment marks in sex education classes all students are expected to take up and reproduce the health educators' version of knowledge regarding sex, sexuality and sexual decision-making.

The following excerpt from the female students' classroom transcripts demonstrates how, in order to convey meaning about female sexuality, the female students must place themselves in a compromising position. In order to dispute the health educators' fact-based and authorised version of knowledge, the female student must be prepared to speak out against the latest survey findings, even though the female students are aware that having access to, and being able to use, contraception is a lot more complicated than merely thinking about it. As such the female students are put in a position where they have to agree with the experts' and health educators' findings.

Health educator: In the latest survey, how many girls put no thought into using contraception when they had sex for the first time, how many?

Female student: 16,000

Health educator: Yes, 16,000 didn't put any thought into it at all. Are we happy with that, Betty ...?

Female student: No.

Health educator: No, we're not. It's like some girls are just ... they just don't use their brains. That's the big brain boys, the brain up here, not the one down there. Maybe girls have brains down there as well.

The following excerpt from the female students' data demonstrates their

awareness of the limitations of the health educators' construction of female sexuality within sex education classes.

Female student: It's like ... it's not easy using contraceptives you know. I don't care what he says [the health educator] I mean first you've got to get hold of them [condoms] and then ... well sometimes you just don't get the chance to use them.

Female student: Yeh, like I was going out with this guy and he was all, no way, I'm not using one of those things, so it's like what can you do?

Social worker: You could say no.

Female student: Na ah! That is not an option.

Female student: Yeh, not if you want to keep your boyfriend.

Female student: My sister, she went out to this party and had sex with this guy, right, and it was her first time and she fell pregnant. Dad didn't freak out or anything, but it was like, she had condoms, Dad made sure she had them, but she couldn't do it.

The Discourse of Compromised Knowledge compromises the female students' production of gendered subjectivity, by placing them in an ambiguous and potentially dangerous position. The health educators' authorised version of knowledge not only contradicts and/or silences much of the female students' lived experiences; it oppresses and exploits them through its support of the male students' dichotomous view of gender; a view that privileges the male over the female. The female students are forced into a position where they either agree with the authorised version of knowledge that positions all females as passive and non-sexual, and excludes the influences of social, political and economic factors on their production of gendered subjectivity, or they resist the authorised version and position themselves as active sexual beings who negotiate the meaning of sex, sexuality and sexual decision-making through a variety of complex inter-discursive relationships.

In the following excerpt, the health educator defines female sexual activity as being deviant; this is resisted by the female students; however, they are unable to justify female sexual activity within the discourse so they must justify the use of the pill for medical reasons.

Health educator: Are girls who go on the pill easy?

Male student: Yeh, they want a bit [lots of laughter amongst male students].

Female student: No, but wouldn't it be because they're being responsible and they may even be on it for other reasons?

Health educator: Sure, but what do we mean by easy ...? We mean they're a quick and easy shag, you know, like Barney said, they want a bit and they don't care who it is ... That's what we mean by easy.

Female student: It doesn't mean just because she's on the pill she's sexually active. You go on the pill for lots of reasons you know? Like health reasons, or her periods.

The one female student who suggests that females are capable of being sexually active is silenced by the other female students in a context of palpable fear and panic, indicative of the context in which the female students' subjectivity is produced.

Female student: Well it depends, if you are a girl and you're not on the pill, you could be like into sex and want it so you...

Female student: No, no, it would be just because of her periods you know.

Female student: Yeh, cause it doesn't mean she's sexually active, it's not just about sex, it could be to control her periods and stuff.

To take up the authorised version of knowledge means the female students will be given a good assessment mark by the health educators as the following comment demonstrates.

1. So if you answer at least three of those five questions with the answers I've just given you, then you'll pass. Ok?

However, it will also mean that the female students are silenced and marginalised by discourses that implicitly devalue their role in sex, sexuality and sexual decision-making and place them in a socially inequitable position. To take up this version of knowledge will also be construed by many to mean that the female students are giving their consent and support to the authorised version of knowledge.

To resist the authorised version of knowledge by voicing their own opinion means the female students will probably be given a low assessment mark. It also means that the female students are positioned in opposition to the health educators, whose pedagogy has already demonstrated a capacity for privileging the role of the male over and above the role of the female, reproducing gendered stereotypes, supporting a hegemonic and patriarchal approach to sex, sexuality and sexual decision-making, while using ridicule, sarcasm and sexist comments as part of their pedagogical tools. Resisting the authorised version of knowledge also exposes the female students to the censure and sexual predation of the male students in terms of the dominant male discourses of masculinity and femininity.

5.3.2 Discourse of Heterosexual Subterfuge

The Discourse of Heterosexual Subterfuge names the discursive strategies used by the female students to constitute sexuality as being potentially different, while operating from within the safety of a normative heterosexual frame of reference. The female students use the contradictions evident between biological versions of knowledge, social values and personal ideals as a means of authorising this position. This discourse develops directly from the female students' classroom transcripts and features the discursive strategies of biology and personal response, compromise, resistance and counter-discourses.

In order to have a voice within the sex education classes, the female students have to comply with the health educators' uniform and cohesive version of knowledge, which requires a yes/no or true/false response to questions regarding sex, sexuality or sexual decision-making. This is clearly problematic for the female students; however, within the discourse of heterosexual subterfuge, they comply with the health educators' position while using their personal experiences to problematise its limitations. The following excerpts for the female students' classroom transcripts demonstrate how they often give the answer the health educators are expecting, but immediately follow this up with an alternative version of sex, sexuality or sexual decision-making which better reflects their own lived experiences.

Health educator: It's the woman's responsibility to use contraceptives, true or false?

Female student: False. But for some women it is better if

it's their responsibility you know, cause like the guy can't be trusted to have a condom or something.

Health educator: A woman can't fall pregnant when she's having her periods, true or false?

Female student: True. But like sometimes it's hard to know whether you're having your period or not, like it can be really light, just spots, and you can fall pregnant then.

Health educator: You can get pregnant the first time you have sex, true or false?

Female student: True. But it would also depend on whether you're having your period and stuff yet. I mean I know girls who didn't get their period until they were like 16 or 17 and they couldn't have got pregnant if they had sex before then.

This discourse demonstrates that the female students have clearly accumulated a vast body of knowledge regarding sexuality that is neither uniform nor cohesive. However it also demonstrates that they are aware of the ambiguities and possible dangers involved in being a sexually knowledgeable female within the dominant patriarchal, hegemonic and heterosexual environment, and do not say anything to overtly destabilise heteronormativity. The female students do not assume heterosexuality as normative within this discourse, or privilege it in terms of best sexual practice; but their discursive practices and strategies within class do signify their own heterosexuality. The following excerpts demonstrate how the discursive strategies convey meaning about sexual differences within the female students' classroom transcripts.

- I think it would be better if you lived in the city if you were gay or lesbian. Like you know how everyone in the country knows who you are and whatever.
- Yeh, and they can discriminate against you when you're different, but in the city you can kind of blend in.
- I agree, cause I think there are more people that are gay and lesbian in the city.
- My cousin's gay and he lives in the county. He has friends there.
- In this school it would be really hard if you were a guy and you were gay, like the boys here are really bad news.
- Yeh, but if you were a girl and gay, they'd be all over you, like the boys think lesbians are hot, you know. All that girl on girl stuff.
- The boys are really homophobic about this sort of stuff but

you can't get them to see that any sort of homophobia is wrong.

- Gay guys must really feel hated, I think that's sad.

The Discourse of Heterosexual Subterfuge acknowledges how heterosexual relationships operate within the female students' experiences to position them in socially unjust and potentially dangerous ways. Being able to experience the ideals of romance, marriage, motherhood and family are considered desirable and very positive aspects of sexuality within the female students' data; however, what they believe you have to submit to in order to achieve these things is considered neither positive nor necessarily advantageous for a female's sexual, mental or physical well-being. In particular, the instability of hegemonic masculinity as it is performed within the sex education classes, is used to justify their support of alternative versions of sexuality, heterosexuality and gender; at times it is also used to support their need to adopt an apparently acquiescent silence towards the male students. The following conversation held by female students is offered as an example.

I mean, I'm just not interested in having a boyfriend while I'm here. I like all that stuff, but guys can be such pigs you know.

Yeh, and like they're always hanging out after sex.

Or saying they are [laughter].

Yeh, and even if you say yes the first time, well that doesn't mean you're going to say it again.

I mean why can't they just be normal you know, not be trying to show off all the time, saying how tough they are. Why don't they just talk to you and stuff? Why do guys always have to be so macho?

Yeh, I'd like to meet that guy.

I just walk away from the guys here. I've had some really bad experiences at this school and it's just better not to say anything.

The Discourse of Heterosexual Subterfuge enables positive feelings and emotions to be expressed by the female students within the relative safety of motherhood statements. In this way pleasure, happiness and any other positive emotions can be understood as supporting heterosexuality in ways that conform to the male students' authorised version of femininity. The female students do

not express any positive feelings or emotions with regards to sex, sexuality and/or sexual decision-making and issues of sexual pleasure, desire, fantasy, lust, attraction, or orgasm are not evident in any of the female students' data.

5.3.3 Discourse of Guarded Femininity

The Discourse of Guarded Femininity authorises the female students' construction of femininity against the reductionism of dominant biological and dichotomous versions of gender within the health educators' and male students' discourses, while simultaneously controlling or restraining their speech and/or behaviour so as not to appear to be contesting or resisting the health educators' and male students' authorised versions of sexuality. This discourse enables the female students to respond to the health educators' closed questions by using the required yes/no answers, quickly followed by personal responses. These strategies enable a variety of complex constitutive processes to occur for the female students. Firstly, the yes/no responses enable the female students to comply with the health educators' method of teaching, position of power and authorised version of knowledge. This is a very important issue for the female students as it gives them a voice within the sex education class and it constitutes their performance of femininity in ways which are authorised by the health educators' and the male students' dominant discourses of knowledge and gender.

Secondly, the use of personal responses enable the female students to resist the reductionist biological version of knowledge and gender authorised by the health educators' and male students' discourses, while simultaneously constituting the female students as willing to negotiate meaning by offering alternative versions of their lived experiences. These enable the female students to demonstrate their understanding of the complex ways in which knowledge and power operate through discourse to constitute particular versions of reality; it also demonstrates their understanding of the ways in which power operates through knowledge and discourse to position people in different and at times inequitable ways. The following conversation demonstrates how these meanings are conveyed.

Health educator: So do you think condoms can stop STIs/BBVs and things like HIV/AIDS?

Female student: Yes, but it's like it's not enough, you know. I

mean its not always easy to use condoms.

Female student: Yeh, I mean I was going out with this guy and like there was no way he was gonna use a condom. So condoms aren't gonna stop you from getting STIs if you can't use em.

Participation in the school's sex education program is an important aspect of the production and performance of gendered subjectivity for all students. However, the female students' participation in the sex education program is severely restricted by the dominant biological and dichotomous versions of gender authorised by the health educators and male students. This discourse acknowledges the tensions experienced by the female students during the production and performance of femininity when the sex education lessons are held in this limited, and at times hostile, environment. In this context the females' role in sex, sexuality and sexual decision-making is constituted by the health educators and male students as non-sexual and the sum of her reproductive parts. She is constituted as passive in the role of conception, but accountable for its consequences due to her biological ability to menstruate, conceive, give birth and lactate. The females' psyche is biologically determined by her sex, and is therefore incorporated to position her as psychologically suited to child rearing.

To have a voice within the sexual health lessons, the female students incorporate this view of knowledge within their own discursive practices; however, they are marginalised by its limited version of sexuality and disadvantaged by its objectification of them as reproductive bodies. In this discourse they are able to use their personal experiences to demonstrate how the role of the female in sex, sexuality and sexual decision-making is constituted through a highly complex form of negotiation between personal and social values that resist the simplistic concepts of a yes/no, true/false, good/bad way of knowing. Their concerns are identified in the way they use these experiences to justify and defend alternative versions of femininity, and to problematise the failure of biological discourses to account for social, political and economic influences on how the role of the female in sex, sexuality and sexual decision-making is performed. The following demonstrates how a female student's personal experience is used to resist the reductionist versions of femininity and female accountability.

- Yeh, but Mr. B ... when my sister did it she had the pill and everything but she still got pregnant. Like it just didn't matter, even though she wasn't slutty or anything. She never went out and she never went to parties, but she like went out to this new year's party and it was the first time, and the first time she'd had sex and she still got pregnant. But she knew all about this stuff [contraception] so it kind of didn't matter, like it wasn't cause she didn't think about it or anything, it just happened.

This discourse allows the female students the opportunity to talk in detail about their personal experiences, demonstrating they have accumulated a vast amount of knowledge regarding sex, sexuality and sexual decision-making. This knowledge is offered and discussed freely by the female students and is constituted by them as typical of many adolescent females' developmental processes. It is discussed by the female students as a matter of fact, and is offered in the small, same sex groups as proof of their capacity to be active participants within the normalised heterosexual society. For example,

I think boys and girls both want to have sex, but it really depends on the person.

Yeh, but I mean you can get really horny girls.

Yeh, I agree, it really just depends on the girl or the boy, you can't put people in a box like that.

Yeh, there's a perception that boys are hornier than girls, it's cause like with guys every second word has to contain something that has to do with sex.

That's cause they all want to be like that. They probably think it makes them mature, it's the image. But we think it's immature.

If there's a guy out there who could be accepting of other people's different sexuality and still be into heterosexual sex himself, then, I want to know that guy.

However, the implications of having this knowledge are not constituted by the female students as positive; having this knowledge is constituted by the female students as negative.

- Girls care about what people think about them, like their parents and friends, but guys think that's stupid and weak. But what do they know, I mean boys don't have to worry about getting pregnant and all that crap.

- If you were in a relationship and you had a lot of sex it wouldn't matter, it would be fantastic. But because people think that girls are sluts if they do that when they don't have a boyfriend, then you just can't, that's the way it is.
- Yeh, but the guys can. They get labelled as the coolest and the girls get labelled as prostitutes and stuff.
- Yeh, like the guys walk around bragging about it and saying, you know, that guy is so cool because he's had a lot of action, but no way, not the girls, they just get total put downs. So we keep our mouths shut. Like Betty said, that's just the way it is.

In the Discourse of Guarded Femininity there is no place for positive feelings or emotions in reference to having knowledge of sex, sexuality or sexual decision-making, even when it is constructed as a normal phase of development within an authorised heterosexual context. There are no references to the positive physical and psychological implications of sexual activity, no references to the positive physical and psychological implications of sexual relationships, no references to the positive physical and psychological implications of marriage, de facto or long-term relationships.

5.3.4 Discourse of Deficient Masculinity

The Discourse of Deficient Masculinity names the discursive strategies and techniques evident throughout the female students' data in constituting the role of the male in sex, sexuality and sexual decision-making. This discourse develops directly from the female students' classroom transcripts and features the discursive strategies of biology, personal response, resistance and compliance.

The Discourse of Deficient Masculinity names the female students' sense of inadequacy with the biological explanation of masculinity. In particular, they are dissatisfied with the way in which the health educators' and male students' dominant discourses of knowledge and gender fail to address the role of the male in terms of his responsibility in safeguarding the act of sex from either disease or conception. The Discourse of Deficient Masculinity positions the male as passive in this area, and the females are critical and defensive of this passivity. In this discourse the female students are continually emphasising the necessity for the male to take either equal or more than equal responsibility for

his role in sex, sexuality and sexual decision-making in terms of contraception, safety from STIs/BBVs and for his sexual behaviour.

- Well, I don't see why it's always the woman who has to worry about this sort of stuff [consequences of unsafe sex]. I mean it's just not fair; we're the ones who get pregnant and then have to deal with all that crap. The guys just piss off!
- The guys in this school are bad news; they constantly hassle you, and like they reckon it's the girl's responsibility to use protection, but if you get caught with a condom or something then they reckon you're a slut and you're hassled even more.
- Yeh, and like if you start saying something different to them, they'll just, like, shout over the top of you and shout you down.

The female students constitute the role of the male throughout the discourse of deficient masculinity as lacking, flawed, and inadequate. The female students are highly critical of the hegemonic and homophobic behaviour of the male students, and of the male students' inability to deal with issues of sexual difference other than through violence and anger. While the female students demonstrate their own ability to conceive of heterosexuality and sexuality as fluid and open to difference, they are extremely doubtful of a time or place when the male students will be able to do the same. In this instance the discourse of deficient masculinity acknowledges the female students' belief in the inherent shortcomings of male gendered subjectivity and their powerlessness to change. For example,

Conversation 1-

You would never come out in this school.

No way, if you were a guy there's no way you'd say anything.

Definitely not; the boys here would go crazy.

I mean if two guys were together here, the guys would just go aahhh! And attack them.

Yeh, they're such idiots sometimes. But they wouldn't mind if it were lesbians, cause they get off on them, like pornos.

Conversation 2 -

You can't change the way the guys are.

They might be homophobic about this stuff, but you can't

get them to see that any sort of homophobia is wrong.

It's that whole Adam and Eve thing.

It's just a guy problem. It's their testosterone levels.

Oh yeh, that's definitely tied up with them being so anti-gay
... and they're scared.

Yeh, they're scared of anything different.

While the female students are clearly marginalised throughout the sex education lessons in terms of their participation rate, their dissatisfaction regarding the role of the male in sex, sexuality and sexual decision-making is clearly evident throughout their data. When referring to the role of the male in sexual reproduction the female students use the biological discursive strategies that are expected of them by the health educators' authorised version of masculinity. This version positions the male as impersonal and active in the role of sexual reproduction. The male is sexually active and knowing, he initiates the act of sex, he penetrates the female body and he ejaculates his sperm in order for conception to occur. This version of sexuality is about the meeting of disembodied bodily parts: the penis, the vagina, the fallopian tube, the ova and the sperm. For example,

Health educator: How does conception occur?

Female student: It's when the male penetrates the female's vagina with his penis, he ejaculates his sperm and conception occurs.

Female student: When the male ejaculates sperm into female's vagina during intercourse?

Female student: If there's an ovum in the fallopian tube the sperm cluster around it and then the sperm penetrates it and conception happens.

Female student: The male ejaculates sperm into the female's vagina and then the sperm meets the egg?

The role of the male in this version of masculinity is to make things happen in terms of conception; even the sperm are considered male. References to love, courtship or romance are excluded from this; these are not constituted as part of the male's gendered subjectivity, neither are they constituted as part of sexual reproduction. The following comments by the females demonstrate how the discourse conveys meaning about feelings and emotions in terms of male

gendered subjectivity. For example,

Guys always act like they don't really care about feelings.

Yeh, like when you're on your own they're ok, but in public like, they don't respect you, especially in front of their mates.

They say things like you're not going out together, but you are.

Yeh, and they say things like that in front of other people too.

Sometimes you say something but then you end up getting into an argument with em, so it's just not worth it.

Why don't we ever talk about love and stuff ... I thought that was what it was all about.

5.4 Conclusion

This chapter has demonstrated how Foucault's concern with power, knowledge and discourse has been applied through a model of discourse analysis (Carabine 2001) to build upon the constructivist grounded theory (Charmaz 2000, 2006) in Chapter Four. This model of discourse analysis is used to critically question and analyse the health educators', male students' and female students' dominant discourses, making transparent the ways they construct and represent a particular version of truth about sex, sexuality and sexual decision-making during the six-week sex education program. However, as Carabine (2001) notes, 'these representations or ways of speaking not only convey meanings about sexuality, they also have material effects' (p.269).

The following chapter demonstrates how a critical discourse analysis (Carabine 2001), informed by the work of Foucault (1972, 1976, 1980, 2000a, 2000b), is used to make transparent the effects of these dominant discourses upon the sex education programs' potential for challenging issues of sexual violence, homophobia, discrimination and sexual health. The following chapter also makes transparent the material effects of the students' dominant discourses upon their knowledge of sex, sexuality and sexual decision-making and their production of gendered subjectivity during sex education classes, noting any interrelationships between discourses, any resistances and/or counter-discourses, and any absences or silences.

CHAPTER 6

Data analysis: Mapping the consequences

6.0 Introduction

Discourses have force; they are productive. They ‘define and establish what is truth at particular moments’ and in so doing, they produce the objects of which they speak (Carabine 2001, p.268). As a result, discourses have outcomes; they convey meanings about topics, which have material effects upon our lived experiences.

The previous chapter elaborated upon the health educators’ and students’ dominant discourses, making explicit the ways in which knowledge and power operated through the discourses to authorise particular versions of knowledge regarding gender and sexuality as truth (Foucault 1976).

This chapter examines the effects of the dominant discourses on the production of knowledge regarding sex, sexuality and sexuality decision-making during the sex education program, and on the production of gendered subjectivities during the sex education classes. This chapter relates to step eight of the ‘Constructivist grounded theory and critical discourse analysis framework’.

6.1 The effects of the health educators’ discourses

The previous chapter examined the ways in which power and knowledge operated through the health educators’ five dominant discourses to constitute versions of knowledge, gender and sexuality as truth (Foucault 1976). This chapter examines the effects of the health educators’ versions of knowledge regarding sex, sexuality and sexual decision-making during the sex education program, noting any tensions, absences and silences.

6.1.1 The Discourse of Bodily Remains

The Discourse of Bodily Remains authorises a view of the social and cultural differences of gender that is 'based on the biological division between male and female' (Connell 2002, p.8). This reductionist view of biology is a form of essentialism; it defines men and women in terms of their biological capacities, and positions social and cultural factors as effects of biology. In particular, it defines females by the functions of reproduction and nurturance in ways that limit their social and psychological capacities according to biologically established limits. Insofar as biology is assumed to constitute an unalterable identity, the effect of the attribution of biological characteristics amount to a permanent form of social containment for the female students (Grosz 1990). This discourse enables the health educators to produce a version of sexual reproduction that excludes issues of sexual ethics and emotions.

Theories of knowledge and gender that offer a view of human life which do not simply divide into two realms, or human character that do not divide into two types are absent from this discourse (Connell 2002). It also omits references to alternative systems of knowledge that do not support a dichotomous, biological or psychological view of sex, sexuality and sexual decision-making, such as some of the social sciences (Connell 2002), socio-linguistics (Kress 1988a, 1988b) post-structuralism (Butler 1990, 2004; Lather 1991) and feminist theories (Ang 1995; Bordo 1993; Gatens 1996; Grosz 1994; Mohanty 1991; Weedon 1997).

A patriarchal and heterosexual version of sex, sexuality and sexual decision-making is normalised and privileged in this discourse through the artificial dichotomisation of gender (Epstein & Johnson 1994, 1998). Gender is polarised in this discourse, effectively silencing any references to similarities or shared physical and social sexual experiences between men and women, such as romance, love, passion, eroticism and orgasm. This discourse supports the role of the male as sexually active and the female as sexually passive and constitutes a truth about the role of the female in sex, sexuality and sexual decision-making that is underpinned by patriarchal assumptions of women as sexually passive and of lesser consequence (Spender 1980; Szirom 1988). This dichotomisation also supports a heteronormative view of sexuality by silencing discussions of homosexuality, lesbianism, bi-sexuality, transgenderism or other versions of

sexuality. Discussions of men and women who experience equally negotiable and mutually satisfying sexual relationships, premised on a shared understanding of sexual ethics and consent, are absent.

The Discourse of Bodily Remains privileges the role of the male in sexual reproduction and positions the female as other; this effectively devalues and trivialises the role of the female in conception, and reproduces sexist stereotypes that emphasise the socially constructed and dichotomous view of females as passive and males as active (Grosz 1994). The view of conception that is constructed and authorised by the discourse supports and reproduces a patriarchal, dichotomous and sexist view of gender (Fine 1988; Grosz 1994; Szirom 1988). This discourse positions the role of pleasure and orgasm during sexual intercourse as important factors in conception, therefore the discourse emphasises the necessity for masculine pleasure and orgasm, particularly male arousal in order to penetrate, and male orgasm in order to ejaculate; the greater the pleasure for the male, the better the orgasm and the more potent the ejaculation.

- Yes, well, boys have wet dreams don't they? That's a very important part of the biological process; it's the body getting ready for the process of conception.
- So, when the male orgasms they ejaculate millions of sperm, it's amazing, and basically one of them is going to penetrate into that ovum and when it does you've got this whole bingo, shebang, conception thing ... it's amazing.

The role of female pleasure and orgasm in conception is absent from this discourse. The role of female sexual pleasure in enabling penetration, and the role of the female orgasm in enabling the cervix to draw the sperm deeper into the womb thereby significantly aiding the process of conception, are absent. Also absent is the issue of sexual ethics regarding mutual pleasure during sexual intercourse (Australian Research Centre in Sex, Health and Society 1999; Connell 2005; Fine 1988).

The Discourse of Bodily Remains excludes the effects of society, culture, politics, economics, religion, geographical location, education, race, gender and age on an individual's lived experiences of sex, sexuality and sexual decision-

making. As such, the effects of these issues on an individual's ability to make decisions, to have choices and access resources are all silenced, as are discussions of power, ethics, social justice and human rights. These issues are constituted as static aspects of society that individuals act upon; they are not understood as being able to shape knowledge and gendered subjectivities through their discursive practices (Weedon 1997). Therefore, differences that arise in terms of students' sexual behaviours are attributed to either individual biological and/or psychological deficit or personal choice; individuals are constituted as either being born that way, or they choose to be that way (Davies 1989, 1993; Grosz 1990).

6.1.2 The Discourse of Bodily Values

The Discourse of Bodily Values places more value on the inner psychological self than on the physical self, and suggests that the individual can transcend the constraints of physical embodiment if they have the inner psychological resilience to do so (Grosz 1990; Tapper 1986). This discourse states that the inner psychological self can transcend its biological limitations if sufficient support is given, an argument used to authorise the implicit biological and psychological versions of knowledge underpinning liberal humanism (Grosz 1990). As rational and moral agents, this discourse claims that humans can 'ignore the distinctions of class, race, sex, religion, culture, as these are irrelevant to considerations of equality, justice and freedom' (Tapper 1986, p.38).

This has consequences for the ways in which social structures and practices are implicated in producing and regulating what is normative and what is different within the sex education program (Tapper 1986). When individuals do not, or can not, act in a way that is considered normative, their actions or behaviours are constituted as the result of personal deficit; the individual is in some way responsible or lacking, not the social structures or practices. Therefore whether a person is male or female, gay or heterosexual, Asian or American, paraplegic or able bodied, is constituted as not affecting the way in which they act, or are acted upon. When teenage girls become pregnant despite the availability of contraception and sexual health programs, they are constituted as personally deficit for not practicing safe sex. When teenage boys behave homophobically despite anti-bullying and tolerance programs, they are constituted as personally

deficit because they lacked control.

The following excerpts demonstrate how individuals are held accountable for their behaviour in ways which exclude the constitutive, normalising and regulatory effects of dominant economic, social and political discourses on particular versions of masculinity and femininity.

- It strikes me that it's a little bit too many, and yet you've got all these education programs, like this one, and for some reason people aren't using their brain.
- I'm not going to stand here in front of you and say don't have sex, it's your life, it's your body. You do what you want but make sure you're happy with the consequences.

The Discourse of Bodily Values is underpinned by assumptions of equality and freedom of choice that fail to address the ways in which students can be severely disadvantaged or positioned differently in terms of power, knowledge and access to sexual health services. Recent research has found that for many people, family life is not a positive, supportive or healthy environment (Corteen 2006, p.94), and many of the students in this sex education program have family backgrounds where domestic violence, alcohol and drug abuse are part of their lived experiences.

The emphasis placed on freedom of choice, access and equity in this discourse, silences those students who have limited power at home, and who may have limited choices, limited access, and no equity when it comes to decisions of sex, sexuality and sexual decision-making (Connell et al. 1982). In particular, the repeated phrase 'you know if you fall pregnant, you do have a choice' within all of the health educators' classroom transcripts fails to acknowledge that for many of the girls in this sex education class, there is no choice. The limited access to abortion clinics, the money involved in obtaining an abortion, and the social stigma attached to abortion within the small state of Tasmania, are major obstacles for teenage girls in terms of choosing to terminate an unwanted pregnancy. In ascertaining the female students' level of knowledge regarding sexual health services, the social worker asked the all girl classes what they thought they would do if they became pregnant. The following are excerpts from the social worker's classroom transcripts:

I'd just run. My dad would beat the shit out of me if I ever got pregnant.

Yeh, me too. I'd just bolt.

I don't know. I'd probably have to leave.

My dad would throw me out. I'd go and stay with Betty [girlfriend] she's got a kid already.

The absence of ways in which dominant versions of masculinity and femininity, family structures and economy impact on students' production of gendered subjectivity within this discourse, serve to reproduce inequity and social injustices among adolescents who are already severely disadvantaged. This discourse demonstrates excludes reference to the ways in which power operates through social practices to position adolescents and adults, young women and young men differently (Corteen 2006).

6.1.3 The Discourse of Physical Transmission

This discourse has the effect of authorising the health educators' authoritarian and transmissive view of teaching and learning. The discourse authorises the health educators' role as instructor and values the products of learning about sex education rather than the processes (Buston & Wight 2004; Rogow & Haberland 2005). By constituting the health educators as authorities of knowledge regarding sex, sexuality and sexual decision-making, the discourse legitimates their position of power within the sex education program (Carr & Kemmis 1986). The students' existing knowledge and/or experiences of sex, sexuality and sexual decision-making are not valued or acknowledged in this discourse, which positions them as powerless and without authority.

The discursive strategies used, conform to dominant public health programs regarding the role of sex education in schools in reducing negative aspects of sexual activity, such as teenage pregnancies and STIs/BBVs, HIV/AIDS (Ingham 2005; McLean 1992). The effect of defining success and failure in these terms, the impact this has on the design and implementation of sex education programs and what they leave out, has been the subject of much academic debate (Ingham 2005, p.379).

The Discourse of Physical Transmissions does not interrogate the socially

constituted biases and assumptions regarding gender that underpin the health educators' personal anecdotes. By failing to interrogate these biases and assumptions, they effectively remain intact, authorising and reproducing gendered stereotypes and inequities in the classroom. Neither does the discourse question how the health educators' own specific social, cultural, economic, political and religious contexts influence the ways in which they make meaning out of their particular personal anecdotes, and how this might differ from the meanings produced by the students.

The processes of assessment are absent from this discourse, despite the emphasis on objectives and outcomes, and the close attention paid to content and delivery. Throughout the six-week period in which the three HPE teachers, the adolescent sexual health educator and the social worker deliver the sex education programs there is no point at which assessment of the students' knowledge of sex, sexuality and sexual decision-making is carried out. In the research literature from the United Kingdom (Alldred et al. 2003; Corteen 2006), Hong Kong (Fok 2005), Nigeria (Oshi & Nakalema 2005), Northern Ireland (Rolston et al. 2005), Canada (Morris 2005) and Australia (Kippax & Stephenson 2005), the low status of sex education within the formal curriculum has been explained primarily as a result of sex education not being a formally assessed subject.

The absence of assessment not only impacts on the status of sex education within the schools formal curriculum, it significantly impacts on the teachers' attitudes towards training and on-going professional development in the subject area, and on the distribution of school funding, material resources, timetabling and the allocation of personnel (Alldred et al. 2003; Epstein et al. 2003; Fok 2005; Morris 2005). The other notable absence from this discourse is that of student participation.

The production of students' gendered subjectivities is a highly complex process that is neither formulaic nor uniform in its construction. However, the Discourse of Physical Transmission disempowers students and alienates them from the learning process by underestimating their prior knowledge on sexuality and failing to acknowledge their lived sexual experiences. Adolescents are 'sexually knowing subjects', and if schools position them as 'unknowing and

child-like rather than as young adults', it is likely to disengage them from the process and content of any sex education program (Allen 2005, p.397).

6.1.4 The Discourse of Liberal Constraints

The Discourse of Liberal Constraints silences the ways that the students' gendered subjectivities are socially and culturally produced through language. The topics of discussion in sex education programs are selected by the social worker on the basis of their assumed appeal to the students, their capacity to open spaces for the discussion of ideas and feelings about sex, sexuality and sexual decision-making, to relate to the students' life experiences, and to provide opportunities to listen to the experiences, beliefs and values of others. While the spaces for discussion are theoretically so open that students are able to say what they want without need of reflection and/or justification, these discursive strategies 'entrench gendered subject positions which then close down the spaces which are potentially opened' (Hiller 1998, p.40). Initially the discussions of sex, sexuality and sexual decision-making are seen to be open 'but once the students begin to respond, they do so in ways that have been privileged by the discourse' (Hiller 1998, p.40).

The Discourse of Liberal Constraints authorises the social worker's view of the individual, which constitutes everyone as having the right to their own opinion; that there are no right or wrong answers, and that all students will be treated as equals with equal rights and responsibilities (Carr & Kemmis 1986). Due to this position, and the emphasis placed upon non-interventionist teaching practices, the discourse does not authorise an interrogation of sexist or homophobic statements made by the male students regarding sex, sexuality and sexual decision-making. This discourse does not acknowledge the constitutive effects of social, cultural, economic, political or religious contexts upon sex, sexuality and sexual decision-making. Neither does it account for the ways in which these contexts support the use of homophobic, sexist, and racist practices to authorise versions of knowledge which marginalise and silence issues of difference, and constitute heterosexuality, hegemonic masculinity and emphasised femininity as normal (Connell 1987, 1995, 2002).

Consequently, because the Discourse of Liberal Constraints does not constitute language as culturally produced, the students' responses are not interrogated as

cultural products. This discourse constitutes language as transparent and static, a vehicle for conveying the students' personal meanings and beliefs. Neither language nor meaning is open to interrogation. This discourse does not interrogate language as a crucial part of a network of social practices that are implicated in the construction of masculinity and femininity, and therefore sex, sexuality and sexual decision-making (Davies 1993; Gilbert & Taylor 1991; Hiller 1998). Similarly, this discourse does not allow for an investigation of the ways in which language is implicated in everyday gendered practices, which themselves are shaped by and help to shape the patriarchal order (Connell 2002).

The Discourse of Liberal Constraints is contradictory, in that individual 'differences were articulated and explored through highly gendered practices which produce a limited range of subject positions' (Hiller 1998, 41). This practice silences the lived experience of the students in the classroom. It is only the individual experience of heterosexuality that is tolerated by the Discourse of Liberal Constraints. Individual experiences are considered in terms of heterosexuality and racial hegemony and not in terms of homosexuality, ethnicity or class etc; this discourse is not about difference, it is about conformity (Epstein et al. 2003; Epstein & Johnson 1994; Hiller 1998). Rather than opening spaces of individual difference, it closes them down; ignoring the ways in which language 'naturalises gender differences so that they seem inevitable and desirable' (Hiller 1998, p.41).

6.1.5 The Discourse of Primal Heterosexuality and Essential Gender

This discourse constitutes males and females as having authentic sexual characters that are dichotomous and pre-existed any social, cultural, religious, political or historical context (Connell 2002; Weedon 1997). These masculine and feminine characteristics are constituted as universal to all men and women, and remain unchanged across time and place (Grosz 1990). This discourse is fluid across all of the health educators' discourses and demonstrates how the positioning of gender, the cultural differences of girls and boys, is based on a reductionist version of biology that divides and defines males and females on the basis of their reproductive organs (Connell 2002).

This discourse authorises difference within a heteronormative framework, as long as difference supports an investment in heterosexuality (Connell 1995; Epstein & Johnson 1994, 1998). The Discourse of Primal Heterosexuality and Essential Gender privileges a particular version of heterosexuality, one that supports a dichotomous view of gender that privileges the hegemonic male (Mills 2001). The discursive strategies of biology, patriarchy and colloquialism combine to convey meaning about the value of hegemonic versions of heterosexual masculinity (Connell 2002; Mills 2001) and demonstrate how the socially constructed features of hegemonic masculinity and emphasised femininity are transposed onto the biological features of conception in ways which naturalise patriarchal versions of gender (Butler 1991, 2004; Connell 1987, 1995, 2002).

Females are constituted through this discourse as a reward for the hegemonic, heterosexual male (Connell 2002). By making the role of the female a joke, the discourse maintains male hegemony and privilege (Connell 1995; Davies 1993; Spender 1980). By taking up this discourse, the health educators convey the meaning that all sperm are male and all eggs are female; they also authorise the view that hegemonically heterosexual sperm get to have sex with emphasised feminine eggs that are just waiting to be found. This is biologically incorrect; hegemony and heterosexuality are not facts of biology they are social practices, eggs and sperm can neither be hegemonic nor sexual, masculine or feminine, neither are all sperm male or all eggs female.

This discourse authorises the view that females require skills in building and maintaining relationships. The discourse constitutes the female students as responsible for supporting male performances of hegemonic, heterosexual masculinity by being sexually available. This discourse also conveys the meaning that females who make themselves sexually available for males are valued, and are acting in ways that are supportive of the heterosexual relationship.

In this discourse females are responsible for displaying behaviours that position them as sexually available for males. However, in the following excerpts it is evident that there is a tension in the meanings being conveyed here. In the first excerpt sexually available females are positioned as valued and supportive of

heterosexual relationships; in the second excerpt sexually available females are positioned as sexually deviant and labelled as 'easy'.

- The girls get to be popular and cool with the boys; you know ... she's a nice girl because she gives good head.
- She's not the sort of person that will take three or four hours to sort of, you know ... you don't have to get lots of alcohol into them and then drag em away and all that sort of stuff ... they're easy!

Being 'easy' is a colloquialism used within patriarchal societies to refer to a performance of female sexuality that is censured socially, culturally and legally. This performance is understood as potentially threatening to male hegemony, and has its roots in archaic versions of ownership over female bodies (Millet 1972; Spender 1980). Within the above excerpt there is also a tension in terms of the warning that it conveys to those females who are not sexually available for males; they get dragged away 'and all that stuff'. The difference and ambiguity in meaning regarding females who are sexually available is an important effect of the constructions of masculinity and femininity in the Discourse of Primal Heterosexuality and Essential Gender, and has consequences for the production of male and female students' gendered subjectivities within sex education classes that are limited and constraining.

This discourse positions females as responsible for whatever happens to them when they are sexually available, it also constitutes a version of femininity that is physically and psychologically out of control. Sexual availability in females is constructed as deviant, avaricious (in the use of the phrase 'anyone she can get her hands on'), and is not valued within the discourse. This is followed with the question, 'What do you reckon happens to her?' which implies there will be consequences as a result of her actions. In this discourse females are responsible for being knowledgeable about contraception, they are responsible for using contraception or ensuring that contraceptives are used, and they are responsible for the consequences of not using contraception both in terms of pregnancy and STIs/BBVs, HIV/AIDS.

- She'll pretty much have sex with anyone she can get her hands on. What do you reckon happens to her?
- She didn't bother with any of that sort of stuff did she? Now it doesn't just mean an unwanted pregnancy, she could have

just as likely caught HIV.

The Discourse of Primal Heterosexuality and Essential Gender not only normalises heterosexuality and performances of femininity, it also regulates performances of masculinity that are overtly heterosexual, hegemonic, hypersexed, aggressive, competitive and that always win (Butler 1991, 2004; Connell 1995, 2002). As a result only the most heterosexual versions of sex, sexuality and sexual decision-making are openly discussed (Epstein & Johnson 1994, 1998; Mills 2001), which authorises the polarised versions of hegemonic masculinity and emphasised femininity.

Non-heterosexual gendered subjectivities are constituted through the Discourse of Primal Heterosexuality and Essential Gender as deviant and the subject of sexual risks, such as references to HIV/AIDS, STIs/BBVs. These strategies operate to support heterosexuality as a biological and psychological norm and reproduce silences and absences for those who identify as other than heterosexual. The silences surrounding the voices and experiences of those students who do not identify as heterosexual are an issue of great concern given the high rates of suicide among same sex attracted youth, and their experiences of sexual violence, harassment and discrimination within the education system (Department of Health and Human Services 2001; Hillier et al. 1998).

6.2 The effects of the male students' discourses

The following section examines the effects of the male students' dominant discourses upon the ways in which they understand, experience and respond to issues of sex, sexuality and sexual decision-making, and their production and performance of gendered subjectivity during sex education classes. Tensions, absences and silences are also discussed when evident.

6.2.1 The Discourse of Due Knowledge

The Discourse of Due Knowledge limits the male students' understanding of sex, sexuality and sexual decision-making to a surface level biological view that explains and justifies human behaviour in terms of innate physical and psychological characteristics. It supports and coheres with the health educators'

dominant discourses. This discourse is informed by biologism, essentialism and universalism and does not include reference to feelings and/or emotions, or relationships in sex, sexuality, sexual decision-making. It authorises a view that emotions, feelings and relationships are not as important as the physical aspects of sexual intercourse and body type, and that psychological aspects are only relevant in terms of what is considered innate male behaviour, i.e. high sex drive, strong and competitive nature. The result is a failure in the male students to demonstrate any need for, or understanding of, the complex social and personal skills required to establish and maintain a healthy sexual relationship, or of the effect that these skills have on their own personal sexual health.

This discourse legitimises the male students' view that sex, sexuality and sexual decision-making do not require justification; it does not include the need for an ethics of sexual behaviour. Consequently, the male students do not consider that how individuals constitute their own and others sexuality might involve deliberation on personal and intimate knowledges which are subject to a variety of complex inter-social, cultural, religious and gendered norms. This produces comments from the male students such as 'we behave like this because we're teenage males', they use their biological sex as justification for their behaviour because their behaviour is constituted as innate, and there is nothing else they can do. The male students do not question or reflect upon their misogynist, homophobic or racist comments, or the effect of their comments upon the female and male students; neither do they question or reflect upon the ways in which their comments objectify, marginalise or exclude all females and some males. They do not consider the ways in which gender, race, economics or politics influence individual experiences of sex, sexuality and sexual decision-making, or question the ways in which these influences advantage some and disadvantage others.

The Discourse of Due Knowledge excludes the effects of social, cultural, economic and political factors upon an individual's physical and psychological characteristics and upon their sexual behaviour, and it excludes the male students from any consideration of these factors when discussing issues of sex, sexuality and sexual decision-making in terms of their own behaviour and the behaviour of others. The male students do not consider that to constitute knowledge of sex, sexuality and sexual decision-making as uniform, coherent

and able to be learnt through transmission, might imply that these highly complex and prescriptive norms do not exist, or that they exist outside of what it means to be male or female. This normalises sexual behaviour as uniform, universal and coherent.

The effects of this uniform version of sexuality are to marginalise difference and locate difference within a paradigm of otherness and deviance. This is evident throughout the male students' classroom transcripts, as they marginalise any version of sexuality other than hegemonic, heterosexual masculinity, which includes the marginalisation of non-heterosexual individuals and all females. This discourse authorises the male students' homophobic and misogynist behaviour and also supports their highly inflammatory and racist comments.

The Discourse of Due Knowledge has an effect at the practical level of teaching and learning as it authorises the male students to think at a very surface level regarding sex, sexuality and sexual decision-making. As a result the male students do not have to make connections between knowledge and practice, they do not have to consider the many different versions of sex, sexuality and sexual decision-making that impact on their everyday lived experiences, they do not have to think about different knowledges, and they do not have to think about evaluating and/or justifying their responses about uniformity in lieu of these differences. The male students do not think about the information that is being given to them by the health educators, they merely repeat it.

6.2.2 The Discourse of Compulsory Heterosexuality

The Discourse of Compulsory Heterosexuality closes down the potential for the male students to address, include or envisage sex and gender outside of a hierarchic version of heterosexuality that values males and devalues females. This discourse silences and excludes alternative versions of sexuality and gender, and directly influences the discursive production of students' gendered subjectivities throughout all sex education classes for both males and females. It supports and coheres with the health educators' discourses, and is inter-related with the male students' Discourse of Due Knowledge.

The Discourse of Compulsory Heterosexuality limits the male students' knowledge of gender to a dichotomous version of masculinity and femininity

which ranks the polarised terms so that one becomes the privileged term and the other its suppressed, subordinated, or negative counterpart. In this discourse the males are valued and the females are devalued. Any similarities between male and female behaviours or physical attributes are silenced by this discourse and/or made an example of in terms of deviant sexuality. This ensures that masculinity is spoken of and performed by the male students overtly, in ways that remove them as much as possible from performances of femininity. For instance, feelings and emotions regarding sex, sexuality and sexual decision-making are constituted as feminine characteristics by this discourse, therefore any male students who display feelings and/or emotions in sex, sexuality and sexual decision-making are understood as displaying feminine or unmasculine characteristics; this is constituted as deviant and authorises the use of punitive measures. This ensures that feelings and/or emotions are not spoken of, included in, or performed as part of normal male behaviour within sex education classes.

As this discourse also establishes an obligatory and binding form of masculinity it is regulatory and therefore needs policing to ensure that it is enforced. This discourse authorises the use of oppressive and threatening language to enforce performances of heterosexuality, which of themselves create an oppressive and threatening environment within which male and female students perform gender and produce their gendered subjectivities. The Discourse of Compulsory Heterosexuality has the effect of excluding the production of gendered subjectivities that include sexual desire or relations with others of the same biological sex; it also excludes the production of gendered subjectivities that view gender as non-hierarchical.

6.2.3 The Discourse of Hegemonic Masculinity

The Discourse of Hegemonic Masculinity normalises a version of masculinity that is controlling, dominating, authoritarian and oppressive. By normalising this version of masculinity the Discourse of Hegemonic Masculinity constitutes any version of masculinity that is not hegemonic as deviant and therefore open to censure. This discourse affects the gendered performances of all male and female students within the sex education program. For the males, this discourse ensures that they: behave in ways that value the physical and devalue the emotional; position themselves as risk takers in sex; are overtly sexual towards

females; are violent and aggressive toward anyone that is constituted as sexually different or deviant; and are violent and aggressive toward anyone or thing that might threaten to disrupt the hegemony of heterosexual masculinity. The male students do not interrogate their sexist, misogynist or racist responses or the consequences of their responses upon the female students; neither do they interrogate the ways in which their sexist and misogynist responses objectify, marginalise or exclude all females and some males. For females and males who are non-hegemonic, this discourse silences and minimises their contribution within the sex education program.

The Discourse of Hegemonic Masculinity reproduces homophobic, sexist and misogynist attitudes; it also extends into a reproduction of racist attitudes and intolerance of difference. This discourse also limits the male students' potential for extending their understanding of masculinity to include non-hegemonic masculine behaviours. Hegemonic masculinity is an extreme version of masculinity that is not reflected in every aspect of male behaviour in society, and yet this discourse excludes males from considering the many different ways in which masculinity is performed and the many different versions of masculinity that impact of their everyday lived experiences.

The male students' contributions within all sex education classrooms are effected by the Discourse of Hegemonic Masculinity. The male students are authorised to resist the way in which power operates through teaching practices to position them as passive recipients of knowledge. This discourse authorises the male students' disruptive behaviour in class, in particular their attempts to take control over the lessons and generally disrupt the teachers' authority at all times; to fail to do so positions the male students as passive, which is constituted by the Discourse of Hegemonic Masculinity as deviant masculine behaviour.

The Discourse of Hegemonic Masculinity authorises the male students to think at a surface and fact-based cognitive level which has the effect of absolving them from considering the complex and often contradictory ways in which cultural, social and personal values influence sexual behaviour. To develop personal opinions that are reflective, empathic and ethically informed, the male students needed to consider the ways in which feelings and emotions influenced

issues of sex, sexuality and sexual decision-making. For most of the male students, their investment in the Discourse of Hegemonic Masculinity excludes any such consideration and therefore they are unable or unwilling to do so as this might put them at risk of being positioned as either feminine or unmasculine. For those few male students who are willing to offer personal opinions about sex, sexuality and sexual decision-making, their discursive strategies and techniques demonstrate limited skills with which to reflect, evaluate and communicate personal opinions about sex, sexuality and sexual decision-making. This discourse supports and coheres with the health educators' dominant discourses, and is interrelated with the male students' Discourse of Compulsory Heterosexuality.

6.2.4 The Discourse of Contained Femininity

The Discourse of Contained Femininity limits the male students' knowledge of female gendered subjectivity in ways which support the male students' own investment in compulsory heterosexuality and hegemonic masculinity. This discourse authorises the male students to objectify the female students, and constitute them as non-sexual, passive and the sum of their reproductive parts. By constituting females in this way, the Discourse of Contained Femininity absolves the male students from considering the ethics of their behaviour in objectifying the female students in terms of their biology.

The Discourse of Contained Femininity devalues, marginalises and dehumanises the female students, and lead to blaming, shaming and constituting all females in general as guilty of deviant sexual behaviour. This enables the male students to justify the need to police and control female sexual behaviour, which operates to maintain their male hegemony. It has the further effect of authorising the male students in their opinion that females who display deviant sexual behaviour are justified in being removed from the protection of unwanted male sexual advances, and removed from sharing in the privileges of romance, marriage, motherhood and family as defined and valued by a patriarchal view of society.

The Discourse of Contained Femininity constructs a context for the production of female subjectivity that is replete with feelings of fear, concern and danger. This discourse operates as a warning for all females who do not actively support

the hegemonic males' investment in compulsory heterosexuality and limits, and contains the female students' production of gendered subjectivities within the sex education program. This discourse is supported by and coheres with the health educators' discourses and is interrelated with the male students' Discourse of Compulsory Heterosexuality and Discourse of Due Knowledge.

6.3 The effects of the female students' discourses

The following section examines the effects of the female students' dominant discourses upon their production of knowledge regarding sex, sexuality and sexual decision-making, and on the way in which they understand, experience and respond to issues of sex, sexuality and sexual decision-making. The impact upon their production and performance of female gendered subjectivities during sex education classes are considered, as are any tensions, absences and silences.

6.3.1 The Discourse of Compromised Knowledge

The Discourse of Compromised Knowledge is produced in a context of fear and oppression by the female students during sex education classes, and it is within this context that they develop, and/or extend, their understandings of sex, sexuality and sexual decision-making and produce their versions of female gendered subjectivity. This discourse enables the female students to participate in the sex education program while simultaneously acknowledging how power operates within the classroom to position them as marginalised other. This discourse authorises the female students' view that their versions of knowledge are not valued by the health educators and the male students, and it affirms that their own experiences of sex, sexuality and sexual decision-making are not reflected in the sex education program.

The Discourse of Compromised Knowledge authorises the female students in negotiating different versions of knowledge in order to minimise the potential for censure from the health educators and male students, and in order to have a voice within the sex education classes. This results in their production of female gendered subjectivities as fluid, multiple and continually in flux, a circumstance which enables them to understand concepts of difference outside of the limited versions of deviance or deficit authorised by both the health educators' and the male students' dominant discourses. By being positioned as other, the female

students construct an understanding of otherness that entails a higher level of thinking; they are able to reflect, problematise, evaluate and justify their understandings of sex, sexuality and sexual decision-making from a variety of different perspectives.

While this discourse is highly productive for the female students in terms of their development of higher level thinking and communication skills, its benefits are not valued or acknowledged by the health educators. This is partly due to the fact that the female students' voices are rarely heard within the sex education classes, where the large mixed sex classes are dominated by the male students, and the lecturing modes of delivery preferred by the health educators do not encourage open and interactive dialogue. The absence of female student voices during the sex education classes are a significant factor in their exclusion and marginalisation. Even when the female student voices are heard, however, the Discourse of Compromised Knowledge ensures that they are only heard supporting the health educators' and the male students' dominant versions of knowledge. In order to have a voice within sex education classes the female students need to reproduce those dominant heteronormative versions of sexuality and female gendered subjectivity that are authorised by the health educators and the male students.

6.3.2 The Discourse of Heterosexual Subterfuge

The Discourse of Heterosexual Subterfuge is used by the female students to position themselves as supportive of heterosexuality, while they look for gaps within the uniform and conformist versions of knowledge produced by the health educators' and the male students' dominant discourses. It is within these gaps that the female students are able to problematise the limitations of the health educators' and male students' view of sex, sexuality and sexual decision-making. In many ways this discourse supports and enables the effects of the female students' Discourse of Compromised Knowledge; however, the object of one discourse is knowledge, while the object of the other is sexuality.

The female students use the Discourse of Heterosexual Subterfuge in order to include discussions about feelings and emotions into the sex education program. While recognising the importance of feelings and emotions in the context of sexual relationships, the female students are aware that it is not in their best

interests to express either positive or negative emotions or feelings towards issues of heterosexual sex and relationships. These topics are absent from the health educators' versions of heterosexuality and devalued in the male students' versions. Using the Discourse of Heterosexual Subterfuge, the female students are able to construct versions of heterosexual sex and relationships that are absent of references to physical or emotional pleasure, desire or lust; they do not appear in any of the female students' classroom transcripts and play no part in the formation of any discussions involving the act of heterosexual sex, conception or sexual decision-making processes.

However, the Discourse of Heterosexual Subterfuge enables the female students to include discussion of feelings and emotions in terms of their role in motherhood. This discourse authorises discussions about the importance of love, caring, nurturing, communication and relationship building with children; it also enables discussions about the importance of having a supportive family, close friend or older relation in terms of helping with sexual decision-making processes and child rearing. This discourse does not extend the same importance towards a male partner, boyfriend, lover or father of the child. Pregnancy and childbirth are constituted through this discourse as positive aspects of female gendered subjectivity, whereas heterosexual relationships are constituted and authorised as negative and potentially dangerous aspects of female gendered subjectivity. This discourse authorises the female students' view that heterosexual relationships are an unpleasant but necessary process that females have to participate in, if they want to take part in the positive role of motherhood.

During the all girl small group sessions of the sex education program, the female students use the Discourse of Heterosexual Subterfuge to constitute a view of sexuality that is other than the limited heterosexual version constituted through the health educators' and male students' discourses. The female students are disdainful of the male students' performances of hegemonic masculinity, and voice concern and support for those who experience discrimination because of their sexuality. However, even within the all girl sessions where they are free from the potential harassment of the male students, the female students always assume a position of heterosexuality for themselves.

6.3.3 The Discourse of Deficient Masculinity

The Discourse of Deficient Masculinity authorises the female students version of masculinity as lacking, flawed and inadequate; there is no counter-discourse offered in the female students' data and, consequently, this one is able to be constituted as a truth. This discourse authorises a version of masculinity that is biologically and psychologically innate, and has consequences for the ways in which the female students are able to envisage their future health and wellbeing in terms of developing meaningful relationships with males.

The Discourse of Deficient Masculinity enables the female students to position themselves in two ways to the male students' performances of hegemonic masculinity. In one position, the discourse authorises the female students' view that, as there is nothing anyone can do to change the male students' behaviour, performances of femininity need to be modified in order to cater for masculine deficiencies. Within the sex education program, this means that the female students only voice opinions regarding sexual issues that support hegemonic versions of heterosexuality. It also means that the female students limit their involvement in discussions about sexual issues in mixed sex classes in case the male students understand this to be indicative of sexually deviant female behaviour. In terms of heterosexual relationships some female students note that verbal and physical abuse from boyfriends is a fact of life.

The second position this discourse authorises the female students to take up is one which denies any involvement or interest in developing a sexual relationship with the opposite sex while at school. In this position the female students are highly critical of their male student counterparts and emphasise the importance of getting through high school and then either going on to college or getting a job. The effect on the female students participation within the sex education program is the same for this position as it is in the other position. Both positions silence the emotional and physical benefits that can result from intimate relationships with a significant other, and both positions exclude any reference to positive heterosexual relationships that are based upon feelings of mutual trust, respect and consent, and that are mutually beneficial.

In one or two instances the female students allude to the potential for heterosexual masculinity to be other than as it is constituted throughout the

male students' dominant discourses. However, this is not a common occurrence and it has the effect of reinforcing the sense of hopelessness voiced by the female students about finding a male partner who is able to perform masculinity and sexuality in ways other than it is being performed in the classroom setting.

Whenever the female students discuss the male students' performances of hegemonic masculinity during class or in school, they speak about the males in a very detached and impersonal tone of voice, as if to suggest that this is not necessarily something that impacts upon their own lived experiences, it is something that they have observed happening to others. The denial in the voices of many of the female students as they speak during this sex education program about the violence and abuse that they witness every day, and its similarity to the denial and reluctance of victims of sexual crimes to come forward and disclose, are a disturbing aspect of the data.

6.3.4 The Discourse of Guarded Femininity

The Discourse of Guarded Femininity has the effect of constructing female gendered subjectivity as scary, ironic, concerning or confusing, and positions the female students as either fearful of its consequences, sad, lonely, isolated, defensive, concerned about repercussions for themselves and others, and always potentially in danger. This discourse authorises the female students' version of femininity as something that is not to be valued, enjoyed or celebrated; it is constituted as an unavoidable biological effect of being female which only finds expression through the relational aspects of supporting masculinity, sexual reproduction and childrearing.

The female students' are silenced and marginalised by this discourse, which enables the health educators' and male students' dominant discourses to authorise particular versions of sexuality and gender that do not reflect the lived experiences of the female students. On a few occasions the female students do attempt to resist the health educators' and male students' dominant versions, but as this positions the female students against the norm, leaving them open to ridicule and censure and thereby affirming the precarious nature of femininity, they usually remain silent during the sex education program.

The Discourse of Guarded Femininity authorises the female students'

production of gendered subjectivity and construction of knowledge regarding sexual issues at the margins of the sex education program. The only times they participate in the mixed sex classes are when they are asked to, and this is usually to repeat the health educators' versions of knowledge. The dangers inherent in performing femininity in ways that might be construed as deviant by the health educators and male students are enough to ensure the female students' silence. However, during the single sex classes with the female social worker, the female students interact, share and negotiate meanings, and explore a variety of issues regarding sex, sexuality and sexual decision-making without any obvious signs of concern.

The female students are aware of the marginalised position that they occupy within the sex education program and acknowledge this as an effect of the unequal power relations that operate within class. Due to the ways in which power operated to privilege the health educators' and male students' version of knowledge, the female students agree that the safest way for them to have a voice, and in the process constitute their gendered subjectivities, is through the use of strategies such as compromise and subterfuge, and through the use of the Discourse of Guarded Femininity.

6.4 Conclusion

Using a model of critical discourse analysis (Carabine 2001), informed by the work of Foucault (1972, 1976, 1980), this chapter has examined the effects of the health educators' and the students' dominant discourses upon the construction of knowledge regarding sex, sexuality and sexual decision-making, and upon the production of students' gendered subjectivity.

In keeping with the critical intent of this research, the production of new knowledges that can lead to emancipatory change, the following chapter discusses the effects of these dominant discourses upon the sex education program's potential for addressing and challenging issues of sexual violence, homophobia and discrimination. Recommendations for an alternative model of sex education based upon a critical pedagogy and focused upon the concept of sexual ethics are also discussed.

CHAPTER 7

Conclusion: Exploring the alternatives

7.0 Introduction

The previous chapter examined the effects of the health educators' and students' dominant discourses on the construction of knowledge regarding sex, sexuality and sexual decision-making and on the male and female students' production of gendered subjectivities during the six-week curriculum-based sex education program.

This chapter examines the effects of the health educators' dominant discourses on addressing and challenging issues of sexual violence, homophobia and discrimination within the same six-week curriculum-based sex education program. Recommendations are offered in terms of an alternative model for sex education which emphasises issues of sexual ethics, social competency and social transformation, and addresses the issue of evaluating the success or efficacy of sex education. This chapter also examines the effects of the dominant discourses upon the sex education program's potential for challenging issues of sexual violence, homophobia, discrimination and sexual health.

In keeping with the critical intent of this research, to produce new knowledges that can lead to emancipatory change, this chapter recommends an alternative model of curriculum-based sex education based upon a critical pedagogical approach that focuses on the concept of sexual ethics. This new approach acknowledges the specificity of the social, cultural and political in the production of knowledge and gendered subjectivities. It is informed by the view that critical pedagogies are agents for change in the way sex education is constituted, and places the concept of sexual ethics at the centre of discussions involving issues of sex, sexuality and sexual decision-making. This chapter relates to step nine of the 'Constructivist Grounded Theory and Critical Discourse Analysis Framework'.

7.1 The effects on the sex education program

This particular sex education program was significantly limited in how it addressed issues of sexual violence, homophobia, and discrimination, mainly due to the ways in which the health educators' dominant discourses normalised a heterosexual view of gender which privileged male hegemony and devalued the role of the female (Connell et al. 1982; Epstein & Johnson 1998; Gilbert & Gilbert 1998). The health educators' discourses were informed by biological and psychological versions of knowledge that were highly prescriptive and assumed a normative sexuality based on the reproductive system. While this natural science approach did offer the students extremely important information in terms of biological and psychological systems, it resulted in a sex education program that was information-based, assumed a rational, linear approach to safe sex practices, and emphasised individual rationality and knowledge above all else (Abel & Fitzgerald 2006).

Discussions about the role of feelings and emotions in sexual relationships were noticeably absent from the health educators' discourses which severely limited the sex education program's capacity to offer relevant guidance about relationship building, including issues of pleasure and how to recognise and act on sexual threats (Connell 2005; Fine 1988). Feelings and emotions as signifiers of how individuals are positioned in social and relational contexts are extremely important in understanding adolescent views on sex, sexuality and sexual decision-making (Able & Fitzgerald 2006; Ingham & Kirkland 1997). For instance, the female students felt that introducing the subject of contraception into discussions surrounding sexual activity was not simply a question of understanding the sexual health risks involved, it was about the way they were being positioned within the power relations that operated in that particular social and relational context. The female students were also aware that talking about contraception in the sex education program positioned them as either having, or intending to have, knowledge of sexual intercourse (Coleman & Ingham 1999). This was considered extremely dangerous for the female students, given that the health educators' and male students' versions of sexuality valued male hegemony and positioned women as sexually passive.

Sexualities other than heterosexual were constituted through this sex education program as abnormal and/or expressions of biological and psychological deficit. In this way, the sex education program not only excluded students who were unsure of their sexual orientation or who identified as non heterosexual, it constituted them as lesser than those students who identified as heterosexual. The demonstrably negative effect that similar approaches have had upon the self-esteem of same sex attracted students, or those unsure of their sexuality, have been clearly documented in connection to issues of youth suicide (Department of Health and Human Services 2001; Hillier et al. 1998). In terms of ensuring that all students were given access to knowledge regarding sexual health risks, the limited focus upon heterosexual acts of sex within this sex education program significantly undermined the potential for addressing STIs/BBVs and HIV/AIDS.

The inclusion of non-heterosexual practices within a context of social disease was also problematic, as it operated to authorise its abnormality and legitimised the regulation and policing of safe heterosexual practices by males through sex-based harassment (Connell 1995). Such masculine behaviour focused on both males and females although it was usually

... with a homophobic edge, which serves to both normalize particular constructions of masculinity while also determining where a boy is positioned within a hierarchical arrangement of masculinities (Mills 2001, p.4).

The health educators' dominant discourses did not account for the constitutive effect of social, cultural, economic, political and religious practices. Similarly, it did not consider how they shaped, authorised, normalised and produced individual experiences and knowledge of sex, sexuality and sexual decision-making. Accordingly, this sex education program legitimated the view that when individuals failed to act within a prescribed norm, their actions or behaviours could be constituted in terms of biological/physical constraints or personal/psychological deficit; the individual was in some way lacking, not the structure or process. Change or reform within this sex education program disallowed the transformation of existing social structures or practices; it required change from within individuals in order to conform to existing social structures or practices (Weedon 1997).

The health educators' dominant discourses positioned social practices as static and linear, which has considerable significance for addressing issues of sexual violence, homophobia, sexism and racism within a curriculum-based sex education program (Abel & Fitzgerald 2006; Epstein et al. 2003; Fine 1988; Rogow & Haberland 2005). For instance, those social and cultural versions of masculinity which prescribed and normalised hegemonic heterosexuality and positioned difference as a potential threat to the heterosexual males' investment in patriarchy, were not contested (Connell 2002).

As a result of the ways in which power operated to authorise and value the health educators' particular version of knowledge, the students' opinions regarding issues of sex, sexuality and sexual decision-making were absent from most of the classroom transcripts. The students' opinions regarding sex, sexuality and sexual decision-making were voiced during the small group sessions, however, and it was then that the male students' overtly homophobic, sexually violent and discriminatory attitudes were evidenced. Due to the health educators' view, which constituted all students as having the right to express their own opinion, it was not possible to interrogate the homophobic, violent and discriminatory comments made.

As evidenced throughout the social worker's classroom transcripts, despite the male students' explicit sexually violent, homophobic, racist and sexist comments, the only strategy available within the discourse was to condemn the use of homophobic, racist or sexist language and threaten legal sanction.

Student: I mean why would you want to be like, want it in the arse, when there's so much muff out there [lots of laughter and calling out in agreement].

Social Worker: Ok, let's move on shall we.

Student: We went on a trip on the *Spirit of Tasmania* and we went up to this guy and said 'Konichi wa you fucking nip' and this guy turns around and goes 'ah, ah, fuck you'! You know, like totally flipped ... bloody nip!

Social Worker: Ok, well now does everyone know that it's actually illegal to make racist or homophobic comments in public? You can actually be charged.

The potential for changing or transforming student opinions was limited to the

threat of external legal sanctions that would not necessarily disrupt the status quo.

While the curriculum-based and the non-curriculum based sex education programs were implemented at the same time, the work of one group was not used to inform the work of the other. As a result, despite being notified of the male students' homophobic, violent and discriminatory comments, the HPE teachers did not use this knowledge to inform or change their curriculum-based sex education program. This significantly undermined the sex education program's potential for addressing issues of homophobia, sexual violence and discrimination despite the issues being among those targeted in the aims and objectives of the program's initial design.

The view of knowledge underpinning the sex education program prohibited a critical interrogation of the ways in which language produced and reproduced social inequalities. For instance, the girls were legitimated in their emotional response to issues of sex, sexuality and relationships, and they were encouraged to articulate their feelings in the all girl sessions and to empathise with others. The emphasis on the girls' role in maintaining and nurturing relationships with males was affirmed through this process (Davies 1993; Gilbert & Taylor 1991; Hiller 1998). In contrast, the boys' practice of remaining remote from issues of feelings and emotion was confirmed, and their resistance to discussing their role in relationships was normalised. The boys' use of technical language when discussing issues of sex, sexuality and sexual decision-making was authorised and their versions of masculinity as rational were affirmed (Gilbert & Gilbert 1998; Hiller 1998).

The failure of the health educators' dominant discourses to acknowledge the role of language in the production of students' gendered subjectivities significantly undermined the sex education program's capacity to address issues of adolescent risk-taking behaviour. The discourses that were available to students during the production of their gendered subjectivities impacted greatly upon their attitudes toward sexual risk-taking behaviour (Abel & Fitzgerald 2006; Allen 2005; Connell 2005; Rogow & Haberland 2005). As such, the sex education program authorised and reproduced socially unjust, unethical and potentially dangerous gendered subject positions for both males and females.

The health educators' limited version of sexuality also impacted on the potential for change within the sex education program. Heterosexuality was established as normative in this program and the dominant discourses authorised a view of sexuality as innate and biologically determined; the dominant discourses and therefore the sex education program did not acknowledge the constitutive effect of social and cultural structures on sexuality or gender. The program was unable to interrogate the ways in which social and cultural practices are explicit in supporting the marginalisation of sexual difference and implicit in constructions of gender that disadvantaged some students in terms of choices regarding sexual behaviours and sexual decision-making.

The potential for change was also limited through the health educators' use of gendered stereotypes, sexual stereotypes, sexual innuendo, slang, and sexism. While the five health educators who delivered this sex education program were all dedicated teachers of health, their own socially constituted biases and assumptions and ontological positions were not interrogated. As such, their biases and assumptions were reproduced through their pedagogy, which ultimately reproduced the actual inequities that they were endeavouring to address (Kehily 2002; Szirom 1988).

The health educators did not assess the students' sexual knowledge prior to or on conclusion of the sex education program so were unable to confirm if, as a result of the program, the students had learnt anything new, extended their knowledge, or altered their views on sex, sexuality and sexual decision-making. These circumstances meant that the sex education program's effectiveness or potential for change could not be determined.

Without a critical pedagogy to interrogate the limitations and constraints of the versions of knowledge, views of gender and sexuality, and regulatory pedagogical processes, the sexual health program was marginalised by its failure to transform students understanding of sex, sexuality and sexual decision-making, and its inability to open up student thinking to the possibilities of difference.

7.2 Recommendations for change

Most educational policy directives consider sexual violence, homophobia and discrimination as isolated incidents, as though they are not part of a continuum of behaviours which legitimise particular versions of gender and sexuality, and thereby authorise violence more generally. The insights gained from work on gender and violence has clear implications for school-based policies and programs, as educational institutions can contribute to the culture of violence. For example, violence and unequal power relations between men and women, and boys and girls, can be condoned through the social organisation of the school or embedded in its culture as part of everyday language, rules and practices.

Overwhelmingly, educational policies appear singularly unaffected by the gender debate, because the two do not share a common theoretical base. Educational policies do not take account of gender, but treat individuals as sexless. Therefore, much of the literature at state and national levels focuses on individual problems and individual problem students. While gender has become a significant category of analysis in the consideration of power and knowledge relations in schools, all too often overt displays of aggressive, abusive and antisocial behaviour, even when overwhelmingly presented by boys, are not seen as anything to do with the way dominant educational discourses constitute particular versions of gender.

Sexually violent, homophobic and discriminatory behaviours are arguably the most difficult issues facing school communities. One area of outstanding need is to understand better how the constructions of gender work in reference to the silencing and marginalisation of girls in school and the overwhelming domination of boys in special behaviour programs. One of the reasons for this lack of knowledge is that the issue of gender has, in the main, been seen as a women's issue, and masculinity has not been scrutinised to the same degree.

There are two dominant models for teaching sex education currently in place in Tasmanian schools, neither of which considers the impact of dominant social constructions of gender on sexual behaviours (Nelson & Martin 2004). While both of these models are shown to improve students' knowledge about issues of sexual health, they do not show any change in students' attitudes and

behaviours towards sexual health risks, including attitudes and behaviours towards homophobia, sexual discrimination and sexual violence (Department of Education, Tasmania 1996; Hawthorne, Garrard & Dunt 1993; Nelson & Martin 2004). These two models are,

The knowledge/attitudes model - which assumes that if students are given the facts about, for example, different sexually transmitted infections, their attitudes and behaviours towards sexual health risks will change and they will be more likely to reject unsafe sexual practices.

The values/decision-making model - which assumes that unsafe or high-risk sexual behaviours arise from poor self-esteem and lack of decision-making skills.

An alternative model of sex education informed by critical pedagogy and focused on issues of sexual ethics assumes that before changes in attitudes and behaviours can be considered, students need to have a range of forums where they can discuss and critically reflect upon their personal understandings of gender and sexuality. In these forums students discuss the interrelationships between dominant versions of masculinity and femininity and sexual risk taking practices, sexual discrimination and sexual violence; they are able to develop the social skills and strategies to rethink these issues in ways which acknowledge their experiences, contribute to their feelings of being a valued member of a community and enable them to see that there are a variety of different gendered subject positions.

A sex education program focused upon sexual ethics is both significant and innovative in that it takes the position that a students' social, economic, cultural and religious environment will have a greater effect upon their attitudes and behaviours towards sex, sexuality and sexual decision-making than will the new knowledges they gain. The social skills and strategies that a student has learnt, or had modelled for them by their family, parents, and peers will influence the understandings, attitudes and behaviour that a student brings with them to sex education (Vasallo, Smart & Sanson 2002).

A sex education program focused on sexual ethics is also innovative in its premise that students' come to the lessons with a variety of knowledge, attitudes and behaviours which need to be identified, discussed, questioned and

at times challenged before new knowledges can be processed and attitudes and behaviours can change. Existing sex education programs do not operate on this premise. A student-centred, sexual ethics approach to teaching sex education does not currently exist in Tasmania. As such, issues of gender, subjectivity and performances of sexuality other than heterosexuality are rarely discussed in class. Research indicates that gender ‘continues to be a major influence on how both young women and men conceptualise and experience sexual intimacy in casual and ongoing relationships’ (Carmody & Willis 2006, p.2). In which case classroom discussions and readings around the ideas and understandings of those working in the fields of gender and sexuality, such as Michel Foucault, Betty Friedan, Sigmund Freud, Dale Spender, Kate Millett, Germaine Greer, Susan Brownmiller, Bob Connell, bell hooks and Judith Butler, would greatly expand upon ‘the paucity of the curriculum content’ noted by O’Flynn (Epstein et al. 2003, p.67) and others within sex education.

Underpinned by notions of transparency, beneficence and reciprocity, a sexual ethics approach to sex education is able to address issues of gender, subjectivity and sexuality as social, cultural and political constructs that are discursively produced through language and texts, written, oral and visual. This approach involves deconstructing discourses and texts, looking at the meanings they communicate and the material effects that they have. The following transformative analysis questions (Rowan 2001, p.49) can be used to assist in the deconstruction and analysis process.

- Who is included?
- Who is excluded?
- What are they doing?
- Who gets to do what?
- What is represented as natural or normal?
- What is valued?
- How is this communicated?
- How does the text reproduce or challenge norms?

Aided by the transformative analysis questions, this model of sex education facilitates in the development of enquiring and reflective thinking skills, which

support students in learning to reason, question, make decisions and solve complex problems in regards to sex, sexuality and sexual decision-making. As reflective thinkers, students learn to be empathic and make sexually ethical decisions about issues, events and actions. Students are encouraged to reason, question, make decisions and/or reflect upon:

- When to, and when not to, have sex.
- The ethical and moral issues surrounding sexual consent.
- The ethical and moral issues surrounding contraception and conception.
- The diversity of ways in which individuals make choices regarding sexuality and sexual health.
- The ways in which issues of sexuality and sexual health impact upon their own lives and the lives of others.
- Issues of gender, what it means to be masculine/feminine and whether these terms are limiting in how individuals express their humanity.
- The role of family, society, culture, economy and politics in constituting, normalising and valuing all of the above.

This model also supports students in developing effective communication skills, where they are empowered to create, communicate and convey ideas about sex, sexuality and sexual decision-making clearly and confidently, using a diverse range of symbolic systems. Students are supported in this process by interacting critically with communications created by others, interpreting linguistic, numerical and graphic information with judgment and discernment, which can help them to better understand the ways in which dominant discourses constitute particular versions of gender and sexuality and the material effects of these discourses on their lived experiences. This can be achieved when students are:

- Given access to a forum, supported and facilitated by a trained practitioner, where they can openly discuss and critically interact with their peers regarding issues of sexuality and sexual health. This may include personal, school-based and social issues surrounding domestic violence, rape, abortion, sexual discrimination, etc.

- Encouraged to express their concerns, fears, and expectations regarding issues of sexuality and sexual health free of prejudice, ridicule or condemnation. Students can be encouraged to implement a variety of symbolic systems in this instance, i.e. poetry, visual art, narrative, drama.
- Encouraged to discuss and critically reflect upon the ways in which symbolic systems of communication have addressed issues of sexuality and sexual health in the public arena. This can involve historical as well as contemporary examples, including a comparative analysis, i.e. AIDs advertising campaign in the 1980s, Kinsey Sex report, sexuality in popular culture soap operas, TV documentaries (ABC 'Plympton High School' documentary dealing with teenage pregnancy and schooling), current media coverage of abortion issues, sexual violence portrayed in popular cultural texts such as computer games; visual depictions of rape and sexual violence in high art (Rembrandt, Titian, Caravaggio, Botticelli etc.).
- Assisted in identifying and discussing the role of family, society, culture, economy and politics in these processes.

To facilitate in the development of self-directed and sexually ethical young people who have a positive vision for themselves and their future, and act with moral autonomy while contributing to constructive futures for themselves and others, a model of sex education premised upon the concept of sexual ethics uses small group forums where students:

- Identify and discuss the personal biases and assumptions, which underpin and inform their attitude toward issues of sexuality and sexual health issues, i.e. homophobia, sexism, sexual violence and racism.
- Investigate and discuss the ways in which the economy, families, society and political discourses impact upon the way issues of sexuality and sexual health are addressed, i.e. funding for research, availability of contraception, legitimacy of abortion, ethical issues surrounding fertility, stem cell research, surrogacy, adoption, prostitution.
- Investigate and discuss a variety of alternative positions regarding issues of sexuality and sexual health, always contemplating the impact of those positions upon the wellbeing of others.

To facilitate in the development of responsible citizens prepared to participate actively in a democratic community, which rejects violence in any form, values diversity and acts for a just and equitable society, students are encouraged and supported during this model of sex education to:

- Discuss and critically reflect upon the ways in which homophobia, racism, sexual violence and sexually discriminatory practices negatively impact upon their own lives and the lives of others.
- Develop life skills for coping with and challenging homophobic, racist, sexually discriminatory and violent practices.
- Develop relationships with various local community-based groups that offer support and education surrounding issues of sexuality and sexual health, i.e. Youth Health Services, Family Planning, Centacare, Kids Help Line, Pride and Prejudice (program developed and implemented by gay and lesbian community workers).

7.3 Conclusion

Over 10 years ago, Walpole, the Federal Sex Discrimination Commissioner for Australia, made the following point during the ‘Promoting Gender Equity Conference’ (1995):

Unless we assist boys to challenge aggressive behaviour, we will be unable to eliminate sex-based harassment and violence against girls and women in the home, at school and in the workplace. We will not be able to eliminate bullying and homophobic victimisation. And we will also be failing to ensure that the burden of unpaid work is distributed more equitably than it is today (Walpole 1995, pp.5-11).

Despite this report, it is seldom noted that one of the most striking aspects of violence throughout the world is that the vast majority of those who commit acts of violence are males (Mills 2001). Much of the violence in society can be analysed in terms of dominant forms of masculinity, not only in regards to male to female violence, but also male to male violence. It is only recently, that connections have been made between the prevalence of violence in communities and the socially authorised forms of masculinity that dominate at a given time (Clark & Page 2007; Mills 2001).

Research into student perceptions about life at schools has shown that sexual violence, homophobia and sex-based discrimination are far more prevalent than first realised. These issues are often not identified or addressed because they are seen as normal and inevitable – it is just the way things are. For many students being treated violently, bullied or verbally harassed because of their gender or sexuality is routine and constant and has a detrimental effect on both sexes (Clark & Page 2007; Connell 2002; Epstein et al. 2003; Epstein & Johnson 1998; Epstein & Sears 1999; Mills 2001). The impact on the social and educational experience of females is devastating. Those being harassed are likely to withdraw from the classroom or from their social group. In some cases females escape by leaving the school altogether. The negative impact of these dominant versions of gender on the learning outcomes of boys is also the subject of research.

Homophobic discourses in schools play a powerful part in reinforcing dominant ideas about masculinity and femininity. The fear of being labelled gay or lesbian puts great pressure on all students to prove their heterosexual credentials by conforming to a narrow range of body images, becoming sexually active, engaging in sexual conquest, sexualising male/female relations, getting a boyfriend or girlfriend, or by curtailing intimacy with same-sex friends (Clark & Page 2007; Connell 2002; Epstein et al. 2003). This significantly constrains students' production of gendered subjectivities. For students who are gay or lesbian, or who are perceived to be gay or lesbian, the impact of homophobic taunting and violence can become intolerable, leading some students to leave school or contemplate suicide. In many instances behaviour that is homophobic victimisation is constructed as normal examples of hyper-male behaviour, as such, many incidents of homophobic violence or taunting are witnessed by teachers or other students, but not acted upon (Clark & Page 2007; Connell 2002; Mills 2001).

Finally, it is important to note the ways in which dominant popular cultural texts, sports, leisure and fashion may produce and reinforce particular versions of gender and sexuality that rely upon a heterosexually aggressive, competitive and physical dominant form of masculinity, and a non-sexually passive, compliant and weak form of femininity. This reinforces and legitimises hierarchic versions of masculinity that have negative consequences on boys' and

girls' attitudes towards developing ethical sexual relationships.

In the response made by the Commissioner for Children (2003) to the educational guidelines for dealing with violent student behaviour, it was identified that there are weaknesses that arise from not having a primary focus on prevention and early intervention. It states that,

Most provision is directed towards older students with less provision for younger students where prevention of escalating problems should be a focus. Despite rhetoric about the need to emphasise prevention there is little funding being directed to preventative programs (Office of the Commissioner of Children 2003, p.6).

Funding is vital for addressing the issues raised in this thesis. As can be seen in the previous section, a critical pedagogical approach to sex education that is premised upon sexual ethics is much broader than simply imparting information; rather it focuses on the overall development of the individual. Health educators will need to have broad communication and interpersonal skills, and a sound knowledge of the ways in which discourse, power and knowledge operate to construct particular versions of gender and sexuality as truth, and to what effect. If students are to live as responsible citizens and sexual ethical beings in our pluralistic societies, health educators will have to undergo extensive additional training and professional development in order to deliver a sex education program that will not only provide students with knowledge and accurate information about the physical aspects of sex, sexuality and sexual decision-making, but also encompass the multiplicity of personal value-systems, lifestyles, self image, discourses and philosophies surrounding issues of gender and sexuality.

This thesis has argued that in order for sexual violence, homophobic practices and sexual discrimination to be challenged in schools, work needs to be done in the following areas:

- 1 Review and redevelop school approaches to sex education programs, and to the popular cultural representations of gender within texts, sport, music and leisure.
- 2 Develop whole school approaches to all forms of violence within schools.

- 3 Establish curriculum learning areas, such as Studies of Society, Health, and Physical Education programs, which include a focus on the ways in which dominant understandings of masculinity and femininity inform and constrain them, and to assist students to become advocates for change.
- 4 Review school policies and culture on gender, health and sport.

Government and non-government organisations, educational institutions, principals and teachers who are not personally and professionally committed to developing a critically aware and socially just ethos in the school environment cannot easily provide the basis for an environment necessary to overcome sexual violence and encourage cooperative, negotiable and respectful behaviour based on a concept of sexual ethics. It is important that governments, educational institutions, principals and teachers model the behaviours that they hope to see students understand and value.

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