PERSPECTIVES

Gender implications of the teaching of relationships and sexuality education for health-promoting schools

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SUMMARY

Relationships and sexuality education (RSE) was introduced in Irish schools in 1995 to address pressures on young people specific to relationships and sexuality. RSE is part of a whole school health promotion project. Emphasis is put on personal and social development of students, cross-curricular dimensions, school ethos, school climate and partnership with families and community. However, RSE has become the preserve of female teachers with fewer male teachers attending in-service. This research explored the attitudes, beliefs and needs of male post-primary teachers with regard to RSE in their school. A qualitative design was employed utilizing focus groups. A total of 25 male post-primary teachers took part in five focus groups. Two of the groups consisted of men who had participated in RSE training; the other three groups were with men who had not. The analysis of the data suggested that there was reluctance on the part of male teachers to teach RSE, and that they feel under threat about their personal and professional identity. They felt under threat both from internal personal forces, in the form of mental models assimilated through personal history and upbringing, and from external organisational forces, communicated through the local school and wider social culture. The data indicate the need for professional development and support that is tailored specifically for male teachers. In order to support male teachers to become more involved in school health promotion and in the teaching of health curricula, pre-service education needs to prioritize key issues such as gender roles and identity.

Key words: sexuality education; male teachers

INTRODUCTION

The last 30 years has seen many publications identifying the effects of promoting health in schools (Steward-Brown, 2006; Saint Leger et al., 2007). Whole-school approaches, that promote coherence between school policy and practice facilitates improved learning outcomes, increases emotional well-being and reduces health-risk behaviours (IUHPE, 2008). Curricular approaches can play an important role in school health promotion. The approach taken to sexuality education varies internationally. Some countries adopt curricular intervention (Ireland in this instance) and others choose broader cross-curricular approaches. ‘Health education interventions are widely seen as the most appropriate strategy for promoting young people’s sexual health’ (Oakley et al., 1995, p. 158). Edgardh (2002) argues that in Sweden the reduction of exposure of pupils to sexuality education has resulted in an increase in youth sexual health problems. There is currently lack of rigorous evidence to demonstrate the effectiveness of
sexuality education. Quasi-experimental studies have concluded that sex education is effective, randomized trials suggest it is not (Oakley et al., 1995; Wight et al., 2002) but these are limited in number. This notwithstanding Wight et al. (Wight et al., 2002) found that teacher delivered whole class sex education has some beneficial effects on the quality of young people’s sexual relationships but does not influence sexual behaviour. What the research currently indicates is that sexuality education can be argued to impact on students’ relationships but is less effective if abstinence is the aim.

Positive role modelling by all teachers is important in supporting students to improve the quality of their relationships and responsible decision-making with regard to sexual activity. Lack of male teacher involvement in relationships and sexuality education (RSE) promotes a socialization process that lacks balance, potentially perpetuates gender stereotyping and limited understanding of gender roles. Hilton (Hilton, 2001) identifies the lack of male role models in UK schools, which it is believed may affect boys’ responses to the educative process. Boys adopt their masculinities from experiences of socialization in different contexts (Curtin and Linehan, 2002), from the cultures they experience and cultural influences are perceived to outweigh biological differences (Pleck et al., 1993). Gender is influenced by relationships with others through which gendered interactions and positions are adopted (Renold, 2004). Therefore, gender balanced role modelling and provision of sexuality education are significant. There are suggestions in the literature in terms of how sexuality education should be taught with some advocating the separation of students by gender with a same gender teacher (Wood, 1998). This discourse points to the complexity of gender issues in sexuality education.

Gender of RSE teachers in Ireland

RSE was introduced in Ireland in 1995 to address the changing sexual health needs of young people (EAGR, 1995). It is designed with specific themes of human growth and development, human sexuality and human relationships and is taught through experiential learning methodologies. In co-educational schools male and female students are taught together. Many factors govern the ways in which sexuality education is implemented (Shepherd et al., 2001; Han and Weiss, 2005; Barnekow et al., 2006); and staff commitment plays a crucial role (Wight et al., 2002; Jourdan et al., 2008). The successful implementation of RSE in Irish schools largely depends on teacher attitude (Lee et al., 2007). Gender imbalance in the teaching of RSE in Ireland is of concern (Burtenshaw, 2003). Teaching has become a feminized profession in Ireland with gender ratios of second level teachers at 36.62% male to 63.38% female (DES, 2009). In the first year of post-primary RSE in-career development 30 758 (81.5%) were female and 6984 (18.5%) were male (DES, 1997). The trend continued for 2001–03 with, 87.7% females attending and 12.3% males attending (Millar, 2003). It is questionable as to whether the Department of Educational Science was sufficiently aware of the complexity of gender when introducing RSE into the curriculum given the gendered nature of the teacher engagement with it.

Many factors impact on the imbalanced involvement of teachers. The specific nature of sexuality education, lying at the intersection between the private and public domains, behavioural issues that are determined culturally and intimate personal decisions are probably at issue. Also issues surrounding the social construction of gender roles may play a part. Gender norms in Ireland like many European counterparts are subject to what Boland (Boland, 1995, p. 35) has defined as the chiasmic dichotomy of male and female. Historically, Irish society has been largely influenced by religion, and by a range of socio-historical factors; such as cultural traditions and colonising political regimes, which have deeply impacted upon gender relations (Stapleton and Wilson, 2004). These influences have permeated the social climate with conservatism that has played a significant role in education and in the approach taken to sexuality education. RSE was implemented separately to the broader health curriculum Social Personal and Health Education, of which RSE is a module (NCCA, 1996) with much attention paid at the time to the education of parents in order to diffuse potential resistance to the exposure of their children to sexuality education.

Teaching is strongly linked to the way in which teachers build their professional/personal identities (Goodson and Hargreaves, 1996). Research into male teachers’ construction of
masculinity (Becky and Skelton, 2001) suggests that they are aware of other people’s attention to their masculinity and their professional choices (Becky and Skelton, 2001). Male teachers tend to emphasize features of teaching that are conversant with conventional masculinity in order to resolve the contradictions of gender and occupational role (Connell, 1995). In Ireland RSE is generally be perceived to be the role of the female teacher, and males who are concerned with preserving conventional understandings of their masculinity may not wish to be associated with the teaching of sexuality education. Social forces exhibit powerful controls over the way in which teachers perform their work (Argyris and Schon, 1976), but may be so taken for granted as to go unnoticed. Awareness of the sources of social and cultural influences on male teachers may be of use to those trying to implement school change (Schoen, 2006), in this case, improving the quality and delivery of RSE. What is important is not the socio-cultural context itself but the way in which the male teachers perceive it, the way in which the reality is represented (Abric, 2001), appropriated, reconstructed and integrated by them. The general aim of the study was to explore the representations, attitudes, beliefs and needs of Irish male post-primary teachers with regard to sexuality education.

METHODS

Context
The implementation programme involved seminars for parents, school management and staff at primary and post-primary levels. Six days in-service were provided for post-primary teachers and 3 days for primary teachers.

Data collection
Focus groups were employed because that they would provide group interaction and open expression of opinions. It was deemed that the aim of the research would best be achieved through enabling participants to reflect on their role in the social and personal development of young people. Five focus groups were conducted in Ireland in 2003. A total of 25 men took part in the five focus groups. Two groups consisted of men who had participated in the RSE professional development in-service and were currently teaching RSE. Three groups were comprised of men who had not received RSE professional development, were not currently teaching RSE and who expressed no intention to do so in the future. Participants were recruited through the health promotion departments and the SPHE Support Service partnerships that exist regionally to support the implementation of SPHE in Irish schools. Each focus group lasted one full day (~6 h). The focus groups were facilitated by two researchers, one male and one female. Both were experienced in the teaching of RSE and one had been involved in providing the national in-service sessions. Each focus group was recorded and transcribed verbatim.

Data analysis
Data were analysed using a thematic coding approach (Morgan and Krueger, 1998). A team comprising of three researchers was put in place to analyse the data. A critical peer was also appointed to analyse the transcripts and then to compare their analysis with the team of three to provide some external analytical triangulation. Data were grouped into categories via the following process. Items of data that were considered appropriate for analysis were only those that related specifically to the research objectives, and these were considered units of information. The categories were agreed between the three researchers after initial focus group transcript reading was completed and in direct relation to the original objectives. Direct quotations from participants were included with each unit of information as evidence, a data log were created to identify unit of information, focus group number and transcript page and line identification. Units were grouped then according to similarity and relevance to comprise a category.

Ethical considerations
This research was granted ethical approval from the research ethics committee of the department of education and professional studies, University of Limerick, a sub committee of the University of Limerick research ethics committee (ULREC). Much time was spent in the initial stages of the focus group identifying and negotiating the ground rules of participation. For
example, issues of confidentiality were discussed at length such as its scope and parameters. Also negotiated were safeguarding participant identity via the use of pseudonym in research reporting, participants’ right to withdraw from the research and the commitment of the researchers to do no harm. Participants signed a form indicating their willingness to partake in the focus groups. The four basic ethical principles of respect for persons, beneficence, non-maleficence and justice (LoBiondo-Wood, 2005) were adhered to.

RESULTS

The representations that male teachers have are varied but their vision of RSE and their contribution to RSE is marked by fear and threat. The data were then examined to make explicit the possible sources for this threat. The sources manifested themselves as (i) a lack of confidence, both personal confidence in self and confidence in others and (ii) a lack of confidence in one’s own personal knowledge about the subject area and of confidence in the extent of knowledge of others. The data could therefore be categorized along two axes: the first related to identity—(1) risk to personal identity and (2) risk to professional identity—and the second to the source of threat: (a) internal sources and (b) external sources. Using the units of information to inform these categories the reasons behind participants’ perceived threat in terms of RSE can be illuminated thus (Table 1).

Risk to personal identity: internal sources

This category included issues such as personal attitudes to stereotyping, lack of confidence in their own sexual identity and relationships, fear of rejection, courage to talk about RSE issues. Many of the participants held deeply entrenched views about gender stereotyping, but did not perceive their gendered perspectives as problematic. There was a tendency to believe that females demonstrate greater self-care.

I think it is males’ mental health that ultimately leads to death and a wee bit of self-destruction maybe because they wouldn’t be as open or they wouldn’t communicate as well. We [males] don’t look after ourselves. We go for the hard living.

It was generally believed that males had a greater fear of personal rejection.

Table 1: Thematic illustration for the perceived sources of threat to personal and professional identity

<table>
<thead>
<tr>
<th>Threat origin</th>
<th>Source of threat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk to personal identity</td>
<td></td>
</tr>
<tr>
<td>1a</td>
<td>Personal attitude to stereotyping</td>
</tr>
<tr>
<td></td>
<td>Lack of confidence in own sexual identity and relationships</td>
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<tr>
<td></td>
<td>Health and personal well-being</td>
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<td></td>
<td>Fears of rejection by intimates</td>
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<td></td>
<td>Courage to talk about RSE</td>
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<tr>
<td></td>
<td>Disclosure</td>
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<tr>
<td>1b</td>
<td>Gender stereotyping</td>
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<tr>
<td></td>
<td>Attitudes of colleagues</td>
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<tr>
<td></td>
<td>Litigious culture: avoidance of contact</td>
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<tr>
<td></td>
<td>Fears of rejection by intimates</td>
</tr>
<tr>
<td></td>
<td>Fears of rejection by peers</td>
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<td></td>
<td>Conflict with peers</td>
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<tr>
<td></td>
<td>Media pressure</td>
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<tr>
<td></td>
<td>2b</td>
</tr>
<tr>
<td>Risk to professional identity</td>
<td>Attitude of management</td>
</tr>
<tr>
<td>2a</td>
<td>Attitudes toward curriculum</td>
</tr>
<tr>
<td></td>
<td>Need for appropriate and sensitive training</td>
</tr>
<tr>
<td></td>
<td>Needs for personal development</td>
</tr>
<tr>
<td></td>
<td>Search for appropriate pedagogies and integrated curriculum</td>
</tr>
<tr>
<td>2b</td>
<td>Work overload</td>
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</tbody>
</table>

Table one details the sources of threat that participants specifically understood as problematic for them. In terms of personal threat the internal and external factors were linked to stereotyping, attitudes to sexuality, health, peer pressure and courage in dealing with sensitive RSE issues. In terms of professional threats lack of subject confidence, curriculum knowledge, need for personal development and the attitudes of school management and work overload were contributory factor.
All males, young and old, have this fear of rejection.

Participants linked the teaching of RSE with the need for the teacher to be engaged at a personal level.

As I stand now, if I was asked to go in today and teach that programme, I would be uncomfortable.

**Risk to personal identity: external sources**

This category included issues such as gender stereotyping, attitudes of colleagues, litigious cultures and avoidance of contact, fear of rejection by peers, conflict with peers.

Men are not supposed to be sensitive; they are supposed to be ‘he-men’, conquering... cavemen...

Gender roles extended to RSE.

Women are supposed to be in touch with their feelings, therefore easier to cope with this entire thing.

If the school management is male, give the job to the ladies... we need somebody to mother these young lads.

For many males, talking about RSE was perceived as threatening, because of possible negative reactions.

There is a price to be paid for this in the staff room, certain things are not spoken about... the price is a double-meaning joke... meant to embarrass. RSE is being discussed in a juvenile, almost delinquent way.

I remember somebody calling whoever it was [responsible for RSE in the school] as the Minister for Sex.

There would be a lot of slagging about you getting in touch with your feminine side... And it’s an easier option, if the women are going to go [to in-service] let them off, you know.

Male attendance at RSE professional development drew teasing.

When I came back the last time—but it wasn’t just from the men... this thing ‘sexperts’.

Awareness of the litigious nature of school and wider social cultures was having an impact on relationships.

I find there is a cultural thing against men talking like this

I am not sure who is to blame, but an immense amount of damage has been done to relationships and to trust and the fact that a male to protect himself has to keep a distance... We are told not to be on our own in a classroom with a child with the door shut. I think that has major implications for RSE...

**Risk to professional identity: internal sources**

This category included issues such as lack of confidence in the subject, lack of curriculum knowledge, need for appropriate and male sensitive training, need for teacher personal development. Participants felt they were rendered vulnerable professionally, by their own felt sense of inadequacy regarding the subject.

I am not interested in the subject. If I had any interest in it I would still avoid it.

We are being asked to put ourselves into a situation where we may be misquoted accused of saying something that we did not say.

Teachers need support how to field inappropriate questions from a student.

Virtually all respondents recognized the need for personal development for teaching RSE.

For males to be involved they would have to do personal development even before RSE was mentioned... and whether or they get involved in RSE, the personal development still needs to be done.

**Risk to professional identity: external sources**

This category included issues such as attitudes of management, attitudes towards curriculum and work overload. Some participants voiced resentment about school management, who appeared to believe that teachers could be ordered to teach RSE. Teachers had their own strategies of resistance.

Forewarned is the big thing. Once we knew it was coming at all, you can get out of it.

Some participants emphasized the importance of a balanced curriculum.

Unless we educate our own students to articulate their thoughts and feelings about sexuality... we are never going to make progress in society. So yes, teachers have enough on their plate already with the academic subjects, but I think, you know, we do need a balance.

**DISCUSSION**

This research evidences the reluctance of male teachers to engage with health education and
promotion and in particular with relationship and sexuality curriculum. This is compounded by the problems caused by traditional understandings of masculinity and the impact of this stereotyping on how men construct their understanding of their own health and well-being (Garfield, 2008). Issues such as gender of RSE teachers, identity construction and teachers’ personal and professional development have emerged as requiring continuing attention and support. For many study participants there was lack of awareness of the importance of critical reflection on their own deeply held assumptions with regard to gender and masculinity. If male teachers are to teach RSE, they must be supported to critically explore their deeply held assumptions with regard to gender and masculinity. If male teachers are to teach RSE, they must be supported to critically explore their deeply held assumptions with regard to gender and masculinity. 

The fact that those who attended RSE in-service were predominantly female has meant that the responsibility for teaching RSE, role modelling and supporting pupils who need to discuss personal issues has become the preserve of female teachers. Participants in the study perceived that women were better positioned to help pupils who needed personal support. This assumption is deeply problematic, as it places the burden of caring on the female teaching staff and facilitates male teachers to use discourses of gender and sexuality to construct their masculinity as divorced from this work (Becky and Skelton, 2001). It also makes it more difficult for those men who might wish to support the affective development of their pupils, as they are faced with challenges such as resistance from their peers. Pupil care is the responsibility of all teachers and lack of male participation negatively impacts on male role modelling for health and personal development of young people (Roulston and Mills, 2000). Male teachers need to be supported, therefore, to develop expanded health and emotional awareness as well as developing communication skills and responsible caring, as opposed to deflection by humour (termed ‘slagging’ by participants in the study). The data also indicated that some male teachers needed to exercise care to avoid being alone with a student and this suggests the potential for the teaching of curricula such as this in a tag team approach of two teachers (one male and one female) working together. SPHE and RSE are taught through experiential learning methodologies in Ireland. These methodologies are necessary for all teachers not simply for those who attend SPHE/RSE professional development. There is need to expose all teachers to experiential learning methodologies and indeed to andragogy (Knowles, 1990) to better support teachers to understand their role in the personal development of their students and also to increase their level of comfort in dealing with issues other than those prescribed by their specific subject.

Supporting male teachers to understand schools as health-promoting settings would greatly aid a more gender balanced promotion of health as an integral aspect of the school mission and ethos (Saint-Leger, 1998; Jourdan et al., 2008). Every teacher in a school has a contribution to make to the teaching of RSE. The fact that one is not timetabled to teach RSE does not mean that one can abdicate one’s responsibility for the personal and social development of pupils. One of the problems associated with structuring health promotion into a specific subject is that it may facilitate male teachers to take less responsibility for the affective development of their pupils. Within schools, therefore, careful implementation that calls for team teaching and a whole-school approach is vital.

The manner in which teachers are selected to teach RSE appears problematic. School principals are important in the implementation of health education (Han and Weiss, 2005). The principal is the person most likely to influence the organizational conditions necessary for the development of shared goals, collaboration and school climate (Fullan, 1991). Principals need to be supported in developing gender-balanced strategies in the professional development of their staff (especially in the area of health promotion). This needs to be done so that all staff members are included in the responsibility for affective education.

Many teachers may have considerable difficulty in sustaining their enthusiasm for RSE given the general male resistance to RSE in staff rooms. Schools overall gender regimes typically reinforce gender dichotomy and masculinizing practices in schools are concentrated at certain
sites, in particular curriculum divisions (Connell, 1996). This research points to the significant cultural challenges facing sexual health promotion in schools. Much work is needed in addressing gender perceptions in this field as they are currently negatively impacting on the promotion of sexual health in Irish schools.

CONCLUSION

This research points to the impact of sociocultural factors on the promotion of health in schools and in particular on sex education. The care and welfare of pupils is the responsibility of all teachers, not just those who teach RSE or SPHE. This requires commitment teachers to resisting assimilation of stereotyped gender norms and to more positive role modelling for students. Teacher development is the way forward. The need is not only the teaching of sexual education knowledge but also to help teachers build their professional identity in a changing world (Hargreaves, 1994). Whole-school development with a strong emphasis on health promotion is essential with all staff having a role in the personal development of their students. A health promotion core team which includes RSE in each school would be an efficient means to effect school commitment to student health promotion. It is essential that this team is made-up of male and female teachers and that a strategic goal of this team is to enhance all staff commitment to health promotion in their school. Initial teacher education and continuing professional development needs to pay attention to developing teachers’ familiarity and skill with experiential learning methodologies. In doing so it might help to support the development of teacher comfort in engaging with the varied issues that personal development raise.

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