Progressive Initiatives in Memphis City Schools’ Health/Wellness Curriculum:

An examination of the relatively liberal yet stunted MCS sexual education instruction.

Emily J. Sullivan
2012 Rhodes Institute for Regional Studies

Upon typing “Frayser High School” into Google, multiple articles immediately pop up treating one subject: teenage pregnancy. Indeed, after the school website is listed, multiple results follow: “90 pregnancies at one high school,” “Pregnancy Epidemic: 90 teens, 11 percent of student body, pregnant at Frayser High School in Memphis.” The issue even received criticism on the popular show, Glee. Gwyneth Paltrow, who played a substitute sex education teacher, said, “I just read in the newspaper that 90 high school girls in a Memphis school district got pregnant within three months. I mean, it is Tennessee, but still!”

After the Frayser High School case went viral around January 12, 2011, Mayor AC Wharton stepped in about a week later to dispute this figure and the negative media attention surrounding Memphis. When acclaimed psychiatrist Dr. Janet Taylor went on the TODAY Show and stated that there is “reportedly no OBGYN in [Shelby] County,” Wharton fired back and wrote that Taylor was

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indeed, incorrect, and that there were at least 130 practitioners in the county.³ Amidst the rubble of negative, unverified statistics regarding Frayser teenage pregnancy that even received international attention, community initiatives were launched in order to combat the supposed teen pregnancy “epidemic.” Over a year after the media outbreak on Frayser, it is necessary to examine the changes that have taken place in the community and furthermore, examine if such media attention was warranted. This paper will investigate community outreach efforts in Memphis geared towards eliminating teen pregnancy, as well as the current and future Health/Wellness curriculum in Memphis City Schools. After looking at the Frayser case, it will become apparent that much development surrounding teenage pregnancy needs to take place in the community; however, attention on Frayser was drawn on the wrong elements. This paper will function not as a case study on Frayser, but more so as an examination of solutions proposed by community organizations/public schools and overall, how sexual education must be ameliorated in Memphis City Schools.

Faulty Reporting on Frayser

Frayser was indeed one of the largest reported cases in terms of Public Relations for MCS. However, the attention it received did not indeed alleviate the supposed teen pregnancy “epidemic.” In this section, I will detail the errors in national reporting on Frayser teenage pregnancy, as well as the cliché responses and perspectives concerning why the teenage pregnancy rate was so high in the community.

While the teenage pregnancy rate is undeniably high in the Frayser community, a report from the Chicago Tribune on January 18, 2011, concluded that the number was so high given to the fact that Frayser High School serves as a magnet school for pregnant teenagers. In the report, former principal Cassandra Turner said that 35 girls transferred to the school due to a program she constructed, which would allow teenage parents to attend classes while their children were in daycare at the school. In the report, Mayor AC Wharton mentioned that there was no accurate number of pregnant teenage girls due to over and under reporting. Indeed, in my interview with Dr. Carla Shirley, who administers the CDC Youth Risk Behavior Survey along with the School Profile Survey in Memphis City Schools, she revealed that there is no way to know the exact number—it is illegal for administrators to collect such data.

The grand majority of reports contained the same interview with Terrika Sutton, a 16-year-old student who had a two-month year old daughter at the time. In the video interview, Sutton nonchalantly says that pregnancy in Frayser, “ain’t nothing new. Some girls just try to do it because they think it’s cute.” This one voice was used in over a dozen news reports, reflecting teenage pregnancy in Frayser as recurrent, but displaying Memphis City Schools as not educating their students. According to Susan Lee and Sudie Cushman, who both are in charge of the HIV/AIDS prevention curriculum in MCS, there was certainly Family Life Education at

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5 Carla D. Shirley. "Dr. Shirley Interview." Personal interview. 12 July 2012.

Frayser High School during the time of the reporting. Given the fact that Health/Wellness classes are mandatory in Memphis City Schools, is it justifiable to criticize the school system for the high teenage pregnancy rates?

On the TODAY show, reporters examined the Frayser issue and delved into reasons as to why the teen pregnancy rate was so high in the Frayser community. Though Taylor was factually mistaken in her speculations on the number of OBGYN doctors in the county, her advice as a psychiatrist appears more practical. During the Frayser scrutiny, Dr. Taylor speculated that the high teenage pregnancy rates were attributed to a number of both inner and intrapersonal issues: “sometimes it’s a self problem in terms of self-esteem, sometimes there’s an association with depression/anxiety. Also family problems. The more connected girls are with their families, both mothers and fathers, the less likelihood they will have a baby.”

In addition to the necessity of curbing the high rates of teenage pregnancy for economic reasons, Psychologist Dale Atkins drew attention to an underlying issue regarding varying perspectives on sex education. She added, “I think sex education is all about awareness of your body and how you handle it and how you treat it.” This quote reflects how there are multiple ways of perceiving sexuality and how individuals vary in their ideas of how sex education should be taught, but also, how sex education should equip students in an empowering manner.

Community Outreach Programs

The media response to Frayser painted the community in a very stereotypical manner: ignorant and rather latent in tackling such an issue. However, there are a number of organizations

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7 Susan E. Lee and Sudie S. Cushman. "Interview with Sudie and Susan." Personal interview. 19 July 2012.
8 Ibid.
9 Ibid.
that partner with MCS in afterschool programs that serve to educate and empower teens—and had already been doing so during the reporting. Girls Inc., which has served Memphis for 65 years, launched the “No Baby” Campaign.\textsuperscript{10} The one-year media campaign served to present the facts about teenage pregnancy and contraception, in order to help curb high teenage pregnancy rates in the Frayser community. Girls Inc. seeks to empower young women by teaching them about teen pregnancy, contraception and self-esteem. Part of their “About Us” section of their website reads, “Our approach is a multi-faceted effort that builds birth control knowledge and the enhanced esteem needed to help a girl resist the pressures of strong outside influences.”\textsuperscript{11}

Though the one-year media campaign seemed to be created as a result of the wide media attention surrounding the Frayser community, Girls Inc. has been around for 65 years, serving to empower young women. The President/CEO of the organization, Deborah Hester Harrison, asserted that the program has been very effective in encouraging self-esteem and self-confidence.\textsuperscript{12} As Girls Inc. specifically launched the “No Baby” campaign in the Frayser community, they have been involved in a number of outreach programs. The “No Baby” campaign primarily focused on using multimedia to encourage female empowerment and prevent teenage pregnancy. The organization receives funding from a number of sources—the state of Tennessee and the City of Memphis, Nike, Junior League, the Children’s Foundation and the Women’s Foundation.\textsuperscript{13} In addition to Girls Inc.’s collaboration with various organizations, it has also worked with The University of Memphis Center for Research on Women. The UMCRW compiled a progress report on the organization by surveying 111 girls active in the program in

\textsuperscript{10} No Baby. <www.nobaby.org>.
\textsuperscript{11} Ibid.
\textsuperscript{12} Deborah Hester Harrison. "Interview with Deborah Hester." Personal interview. 10 July 2012.
Fall 2010 and again in Spring 2011. In their findings, the Center reported that the girls in the program from grades 3-8 performed astronomically higher in the majority of fields than their peers. On the Tennessee Comprehensive Assessment Program Achievement tests, a higher percentage of Girls Inc. participants scored proficient and advanced in all of the measured categories than Memphis City School students in general, reflecting the importance of community partnerships. President and CEO Deborah Hester Harrison voiced her belief that having a mentor is very important in these girls’ lives. She believes that mentors help girls see the bigger world picture other than the setting that they are surrounded by. In our interview, she added, “Our goal is to help [our girls] see beyond that world. One of my favorite quotes is, ‘You cannot be what you cannot see.’ We think kids (specifically, young kids) reach 16-17 and they ought to be making some of these wonderful decisions because they’re 16, 17, 18 or 20—whatever their age is, but sometimes they don’t have knowledge and background just because they reach a certain age. When your world is filled with drug addiction and that’s all you see: Poverty, drug addiction, poor education, no work ethic, no work skills, you know, if you live in that very finite world, how are you going to get out of that unless you see another world? You don’t know any better, you don’t know any different. That’s what you know. Gangs. Violence. These kids live in worlds where they’re hearing gunshots every night. I can’t imagine that. So if there’s

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15 Ibid.
16 Ibid.
not an organization like Girls Incorporated and other organizations that get them out of that world, they’re not going to get out on their own.”

In my interview with Dr. Carla Shirley, who is the district administrator of the CDC-sponsored Youth Risk Behavior Survey and the research evaluator of the CDC-sponsored HIV Prevention Program in Memphis City Schools, she pointed to the great benefit of partnering with organizations in the community, given that such organizations afford students the opportunity to explore their interests while keeping them out of high risk activities. Girls’ Inc. is one of the organizations affiliated with Memphis City Schools, and they have a number of afterschool programs. Indeed, as a large part of the program is devoted to pregnancy prevention and sex education, CEO Hester affirmed her belief that abstinence-based programs are much more effective than abstinence-only policies. Accordingly, 59% of the girls they serve come from single mother family homes, Hester said, “A lot of them need a male in their lives, which is really kind of sad. And so you need to help them understand that sex isn’t love and to respect themselves.”

Similar to the aims of Girls Inc., Le Bonheur launched a $4 million program funded by the Office of Adolescent Health, a division of the U.S. Department of Health and Human Services. The “Be Proud! Be Responsible! Memphis!” Program focuses on pregnancy prevention by teaching about sexual risk and healthy relationships. In 2010, the program focused on outreach programs to 1,260 teens aged 13-18 in the Memphis area. The program primarily focuses on boys, as they are half of the equation in the high teenage pregnancy rates. The

17 Ibid.
18 Ibid.
19 Ibid.
program uses a variety of multimedia sources in order to foster a sense of pride and responsibility among youth. Some of their programs include: the Nurse Family Partnership (an initiative to equip low-income pregnant women with specially-prepared nurses) and the Fatherhood Program, which promotes responsible fatherhood and condemns child abuse by use of the Strengthening Families model. Le Bonheur is one of the many organizations that received government funding to prevent teenage pregnancy in Memphis.

In addition to Le Bonheur, there is also a Boys Inc. that encourages boys to be “different,” “responsible” and “strong.” Dr. Shirley affirmed that there are a number of community organizations working with the public schools, whether they are faith-based or not. Some programs focus on sex education, and even teach in “a way that they feel is appropriate, although evidence-based approaches are encouraged” (Dr. Shirley interview). One major effort, which is a collaboration of over 25 organizations and agencies, is working to prevent teenage pregnancy and empower teenage parents, under the name of MemTV—Memphis Teen Vision.21 Thus, although there is undeniably a high teenage pregnancy rate in Memphis, there are a number of organizations that are actively working with the community in order to lower teenage pregnancy rates.

MCS Health/Wellness Education: Progressive?

A major fallacy presented in news reporting on the high teenage pregnancy rate in Frayser was the notion that there was no sex education in Memphis City Schools. In conjunction to the numerous organizations that are actively working with the Memphis City School system in afterschool programs, there is clearly attention paid to Family Life Education in Memphis City

21 MemTV
Schools. While the implementation of the *Michigan Model for Health* for the 2012-2013 school year is in effect, there was still a Family Life education model employed during the time that the news media focused on Frayser High. According to Sudie S. Cushman, who serves as the Special Projects Coordinator in MCS (funded by the CDC HIV Prevention Program), the Family Life education model was quite similar to the *Michigan Model for Health*, in the sense that it educated students about an array of risk-activity topics linked to teenage pregnancy.\(^\text{22}\)

Health/Wellness educators go through intensive training sessions on new material and are even monitored during their classes to ensure that they are properly teaching the material. Health teachers are trained all year long, and more intensively during in-service sessions in August, October and February. Additionally, they receive one-on-one technical assistance throughout the school year with the HIV/AIDS and Health coordinators that oversee the program development.

While accurate figures on Frayser High School regarding teenage pregnancy is impossible to gather, County Health Rankings noted that 15,216 Shelby County teenagers (ages 15-19) gave birth in the last year.\(^\text{23}\) The majority of the Healthy/Responsible Relationships curriculum in MCS is devoted to educating about the possible negative outcomes of sexual intercourse—unwanted pregnancy and HIV/AIDS. In addition, a large part of their curriculum focuses on STDs—particularly, Gonorrhea and Chlamydia, as Tennessee ranked 11\(^\text{th}\) out of the 50 states in Chlamydia infections and 12\(^\text{th}\) among 50 states in Gonorrhea infections.\(^\text{24}\) According to a 2009 statistic from the Annie E. Casey Foundation, 24% of children under 18 lived below

\(^{22}\) Ibid.


the poverty level in the state of Tennessee. Economically, unplanned pregnancies cost Tennessee approximately $344 million a year. With such statistics, one could speculate that the Health/Wellness curriculum is working to meet the most urgent needs of the community, by focusing on major issues plaguing reproductive health in Memphis.

However, by looking at the MCS Health/Wellness curriculum with a liberal perspective, one could accuse the school of viewing sexuality in a negative manner. Although the Michigan Model for Health has not yet been put into practice by Memphis City Schools and therefore is under trial, one can speculate how the model might influence students. In fact, the scope and sequence chart includes ten categories in Lifetime Wellness for grades 9-12: Character Building, Nutrition, Skin Protection, Physical Activity, Teens Campaign Against Tobacco, Healthy and Responsible Relationships, Gambling, Conflict Resolution/Violence Prevention, Solutions to Alcohol/Tobacco/Drugs, and Communication with others. The majority of these topics focus on prevention, in order to equip students with knowledge on avoiding risk-activities that could be detrimental to one's health. However, while informative on the risks involved in sexual activity by educating students about STDs, HIV/AIDS, and unplanned pregnancy—one could argue that there is hidden curriculum involved in teaching students about the risks of sexual activity in the same course as substance abuse and diseases. Though sexuality may be cast in a negative manner, the Michigan Model for Health has been adopted by 39 states. This model commences educating students about Health/Wellness starting in kindergarten, and ending in 12th grade.

Students in Memphis City Schools take the Health/Wellness course for one year in the 9th grade,

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but have the choice to take it in a later year if desired. The model and curriculum guidebook is very precise, with clearly defined lesson plans, learning expectations and an exact time slot allotted to each lesson.

Prior to the adoption of the *Michigan Model for Health*, MCS taught a Family Life course, which was quite comparable to the MMH. However, lessons from the MCS website detailing the curriculum are a bit questionable and controversial. Even at early stages, such as some of the lessons in the 5th grade curriculum, one could assume the curriculum to be detrimental to students. The purpose of Lesson 5.9, entitled “Do I Feel Safe?” is to educate the student on understanding the “appropriate action to take when personal safety is threatened,” by differentiating between “appropriate and inappropriate touch (good, bad, or confusing).” The issue with this “differentiating” between what is deemed appropriate and inappropriate is that each child has his/her unique experience or view on personal boundaries. In fact, Levine affirms that this “good touch/bad touch” activity could be damaging to students levels of trust within their own families. She writes, “Programs such as the popular ‘good touch/bad touch’ curricula have been shown to have no positive effects and plenty of negative ones. They reinforce kids’ prejudices against ‘bad’ people (i.e., people of different races or those who wear ragged clothing)...Not surprisingly, the programs make children especially wary of sex, teaching them, in the words of psychologist Bonnie Trudell, that ‘sexuality is essentially secretive, negative, and even dangerous.’ They may even make children wary of their own parents.”

Indeed, lessons on good touch/bad touch could cause suspicion and distrust within family, as students could develop ideas on what an “appropriate” or “good” touch is through such a lesson, even though the lesson encourages student to react using their “gut feeling.” In a community such as Frayser, trust

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28 Ibid. p. 182.
within the family is a crucial issue, as it could prevent teenagers from making poor decisions regarding their sexual lives. Though this is a lesson from 2009, and the *Michigan Model for Health* curriculum has been adopted, this remains an instructional practice for grades 4-5 for the 2012-2013 school year.\(^\text{29}\)

Yet another lesson focuses on different sexual orientations in society. One such lesson, called, “Traditional and Not-So-Traditional,” focuses on teaching about diverse sexual orientations in society and the damaging impact of discrimination on those who do not “fall into the traditional category for sexual orientation.”\(^\text{30}\) While this lesson plan is quite progressive and fosters acceptance for the LGBT community, the Teaching Tips section is a bit troubling. It includes, “if a student discloses emotional turmoil about his/her sexuality, talk with the guidance counselor and refer the student immediately.”\(^\text{31}\) While it is important for the student to speak with a responsible adult, this also promotes the idea that any sexual orientation besides heterosexuality is an abnormality, and that such a problem with discovering ones sexuality is atypical.

While the MCS Health/Wellness curriculum concentrates its sexual education efforts within the Health/Wellness department, UNESCO, which has examined effective sex education curriculum around the world, recommends that sex education comprise six topics: Relationships, values/attitudes and skills, culture/society and human rights, human development, sexual behavior, and sexual and reproductive health.\(^\text{32}\) While the MCS curriculum includes

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\(^{30}\) “MCS 5\textsuperscript{th} Grade Health Lessons”. Memphis City Schools. Lesson Plan 10: Traditional and Not-So-Traditional.

\(^{31}\) Ibid.

sexual/reproductive health, relationships and sexual behavior, it fails to show different cultural views on sexuality and human rights. Such a learning objective is promoted in ages 5-8 in the UNESCO section on Friendship, Love and Relationships. The learning objectives for the age group also include the right for students to explore their “private” parts, teaching about how society/culture influences values on sexuality and how everyone has the right to do what they want with their body. Interesting enough, level III (ages 12-15) of the UNESCO sexual health program states, “It is important to know one’s own values, beliefs and attitudes, how they impact on the rights of others and how to stand up for them.”33 By such standards, this could include teaching students about the hidden agenda in sexual education—that there is truly a debate on sexuality.

Young students must also be taught that family/community values and beliefs influence our understanding of sex and gender in order to be responsible citizens of the world. Perhaps this is not implemented in a clear manner in the MCS Family Life curriculum, but a part of the curriculum is centered on examining the effect of attitudes and behavior on the family and the family’s influence, as well as gender roles and stereotypes in a different lesson.34 For example, in one lesson plan in the Michigan Model for Health guidebook for grades 6-8, on “Growing Up and Staying Healthy,” a section tells the teachers to ask the students: “What other factors can you think of that influences the boundaries you set for yourself to avoid infection?” It then proceeds to mention, “Call on students to share their ideas. Make sure the following factors are discussed: Your parents and other family members probably have values that guide your behavior. Many religions have guidelines for sexual behavior. Each of you individually has feelings about what

33 Ibid.
34 “MCS Middle School Instructional Map.” Grade 6-7-8, Memphis City Schools. <http://www.mcsk12.net/aoti/ci/docs/2012_2013IM/hpe/health/6-7-8gradehealthinstructionalmap2.pdf>
behaviors you are comfortable with, and what you aren’t.” In this lesson, one can see that students are taught critical thinking skills in order to understand how their values are formed. However, it is important to note that the question is presented in a fashion that focuses on the risk of infection, rather than on sexuality or choices in a more general sense. It is also interesting to note that religions are presented as having “guidelines” rather than “moral values.” The question and answer is presented in a manner that reminds students that there are sexual rules that must be followed rather than encouraging a critical examination and in-depth exploration of the foundation of ones values. Thus, while the lesson does touch on how individuals make informed decisions by examining their influences, the last phrase does not fully teach students about how their view on sexuality is even being tainted by focusing primarily on the risks involved.

In contrast to a state like Vermont, which has one of the lowest teenage pregnancy rates in the United States, the Tennessee Department of Education standards of Health/Wellness Education reflects a very conservative agenda. While an aspect like “examine the influence of families, cultural traditions and economic factors on human development” is necessary in a community like Frayser, where teenage pregnancy in impoverished families is quite typical, the majority of the “Student Expectations” in the section is plagued with negativity regarding sexual activity. In section 6.6, the student is expected to “recognize abstinence from all sexual activity as a positive choice.” Whereas as the Tennessee requirements concerning sex education seek to warn students of the dangers of sexual activity, Vermont requirements differ not in the teaching


37 Ibid.
material, but in the delivery of the material. A section of the Health/Wellness curriculum on “Decision Making” includes expecting students to “analyze influences on sexual behavior (e.g., family, peers, religion, media, culture, internal).”

Perhaps this key skill for students to acquire is the most valuable—instead of casting sexual activity in a purely informative manner by highlighting the negative consequences, students are encouraged to discover how their views of sexuality have been formed.

Reviewing the Health/Wellness chart for grades 9-12 in MCS (which is a part of the *Michigan Model for Health*), the “Healthy and Responsible Relationships” curriculum on sexuality is abstinence-based. Within the skills obtained section, the first skill listed is, “Recognize that abstinence from all sexual activity is the healthiest choice.” Indeed, this phrase is repeated with a variation of abstinence being declared as the ‘healthiest,’ ‘positive’ and the ‘preferred’ choice. By highlighting abstinence as the ‘preferred’ choice, one can see that there is a clear insertion of sexually conservative values surrounding the curriculum. As instructors cannot educate on masturbation, this attaches a negative connotation to sexuality. There is a clear injection of what is seen as “moral” in educating students. Levine attests, “Desire is probably the least studied, least understood aspect of sexuality.”

The problem of not having open discussions about desire, which is the most integral part of sexual activity, is that sexuality is not presented in a fair manner. Instructors do not ask “why” people are sexually active, but present all of the negative consequences involved in sexual activity. Is it fair for instructors to present abstinence as the healthiest choice, when there are clearly benefits to having sex? Sex burns

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calories. It also can serve as a major stress relief, boost immunity, self-esteem and intimacy.

While it is evident that instructors cannot “condone” or “promote” sexual activity, they should not be granted the right to vilify sex by promoting abstinence as the “healthiest” choice. As Senate Bill 3310 points out, sex educators must provide “factually and medically-accurate information”40 about sexuality. Thus, isn’t it justifiable to address such benefits without slandering sex?

From a global perspective, the *Michigan Model for Health* fails to meet international standards and suggestions. During the UNAIDS symposium report of 2011 in New York, Dr. Mary Otieno, UNFPA Senior Technical Adviser for HIV and Young People, detailed the procedures and results of the 2010 Global Consultation on Comprehensive Sexuality Education (organized by UNFPA in 2010), and declared that “Sexuality education is recognized as a right and a necessity,” and that educators must “take a positive life-cycle approach to sexuality, presenting human sexuality as an integral part of being human throughout the life-cycle; sexuality education should not just present the dangers and risks of sex, it also should affirm positive aspects of sexuality.”41 In addition to stressing the necessity of teaching about the positive features of sexuality, Dr. Otieno also included that school systems must integrate sexuality, gender and citizenship objectives into educational goals and weave them through the curriculum. Figures indicate that these international standards, particularly in Europe, are much more effective in combating teenage pregnancy.42 In 2009, the teen pregnancy rate in the U.S.

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40 49-6-1304 SB3310, Tn. (passed Apr. 27, 2012).
42 Ibid.
was an average 39.1 per thousand women aged 15-19, whereas in France the rate was 7.1 and in the Netherlands, 5.3 per thousand.\textsuperscript{43}

According to Judith Levine, an American author, journalist and essayist on sex, gender and families, teaching students about masturbation and desire is a very integral aspect of sex education. In an area like Frayser, this could be very beneficial to young girls. In Levine’s book, \textit{Harmful to Minors}, she comments, “Masturbation, said Thompson, is the first step toward understanding, and owning, one’s desire. One of the things that masturbation teaches us is that much of what you feel is in your own body […] A girl can realize, ‘Oh, I had something before this [relationship].’ That [realization] is good and sustaining. It can carry someone through romantic disappointment, as well as help a girl extricate herself from an abusive or destructive, but sexually compelling, relationship.”\textsuperscript{44} However, Tennessee legislation prohibits the teaching of masturbation. In addition, the majority of evangelical literature forbids any sexual activity, including masturbation.\textsuperscript{45} According to an article by the New Yorker, the red states have the highest teenage pregnancy rates, while the blue states have the lowest. While there are effective organizations that help educate and empower students, strict laws prevent instructors from educating about the benefits of sexuality.

Though there is accurate information provided to students regarding sexual activity, information is limited. According to Public Chapter No. 973 of TN Senate Bill no. 3310, sex education must be “abstinence-based” or “abstinence-centered.”\textsuperscript{46} In addition, instructors are

\textsuperscript{44} Ibid, p. 161.
\textsuperscript{46} Ibid.
prohibited from teaching, “gateway sexual activity” which is defined as “sexual contact encouraging an individual to engage in a non-abstinent behavior. A person promotes a gateway sexual activity by encouraging, advocating, urging or condoning gateway sexual activity.” By this definition, instructors are not allowed to speak about masturbation and sexual desire to students, as this could qualify as “condoning” sexual activity. The age-old argument that sexual education should not be taught to students, as it will promote sexual activity, is reinforced by Tennessee’s legislation on sex education in public schools. It appears that the Health/Wellness curriculum in Memphis city schools is taught in a manner that encourages prevention, rather than informing about and discussing sexuality. While information on HIV/AIDS and pregnancy prevention are necessary factors to protect students from making poor sexual choices, such discussions marginalize students who deviate from what is perceived as “age-appropriate.”

Tennessee Senate Bill 3310 indicates that sex education material must be “Age-appropriate” means designed to teach concepts, information and skills based on the social, cognitive, emotional and experience level of most students at a particular age level.” While this change to the legislation, which prior indicated that the material must be age-appropriate, “regardless of a student’s past experiences,” allows flexibility in the curriculum, it is also rather restrictive. “Age-appropriate” indicates that there is a general guideline for what can and cannot be taught in schools at certain ages. Within the same sexual education category in Tennessee legislation, SB0049, the infamous “Don’t say gay bill,” prohibited the teaching of any sexual orientation other than heterosexuality in grades K-8. Ironically, democratic senators, particularly Andy Berke, argued against the amendment not because of the homophobic nature of the amendment, but because he thought that “what we’re going to end up doing, I think, is

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47 Ibid.
liberalizing the ability to teach age-inappropriate materials in K-8 schools.” Berke also repeated that teaching sexual education in ages K-8 has been defined as a Class C misdemeanor for the past 40 years in Tennessee, which was his reasoning for wanting to axe the bill. Additionally, “Democratic” senator Roy Herron feared that the bill would “inadvertently preclude” the “teachings of ethics or morality and abstinence” or “prohibit a god-fearing teacher from teaching ethics and morality.” Senator Campfield stressed that the amendment was added in order to provide clarity on certain terminology and provide guidelines for schools that received permission to teach sexual education. He added that the bill was not trying to get into the teaching of ethics and morality, “as there are as many points of view on morality as there are points of view” (vid). The senate hearing, which took place over a year before the hearing on SB3310, reflected not only the recurring debate regarding clarity in terminology, but also reflected the insertion of conservative values in education. While Campfield had the goal of not inserting morality into education, he in effect did so by restricting sexual education to heterosexuality, and furthermore marginalizing LGBT youth. Additionally, democratic senators that objected to the bill were more so concerned about the teaching of sexuality in general, rather than the exclusion of educating LGBT youth on vital sexuality information.

While conservative values are certainly inserted in the sex education curriculum in Memphis City Schools, there is one common value that both sexually conservative and sexually liberal parents value: responsibility. According to Kristin Luker, author of When Sex Goes to School, “For liberals, responsibility is planning ahead, but for conservatives, it is accountability,

50 Ibid.
51 Ibid.
not preventing the consequences but living with them.” While conservatives and liberals differ on their interpretation of responsibility, it is important to recall that the MCS curriculum for Health/Wellness groups a large part of Sexuality under “Healthy/Responsible Relationships.” In her book, Luker reveals how the debate surrounding sex and sex education is both moral and political. She argues that the fairest way to teach education is to put the “hidden agenda” on the table and show that Americans have varying views on sexuality, with “views rooted in very different notions of the relationship of sexuality to marriage.” Accordingly, sexual liberals view sex as “natural” while sexual conservatives view sex as “sacred.” One can see this particular notion in the Tennessee Department of Health page on Adolescent Sexual Activity. There is a clear emphasis on the value of marriage, as the page includes “sexual activity outside the context of marriage is likely to have harmful psychological effects.” In addition, the first clause of this “Fact sheet” contains “out-of-wedlock-pregnancy.” Thus, although it is discouraged for teenagers to engage in sexual activity, the page makes it clear that sexual activity within the marital context is acceptable.

While the Memphis City School system is in the process of adopting the widely accepted *Michigan Model for Health*, there are still problems within the curriculum. However, as a whole, there are issues within the National Sexuality Education Standards. According to Debra Haffner, director of the Religious Institute on Sexual Morality, Justice, and Healing, and former president and CEO of SIECUS, “I was somewhat surprised to see that the following words appear nowhere in the new Standards: pleasure, desire, kissing, masturbation, fantasy, dysfunction […]” Perhaps my greatest concern about the new Standards, however, is that the goal of sexuality education in

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53 Ibid. p. 258.
helping create sexually healthy adults is completely missing." Thus, as a whole, one cannot judge the Memphis City School system to be completely flawed, as the Tennessee Department of Education implements a curriculum that adheres to both the national standards and the state standards.

Although sex education in Memphis City Schools is by no means the epitome of effectiveness, the schools implemented a Health/Wellness curriculum that adheres to Senate Bill 3310. During the Tennessee Senate hearing on the Department of Education on March 28, 2012, senators convened in order to discuss various Senate Bills—including SB3310. The bill outlined the necessities concerning criteria for public schools that wished to offer sexuality education, as an integrated part of the Family Life curriculum. The assembly primarily focused on clarifying vague terminology and provided more suggestions concerning ameliorating the outlined agenda. During the hearing, senator Stacey Campfield voiced his concerns on the prior bill, which indicated that Family Life instruction would “teach basic moral values,” which has been in the code since 1989. Interestingly so, Campfield proposed SB0049, which restricted the teaching of any sexual orientation other than heterosexuality in public elementary and middle schools.

SB3310 is peppered in vague terms—“age-appropriate,” “gateway sexual activity,” “evidence-based approach”—although each term is “defined” in the chapter. For example, “age-appropriate” means “designed to teach concepts, information and skills based on the social, cognitive, emotional and experience level of most students at a particular age level.” The problem with such a vague definition is that there is no way to indicate what “age-appropriate” is

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57 Ibid.
for each age group, as it could differ depending on the household and region of each family. Students in the Frayser region could have different life experiences that are deemed atypical for their age group.

Along with the issue of defining ‘age-appropriate,’ there is also the issue of when a Family Life program has to be implemented—if the teenage pregnancy rate in a given county exceeds 19.5 pregnancies per thousand females aged 15 through 17. It is questionable as to why 19.5 females is the threshold prior to implementing a “Family Life” education in public schools. During the Senate Session-68th Legislative Day, Senator Johnson reported that the figure before was much higher, and therefore more difficult to obtain, which prevented schools from adopting such a curriculum. One could argue that even one teen pregnancy is too much in the community. In addition, this classifies teenage pregnancy as being from ages 15-17, only a two-year span. The majority of health statistics, at a bare minimum, define teenage pregnancy as being ages 15-19, although one could argue that any age past 10 is the age that should be measured. Looking at 2009 statistics regarding the teen birth rate in the US by age, approximately 24 girls out of a thousand from ages 15-17 gave birth, compared to 90.8 girls aged 18-19 per thousand (over three times the 15-17 age range). There is always an error margin in the reporting by the Department of Health, and thus such data could be manipulated by the school in order to prevent teaching sex education. If the birth rate was measured using ages 15-19, according to County Health Rankings, only one county could qualify to opt out of teaching sex education: that of Williamson. In addition to this figure, parents are allowed to ‘opt-out’ their students from attending such Health classes. Preventing students from learning such material ill-prepares them for being responsible citizens of the world, should a county decide not to implement sexual education in its school system. Prior to amending SB3310, an “ideal Family Life program”

58 Ibid.
would begin in kindergarten and continue up to twelfth grade, however, senator Campbell objected that sexual education should not begin until 8th grade, at a minimum.59

According to TN Senate Bill 3310, a school could be severely penalized for “promoting” or “condoning” gateway sexual activity. As mentioned before, teachers are forbidden to teach about masturbation, as this could be count as “sexual stimulation.” The danger of such a vague definition means that a teacher could be severely penalized for even teaching about various forms of affection—even hugging or kissing—as this could be considered to be promotion of “gateway sexual activity.” This part was added to the bill as a result of two anecdotal instances in which a third-party encouraged alternatives to sexual activity, according to Senator Johnson. Like the Tennessee Department of Health page on Adolescent Sexual Activity, the Tennessee Senate clearly injects conservative values into the legislation regarding sexual activity, as the bill specifies that abstinence-centered education must reflect the “physical, social, emotional, psychological, economic and educational consequences of non-marital sexual activity.”60 Accordingly, supplemental curriculum including “healthy relationships and substance abuse, reinforce the goal of primary prevention.” As education must be medically-accurate and evidence-based, linking substance abuse to sexual activity is a subtle fear tactic. In 2009, 18.2% of Tennessee high school students used drugs or alcohol before engaging in sexual activity.61 While the two “risk” activities could be linked in the sense that substance abuse can impair judgment, using substance abuse to “reinforce” the “goal” of primary prevention is medically inaccurate in itself. While the figure correlating substance abuse and sexual activity in about one fifth of the sexually active students, it does not serve to represent the norm of sexually active

59 Ibid.
60 Ibid.
students. Despite the fact that abstinence is the stressed method of protection, the vague terminology, stating, “Encourage sexual health” could be interpreted in a variety of ways. Perhaps abstinence is underlined as the only guaranteed way to protect against pregnancy, and HIV/AIDS, but the notion of encouraging asserts the idea that sexuality is normal among teenagers, which could be seen as a contradiction of values. The Tennessee government does not conceal its conservative values, as SB3310 states, “Teach the positive results of avoiding sexual activity, […] and the social science research supporting the benefits of reserving the expression of human sexual activity for marriage.”

Indeed, as sexuality is seen in a negative light within Tennessee legislation and within the Memphis city school system, religious values are infused into sex education. While ideologies, political views and moral values differ in each household, a conservative agenda stands behind sex education in public schools. During the Indeed, while Girls Inc. serves to empower young women, they would likely never develop a very liberal curriculum, as $950,785 of their revenue of $2,543,155 comes from government grants. This could also mean that administrators could receive disciplinary action for partnering with an organization such as Planned Parenthood, which is very necessary in equipping the public with knowledge on contraception. On Planned Parenthood’s “Sex & Sexuality” page, the organization writes about Masturbation, detailing that, “For many of us, masturbation is a taboo topic. There are many harmful myths about masturbation that may cause us to feel uncomfortable about it. These myths can cause guilt, shame, and fear. Let’s get the facts straight. Masturbation is a natural and common activity for

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62 Ibid. (SB3310, 49-6-1304-3).
both women and men." In Tennessee Senate Bill 3310, it is prohibited for a school to partner with an organization that promotes engaging in sexual activity. Indeed, as the bill highlights not promoting sexual activity among unmarried students, the bill indirectly says that engaging in sexual activity is fine so long as the couple is married. In the New Yorker article, two family-law scholars, Naomi Cahn, of George Washington University, and June Carbone, of the University of Missouri at Kansas City, highlight the different “moral imperatives” of red and blue families. Cahn and Carbone conclude that the “paradigmatic blue-state couple is more likely to experiment with multiple partners, postpone marriage until after they reach emotional and financial maturity, and have their children (if they have them at all) as their lives are stabilizing.” While the MCS Health/Wellness curriculum does include the economic consequences of pregnancy, there is no information provided on how marriage does not necessarily guarantee financial stability. Inserting a conservative value regarding marriage within the curriculum is incredibly detrimental to students, as it could promote the idea that commitment assures sexual activity as responsible.

Inevitably, one could view the Sex Education requirements in Tennessee as flawed. While the curriculum must promote abstinence as the “preferred” option, the policy has adapted to contemporary standards, abandoning an “abstinence-only” policy. Indeed, while Senator Beverly Marrero objected to SB3310 with reasoning that the terminology could be detrimental, and that the Health/Wellness model was effective enough, Senator Johnson retaliated by stating that Tennessee has the 7th highest teenage pregnancy rate in the nation, and specificity must be

65 Ibid.
66 Ibid.
provided in order to increase the effectiveness of such Family Life programs.\textsuperscript{67} According to the Center for Disease Control Youth Risk Behavior Survey of 2011, 62% of high school students in Tennessee engaged in sexual intercourse. In addition, a reported 23% of students were never taught about AIDS or HIV infection, though teaching the material is required in all public schools in Tennessee. The proposed solutions of the CDC were better health education, more comprehensive health services, more supportive policies and more family involvement.\textsuperscript{68}

Although 96% of schools taught students about where to access reliable health information, only 4% of schools had a full-time registered nurse to provide health services to students at school. Compared to the majority of Tennessee, however, Memphis appears as much more up-to-date and progressive regarding their Health/Wellness curriculum. Whereas only 52% of Tennessee schools had a lead health education teacher who received professional development during the 2 years before the survey on HIV prevention, 81% of Memphis teachers received much more recent training.\textsuperscript{69} However, like the rest of Tennessee, little material was provided on LGBTQ youth, as only 8% of Memphis schools provided such materials.\textsuperscript{70}

Ameliorating Sex Education in MCS through Careful Examination

Prior to commenting on the delivery of the material in the Health/Wellness courses, it is necessary to regard the fragility of treating sexuality as a subject in Tennessee public schools. Indeed, during the Senate Assembly on Education in March, Senator Johnson apologized for not being clear on terminology—whether to call such an abstinence-based program “Sexual


\textsuperscript{68} HIV, Other STD, and Teen Pregnancy Prevention and Tennessee Students. Atlanta: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2011. PDF.

\textsuperscript{69} HIV, Other STD, and Teen Pregnancy Prevention and Memphis Students. Atlanta: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2011. PDF.

\textsuperscript{70} Ibid.
Education,” “Health/Wellness” or “Family Life.” While the goal outlined is to encourage overall health among students, the curriculum is ultimately geared towards encouraging abstinence. The end of SB3310 notes, “regardless of the title or designated name of a particular class or course, any instruction in sex education or sexual activity shall comply with the requirements of this part.”

Prior to 2011, the widely-accepted title of the course involving sexuality used to be called “Family Life,” the adoption of the Michigan Model for Health by the state of Tennessee transformed the course into “Health/Wellness,” as it incorporates an array of subjects geared to encourage overall healthiness. When asked about how many hours “sex education” was taught a year in Memphis City Schools, Dr. Susan E. Lee replied, “We do not really have sex education classes. There are a lot of different categories—it’s family life, reproductive health, contraceptives, personal relationships.”

While a range of subjects is covered within the Health/Wellness curriculum, it is interesting to note that sexuality is grouped within “Healthy/Responsible Relationships.” It appears that avoiding the term ‘sexuality’ or ‘sexual activity’ (though clearly defined in SB3310 and the curriculum) is widely embraced, showing how the subject is treated delicately.

Though the material covered in the Health/Wellness curriculum is implemented in 39 other states, much of teaching sexual education lies in its delivery. According to Jessica Fields, who did a case study involving sexual education in three schools in North Carolina, there was much hidden curriculum in the manner that teachers delivered the material. She states, “These lessons are often not immediately apparent in formal texts and documents; instead, they may emerge in the delivery of the formal materials.”

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71 Ibid.
72 Ibid.
teacher, Mrs. Wilkie, opened up the discussion of sexuality in a dry manner, which allowed students to ask questions about sexuality by having an anonymous question box. Field concluded, “The teachers’ insistence on anonymity provided students with some protection from possible harassment and embarrassment. With no accompanying explanation of the need for the new rules, anonymous questions and hypothetical statements depersonalized students’ sexual experiences and curiosities and suggested that sexual communication was a site of shame.”

In her study, she furthermore concluded that teachers need to take an active role in teaching about sexuality, but also must open the floor to discussion for sexuality. In her findings, she reported that teachers must foster a safe zone by allowing students to address the teacher by his/her first name, by not tolerating homophobic comments made by students and by overall fostering more discussion about sexuality rather than having the teacher instruct students in a manner-of-fact tonality. While administrators have sat in on Family Life education classes in Memphis City Schools, perhaps these details need to be examined more carefully.

In addition to adapting the curriculum to meet the needs of students, it could be beneficial for students to have to take a statewide test on Sexuality after taking such a course. Sex education in Memphis City Schools is abstinence-based, and while it does devote time to teaching about various methods of contraception, educators must be very careful in pushing for abstinence by teaching about the negative outcomes involved in sexual activity. In Fields’ study on sex education, one teacher taught about such negative outcomes by tearing apart an ornate box with ribbons to show how a person would never be whole again after engaging in sexual activity. In addition to this being a clear display of moral values injected into education, this way of teaching about the benefits of abstinence fosters an idea of shame and self-hatred within

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74 Ibid. p. 82.
75 Ibid p. 104.
students who have already engaged in sexual activities. Although the curriculum in MCS is not abstinence-only, like that of neighboring Shelby County Schools, this example serves to show how educators must be prudent when teaching about the negative outcomes of engaging in sexual activity, as inserting moral values into curriculum does not show multiple perspectives regarding sexuality. While there are guidelines on learning expectations of the student, particularly on understanding family, cultural and economic influences on human development, perhaps this must be stressed more in order to allow students to make more informed decisions and to also realize how their perspectives regarding morality (especially in terms of sexuality) are formed.

Indeed, hidden curriculum can be found in a sample 5th grade lesson plan from the Health/Wellness department in Memphis city schools. Lessons include relationships—family and friendship, feelings, differences in sexual orientation and sexual abuse. Such lessons on sexual abuse can aid in teaching lessons of self-respect and self-esteem, but can unfortunately, be detrimental to a students understanding on interpersonal relationships. Perhaps the problem of sex education not being effective enough in city schools is only a fragment of the issue. Indeed, a large part of solving such high teen pregnancy rates lies in society’s perception on sexuality and gender norms. According to Levine, “Gender starts cutting down kids’ experiential options early: a preschool teacher told me the boys in her class refuse to use the red crayon because “red is a girl’s color.”76 The prevalence of gender norms in Western society has fostered ideas on what is appropriate for each gender. While these ideas on gender have already influenced students’ decision-making skills by gearing them to act on what is apparently ‘appropriate’ for each gender, it is arguable that it is necessary for MCS administrators to look at how gender roles are cast out at earlier stages by attempting to foster a gender-neutral environment. Indeed, a research

76 Ibid p. 155.
report by the AAUW in 1992, concludes that a large issue behind sexuality education is the fact that gender inequality and prescribed gender roles are not covered in the curriculum. The report states, “If we do not begin to discuss more openly the ways in which ascribed power—whether on the basis of race, sex, class, sexual orientation, or religion—affects individual lives, we cannot truly prepare our students for responsible citizenship.”

In order for the Memphis City School system to ameliorate its Health/Wellness program, more research must be done on its effectiveness including measuring a student’s learning about sexuality as a whole. While administrators sit in on classes to examine how teachers conduct Health/Wellness classes, they must remain conscious of possibly reflecting their own morals in their instruction. In Fields’ research on the three schools in North Carolina, she found that open discussion was very important in educating the students, as this fostered the idea that sexuality is a normal human experience, and not abnormal or embarrassing. Educators must be aware of hidden curriculum that they may accidentally add into their teaching methods, as this could convey a certain message to students. Simply creating a more open air, discussion-style environment will convey a message that highlights how sexuality is a normal human experience. Students must be aware of how they have developed their opinion on sexuality. Educators need to point to other cultures in order to show how sexuality is perceived in other societies outside of the US. According to Lee and Cushman, much class-time is devoted to hands-on projects for students in order to offer students the occasion to educate and understand their peers. Cushman has gone into many Memphis city middle schools and educated students on puberty, and noticed that oftentimes, single-sex education was more effective in helping students understand their developing bodies. She noted that in coeducational environments, where students received the

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opportunity to ask questions to the teachers, the girls were rather quiet, whereas all of the boys asked questions about puberty. Cushman felt that the girls were embarrassed, and likely would have posed many questions had they been separated from the boys. While this notion does reflect the necessity for teachers to experiment with teaching single-sex and coeducational courses on sexuality, this also reflects the learning environment of the schools and perception of sexuality, where a natural process of human development is perceived as shameful.

While the United States highly stresses abstinence-only or abstinence-based education, European Standards for Sexuality Education vary in their teaching methods. Whereas the United States, and Tennessee education in general, focus on teaching material that is “age-appropriate”, according to Heather D. Boonstra of the Guttmacher Policy Review, European educators focus on “the knowledge, skills and attitudes children and adolescents should acquire by certain ages.” Europe as a whole does indeed educate about the risks in sexual activity—pregnancy, HIV/AIDS as well as STDs, but “in a more holistic approach that focuses on the self-determination of the individual and people’s responsibility for themselves and others, rather than on problems and risks.” As a whole, sexuality in the United States is presented in a highly negative manner—it is grouped in the same category as substance abuse, unhealthy relationships and disease prevention. Indeed, in the 4-5 grade ‘glossary’ that has been adapted according to MMH standards, the selected words are negatively charged: drug cocktails, undetectable virus, abducted, hazards, deserted, harassment, discrimination, violence—along with other vocabulary designed to warn students of the dangers of risky activities. In addition to the grouping of sexual activity with risk activities, the presentation of the body as private and forbidden can be detrimental to a student’s sense of self-worth. In Irvine’s book, she stresses the fact that adults

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78 Ibid.
79 Ibid.
need to be conscious of their own sexuality and desires in order to realize how their values send a message to students. Even in the U.S. legal system, nudity is a crime. This in itself sends a message to society: that the nude body is offensive and shameful, and therefore private. Even when students are taught about “private” parts, this labeling of a body part in such a manner sexualizes it in return. Critics are quick to judge American pop culture as being over-sexualized and therefore damaging to American youth, but they must recognize that messages in our legislation and texts have shaped our own mentality on the expression of human sexuality.

Conservative opinions are inserted throughout the lesson plans, in the sense that values are equated with protecting oneself from perceivably dangerous situations. In yet another lesson for grades 7-8 in the Michigan Model for Health handbook, students are asked, “What behaviors might a person choose in order to stay within healthy boundaries and protect himself or herself from HIV and other STIs?” with the “possible answers” being: “Date in group situations, not alone. Talk to each other about boundaries and what you will and won’t do prior to going out. Go to a friend’s house only when an adult is home to supervise. Hold hands, but do not kiss a date. Abstain from sex.” Such a lesson, while important in protecting students, ultimately fosters a message of distrusting others. It gives students the idea that they are irresponsible, by ultimately stating that they can only trust themselves and other adults. The lesson even advises against kissing, but encourages holding hands. This in itself is reflective of the hidden conservative values in sex education in the United States, and the lack of clarity within SB3310, which disallows the encouragement of supposed “gateway sexual activity.” Students need to examine deeper questions as to how the image of the body and sexuality has shaped American mentality in order to development more awareness and respect for their bodies, but also to understand that

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80 Ibid.
81 Ibid.
the general “American” way of perceiving sexuality is atypical compared to the rest of the developed world.

Regarding Tennessee standards for Health/Wellness education from a global perspective, one could argue that the curriculum is regressive. However, on a local, regional and state level, the curriculum can be seen as relatively progressive. Such harsh criticism from other Americans was unjustifiable, given the much higher teen pregnancy rates in other states. Texas, which has the highest teenage pregnancy rate in the US, barely educates students on sexual health: an overwhelming 94% of public schools in the state have abstinence-only policies. Even worse, 2.3% of schools ignore sex education in total and do not offer sexuality education classes. In Dr. Kelly Wilson and Dr. David Wiley’s findings in their report “Just Say Don’t Know: Sexuality Education in Texas Public Schools,” they concluded that 41% of Texas School districts made factual errors in their sexuality education, in addition to the homophobic, sexist, religious, shame/fear-based instruction taught in the schools. In Alabama, sexual education is not mandatory for districts to adopt, but if they do, schools must encourage abstinence-only and emphasize “in a factual manner and from a public health perspective, that homosexuality is not a lifestyle acceptable to the general public and that homosexual conduct is a criminal offense under the laws of the state.”

In total, blaming Frayser High School’s ‘inexistent’ sex education program for the rationale behind the high teenage pregnancy rate was completely unjustifiable. As I have highlighted in my research, there are ways that sex education could be improved in Memphis.

83 Ibid.
But one must also resist being quick to unfairly judge the sex education, as there are certain Tennessee curriculum guidelines that educators must adhere to in their teaching. Americans must look at statistics prior to misjudging Frayser High School. Faulty reporting concluded that about 20% of the female population at Frayser was pregnant in 2011. Within the various Tennessee counties, Shelby County still does not have the highest teenage pregnancy rate—it was actually ranked as the 27th highest of the 95 counties in 2012. The Frayser stereotype created through media reporting was indeed reflective of real issues occurring in the community, but not necessarily a cumulative image of what was taking place therein. In this paper, I have highlighted issues that are longstanding in our community, particularly concerning sex education. Before sexual education in Memphis City Schools can move in a more progressive direction, an overall shift in American mentality regarding sexuality must take place. Citizens must be aware of the concealed values of the senators that they elect, which are superficially labeled as “liberal” or “democratic.” In the future, an overall examination must be conducted in more depth on different ways of perceiving sexuality and sexual activity in American culture, particularly in comparison to other developed countries around the world that are statistically more effective in their sex education policies.

85 Ibid.