

Sexuality, Schooling, and Adolescent Females: The Missing Discourse of Desire

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Michelle Fine argues that the anti-sex rhetoric surrounding sex education and school-based health clinics does little to enhance the development of sexual responsibility and subjectivity in adolescents. Despite substantial evidence on the success of both school-based health clinics and access to sexuality information, the majority of public schools do not sanction or provide such information. As a result, female students, particularly low-income ones, suffer most from the inadequacies of present sex education policies. Current practices and language lead to increased experiences of victimization, teenage pregnancy, and increased dropout rates, and consequently, “. . . combine to exacerbate the vulnerability of young women whom schools, and the critics of sex education and school-based health clinics, claim to protect.” The author combines a thorough review of the literature with her research in public schools to make a compelling argument for “sexuality education” that fosters not only the full development of a sexual self but education in its broadest sense.

Since late 1986, popular magazines and newspapers have printed steamy stories about education and sexuality. Whether the controversy surrounds sex education or school-based health clinics (SBHCs), public discourses of adolescent sexuality are represented forcefully by government officials, New Right spokespersons, educators, “the public,” feminists, and health-care professionals. These stories offer the authority of “facts,” insights into the political controversies, and access to unacknowledged fears about sexuality (Foucault, 1980). Although the facts usually involve the adolescent female body, little has been heard from young women themselves.

This article examines these diverse perspectives on adolescent sexuality and, in addition, presents the views of a group of adolescent females. The article is informed by a study of numerous current sex education curricula, a year of negotiating for inclusion of lesbian and gay sexuality in a citywide sex education curriculum, and interviews and observations gathered in New York City sex education

classrooms.¹ The analysis examines the desires, fears, and fantasies which give structure and shape to silences and voices concerning sex education and school-based health clinics in the 1980s.

Despite the attention devoted to teen sexuality, pregnancy, and parenting in this country, and despite the evidence of effective interventions and the widespread public support expressed for these interventions (Harris, 1985), the systematic implementation of sex education and SBHCs continues to be obstructed by the controversies surrounding them (Kantrowitz et al., 1987; Leo, 1986). Those who resist sex education or SBHCs often present their views as based on rationality and a concern for protecting the young. For such opponents, sex education raises questions of promoting promiscuity and immorality, and of undermining family values. Yet the language of the challenges suggests an affect substantially more profound and primitive. Gary Bauer, Undersecretary of Education in the U.S. Department of Education, for example, constructs an image of immorality littered by adolescent sexuality and drug abuse:

There is ample impressionistic evidence to indicate that drug abuse and promiscuity are not independent behaviors. When inhibitions fall, they collapse across the board. When people of any age lose a sense of right and wrong, the loss is not selective. . . . [T]hey are all expressions of the same ethical vacuum among many teens. . . . (1986)

Even Surgeon General C. Everett Koop, a strong supporter of sex education, recently explained: "[W]e have to be as explicit as necessary. . . . You can't talk of the dangers of snake poisoning and not mention snakes" (quoted in Leo, 1986, p. 54). Such commonly used and often repeated metaphors associate adolescent sexuality with victimization and danger.

Yet public schools have rejected the task of sexual dialogue and critique, or what has been called "sexuality education." Within today's standard sex education curricula and many public school classrooms, we find: (1) the authorized suppression of a discourse of female sexual desire; (2) the promotion of a discourse of female sexual victimization; and (3) the explicit privileging of married heterosexuality over other practices of sexuality. One finds an unacknowledged social ambivalence about female sexuality which ideologically separates the female sexual agent, or subject, from her counterpart, the female sexual victim. The adolescent woman of the 1980s is constructed as the latter. Educated primarily as the potential victim of male sexuality, she represents no subject in her own right. Young women con-

¹ The research reported in this article represents one component of a year-long ethnographic investigation of students and dropouts at a comprehensive public high school in New York City. Funded by the W. T. Grant Foundation, the research was designed to investigate how public urban high schools produce dropout rates in excess of 50 percent. The methods employed over the year included: in-school observations four days/week during the fall, and one to two days/week during the spring; regular (daily) attendance in a hygiene course for twelfth graders; an archival analysis of more than 1200 students who compose the 1978-79 cohort of incoming ninth graders; interviews with approximately 55 recent and long-term dropouts; analysis of fictional and autobiographical writings by students; a survey distributed to a subsample of the cohort population; and visits to proprietary schools, programs for Graduate Equivalency Diplomas, naval recruitment sites, and a public high school for pregnant and parenting teens. The methods and preliminary results of the ethnography are detailed in Fine (1986).

tinue to be taught to fear and defend in isolation from exploring desire, and in this context there is little possibility of their developing a critique of gender or sexual arrangements.

Prevailing Discourses of Female Sexuality inside Public Schools

If the body is seen as endangered by uncontrollable forces, then presumably this is a society or social group which fears change—change which it perceived simultaneously as powerful and beyond its control. (Smith-Rosenberg, 1978, p. 229)

Public schools have historically been the site for identifying, civilizing, and containing that which is considered uncontrollable. While evidence of sexuality is everywhere within public high schools—in the halls, classrooms, bathrooms, lunchrooms, and the library—official sexuality education occurs sparsely: in social studies, biology, sex education, or inside the nurse's office. To understand how sexuality is managed inside schools, I examined the major discourses of sexuality which characterize the national debates over sex education and SBHCs. These discourses are then tracked as they weave through the curricula, classrooms, and halls of public high schools.

The first discourse, *sexuality as violence*, is clearly the most conservative, and equates adolescent heterosexuality with violence. At the 1986 American Dreams Symposium on education, Phyllis Schlafly commented: "Those courses on sex, abuse, incest, AIDS, they are all designed to terrorize our children. We should fight their existence, and stop putting terror in the hearts and minds of our youngsters." One aspect of this position, shared by women as politically distinct as Schlafly and the radical feminist lawyer Catherine MacKinnon (1983), views heterosexuality as essentially violent and coercive. In its full conservative form, proponents call for the elimination of sex education and clinics and urge complete reliance on the family to dictate appropriate values, mores, and behaviors.

Sexuality as violence presumes that there is a causal relationship between official silence about sexuality and a decrease in sexual activity—therefore, by not teaching about sexuality, adolescent sexual behavior will not occur. The irony, of course, lies in the empirical evidence. Fisher, Byrne, and White (1983) have documented sex-negative attitudes and contraceptive use to be negatively correlated. In their study, sex-negative attitudes do not discourage sexual activity, but they do discourage responsible use of contraception. Teens who believe sexual involvement is wrong deny responsibility for contraception. To accept responsibility would legitimate "bad" behavior. By contrast, Fisher et al. (1983) found that adolescents with sex-positive attitudes tend to be both more consistent and more positive about contraceptive use. By not teaching about sexuality, or by teaching sex-negative attitudes, schools apparently will not forestall sexual activity, but may well discourage responsible contraception.

The second discourse, *sexuality as victimization*, gathers a much greater following. Female adolescent sexuality is represented as a moment of victimization in which the dangers of heterosexuality for adolescent women (and, more recently, of homosexuality for adolescent men) are prominent. While sex may not be depicted as inherently violent, young women (and today, men) learn of their vulnerability to potential male predators.

To avoid being victimized, females learn to defend themselves against disease, pregnancy, and “being used.” The discourse of victimization supports sex education, including AIDS education, with parental consent. Suggested classroom activities emphasize “saying no,” practicing abstinence, enumerating the social and emotional risks of sexual intimacy, and listing the possible diseases associated with sexual intimacy. The language, as well as the questions asked and not asked, represents females as the actual and potential victims of male desire. In exercises, role plays, and class discussions, girls practice resistance to trite lines, unwanted hands, opened buttons, and the surrender of other “bases” they are not prepared to yield. The discourses of violence and victimization both portray males as potential predators and females as victims. Three problematic assumptions underlie these two views:

- First, female subjectivity, including the desire to engage in sexual activity, is placed outside the prevailing conversation (Vance, 1984).
- Second, both arguments present female victimization as contingent upon unmarried heterosexual involvement—rather than inherent in existing gender, class, and racial arrangements (Rubin, 1984). While feminists have long fought for the legal and social acknowledgment of sexual violence against women, most have resisted the claim that female victimization hinges primarily upon sexual involvement with men. The full range of victimization of women—at work, at home, on the streets—has instead been uncovered. The language and emotion invested in these two discourses divert attention away from structures, arrangements, and relationships which oppress women in general, and low-income women and women of color in particular (Lorde, 1978).
- Third, the messages, while narrowly anti-sexual, nevertheless buttress traditional heterosexual arrangements. These views assume that as long as females avoid premarital sexual relations with men, victimization can be avoided. Ironically, however, protection from male victimization is available primarily through marriage—by coupling with a man. The paradoxical message teaches females to fear the very men who will ultimately protect them.

The third discourse, *sexuality as individual morality*, introduces explicit notions of sexual subjectivity for women. Although quite judgmental and moralistic, this discourse values women’s sexual decisionmaking as long as the decisions made are for premarital abstinence. For example, Secretary of Education William Bennett urges schools to teach “morality literacy” and to educate towards “modesty,” “chastity,” and “abstinence” until marriage. The language of self-control and self-respect reminds students that sexual immorality breeds not only personal problems but also community tax burdens.

The debate over morality in sex education curricula marks a clear contradiction among educational conservatives over whether and how the state may intervene in the “privacy of families.” Non-interventionists, including Schlafly and Onalee McGraw, argue that educators should not teach about sexuality at all. To do so is to take a particular moral position which subverts the family. Interventionists, including Koop, Bennett, and Bauer, argue that schools should teach about sexuality by focusing on “good values,” but disagree about how. Koop proposes open discussion of sexuality and the use of condoms, while Bennett advocates “sexual restraint” (“Koop AIDS Stand Assailed,” 1987). Sexuality in this discourse is posed

as a test of self-control; individual restraint triumphs over social temptation. Pleasure and desire for women as sexual subjects remain largely in the shadows, obscured from adolescent eyes.

The fourth discourse, a *discourse of desire*, remains a whisper inside the official work of U.S. public schools. If introduced at all, it is as an interruption of the ongoing conversation (Snitow, Stansell, & Thompson, 1983). The naming of desire, pleasure, or sexual entitlement, particularly for females, barely exists in the formal agenda of public schooling on sexuality. When spoken, it is tagged with reminders of “consequences”—emotional, physical, moral, reproductive, and/or financial (Freudenberg, 1987). A genuine discourse of desire would invite adolescents to explore what feels good and bad, desirable and undesirable, grounded in experiences, needs, and limits. Such a discourse would release females from a position of receptivity, enable an analysis of the dialectics of victimization and pleasure, and would pose female adolescents as subjects of sexuality, initiators as well as negotiators (Golden, 1984; Petchesky, 1984; Thompson, 1983).

In Sweden, where sex education has been offered in schools since the turn of the century, the State Commission on Sex Education recommends teaching students to “acquire a knowledge . . . [which] will equip them to experience sexual life as a source of happiness and joy in fellowship with other [people]” (Brown, 1983, p. 88). The teachers’ handbook goes on, “The many young people who wish to wait [before initiating sexual activity] and those who have had early sexual relations should experience, in class, [the feeling] that they are understood and accepted” (p. 93). Compare this to an exercise suggested in a major U.S. metropolitan sex education curriculum: “Discuss and evaluate: things which may cause teenagers to engage in sexual relations before they are ready to assume the responsibility of marriage” (see Philadelphia School District, 1986; and New York City Board of Education, 1984).

A discourse of desire, though seldom explored in U.S. classrooms, does occur in less structured school situations. The following excerpts, taken from group and individual student interviews, demonstrate female adolescents’ subjective experiences of body and desire as they begin to articulate notions of sexuality.

In some cases young women pose a critique of marriage:

I’m still in love with Simon, but I’m seeing Jose. He’s OK but he said, “Will you be my girl?” I hate that. It feels like they own you. Like I say to a girlfriend, “What’s wrong? You look terrible!” and she says, “I’m married!” (Millie, a 16-year-old student from the Dominican Republic)

In other cases they offer stories of their own victimization:

It’s not like last year. Then I came to school regular. Now my old boyfriend, he waits for me in front of my building every morning and he fights with me. Threatens me, gettin’ all bad. . . . I want to move out of my house and live ’cause he ain’t gonna stop no way. (Sylvia, age 17, about to drop out of twelfth grade)

Some even speak of desire:

I’m sorry I couldn’t call you last night about the interview, but my boyfriend came back from [the] Navy and I wanted to spend the night with him, we don’t get to see each other much. (Shandra, age 17, after a no-show for an interview)

In a context in which desire is not silenced, but acknowledged and discussed, conversations with adolescent women can, as seen here, educate through a dialectic of victimization and pleasure. Despite formal silencing, it would be misleading to suggest that talk of desire never emerges within public schools. Notwithstanding a political climate organized around the suppression of this conversation, some teachers and community advocates continue to struggle for an empowering sex education curriculum both in and out of the high school classroom.

Family life curricula and/or plans for a school-based health clinic have been carefully generated in many communities. Yet they continue to face loud and sometimes violent resistance by religious and community groups, often from outside the district lines (Boffey, 1987; "Chicago School Clinic," 1986; Dowd, 1986; Perlez, 1986a, 1986b; Rohter, 1985). In other communities, when curricula or clinics have been approved with little overt confrontation, monies for training are withheld. For example, in New York City in 1987, \$1.7 million was initially requested to implement training on the Family Life education curriculum. As sex educators confronted community and religious groups, the inclusion of some topics as well as the language of others were continually negotiated. Ultimately, the Chancellor requested only \$600,000 for training, a sum substantially inadequate to the task.²

In this political context many public school educators nevertheless continue to take personal and professional risks to create materials and foster classroom environments which speak fully to the sexual subjectivities of young women and men. Some operate within the privacy of their classrooms, subverting the official curriculum and engaging students in critical discussion. Others advocate publicly for enriched curricula and training. A few have even requested that community-based advocates *not* agitate for official curricular change, so "we [teachers] can continue to do what we do in the classroom, with nobody looking over our shoulders. You make a big public deal of this, and it will blow open."³ Within public school classrooms, it seems that female desire may indeed be addressed when educators act subversively. But in the typical sex education classroom, silence, and therefore distortion, surrounds female desire.

The blanketing of female sexual subjectivity in public school classrooms, in public discourse, and in bed will sound familiar to those who have read Luce Irigaray (1980) and Helene Cixous (1981). These French feminists have argued that expressions of female voice, body, and sexuality are essentially inaudible when the dominant language and ways of viewing are male. Inside the hegemony of what they call The Law of the Father, female desire and pleasure can gain expression only in the terrain already charted by men (see also Burke, 1980). In the public school arena, this constriction of what is called sexuality allows girls one primary decision—to say yes or no—to a question not necessarily their own. A discourse of desire in which young women have a voice would be informed and generated out of their own socially constructed sexual meanings. It is to these expressions that we now turn.

² This information is derived from personal communications with former and present employees of major urban school districts who have chosen to remain anonymous.

³ Personal communication.

The Bodies of Female Adolescents: Voices and Structured Silences

If four discourses can be distinguished among the many positions articulated by various "authorities," the sexual meanings voiced by female adolescents defy such classification. A discourse of desire, though absent in the "official" curriculum, is by no means missing from the lived experiences or commentaries of young women. This section introduces their sexual thoughts, concerns, and meanings, as represented by a group of Black and Latina female adolescents—students and dropouts from a public high school in New York City serving predominantly low-income youths. In my year at this comprehensive high school I had frequent opportunity to speak with adolescents and listen to them talk about sex. The comments reported derive from conversations between the young women and their teachers, among themselves, and with me, as researcher. During conversations, the young women talked freely about fears and, in the same breath, asked about passions. Their struggle to untangle issues of gender, power, and sexuality underscores the fact that, for them, notions of sexual negotiation cannot be separated from sacrifice and nurturance.

The adolescent female rarely reflects simply on sexuality. Her sense of sexuality is informed by peers, culture, religion, violence, history, passion, authority, rebellion, body, past and future, and gender and racial relations of power (Espin, 1984; Omolade, 1983). The adolescent woman herself assumes a dual consciousness—at once taken with the excitement of actual/anticipated sexuality and consumed with anxiety and worry. While too few safe spaces exist for adolescent women's exploration of sexual subjectivities, there are all too many dangerous spots for their exploitation.

Whether in a classroom, on the street, at work, or at home, the adolescent female's sexuality is negotiated by, for, and despite the young woman herself. Patricia, a young Puerto Rican woman who worried about her younger sister, relates: "You see, I'm the love child and she's the one born because my mother was raped in Puerto Rico. Her father's in jail now, and she feels so bad about the whole thing so she acts bad." For Patricia, as for the many young women who have experienced and/or witnessed sexual violence, discussions of sexuality merge representations of passion with violence. Often the initiator of conversation among peers about virginity, orgasm, "getting off," and pleasure, Patricia mixed sexual talk freely with references to force and violence. She is a poignant narrator who illustrates, from the female adolescent's perspective, that sexual victimization and desire coexist (Benjamin, 1983).

Sharlene and Betty echo this braiding of danger and desire. Sharlene explained: "Boys always be trying to get into my panties," and Betty added: "I don't be needin' a man who won't give me no pleasure but take my money and expect me to take care of him." This powerful commentary on gender relations, voiced by Black adolescent females, was inseparable from their views of sexuality. To be a woman was to be strong, independent, and reliable—but not too independent for fear of scar-ing off a man.

Deidre continued this conversation, explicitly pitting male fragility against female strength: "Boys in my neighborhood ain't wrapped so tight. Got to be careful how you treat them. . . ." She reluctantly admitted that perhaps it is more important for Black males than females to attend college, "Girls and women, we're

stronger, we take care of ourselves. But boys and men, if they don't get away from the neighborhood, they end up in jail, on drugs or dead . . . or wack [crazy]."

These young women spoke often of anger at males, while concurrently expressing a strong desire for male attention: "I dropped out 'cause I fell in love, and couldn't stop thinking of him." An equally compelling desire was to protect young males—particularly Black males—from a system which "makes them wack." Ever aware of the ways that institutional racism and the economy have affected Black males, these young women seek pleasure but also offer comfort. They often view self-protection as taking something away from young men. Lavanda offered a telling example: "If I ask him to use a condom, he won't feel like a man."

In order to understand the sexual subjectivities of young women more completely, educators need to reconstruct schooling as an empowering context in which we listen to and work with the meanings and experiences of gender and sexuality revealed by the adolescents themselves. When we refuse that responsibility, we prohibit an education which adolescents wholly need and deserve. My classroom observations suggest that such education is rare.

Ms. Rosen, a teacher of a sex education class, opened one session with a request: "You should talk to your mother or father about sex before you get involved." Nilda initiated what became an informal protest by a number of Latino students: "Not our parents! We tell them one little thing and they get crazy. My cousin got sent to Puerto Rico to live with her religious aunt, and my sister got beat 'cause my father thought she was with a boy." For these adolescents, a safe space for discussion, critique, and construction of sexualities was not something they found in their homes. Instead, they relied on school, the spot they chose for the safe exploration of sexualities.

The absence of safe spaces for exploring sexuality affects all adolescents. It was paradoxical to realize that perhaps the only students who had an in-school opportunity for critical sexual discussion in the comfort of peers were the few students who had organized the Gay and Lesbian Association (GALA) at the high school. While most lesbian, gay, or bisexual students were undoubtedly closeted, those few who were "out" claimed this public space for their display and for their sanctuary. Exchanging support when families and peers would offer little, GALA members worried that so few students were willing to come out, and that so many suffered the assaults of homophobia individually. The gay and lesbian rights movement had powerfully affected these youngsters, who were comfortable enough to support each other in a place not considered very safe—a public high school in which echoes of "faggot!" fill the halls.

In the absence of an education which explores and unearths danger and desire, sexuality education classes typically provide little opportunity for discussions beyond those constructed around superficial notions of male heterosexuality (see Kelly, 1986, for a counterexample). Male pleasure is taught, albeit as biology. Teens learn about "wet dreams" (as the onset of puberty for males), "erection" (as the preface to intercourse), and "ejaculation" (as the act of inseminating). Female pleasures and questions are far less often the topic of discussion. Few voices of female sexual agency can be heard. The language of victimization and its underlying concerns—"Say No," put a brake on his sexuality, don't encourage—ulti-

mately deny young women the right to control their own sexuality by providing no access to a legitimate position of sexual subjectivity. Often conflicted about self-representation, adolescent females spend enormous amounts of time trying to “save it,” “lose it,” convince others that they have lost or saved it, or trying to be “discreet” instead of focusing their energies in ways that are sexually autonomous, responsible, and pleasurable. In classroom observations, girls who were heterosexually active rarely spoke, for fear of being ostracized (Fine, 1986). Those who were heterosexual virgins had the same worry. And most students who were gay, bisexual, or lesbian remained closeted, aware of the very real dangers of homophobia.

Occasionally, the difficult and pleasurable aspects of sexuality were discussed together, coming either as an interruption, or because an educational context was constructed. During a social studies class, for example, Catherine, the proud mother of two-year-old Tiffany, challenged an assumption underlying the class discussion—that teen motherhood devastates mother and child; “If I didn’t get pregnant I would have continued on a downward path, going nowhere. They say teenage pregnancy is bad for you, but it was good for me. I know I can’t mess around now, I got to worry about what’s good for Tiffany and for me.”

Another interruption came from Opal, a young Black student. Excerpts from her hygiene class follow.

Teacher: Let’s talk about teenage pregnancy.

Opal: How come girls in the locker room say, “You a virgin?” and if you say “Yeah” they laugh and say “Ohh, you’re a virgin. . . .” And some Black teenagers, I don’t mean to be racial, when they get ready to tell their mothers they had sex, some break on them and some look funny. My friend told her mother and she broke all the dishes. She told her mother so she could get protection so she don’t get pregnant.

Teacher: When my 13-year-old (relative) asked for birth control I was shocked and angry.

Portia: Mothers should help so she can get protection and not get pregnant or diseases. So you was wrong.

Teacher: Why not say “I’m thinking about having sex?”

Portia: You tell them after, not before, having sex but before pregnancy.

Teacher (now angry): Then it’s a fait accompli and you expect my compassion? You have to take more responsibility.

Portia: I am! If you get pregnant after you told your mother and you got all the stuff and still get pregnant, you the fool. Take up hygiene and learn. Then it’s my responsibility if I end up pregnant. . . .

Field Note, October 23, Hygiene Class

Two days later, the discussion continued.

Teacher: What topics should we talk about in sex education?

Portia: Organs, how they work.

Opal: What’s an orgasm?

[laughter]

Teacher: Sexual response, sensation all over the body. What's analogous to the male penis on the female?

Theo: Clitoris.

Teacher: Right, go home and look in the mirror.

Portia: She is too much!

Teacher: Why look in the mirror?

Elaine: It's yours.

Teacher: Why is it important to know what your body looks like?

Opal: You should like your body.

Teacher: You should know what it looks like when it's healthy, so you can recognize problems like vaginal warts.

Field Note, October 25, Hygiene Class

The discourse of desire, initiated by Opal but evident only as an interruption, faded rapidly into the discourse of disease—warning about the dangers of sexuality.

It was in the spring of that year that Opal showed up pregnant. Her hygiene teacher, who was extremely concerned and involved with her students, was also quite angry with Opal: "Who is going to take care of that baby, you or your mother? You know what it costs to buy diapers and milk and afford child care?"

Opal, in conversation with me, related, "I got to leave [school] 'cause even if they don't say it, them teachers got hate in their eyes when they look at my belly." In the absence of a way to talk about passion, pleasure, danger, and responsibility, this teacher fetishized the latter two, holding the former two hostage. Because adolescent females combine these experiences in their daily lives, the separation is false, judgmental, and ultimately not very educational.

Over the year in this high school, and in other public schools since, I have observed a systematic refusal to name issues, particularly issues that caused adults discomfort. Educators often projected their discomfort onto students in the guise of "protecting" them (Fine, 1987). An example of such silencing can be seen in a (now altered) policy of the school district of Philadelphia. In 1985 a student informed me, "We're not allowed to talk about abortion in our school." Assuming this was an overstatement, I asked an administrator at the District about this practice. She explained, "That's not quite right. If a student asks a question about abortion, the teacher can define abortion, she just can't discuss it." How can definition occur without discussion, exchange, conversation, or critique unless a subtext of silencing prevails (Greene, 1986; Noddings, 1986)?

Explicit silencing of abortion has since been lifted in Philadelphia. The revised curriculum now reads:

Options for unintended pregnancy:

- (a) adoption
- (b) foster care
- (c) single parenthood

- (d) teen marriage
- (e) abortion

A footnote is supposed to be added, however, to elaborate the negative consequences of abortion. In the social politics which surround public schools, such compromises are apparent across cities.

The New York City Family Life Education curriculum reads similarly (New York City Board of Education, 1984, p. 172):

List: The possible options for an unintended pregnancy. What considerations should be given in the decision on the alternatives?

- adoption
- foster care
- mother keeps baby
- elective abortion

Discuss:

- religious viewpoints on abortion
- present laws concerning abortion
- current developments in prenatal diagnosis and their implication for abortion issues
- why abortion should not be considered a contraceptive device

List: The people or community services that could provide assistance in the event of an unintended pregnancy

Invite: A speaker to discuss alternatives to abortion; for example, a social worker from the Department of Social Services to discuss foster care.

One must be suspicious when diverse views are sought only for abortion, and not for adoption, teen motherhood, or foster care. The call to silence is easily identified in current political and educational contexts (Fine, 1987; Foucault, 1980). The silence surrounding contraception and abortion options and diversity in sexual orientations denies adolescents information and sends the message that such conversations are taboo—at home, at church, and even at school.

In contrast to these “official curricula,” which allow discussion and admission of desire only as an interruption, let us examine other situations in which young women were invited to analyze sexuality across categories of the body, the mind, the heart, and of course, gender politics.

Teen Choice, a voluntary counseling program held on-site by non-Board of Education social workers, offered an instance in which the complexities of pleasure and danger were invited, analyzed, and braided into discussions of sexuality. In a small group discussion, the counselor asked of the seven ninth graders, “What are the two functions of a penis?” One student responded, “To pee!” Another student offered the second function: “To eat!” which was followed by laughter and serious discussion. The conversation proceeded as the teacher asked, “Do all penises look alike?” The students explained, “No, they are all different colors!”

The freedom to express, beyond simple right and wrong answers, enabled these young women to offer what they knew with humor and delight. This discussion

ended as one student insisted that if you “jump up and down a lot, the stuff will fall out of you and you won’t get pregnant,” to which the social worker answered with slight exasperation that millions of sperm would have to be released for such “expulsion” to work, and that of course, it wouldn’t work. In this conversation one could hear what seemed like too much experience, too little information, and too few questions asked by the students. But the discussion, which was sex-segregated and guided by the experiences and questions of the students themselves (and the skills of the social worker), enabled easy movement between pleasure and danger, safety and desire, naiveté and knowledge, and victimization and entitlement.

What is evident, then, is that even in the absence of a discourse of desire, young women express their notions of sexuality and relate their experiences. Yet, “official” discourses of sexuality leave little room for such exploration. The authorized sexual discourses define what is safe, what is taboo, and what will be silenced. This discourse of sexuality mis-educates adolescent women. What results is a discourse of sexuality based on the male in search of desire and the female in search of protection. The open, coed sexuality discussions so many fought for in the 1970s have been appropriated as a forum for the primacy of male heterosexuality and the preservation of female victimization.

The Politics of Female Sexual Subjectivities

In 1912, an education committee explicitly argued that “scientific” sex education “should . . . keep sex consciousness and sex emotions at the minimum” (Leo, 1986). In the same era G. Stanley Hall proposed diversionary pursuits for adolescents, including hunting, music, and sports, “to reduce sex stress and tension . . . to short-circuit, transmute it and turn it on to develop the higher powers of the men [sic]” (Hall, 1914, pp. 29, 30). In 1915 Orison Marden, author of *The Crime of Silence*, chastised educators, reformers, and public health specialists for their unwillingness to speak publicly about sexuality and for relying inappropriately on parents and peers, who were deemed too ignorant to provide sex instruction (Imber, 1984; Strong, 1972). And in 1921 radical sex educator Maurice Bigelow wrote:

Now, most scientifically-trained women seem to agree that there are no corresponding phenomena in the early pubertal life of the normal young woman who has good health (corresponding to male masturbation). A limited number of mature women, some of them physicians, report having experienced in the pubertal years localized tumescence and other disturbances which made them definitely conscious of sexual instincts. However, it should be noted that most of these are known to have had a personal history including one or more such abnormalities such as dysmenorrhea, uterine displacement, pathological ovaries, leucorrhea, tuberculosis, masturbation, neurasthenia, nymphomania, or other disturbances which are sufficient to account for local sexual stimulation. In short such women are not normal. . . . (p. 179)

In the 1950s public school health classes separated girls from boys. Girls “learned about sex” by watching films of the accelerated development of breasts

and hips, the flow of menstrual blood, and then the progression of venereal disease as a result of participation in out-of-wedlock heterosexual activity.

Thirty years and a much-debated sexual revolution later (Ehrenreich, Hess, & Jacobs, 1986), much has changed. Feminism, the Civil Rights Movement, the disability and gay rights movements, birth control, legal abortion with federal funding (won and then lost), and reproductive technologies are part of these changes (Weeks, 1985). Due both to the consequences of, and the backlashes against, these movements, students today do learn about sexuality — if typically through the representations of female sexuality as inadequacy or victimization, male homosexuality as a story of predator and prey, and male heterosexuality as desire.

Young women today know that female sexual subjectivity is at least not an inherent contradiction. Perhaps they even feel it is an entitlement. Yet when public schools resist acknowledging the fullness of female sexual subjectivities, they reproduce a profound social ambivalence which dichotomizes female heterosexuality (Espin, 1984; Golden, 1984; Omolade, 1983). This ambivalence surrounds a fragile cultural distinction between two forms of female sexuality: *consensual* sexuality, representing consent or choice in sexuality, and *coercive* sexuality, which represents force, victimization, and/or crime (Weeks, 1985).

During the 1980s, however, this distinction began to be challenged. It was acknowledged that gender-based power inequities shape, define, and construct experiences of sexuality. Notions of sexual consent and force, except in extreme circumstances, became complicated, no longer in simple opposition. The first problem concerned how to conceptualize power asymmetries and consensual sexuality. Could *consensual* female heterosexuality be said to exist within a context replete with structures, relationships, acts, and threats of female victimization (sexual, social, and economic) (MacKinnon, 1983)? How could we speak of “sexual preference” when sexual involvement outside of heterosexuality may seriously jeopardize one’s social and/or economic well-being (Petchesky, 1984)? Diverse female sexual subjectivities emerge through, despite, and because of gender-based power asymmetries. To imagine a female sexual self, free of and uncontaminated by power, was rendered naive (Foucault, 1980; Irigaray, 1980; Rubin, 1984).

The second problem involved the internal incoherence of the categories. Once assumed fully independent, the two began to blur as the varied practices of sexuality went public. At the intersection of these presumably parallel forms — coercive and consensual sexualities — lay “sexual” acts of violence and “violent” acts of sex. “Sexual” acts of violence, including marital rape, acquaintance rape, and sexual harassment, were historically considered consensual. A woman involved in a marriage, on a date, or working outside her home “naturally” risked receiving sexual attention; her consent was inferred from her presence. But today, in many states, this woman can sue her husband for such sexual acts of violence; in all states, she can prosecute a boss. What was once part of “domestic life” or “work” may, today, be criminal. On the other hand, “violent” acts of sex, including consensual sado-masochism and the use of violence-portraying pornography, were once considered inherently coercive for women (Benjamin, 1983; Rubin, 1984; Weeks, 1985). Female involvement in such sexual practices historically had been dismissed as

nonconsensual. Today such romanticizing of a naive and moral “feminine sexuality” has been challenged as essentialist, and the assumption that such a feminine sexuality is “natural” to women has been shown to be false (Rubin, 1984).

Over the past decade, understandings of female sexual choice, consent, and coercion have grown richer and more complex. While questions about female subjectivities have become more interesting, the answers (for some) remain deceptively simple. Inside public schools, for example, female adolescents continue to be educated as though they were the potential *victims* of sexual (male) desire. By contrast, the ideological opposition represents only adult married women as fully consensual partners. The distinction of coercion and consent has been organized simply and respectively around age and marital status—which effectively resolves any complexity and/or ambivalence.

The ambivalence surrounding female heterosexuality places the victim and subject in opposition and derogates all women who represent female sexual subjectivities outside of marriage—prostitutes, lesbians, single mothers, women involved with multiple partners, and particularly, Black single mothers (Weitz, 1984). “Protected” from this derogation, the typical adolescent woman, as represented in sex education curricula, is without any sexual subjectivity. The discourse of victimization not only obscures the derogation, it also transforms socially distributed anxieties about female sexuality into acceptable, and even protective, talk.

The fact that schools implicitly organize sex education around a concern for female victimization is suspect, however, for two reasons. First, if female victims of male violence were truly a social concern, wouldn’t the victims of rape, incest, and sexual harassment encounter social compassion, and not suspicion and blame? And second, if sex education were designed primarily to prevent victimization but not to prevent exploration of desire, wouldn’t there be more discussions of both the pleasures and relatively fewer risks of disease or pregnancy associated with lesbian relationships and protected sexual intercourse, or of the risk-free pleasures of masturbation and fantasy? Public education’s concern for the female victim is revealed as deceptively thin when real victims are discredited, and when nonvictimizing pleasures are silenced.

This unacknowledged social ambivalence about heterosexuality polarizes the debates over sex education and school-based health clinics. The anxiety effectively treats the female sexual victim as though she were a completely separate species from the female sexual subject. Yet the adolescent women quoted earlier in this text remind us that the female victim and subject coexist in every woman’s body.

Toward a Discourse of Sexual Desire and Social Entitlement: In the Student Bodies of Public Schools

I have argued that silencing a discourse of desire buttresses the icon of woman-as-victim. In so doing, public schooling may actually disable young women in their negotiations as sexual subjects. Trained through and into positions of passivity and victimization, young women are currently educated away from positions of sexual self-interest.

If we re-situate the adolescent woman in a rich and empowering educational context, she develops a sense of self which is sexual as well as intellectual, social,

and economic. In this section I invite readers to imagine such a context. The dialectic of desire and victimization — across spheres of labor, social relations, and sexuality — would then frame schooling. While many of the curricula and interventions discussed in this paper are imperfect, data on the effectiveness of what is available are nevertheless compelling. Studies of sex education curricula, SBHCs, classroom discussions, and ethnographies of life inside public high schools demonstrate that a sense of sexual and social entitlement for young women *can* be fostered within public schools.

Sex Education as Intellectual Empowerment

Harris and Yankelovich polls confirm that over 80 percent of American adults believe that students should be educated about sexuality within their public schools. Seventy-five percent believe that homosexuality and abortion should be included in the curriculum, with 40 percent of those surveyed by Yankelovich et al. (N = 1015) agreeing that 12-year-olds should be taught about oral and anal sex (see Leo, 1986; Harris, 1985).

While the public continues to debate the precise content of sex education, most parents approve and support sex education for their children. An Illinois program monitored parental requests to “opt out” and found that only 6 or 7 of 850 children were actually excused from sex education courses (Leo, 1986). In a California assessment, fewer than 2 percent of parents disallowed their children’s participation. And in a longitudinal 5-year program in Connecticut, 7 of 2,500 students requested exemption from these classes (Scales, 1981). Resistance to sex education, while loud at the level of public rhetoric and conservative organizing, is both less vocal and less active within schools and parents’ groups (Hottois & Milner, 1975; Scales, 1981).

Sex education courses are offered broadly, if not comprehensively, across the United States. In 1981, only 7 of 50 states actually had laws against such instruction, and only one state enforced a prohibition (Kirby & Scales, 1981). Surveying 179 urban school districts, Sonnenstein and Pittman (1984) found that 75 percent offered some sex education within senior and junior high schools, while 66 percent of the elementary schools offered sex education units. Most instruction was, however, limited to 10 hours or less, with content focused on anatomy. In his extensive review of sex education programs, Kirby (1985) concludes that less than 10 percent of all public school students are exposed to what might be considered comprehensive sex education courses.

The progress on AIDS education is more encouraging, and more complex (see Freudenberg, 1987), but cannot be adequately reviewed in this article. It is important to note, however, that a December 1986 report released by the U.S. Conference of Mayors documents that 54 percent of the 73 largest school districts and 25 state school agencies offer some form of AIDS education (Benedetto, 1987). Today, debates among federal officials — including Secretary of Education Bennett and Surgeon General Koop — and among educators question *when* and *what* to offer in AIDS education. The question is no longer *whether* such education should be promoted.

Not only has sex education been accepted as a function of public schooling, but it has survived empirical tests of effectiveness. Evaluation data demonstrate that

sex education can increase contraceptive knowledge and use (Kirby, 1985; Public/Private Ventures, 1987). In terms of sexual activity (measured narrowly in terms of the onset or frequency of heterosexual intercourse), the evidence suggests that sex education does not instigate an earlier onset or increase of such sexual activity (Zelnick & Kim, 1982) and may, in fact, postpone the onset of heterosexual intercourse (Zabin, Hirsch, Smith, Streett, & Hardy, 1986). The data for pregnancy rates appear to demonstrate no effect for exposure to sex education alone (see Dawson, 1986; Marsiglio & Mott, 1986; Kirby, 1985).

Sex education as constituted in these studies is not sufficient to diminish teen pregnancy rates. In all likelihood it would be naive to expect that sex education (especially if only ten hours in duration) would carry such a "long arm" of effectiveness. While the widespread problem of teen pregnancy must be attributed broadly to economic and social inequities (Jones et al., 1985), sex education remains necessary and sufficient to educate, demystify, and improve contraceptive knowledge and use. In conjunction with material opportunities for enhanced life options, it is believed that sex education and access to contraceptives and abortion can help to reduce the rate of unintended pregnancy among teens (Dryfoos, 1985a, 1985b; National Research Council, 1987).

School-Based Health Clinics: Sexual Empowerment

The public opinion and effectiveness data for school-based health clinics are even more compelling than those for sex education. Thirty SBHCs provide on-site health care services to senior, and sometimes junior, high school students in more than 18 U.S. communities, with an additional 25 communities developing similar programs (Kirby, 1985). These clinics offer, at a minimum, health counseling, referrals, and follow-up examinations. Over 70 percent conduct pelvic examinations (Kirby, 1985), approximately 52 percent prescribe contraceptives, and 28 percent dispense contraceptives (Leo, 1986). None performs abortions, and few refer for abortions.

All SBHCs require some form of general parental notification and/or consent, and some charge a nominal fee for generic health services. Relative to private physicians, school-based health clinics and other family planning agencies are substantially more willing to provide contraceptive services to unmarried minors without specific parental consent (consent in this case referring explicitly to contraception). Only one percent of national Planned Parenthood affiliates require consent or notification, compared to 10 percent of public health department programs and 19 percent of hospitals (Torres & Forrest, 1985).

The consequences of consent provisions for abortion are substantial. Data from two states, Massachusetts and Minnesota, demonstrate that parental consent laws result in increased teenage pregnancies or increased numbers of out-of-state abortions. The Reproductive Freedom Project of the American Civil Liberties Union, in a report which examines the consequences of such consent provisions, details the impact of these statutes on teens, on their familial relationships, and ultimately, on their unwanted children (Reproductive Freedom Project, 1986). In an analysis of the impact of Minnesota's mandatory parental notification law from 1981 to 1985, this report documents over 7,000 pregnancies in teens aged 13-17, 3,500 of whom "went to state court to seek the right to confidential abortions, all

at considerable personal cost.” The report also notes that many of the pregnant teens did not petition the court, “although their entitlement and need for confidential abortions was as strong or more so than the teenagers who made it to court. . . . Only those minors who are old enough and wealthy enough or resourceful enough are actually able to use the court bypass option” (Reproductive Freedom Project, p. 4).

These consent provisions, with allowance for court bypass, not only increase the number of unwanted teenage pregnancies carried to term, but also extend the length of time required to secure an abortion, potentially endangering the life of the teenage woman, and increasing the costs of the abortion. The provisions may also jeopardize the physical and emotional well-being of some young women and their mothers, particularly when paternal consent is required and the pregnant teenager resides with a single mother. Finally, the consent provisions create a class-based health care system. Adolescents able to afford travel to a nearby state, or able to pay a private physician for a confidential abortion, have access to an abortion. Those unable to afford the travel, or those who are unable to contact a private physician, are likely to become teenage mothers (Reproductive Freedom Project, 1986).

In Minneapolis, during the time from 1980 to 1984 when the law was implemented, the birth rate for 15- to 17-year-olds increased 38.4 percent, while the birth rate for 18- and 19-year-olds — not affected by the law — rose only .3 percent (Reproductive Freedom Project, 1986). The state of Massachusetts passed a parental consent law which took effect in 1981. An analysis of the impact of that law concludes that “. . . the major impact of the Massachusetts parental consent law has been to send a monthly average of between 90 and 95 of the state’s minors across state lines in search of an abortion. This number represents about one in every three minor abortion patients living in Massachusetts” (Cartoof & Klerman, 1986). These researchers, among others, write that parental consent laws could have more devastating effects in larger states, from which access to neighboring states would be more difficult.

The inequalities inherent in consent provisions and the dramatic consequences which result for young women are well recognized. For example, twenty-nine states and the District of Columbia now explicitly authorize minors to grant their own consent for receipt of contraceptive information and/or services, independent of parental knowledge or consent (see Melton & Russo, 1987, for full discussion; National Research Council, 1987; for a full analysis of the legal, emotional, and physical health problems attendant upon parental consent laws for abortion, see the Reproductive Freedom Project report). More recently, consent laws for abortion in Pennsylvania and California have been challenged as unconstitutional.

Public approval of SBHCs has been slow but consistent. In the 1986 Yankelovich survey, 84 percent of surveyed adults agree that these clinics should provide birth control information; 36 percent endorse dispensing of contraceptives to students (Leo, 1986). In 1985, Harris found that 67 percent of all respondents, including 76 percent of Blacks and 76 percent of Hispanics, agree that public schools should establish formal ties with family planning clinics for teens to learn about and obtain contraception (Harris, 1985). Mirroring the views of the general public, a national sample of school administrators polled by the Education Research

Group indicated that more than 50 percent believe birth control should be offered in school-based clinics; 30 percent agree that parental permission should be sought, and 27 percent agree that contraceptives should be dispensed, even if parental consent is not forthcoming. The discouraging news is that 96 percent of these respondents indicate that their districts do not presently offer such services (Benedetto, 1987; Werner, 1987).

Research on the effectiveness of SBHCs is consistently persuasive. The three-year Johns Hopkins study of school-based health clinics (Zabin et al., 1986) found that schools in which SBHCs made referrals and dispensed contraceptives noted an increase in the percentage of "virgin" females visiting the program as well as an increase in contraceptive use. They also found a significant reduction in pregnancy rates: There was a 13 percent increase at experimental schools after 10 months, versus a 50 percent increase at control schools; after 28 months, pregnancy rates decreased 30 percent at experimental schools versus a 53 percent increase at control schools. Furthermore, by the second year, a substantial percentage of males visited the clinic (48 percent of males in experimental schools indicated that they "have ever been to a birth control clinic or to a physician about birth control," compared to 12 percent of males in control schools). Contrary to common belief, the schools in which clinics dispensed contraceptives showed a substantial postponement of first experience of heterosexual intercourse among high school students and an increase in the proportion of young women visiting the clinic prior to "first coitus."

Paralleling the Hopkins findings, the St. Paul Maternity and Infant Care Project (1985) found that pregnancy rates dropped substantially in schools with clinics, from 79 births/1,000 (1973) to 26 births/1,000 (1984). Teens who delivered and kept their infants had an 80 percent graduation rate, relative to approximately 50 percent of young mothers nationally. Those who stayed in school reported a 1.3 percent repeat birth rate, compared to 17 percent nationally. Over three years, pregnancy rates dropped by 40 percent. Twenty-five percent of young women in the school received some form of family planning and 87 percent of clients were continuing to use contraception at a 3-year follow-up. There were fewer obstetric complications; fewer babies were born at low birth weights; and prenatal visits to physicians increased relative to students in the control schools.

Predictions that school-based health clinics would advance the onset of sexual intimacy, heighten the degree of "promiscuity" and incidence of pregnancy, and hold females primarily responsible for sexuality were countered by the evidence. The onset of sexual intimacy was postponed, while contraception was used more reliably. Pregnancy rates substantially diminished and, over time, a large group of males began to view contraception as a shared responsibility.

It is worth restating here that females who received family planning counseling and/or contraception actually postponed the onset of heterosexual intercourse. I would argue that the availability of such services may enable females to feel they are sexual agents, entitled and therefore responsible, rather than at the constant and terrifying mercy of a young man's pressure to "give in" or of a parent's demands to "save yourself." With a sense of sexual agency and not necessarily urgency, teen girls may be less likely to use or be used by pregnancy (Petchesky, 1984).

Nontraditional Vocational Training: Social and Economic Entitlement

The literature reviewed suggests that sex education, access to contraception, and opportunities for enhanced life options, in combination (Dryfoos, 1985a, 1985b; Kirby, 1985; Select Committee on Children, Youth and Families, 1985), can significantly diminish the likelihood that a teenager will become pregnant, carry to term, and/or have a repeat pregnancy, and can increase the likelihood that she will stay in high school through graduation (National Research Council, 1987). Education toward entitlement—including a sense of sexual, economic, and social entitlement—may be sufficient to affect adolescent girls' views on sexuality, contraception, and abortion. By framing female subjectivity within the context of social entitlement, sex education would be organized around dialogue and critique, SBHCs would offer health services, options counseling, contraception, and abortion referrals, and the provision of real "life options" would include nontraditional vocational training programs and employment opportunities for adolescent females (Dryfoos, 1985a, 1985b).

In a nontraditional vocational training program in New York City designed for young women, many of whom are mothers, participants' attitudes toward contraception and abortion shifted once they acquired a set of vocational skills, a sense of social entitlement, and a sense of personal competence (Weinbaum, personal communication, 1986). The young women often began the program without strong academic skills or a sense of competence. At the start, they were more likely to express more negative sentiments about contraception and abortion than when they completed the program. One young woman, who initially held strong anti-abortion attitudes, learned that she was pregnant midway through her carpentry apprenticeship. She decided to abort, reasoning that now that she has a future, she can't risk losing it for another baby (Weinbaum, paraphrase of personal communication, 1986). A developing sense of social entitlement may have transformed this young woman's view of reproduction, sexuality, and self.

The Manpower Development Research Corporation (MDRC), in its evaluation of Project Redirection (Polit, Kahn, & Stevens, 1985) offers similar conclusions about a comprehensive vocational training and community-based mentor project for teen mothers and mothers-to-be. Low-income teens were enrolled in Project Redirection, a network of services designed to instill self-sufficiency, in which community women served as mentors. The program included training for what is called "employability," Individual Participation Plans, and peer group sessions. Data on education, employment, and pregnancy outcomes were collected at 12 and 24 months after enrollment. Two years after the program began, many newspapers headlined the program as a failure. The data actually indicated that at 12 months, the end of program involvement, Project Redirection women were significantly *less likely* to experience a repeat pregnancy than comparison women; *more likely* to be using contraception; *more likely* to be in school, to have completed school, or to be in the labor force; and twice as likely (20 percent versus 11 percent, respectively) to have earned a Graduate Equivalency Diploma. At 24 months, however, approximately one year out of the program, Project and comparison women were virtually indistinguishable. MDRC reported equivalent rates of repeat pregnancies, dropout, and unemployment.

The Project Redirection data demonstrate that sustained outcomes cannot be expected once programs have been withdrawn and participants confront the realities of a dismal economy and inadequate child care and social services. The data confirm, however, the effectiveness of comprehensive programs to reduce teen pregnancy rates and encourage study or work as long as the young women are actively engaged. Supply-side interventions—changing people but not structures or opportunities—which leave unchallenged an inhospitable and discriminating economy and a thoroughly impoverished child care/social welfare system are inherently doomed to long-term failure. When such programs fail, the social reading is that “these young women can’t be helped.” Blaming the victim obscures the fact that the current economy and social welfare arrangements need overhauling if the sustained educational, social, and psychological gains accrued by the Project Redirection participants are to be maintained.

In the absence of enhanced life options, low-income young women are likely to default to early and repeat motherhood as a source of perceived competence, significance, and pleasure. When life options are available, however, a sense of competence and “entitlement to better” may help to prevent second pregnancies, may help to encourage education, and, when available, the pursuit of meaningful work (Burt, Kimmich, Goldmuntz, & Sonnenstein, 1984).

Femininity May Be Hazardous to Her Health: The Absence of Entitlement

Growing evidence suggests that women who lack a sense of social or sexual entitlement, who hold traditional notions of what it means to be female—self-sacrificing and relatively passive—and who undervalue themselves, are disproportionately likely to find themselves with an unwanted pregnancy and to maintain it through to motherhood. While many young women who drop out, pregnant or not, are not at all traditional in these ways, but are quite feisty and are fueled with a sense of entitlement (Fine, 1986; Weinbaum, personal communication, 1987), it may also be the case that young women who do internalize such notions of “femininity” are disproportionately at risk for pregnancy and dropping out.

The Hispanic Policy Development Project reports that low-income female sophomores who, in 1980, expected to be married and/or to have a child by age 19 were disproportionately represented among nongraduates in 1984. Expectations of early marriage and childbearing correspond to dramatic increases (200 to 400 percent) in nongraduation rates for low-income adolescent women across racial and ethnic groups (Hispanic Policy Development Project, 1987). These indicators of traditional notions of womanhood bode poorly for female academic achievement.

The Children’s Defense Fund (1986) recently published additional data which demonstrate that young women with poor basic skills are three times more likely to become teen parents than women with average or above-average basic skills. Those with poor or fair basic skills are four times more likely to have more than one child while a teen; 29 percent of women in the bottom skills quintile became mothers by age 18 versus 5 percent of young women in the top quintile. While academic skill problems must be placed in the context of alienating and problematic schools, and not viewed as inherent in these young women, those who fall in the bottom quintile may nevertheless be the least likely to feel entitled or in control

of their lives. They may feel more vulnerable to male pressure or more willing to have a child as a means of feeling competent.

My own observations, derived from a year-long ethnographic study of a comprehensive public high school in New York City, further confirm some of these conclusions. Six months into the ethnography, new pregnancies began showing. I noticed that many of the girls who got pregnant and carried to term were not those whose bodies, dress, and manner evoked sensuality and experience. Rather, a number of the pregnant women were those who were quite passive and relatively quiet in their classes. One young woman, who granted me an interview anytime, washed the blackboard for her teacher, rarely spoke in class, and never disobeyed her mother, was pregnant by the spring of the school year (Fine, 1986).

Simple stereotypes, of course, betray the complexity of circumstances under which young women become pregnant and maintain their pregnancies. While U.S. rates of teenage sexual activity and age of "sexual initiation" approximate those of comparable developed countries, the teenage pregnancy, abortion, and childbearing rates in the United States are substantially higher. In the United States, teenagers under age fifteen are at least five times more likely to give birth than similarly aged teens in other industrialized nations (Jones et al., 1985; National Research Council, 1987). The national factors which correlate with low teenage birthrates include adolescent access to sex education and contraception, and relative equality in the distribution of wealth. Economic and structural conditions which support a class-stratified society, and which limit adolescent access to sexual information and contraception, contribute to inflated teenage pregnancy rates and birthrates.

This broad national context acknowledged, it might still be argued that within our country, traditional notions of what it means to be a woman—to remain subordinate, dependent, self-sacrificing, compliant, and ready to marry and/or bear children early—do little to empower women or enhance a sense of entitlement. This is not to say that teenage dropouts or mothers tend to be of any one type. Yet it may well be that the traditions and practices of "femininity" as commonly understood may be hazardous to the economic, social, educational, and sexual development of young women.

In summary, the historic silencing within public schools of conversations about sexuality, contraception, and abortion, as well as the absence of a discourse of desire—in the form of comprehensive sex education, school-based health clinics, and viable life options via vocational training and placement—all combine to exacerbate the vulnerability of young women whom schools, and the critics of sex education and SBHCs, claim to protect.

Conclusion

Adolescents are entitled to a discussion of desire instead of the anti-sex rhetoric which controls the controversies around sex education, SBHCs, and AIDS education. The absence of a discourse of desire, combined with the lack of analysis of the language of victimization, may actually retard the development of sexual subjectivity and responsibility in students. Those most "at risk" of victimization through pregnancy, disease, violence, or harassment—all female students, low-

income females in particular, and non-heterosexual males—are those most likely to be victimized by the absence of critical conversation in public schools. Public schools can no longer afford to maintain silence around a discourse of desire. This is not to say that the silencing of a discourse of desire is the primary root of sexual victimization, teen motherhood, and the concomitant poverty experienced by young and low-income females. Nor could it be responsibly argued that interventions initiated by public schools could ever be successful if separate from economic and social development. But it is important to understand that by providing education, counseling, contraception, and abortion referrals, as well as meaningful educational and vocational opportunities, public schools could play an essential role in the construction of the female subject—social and sexual.

And by not providing such an educational context, public schools contribute to the rendering of substantially different outcomes for male and female students, and for male and female dropouts (Fine, 1986). The absence of a thorough sex education curriculum, of school-based health clinics, of access to free and confidential contraceptive and abortion services, of exposure to information about the varieties of sexual pleasures and partners, and of involvement in sustained employment training programs may so jeopardize the educational and economic outcomes for female adolescents as to constitute sex discrimination. How can we ethically continue to withhold educational treatments we know to be effective for adolescent women?

Public schools constitute a sphere in which young women could be offered access to a language and experience of empowerment. In such contexts, “well-educated” young women could breathe life into positions of social critique and experience entitlement rather than victimization, autonomy rather than terror.

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