



Disrupting the New Misogyny in Health Education Curriculum Resources

Twyla Salm, PhD
University of Regina
Regina, SK
CANADA

Amanda Kornaga
University of Regina
Regina, SK
CANADA

Lace Marie Brogden, PhD
St. Francis Xavier University
Antigonish, NS
CANADA

Author Biographies

Twyla Salm is a professor in the Faculty of Education at the University of Regina. Her research focuses on teaching and learning in higher education, with specific interests in developing the professional educator, socially just health education, and curriculum studies.

Amanda Kornaga is a PhD student in the Faculty of Education at the University of Regina and a principal in a K-12 rural school. Her research interests include physical and health education in rural settings and principals as boundary spanners.

Lace Marie Brogden serves as Dean of the Faculty of Education, St. Francis Xavier University. Her research interests include language teacher education, negotiating subjectivities, social justice in education, and autoethnography as method.

Abstract

This research explores the role health education plays in perpetuating constructs that reproduce sexism and offers alternative strategies for disrupting gender discrimination. Using document analysis of 38 free, online health education resources, 291 scenarios depicting health scenarios intended for use with K-12 students were identified. Findings suggest that girls and young women are frequently positioned as displaying behaviours that are petty but polite, insecure, and focused on appearance. There was also a marked – negative – difference in the way girls and boys were positioned in terms of physical activity. Girls in the scenarios were involved less often and in traditionally female dominated sports, while boys were portrayed as involved in traditionally male dominated sports, or where boys were considered elite or award winners and girls were not. We propose a Sexism Analysis Model (SAM) that incorporates critical questioning and counter-narrating that teachers can use to open up spaces for analyzing sexism.

Keywords: sexism, gender inequities, scenario analysis model

Résumé

Cette étude explore le rôle du programme d'éducation à la santé dans la perpétuation du sexisme; elle cherche également à identifier dans ces programmes la présence de stratégies pour mettre fin à la discrimination de genre. Une analyse documentaire de ressources en ligne d'éducation à la santé, de scénarios à l'usage d'étudiants de maternelle à 1a 12è année a été réalisée. Cette analyse cherchait à identifier des points de vue sur le genre / la non binarité ainsi que les comportements, caractéristiques et intérêts des filles. Les résultats suggèrent que les filles et les jeunes femmes sont présentées comme ayant des comportements insignifiants, mais polis, instables et portants sur l'apparence. Une différence importante, négative, entre la façon dont les filles et les garçons sont présentés en lien avec l'activité physique a émergé. Dans les différents scénarios, les filles étaient moins impliquées et surtout engagées dans des sports dominés par les femmes alors que les gars étaient représentés dans l'élite et comme des gagnants de prix, et non les filles. Suite à cette analyse, nous proposons un modèle « analyse du sexisme » où des questions critiques sont soulevées. Des contres narratifs à utiliser par les enseignants et les élèves pour ouvrir un espace d'analyse du sexisme au quotidien sont offerts.

Mots clés : sexisme; inéquité de genre; modèle d'analyse du sexisme

Introduction

Despite increased awareness of gender inequities both nationally and globally through social movements such as #MeToo, the erroneous perception that the goals of feminism have been achieved is so widely accepted that Butler-Wall et al. (2016) have called post-feminism the “new misogyny” (p. 18). Although gender discrimination is studied broadly, scholars have noted that it has not been widely researched in school-based health education, even though discrimination directly impacts determinants of women’s health (de la Torre-Pérez et al., 2022; Shai et al., 2021). Additionally, Rowan et al. (2021) conducted a systematic review of literature related to understanding diverse learners and concluded that there is substantially less consideration for specialist research and research in education related to gender than to other types of inequities. While many advancements have been made for women, pay equity and workplace opportunities continue to lag behind those afforded to men (Government of Canada, 2018), intimate partner violence continues to rise (Government of Canada, 2021) and barrage of negative stereotyping and sexualization create barriers for girls and women (Cotter, 2021). It seems that despite many social advances acquired by Canadian women in recent decades, the new misogyny has taken hold in education research as well. Fine-Meyer and Llewellyn (2018) demonstrate how “women’s issues have been squeezed into the margins of Ontario’s educational learning objectives and related policy issues” (p. 54). They conclude that “women’s issues must become a mandatory and integral part of education” (p. 54). At the same time, studying women’s issues risks evoking a binary that is restrictive and exclusive.

The new misogyny we take up here is, we acknowledge, based on the historical legacies and ongoing oppressions of a binary construct of gender. We position this work as needing to combat the sexism present in health education curricula – and the oppressive binary construct upon which it is built – while also recognizing the need, indeed calling for further work, to address the myriad inequities associated with the intersectionality of gender identities with racialized identities, socioeconomic status, sexual orientation, and diverse abilities.

In our own K-12 and pre-service teacher education classrooms, we have noticed replete evidence of the new misogyny. Even when explicitly calling out systemic discrimination based on sexist policy, attitudes and traditions that persist in Canadian society, our students are often dismissive of the discursive reproduction of binary, gendered norms in curriculum and classrooms. The fact that principals and other school administrators who identify as women are fairly common in school systems seems to satisfy student beliefs that sexism is largely an issue of the past.

Ingram (2016) explored the barriers for teachers to challenge gender inequities and she questioned whether Canadian teachers and teacher educators ignore gender inequities in our institutions. Her query resonated with our experiences and as we turned inward to examine our pedagogical practices and the tacit resistance to the impact of sexism in health education; we began looking at K-12 school library resources. At this point, we asked ourselves: how pervasive might sexism be in health education curriculum resources and in what ways might teachers take up portrayals of gender as a means of mitigating the sexist stereotypes perpetuated in these resources? Thus, this study explores, in the first instance, the role K-12 health education curriculum plays in perpetuating constructs that reproduce sexism through a common instructional strategy used in health education: pedagogical scenarios. In the second instance, we look to provide alternate pedagogical approaches that move away from ongoing gender discrimination in health curriculum.

Why Examine Health Education Scenarios?

Scenarios are a common instructional strategy used in health education curriculum activities for youth, yet scenarios as an instructional strategy in K-12 settings, have been remarkably under-studied. In health education literature, there is some evidence of the impact of scenarios as a teaching method. Barry et al. (2017) for example, found that scenarios and role plays were a common and effective instructional strategy for teaching social and emotional learning. Similarly, McLachlan et al. (2009) stated that using scenarios increased children's ability to express appropriate emotions. In Hardoff et al. (2013), scenarios were found to be an effective teaching method for increasing knowledge related to alcohol overconsumption, while Wright et al. (2018) reported scenarios to be a common instructional strategy for health education in preservice teacher education. Despite the frequency with which scenarios are used in health education resources, there are limited, broad-based findings of their efficacy as an instructional strategy. Given the paucity of research in this area, and our affinity to use scenarios in our own teaching, it followed that we would study health education scenarios in particular.

Construction of Gender and Sexism

Sexism as a construct is fraught with complexity, especially when gender is understood as a binary. Vilkin et al. (2020) defined gender identity as "a child's self-understanding related to gendered social categories" (p. 71). These social categories, often represented but not limited to men and women, tend to create a binary that is often not helpful, nor representative of how individuals see themselves. Similarly, as expressed by Walton (2012), "the very fact of being regarded as 'male' or 'female' will mean that there are also normative (restrictive) forms of behavior developed around these simple binaries" (p. 131). On one hand, sexism, oppression of individuals who identify as women, inherently divides genders into those with privilege and those without. However, understanding that genders are constructions, fluid and malleable (Purohit & Walsh, 2003) and "learned through culture: in the family, and in school in social interactions more generally" (Nayak & Kehily, 2001, p. 117) opens space to analyze the ways in which gender comes to be constructed, as well as the opportunities and oppressions associated, more broadly, within those constructions.

According to Sadovnik (2011), decades of studies have illustrated the negative repercussions of sexism in schools with a focus on the disparity of opportunities afforded to girls and women. Curricular content and other learning experiences in schools contribute to particular constructions of gender identity and "the ways in which expectations and discursive demands of certain subjects in school affect and mediate gender identity" (Purohit & Walsh, 2003, p. 172). Nayak and Kehily (2001) affirmed that "young people do not absorb ideas passively but are active in constructing beliefs from a range of sources" (p. 125). Similarly, Roberts et al. (2020) suggested that "schools unknowingly help to construct, normalize, inform and define expectations of masculinity and femininity" (p. 4). Questioning these constructions, including the construction of gender binaries, is not only a philosophical question, but a practical one that plays out on real bodies in real classrooms and has consequences in terms of equity and opportunity for women.

Methodology

Drawing on Farrugia's (2017) application of ontological politics, the intent of our study was to attend to ways in which gendered subjectivities are produced in scenarios and, by extension, make possible particular realities, especially for young girls and women. We were not seeking to identify inaccuracies in the scenarios but rather, in attending to how girls and women are portrayed in scenarios, to open up spaces for interrupting the "new misogyny" and constructing pedagogical counter-narratives.

Using purposive sampling of 38 free, open-access, online K-12 health education resources, 291 health education scenarios were analyzed. Some of the scenarios came from provincial school health documents, while others came from other health related agencies, such as Peel Public Health or Alberta Health Services, and from non-profit organizations such as Community for Education Foundation. that create health resources to complement or supplement K-12 school health curriculum. The Fourth R: Strategies for Healthy Youth Relationships, offered by the Centre for School Mental Health at the University of Western Ontario, is an example of an entity that provides online resources for teachers that support K-12 provincial curriculum documents. Whether from provincial curriculum documents or from non-profit agencies, the selected scenarios were designed to be used in K-12 classrooms and aligned with traditional health education topics.

The scenarios selected were collected in a way that the authors imagined teachers might use to search out scenarios to incorporate into their health education lessons in elementary and secondary school settings. Google search terms such as *scenario* and *role-play* were combined with health topic terms including *sexual health*, *bullying*, *nutrition*, *addiction*, *peer-pressure*, *conflict resolution*, *decision making*, *mental health*, *drug and alcohol use* to identify documents that contained scenarios for analysis. Also, we searched Canadian health education curriculum documents for the words, *scenarios* and/or *role-play*, which, also lead us to various online resources that offered scenarios as an instructional strategy. In many cases, provincial curriculum documents recommended online resources and did not publish their own scenarios. We limited our search to free, online resources that would be available to all teachers with internet access; consequently, provincial endorsement from a given jurisdiction was not used as a criterion for selection. We were attentive to seeking out as many Canadian examples as possible, but also included scenarios from other countries such as the United States, Australia and the UK. Because we were purposive in our sampling, we were also intentional in the types of scenarios that were excluded. For example, in our search, workplace scenarios addressing conflict, decision making or harassment often emerged but were not included. As another subset example, workplace health scenarios were not used. All but one of the data samples were written text. We incorporated one, online resource that offered video depiction of youth role playing scenarios.

Both document analysis and summative content analysis guided the data analysis (Hsieh & Shannon, 2005; Nurfaradilla et al., 2021). As explicated by Bowen (2009), document analysis involves an iterative process of content analysis as themes are formed as ideas and patterns are synthesized. Specifically, latent content analysis, a type of summative content analysis, was used since the content under analysis was interpreted by the researchers. According to Bowen (2009) document analysis is an efficient method way to select rather than collect data, especially since many documents are widely available and in the public domain. He also suggests that document analysis is useful because the documents are stable, unobtrusive and can provide broad coverage over time and in many settings. In addition to Bowen's iterative process, we also relied on

Bengtsson's (2016) recursive phases of decontextualization, recontextualization, categorization and compilation, which was used to guide the data analysis, further enhanced by inter-rater reliability cross-checking analyses between two of the researchers. Decontextualizing involved initial readings of the scenarios and an open coding process. Recontextualization involved checking the codes within the context of the original scenario. In the categorization phase, the open coding terms were themed. Finally, compilation involved interpreting the results in view of the literature (Bengtsson, 2016). The researchers engaged in each of the recursive phases individually, then came together to discuss their ideas between each step. In this way, the analysis had both individual and collaborative elements.

One of the limitations of this study involved the researchers' cisgender, heteronormative subjectivities. The researchers used their own judgement and biases in determining what was coded as sexist, what names represented non-binary characters or how challenges to heterosexism were interpreted within a given scenario. For example, traditionally Eurocentric names such as David and Jennifer were coded as male and female respectively, we recognize, however, other non-binary interpretations are possible. Names more commonly associated with people who identify as male or female, such as Sam and Alex, were coded as non-binary. At minimum, Sam and Alex could be names of a gay, lesbian, transexual or heterosexual couple depending on how each of the characters identifies. Even though we endeavor to exercise a gender-inclusive worldview in our work, we are aware that both for the researchers and for many students, pervasive social narratives that define a gender binary still exist (Hill & Barlow, 2020).

Coding the scenarios was also challenging because we did not code the purported health risking behavior that was the focus of the scenario. For example, in scenarios that focused on bullying, we did not code the character's bullying behavior. We coded the context and the description of the character. For example, in a scenario where girls are teasing another girl by swinging her bra around, we did not code the bullying behavior, but rather, the way in which the character was described. In this case, it was the girl who was described as not athletic (Airth, n.d.) that was the focus of the analysis. Also, some scenarios were simply coded by gender because the scenario did not offer any extraneous information, just a description of an issue or a dilemma.

Findings

There is a great deal to be said for the ways in which some scenarios we analyzed opened up opportunities for producing realities that challenged sexism; however, the focus of this study was to explore how sexism may be reproduced in pedagogical scenarios. The findings suggest that more often girls or young women are positioned as petty but polite, insecure, and focused on appearance. There was also a marked difference in the way girls and boys were positioned in terms of physical activity. These three themes are discussed in turn below, but first we address the scenarios that present characters as neither female, male nor non-binary.

“Non” Gender Approaches

When gender was identified, through names or personal pronouns, there was generally a balance between male and female characters and many resources used non-binary names, which opened space for more gender diverse perspectives. Of the 291 scenarios, 112 or over one third of them, were written in a “non”gendered way. This type of scenario was typically short, with little context provided, such as, “You’re at the mall with a group of mostly new friends. One of them pulls out an e-cigarette and hands it to one of the other people. They take a drag and hand the e-cigarette

over to you” (Northern Healthy Communities Partnership, 2022). Other scenarios offered binary pronouns with the conjunction ‘or’ or a backslash, such as *she or he*. Arguably, these two approaches avoid provocation of discriminatory language in the text itself but using *she or he* is gender normative, producing clear gender binaries and the potential sexist interpretations such binaries engender. In one of the resources, the pronoun *they* was used twice to represent a more gender inclusive scenario but it was rare to see this pronoun. Arguably, even within the non-gendered examples, sexist interpretations are ripe for the making as teachers and students *in situ* could interpret and respond from a biased perspective and reproduce dominant and often harmful discourses of masculinity and femininity as they respond to the scenario in class. In other words, simply using the term *you* or *she or he* in the text itself, does not necessary disrupt gender normative or sexist interpretations of the scenario. Analyzed alone, none of the scenarios were blatantly derogatory or sexist, but studied as a body of resources, oppressive patterns were identified. We also noted that although examining scenarios that explicitly challenged heterosexism was beyond the intended scope of our study, we did identify, in the course of analysis, twelve scenarios that challenged heterosexism by using 41 androgynous names.

Insecure: Petty Yet Polite

While all genders could have been represented in scenarios as being petty or being polite, only females were characterized in this way in the data set we analyzed. References to politeness were often direct, “She did not want to be impolite” (Peel Region, 2012), or Brianna, who is described as a “polite, respectful middle school student” (Poe Center, n.d.). Other descriptions of girls did not overtly name politeness but from a discursive perspective, exerted the same intent, such as “Katrina is a nice girl” (Poe Center, n.d.). In another resource, a girl decides to let a boy who was a slow runner tag her, even though she could outrun him. The question in the resources asks, “is that a good friend?” (Community for Education Foundation, 2017). While the question may open up thoughtful discussion related to politeness and gender stereotypes, it is notable that the scenario positions the female friend in this nurturing and subordinate way.

Similarly, girls were more likely to be represented in scenarios that underscore pettiness, such as Sara, who snickers, or Rachel, who is scared of passing a note (Community for Education Foundation, 2017). Petty behaviours, such as whispering, rumor spreading or gossiping were only represented in scenarios with females (Utah Department of Health, n.d). In one case, attraction was also characterized in a petty, self-deprecating way. In this scenario, Talia is described as “thrilled” that a boy is attracted to her (Peel Region, 2012) but there are no examples of boys who describe their feelings in a similarly self-effacing way. Taken as a whole, the data showed how characterizations of femininity were associated with pettiness and jealousy, portraying girls as insecure and lack confidence but at the same time, casting girls as persistently polite.

Focus on Appearance

References to bodies, clothing and hair were more prevalent for girls than boys across the scenarios. Some of the references were positive, such as Amara, who is described as beautiful (Utah Department of Health, n.d.), or Stephanie, who likes her body (Sahota, et al., n.d.), but most references to appearance had a negative connotation. In one particularly heterosexist scenario, Kayla gets a haircut that she does not like and it is made worse by her friends saying she looks like a boy (Community for Education Foundation, 2017). Another girl is sad because her parents cannot afford to buy her designer clothes (Utah Department of Health, n.d) and in another scenario a girl is described as wearing simple, plain clothing (Poe Center, n.d.). Examples of girls who are focused

on appearance emerge in two more scenarios: one where two girls arrive at a party in the same dress (Community for Education Foundation, 2017) and another when a girl's boyfriend does not like her clothing (Utah Department of Health, n.d).

While references to clothing were common, references to the female body were less common. There were, however, four scenarios that reference girls' bodies in overtly negative ways. Two scenarios involved girls commenting on other girls' bodies as "big" and "looked so bad" (Western Centre for School Mental Health, 2020), while a third featured a girl who did not like her figure and did not want to change out for physical education (Alberta Health Services, 2012). In another scenario, Lisa felt comfortable with her appearance, but did not think she was beautiful and got a haircut to impress her friend (Durham, n.d.). There was also one scenario that referred to disordered eating and the characters, in this case, were all females (Alberta Health Services, 2015). Conversely, there were far fewer references to boys' dress and appearance. In the few scenarios where boys' appearances were referenced, the boys were described as attractive (Department of Education and Science, 1997) or concerned about bad acne (Alberta Teachers' Association, n.d.); when boys were described as a gendered group, they were most often referred to as popular (Peel Region, n.d.).

Gendered Physical Activity

The final theme relates to how gender played out in the context of physical activity. There were gendered differences in the type of sports, the frequency of activity and the attitude towards physical activity. In various scenarios, girls were involved with gymnastics, cheerleading, basketball and volleyball. Boy characters were involved with baseball, hockey, soccer, and football and there were more references to sport culture with boys than there were with girl characters. In one scenario a boy was a cheerleader; however, this cheerleader was not an ordinary cheerleader, he was a national, award-winning gymnast. This extraneous information was not relevant to the health risking behavior in the scenario, but was nonetheless, part of the character development. On one hand, portraying a young man as a cheerleader challenges cheerleading as a stereotypical girl's activity; on the other hand, the male cheerleader is not portrayed as an ordinary cheerleader. By emphasizing that the male cheerleader is a national award winner, it appears that boys who participate in cheerleading require an explanation or justification for their interest and involvement in this sport. In this case, the boy's involvement on the cheer team is justifiable because of his unique and extra-ordinary status as an elite athlete (Utah Department of Health, n.d). Notably, in another curriculum document focused on teaching about gender stereotypes, five scenarios are presented that are clearly aimed to challenge traditional gender roles. For example, a boy cries and a girl is strong. Two of the scenarios address physical activity. Toney is in ballet and Jen plays hockey (PEI Department of Education, 2007). Similar to the example with the male cheerleader, Toney has won an award for dancing. Jen, on the other hand is harassed by other boys for playing community, not elite, hockey. Once again, it appears that if boys do take up sports traditionally dominated by females, it is justified by their high level of competence and skill. Overall, the sports that the girls were involved with tended to be activities with which women have been traditionally associated and there were no award-winning female athletes portrayed in any of the scenarios analyzed.

While sport is mentioned in many scenarios involving both girls and boys, there were twice as many examples of boys in sport than were for girls (i.e., twelve examples of boys and six examples of girls). Further analysis showed that girls were less likely to be associated with positive aspects of activity. For example, one girl liked basketball but didn't think she was good at it

(Alberta Health Services, 2012), while another girl went to buy athletic shoes but got distracted and bought something else instead (Poe Center, n.d.).

The Paradox of Scenarios

Even though there were many non-sexist scenarios in the resources we examined, the themes that emerged from the data demonstrate familiar gender stereotypes that have been historically part of the oppressive narrative for girls and women. The challenge to disrupt gender stereotypes in health education scenarios is not as straightforward as it may seem. Scenarios are used to engage students in learning activities that provide realistic situations where students are able to practice skills or explore issues from multiple perspectives (Errington & Cook, 2010). This pedagogical approach can be particularly relevant in health curriculum because health topics often lend themselves to scaffolding ideas rooted in skill development, problem solving or exploring multiple perspectives on an issue (Errington & Cook, 2010). While studies examining scenario efficacy as an instructional strategy are limited, Seminarski et al.'s (2021) research demonstrated that using scenarios had a positive impact on students' perceived self-efficacy towards critical thinking skills and problem solving, both skills pertinent to health education curricula.

According to Seren Smith et al. (2018), authenticity is one of the key elements in effective, scenario-based learning. The scenarios analyzed in this study tended to be brief situations with only a few lines for context. Authenticity, what we would describe in this case as 'real-life plausibility', needs to be achieved efficiently in the construction of short pedagogical scenarios. Paradoxically, this efficiency may in fact be a key contributor to the use – intentional or unintentional – of gender stereotypes. Regrettably, scenarios written in the context of health education are often written to reflect the dominant gender norms in society to appeal, we argue, to the status-quo majority and, through the familiar, produce what students might recognize as authentic. It could further be argued that scenarios that do not appeal to the norm would not be realistic or may not resonate with many students and, therefore, could be construed as less engaging or meaningful as a learning experience.

Herein, lie two conundrums: first, how do/can teachers construct and use scenarios in ways that both challenge gender norms *and* still promote a tone of authenticity that resonates with students?; and second, what gaps exist between the goals of the curriculum writers/makers (teachers) and the lived realities of students in health education classrooms? These questions will be addressed in the discussion that follows, highlighting how teacher reflection and the Scenario Analysis Model (SAM) can be strategies for dismantling oppressive gender norms in scenarios.

Teacher Reflection

This study used document analysis to understand the written text used in scenarios; we argue, however, that the lived curriculum, that is, the way the scenario is interpreted by the teacher and the students, is equally important. Interpretation begins when the teacher selects a scenario and continues as they engage with students. Providing teachers with information and time to reflect on their own bias is an effective strategy to disrupt oppressive gender norms in schools (Vilkin et al., 2020). Even the most well-intended teachers have bias in their pedagogy and establishing patterns and habits of critical, gender norm reflection is not a matter of one and done, but of constant contemplation and questioning. As posited by Roberts et al. (2020), "[t]he naturalization of gender inequalities through institutionalized practices and discourses makes it difficult for

teachers to see when they are reinforcing these norms” (p. 13). Therefore, building a structure to support teacher reflection is part of the strategy to disrupt oppressive gender norms in school curriculum. In Roberts et al. (2020), once the teachers became aware of their own biases, they were able to make practical changes to their pedagogy. Notably, both Roberts et al. (2020) and Vilkin et al. (2020) found that as teachers engaged in critical questioning and disrupting gender norms and inequities, the students also became more apt at doing the same.

While the easy and safe response might be to suggest that all health scenarios ought to use non-gender language such as *you and your friends* or *he/she*, or *they/them*, we suggest that these types of scenarios are only non-gendered in text. As teachers and students interpret the scenarios in the lived curriculum in the classroom, non-gendered scenarios could both challenge and/or reproduce gender inequities and discrimination. Rather than disregard or avoid scenarios that include names, details and gendered contexts, we suggest teachers use all types of scenarios as a lens to understand gender discrimination and stereotypes. Leaning into scenarios that use names, pronouns and details about the characters might provide authenticity but also provide teachers with a catalyst for critical analysis and disrupting misogynist discourse. Consequently, we propose using a scenario analysis model (SAM) in K-12 health education instruction. Because SAM is attentive to intersecting subject positions, it favours adoption of a non-binary lens when working with students about understanding and representing gender and gender identities. SAM can support efforts to shift oppressive ideologies of femininity and work towards helping students understand gender as a continuum and promote an explicit approach to addressing intersectionality in the classroom.

Inspired by critical health research (Wright et al., 2018) and Bacchi and Goodwin’s (2016) poststructural policy framework, *What is the Problem Represented to Be (WPR)*, SAM can be used by teachers to select and analyze a set of scenarios or with students to help them construct counter-narratives that contest norms and practices that contribute to gender stereotyping. The aim of SAM is to provoke discussion and help students problematize scenarios with a view to attending to intersectionality. In this way, SAM can disrupt, gender stereotypes, misogyny and oppressive representation of girls and women. Confronting the new misogyny and shifting narratives of femininity is the focus of this article, but SAM can also be employed to do the important work of dismantling binary constructions of gender more broadly. Thus, SAM can also be used as an instructional approach for opening up spaces for teachers to dismantle oppressions, including discussions of gender identities as belonging to a non-binary spectrum of subject positions.

While teachers might enter the SAMs model at various entry points (see Figure 1), we offer that working with students to identify who might relate to a scenario and who might feel left out of the scenario constitutes an effective way to begin a conversation about the ways that oppressive gender norms are reinscribed for girls and women through everyday discourses in scenarios. The third box in Figure 1 asks students to reflect on what assumptions they made about the characters in the scenarios and how they came to make those assumptions. Teachers might ask what experiences students have had to lead them to these assumptions and how they know them to be true. At this point, it also might be helpful to return to the question about who might not relate to the scenario and who might be marginalized. The fourth step asks the students to imagine a change in the scenario; perhaps, switching a name or a sport or an event or changing the context might evoke a change to student perception of authenticity. The teacher might ask, why does the scenario feel less *real to life* if the character’s name changes or the circumstances are altered?

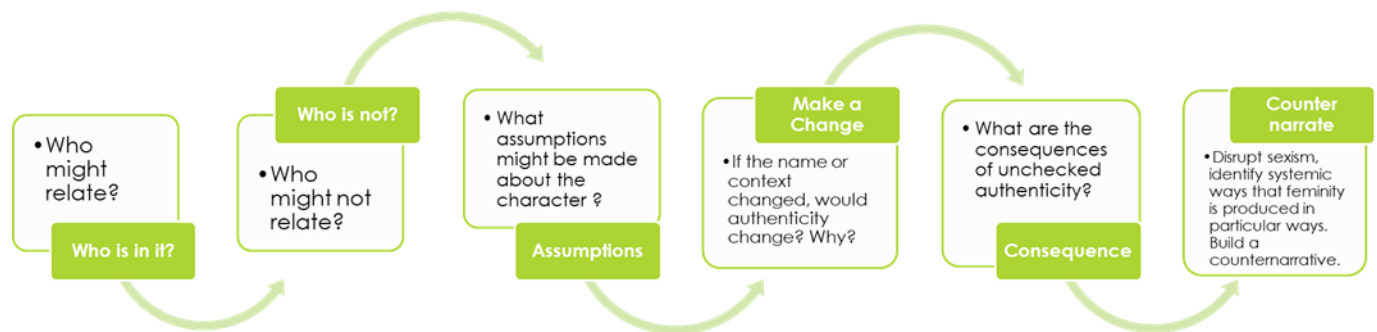
The fifth box asks students to consider the consequences of considering scenarios that depict authenticity for certain people but not others. At this stage, teachers may also need to reflect

on some of the systemic and practical ways that oppressive circumstances are reproduced in the name of what feels normal to some students. In this way, SAMs offers an entry point for Roberts et al. (2020) recommendation that teachers need to reflect on their own biases too.

Finally, the last box in Figure 1 asks students to write a counter-narrative and create a scenario that challenges sexism and oppressive ways that women can be depicted in scenarios. Calzo et al. (2019) suggest that when students are given an opportunity to co-create scenarios, they are able to engage and apply their newly found knowledge at a higher level. While we agree with the co-creation of scenarios, this activity needs to be guided with a critical lens. SAM provides this critical framework. Otherwise, students risk creating or co-creating scenarios that are authentic to their own constructs or socially acceptable practices, but that may inadvertently serve to reproduce the inequities we seek to challenge.

Figure 1

Scenario Analysis Model (SAM)



Conclusion

In response to Ingram's (2016) query as to whether educators ignore gender inequities, we suggest that gender discrimination is not so much ignored but rather so deeply entrenched in social norms that it is challenging to identify. Given that a third of the scenarios tried to use some version of a non-gendered approach in the scenarios and that many of the scenarios used androgynous names or tried to balance gender experiences of health issues and dilemmas equally within the resource, we conclude there is a growing effort by authors of online health education scenarios to attend to gender stereotypes and inequities. At the same time, we were also able to identify how health education scenarios, taken as whole, continue to represent girls in particular ways that reinforced oppressive norms. We maintain that using the SAM model can serve as a useful heuristic for teacher who want to deepen critical and creative thinking skills and look beyond superficial responses to health challenges presented in the scenarios. In the words of Barad (2007), "[m]eaning is made possible through specific material practices" (p. 148). Thus, while there is no panacea for systemic gender inequities in a health education classroom, every contribution and every opportunity for students to practice critical thinking and counter-narratives disrupt gender inequities and moves us, collectively, toward reducing gender discrimination.

References

- Airth, M. (n.d.). Bullying scenarios for classroom role plays.
<https://study.com/academy/lesson/bullying-scenarios-for-classroom-role-plays.html>
- Alberta Health Services. (2012). Grade 9 coping with development. Lesson 2.
<https://teachingsexualhealth.ca/app/uploads/sites/4/downloads/Grade-9-Coping-with-Development-Lesson-2.pdf>
- Alberta Health Services. (2015). CALM building healthy relationships Lesson 1.
<https://teachingsexualhealth.ca/app/uploads/sites/4/CALM-Relationships-Lesson-1-2015.pdf>
- Alberta Teachers' Association. (n.d.). Can we talk? Mental health lesson plans. Activity 2.
https://teachers.ab.ca/sites/default/files/2022-12/COOR-791_CWTLessonPlans_2016-03.pdf
- Bacchi, C. & Goodwin, S. (2016). *Poststructural policy analysis: A guide to practice*. Palgrave MacMillan.
- Barry, M. M., Clarke, A. M., & Dowling, K. (2017). Promoting social and emotional well-being in schools. *Health Education, 117*(5), 434-451. doi:10.1108/HE-11-2016-0057
- Barad, K. M. (2007). *Meeting the universe halfway: Quantum physics and the entanglement of matter and meaning*. Duke University Press.
- Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *Nursing Plus Open, 2*, 8–14. doi:10.1016/j.npls.2016.01.001
- Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal, 9*(2), 27-40. doi:10.3316/QRJ0902027
- Butler-Wall, A., Cosier, K., Harper, R., Sapp, J., Sokolower, J., & Bollow Temple, M. (2016). The new Misogyny: What it means for teachers and classrooms. In A. Bulter-Wall, K. Cosier, R. Harper, J. Sapp, J. Sokolower, & M. Bollow Temple (Eds.), *Rethinking sexism gender and sexuality* (pp. 17-21). A Rethinking Schools Publication.
- Calzo, J., Katz-Wise, S., Charlton, B., Gordon, A., & Krieger, N. (2019). Addressing the dearth of critical gender analysis in public health and medical pedagogy: An interdisciplinary seminar to generate student-created teaching examples. *Critical Public Health, 29*(1), 18-26.
- Community for Education Foundation. (2017). *Overcoming obstacles*. Elementary Level 3-5: Retrieved July 11, 2022, from
https://www.acealabama.org/uploads/9/5/5/2/95521332/complete_3-5.pdf
- Cotter, A. (2021, August 25). Criminal victimization in Canada, 2019. Statistics Canada.
<https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00014-eng.htm>
- de la Torre-Pérez, L., Oliver-Parra, A., Torres, X., & Bertran, M. J. (2022). How do we measure gender discrimination? Proposing a construct of gender discrimination through a systematic scoping review. *International Journal for Equity in Health, 21*(1), 1–11.
- Department of Education and Science. (1997). *On my own two feet: Understanding influences* 2nd Edition. Dublin, Ireland.
https://www.pdst.ie/sites/default/files/Understanding_Influences.pdf
- Durham Region, (n.d.). Consent, sexual assault and sexting – Grade 9. *The SEXed Manual*.
<https://www.durham.ca/en/health-and-wellness/resources/Documents/SexualHealth/SEXedManual/grade9/consentSexualAssaultSexting.pdf>

- Errington, E. & Cook, J. (2010). Preparing graduates for the professions: Achieving employability through the exploration of near-world scenarios. *The International Journal of Interdisciplinary Social Sciences*, 5(5), 1-10. doi: 10.18848/1833-1882/CGP/v05i05/51723
- Farrugia, A. (2017). Gender, reputation and regret: The ontological politics of Australian drug education. *Gender and Education*, 29(3), 281-298. doi:10.1080/09540253.2016.1156655
- Fine-Meyer, R., & Llewellyn, K. (2018). Women rarely worthy of study: A history of curriculum reform in Ontario Education. *Historical Studies in Education / Revue d'histoire De l'éducation*, 30(1). <https://doi.org/10.32316/hse/rhe.v30i1.4541>
- Government of Canada, S. C. (2021, April 26). *Intimate partner violence in Canada, 2018*. The Daily. Retrieved June 29, 2022, from <https://www150.statcan.gc.ca/n1/daily-quotidien/210426/dq210426b-eng.htm>
- Government of Canada, Statistics Canada. (2018, November 23). *The Gender Wage Gap and Equal Pay Day, 2018*. Retrieved June 29, 2022, from <https://www150.statcan.gc.ca/n1/pub/89-28-0001/2018001/article/00010-eng.htm>
- Hardoff, D., Stoffman, N., & Ziv, A. (2013). Empowering adolescents to control alcohol-associated risky situations. *Archives of Disease in Childhood*, 98(9), 672-675. <http://dx.doi.org/10.1136/archdischild-2013-303994>
- Hill, T.M., & Bartow, J. K. (2020). “The mouse looks like a boy”: Young children’s talk about gender across human and nonhuman characters in picture books. *Early Childhood Education Journal*, 48(1), 93-102. <http://dx.doi.org/10.1007/s10643-019-00969-x>
- Hsieh, H.F. & Shannon, S.E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277-1288.
- Ingram, L. (2016). Teaching and learning about sexism: Three conceptual challenges. In A. Bulter-Wall, K. Cosier, R. Harper, J. Sapp, J. Sokolower, & M. Bollow Temple (Eds.), *Rethinking sexism gender and sexuality* (pp. 429-435). A Rethinking Schools Publication.
- McLachlan, D., Burgos, T., Honeycult, H. K., Linam, E., Moneymaker, L., & Rathke, M. (2009). Emotion locomotion: Promoting the emotional health of elementary school children by recognizing emotions. *The Journal of School Nursing*, 25(5), 373-81.
- Nayak, A. & Kehily, M. (2006). Gender undone: Subversion, regulation and embodiment in the work of Judith Butler. *British Journal of Sociology of Education*, 27(4), 459-472.
- Northern Healthy Communities Partnership, (2022). *Role play situations list*. Retrieved July 6, 2022. <https://www.nhcp.ca/resources-1/2020/3/12/role-play-situations-list>
- Norris, M. & Welch, A. (2020). ‘Gender pronoun use in the university classroom: A post-humanist perspective.’ *Transformation in Higher Education*, 5(0), a79. <https://doi.org/10.4102/the.v5i0.79>
- Nurfaradilla, M. N., Nasri, N., & Mohamad Asyraf, A. T. (2021). Cross-language qualitative research studies dilemmas: A research review. *Qualitative Research Journal*, 21(1), 15-28. doi: <https://doi.org/10.1108/QRJ-12-2019-0093>
- Peel Region, (2012). Alcohol: The whole truth toolkit situation cards activity cards - *Peel Public Health. Alcohol: The Whole Truth Toolkit* Homepage - Peel Public Health - Region of Peel. Retrieved July 6, 2022, from <https://www.peelregion.ca/health/alcohol-toolkit/>
- Peel Region, (n.d.). Lesson four: Scenarios during adolescence decision-making and problem-solving. *Talk to me*. <https://www.peelregion.ca/health/talk-to-me/download/lesson-plans/lesson4-pdf/lesson4a.pdf>

- Poe Center (n.d.). The peer pressure “bag of tricks” - role playing lesson for middle school students. Retrieved July 8, 2022, from <https://pohealth.org/wp-content/uploads/2012/03/The-Peer-Pre-sure-Bag-of-Tricks.pdf>
- PEI Department of Education, (2007). Gender stereotypes. *Prince Edward Island Health Curriculum. Health Grade 7*. https://www.princeedwardisland.ca/sites/default/files/publications/eelc_health_7.pdf
- Purohit, K., & Walsh, C. (2003). Interrupting discourses around gender through collective memory work and collaborative curriculum research in middle school. *Sex Education*, 3(2), 171-183.
- Roberts, J., Gray, S., & Camacho Miñano, M. (2020). Exploring the PE contexts and experiences of girls who challenge gender norms in a progressive secondary school. *Curriculum Studies in Health and Physical Education*, 11(1), 3-17.
- Rowan, L., Bourke, T., L’Estrange, L., Lunn Brownlee, J., Ryan, M; Walker, S., & Churchward, P. (2021). How does initial teacher education research frame the challenge of preparing future teachers for student diversity in schools? A systematic review of literature. *Review of Educational Research*, 91(1), 112-158. <https://doi.org/10.3102/0034654320979171>
- Sadovnik, A. (2011). *Theory and research in the sociology of education*. Scribd. Retrieved November 7, 2022, from <https://www.scribd.com/doc/82339068/Theory-and-Research-in-the-Sociology-of-Education>
- Sahota, B., Hunt, C., Haer, J., Gill, P., Choi, G., La, C., Bickle, A. Gurm, B., & Smith, N. (n.d.). Peer to peer manual: Healthy relationships, sexual health, drug abuse and internet safety, a peer mentoring guide. Kwantlen Polytechnic University. <https://www.kpu.ca/sites/default/files/NEVR/Peer%20Mentor%20Manual%20for%20Middle%20and%20High%20Schools.pdf>
- Semilarski, H., Soobard, R., & Rannikmäe, M. (2021). Promoting students’ perceived self-efficacy towards 21st century skills through everyday life-related scenarios. *Education Sciences*, 11(10), 1-19. <http://dx.doi.org/10.3390/educsci11100570>
- Seren Smith, M., Warnes, S., & Vanhoestenbergh, A. (2018). Scenario-based learning. In J.P. Davies, & N. Pachler (Eds.), *Teaching and Learning in Higher Education: Perspectives from UCL*. (pp.144-156). UCL Institute of Education Press. https://discovery.ucl.ac.uk/id/eprint/10050606/1/Vanhoestenbergh_Teaching-and-Learning-in-Higher-Education_extracted.pdf
- Shai, A., Koffler, S., & Hashiloni-Dolev, Y. (2021). Feminism, gender medicine and beyond: a feminist analysis of “gender medicine.” *International Journal for Equity in Health*, 20(1), 1–11. <https://doi.org/10.1186/s12939-021-01511-5>
- Utah Department of Health. (n.d.). *Healthy relationships toolkit - Texas youth-friendly initiative*. Healthy Relationships Toolkit. Retrieved July 8, 2022, from <https://www.healthtyouth.org/uploads/files/resources/Healthy-Relationships-Toolkit.pdf>
- Vilkin, E., Einhorn, L., Satyanarayana, S., Eisu, A., Kimport, K., & Flentje, A. (2020). Elementary students' gender beliefs and attitudes following a 12-week arts curriculum focused on gender. *Journal of LGBT Youth*, 17(1), 70-88.
- Walton, D. (2012). *Psychoanalysis: Jacques Lacan. Doing cultural studies*. Sage Publications.

- Western Centre for School Mental Health. (2020). Healthy relationship plus program: Skills for effective relationships part 1. *The Fourth R Strategies for Health Youth Relationships*. <https://youthrelationships.org/pages/healthy-relationships-plus-program-hrpp-skills-for-effective-relationships-part-1>
- Wright, J., O'Flynn, G., & Welch, R. (2018). In search of the socially critical in health education: Exploring the views of health and physical education preservice teachers in Australia. *Health Education, 118*(2), 117-130. <http://dx.doi.org/10.1108/HE-11-20160060>