

# SANTA FE BOYS

TRIENNIAL PUBLICATION ABOUT THE SITUATION OF BOYS IN SANTA FE

ISSUE NO. 12

SPRING 2008

## Boys' Physical and Behavioral Health in New Mexico

By Paul Golding, editor SFB

In New Mexico, boys and younger men under age 25 are over three times more likely to die from the top three causes of death—accidents, suicide and homicide—than girls and young women. They are also likely to die at rates that are higher than in most other states.

These facts of early male death in this state are merely the tip of the iceberg of self-destructive behavior. The full extent of the trauma experienced by many boys reaches into the male population much more deeply than the 705 under 25-year-old male deaths from the above three causes in 2003-2005. We can see patterns of behavior that have been established in young males that will affect their health status throughout their lives and will lead to the early death of many adult men in New Mexico.

This issue of *Santa Fe Boys* is dedicated to concerns about the health of young males in our state and the way early childhood experiences affect health in middle and old age. This relationship between health and early childhood experiences rests on the finding that many of the most harmful patterns for health are known to begin early, when a boy is still a young child. Indeed, the evidence from state health statistics shows that not only are males more likely to die young from behavior-related causes, but also throughout life New Mexico males suffer the effects of early abuse and neglect manifested in many health-related illnesses and causes of death.

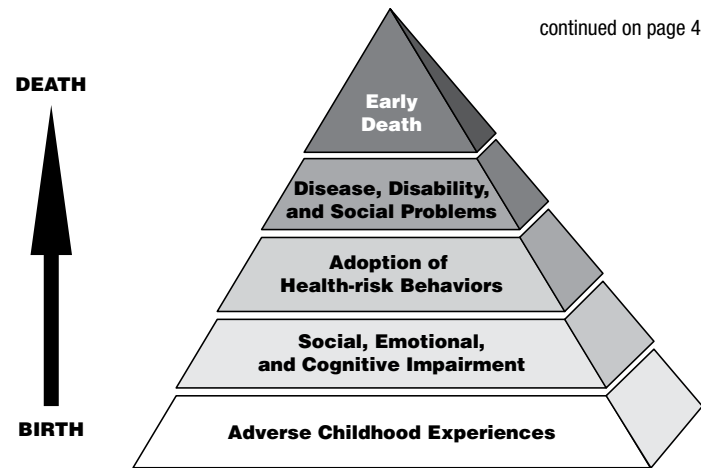
### The Health Pyramid

One way to look at the relationship between childhood abuse and household dysfunction and later health is as a pyramid. This emphasizes that the base upon which later health is built is crucial. One source of the pyramid idea is a study by a large HMO in southern California that sent questionnaires to almost 14,000 adult members asking about their "adverse childhood experiences" or ACEs.<sup>1</sup> These experiences included being a victim of psychological, physical, or sexual abuse, and witnessing violence against their mother, growing

up with household members who were substance abusers, mentally ill, or suicidal, or who had ever been imprisoned. The results were then related to measures of adult risk behavior, health status and disease. In general, the more a person was exposed to childhood abuse and household dysfunction, the more likely he or she was to adopt health-risk behaviors such as smoking, using illicit drugs, becoming obese or alcoholic, and acting out sexually, to mention some behaviors.

These behaviors in turn can be related to certain diseases and disabilities. These causes of morbidity and mortality change with age. For example in New Mexico, accidents, suicide and homicide are more common early in life. Later, the more prevalent causes of death are heart disease, cancers, liver and kidney diseases, stroke, lower lung diseases and diabetes. As depicted in the pyramid illustration on this page, the researchers demonstrated a connection between certain early adverse childhood experiences and early mortality. Of course, the relationships are not simple, or one-to-one, but those who work in the health field have known for a long time that there is a connection between psyche and soma, mind and body, and this

continued on page 4



Health pyramid of influences of ACEs. Source: Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventative Medicine*, 14 (4), 245-258.

## Inside This Issue

Boys and Obesity .....	2
Boys and Alcohol .....	2
Boys and Suicide .....	3

Advanced Placement Classes and Gender .....	5
Gender Ratios in NM Public Education .....	6
A View from Overseas about Boys and Guns .....	6
Single-Gender Education in the News .....	7

# Boys and Obesity

According to the 2005 Youth Risk and Resiliency Survey (YRRS) of high school students in New Mexico, boys are three times more likely to be obese than girls. Both are about equally likely to be at risk for obesity. These rates of obesity by gender in New Mexico are similar to national data.

The YRRS study defines obese and being at-risk of obesity as follows:

“Obesity” is defined by a body mass index (BMI) of greater than the 95<sup>th</sup> percentile for age and gender, based on national, historical data. “At-risk of obesity” is defined as a BMI between 85<sup>th</sup> and 95<sup>th</sup> BMI percentile for age and gender.

The Southern California HMO study,<sup>1</sup> mentioned in the lead article of this issue, found a relationship between “severe obesity” in adults and experiencing different types of adverse childhood experiences (ACEs) when younger. ACEs include being victims of psychological, physical, or sexual abuse,

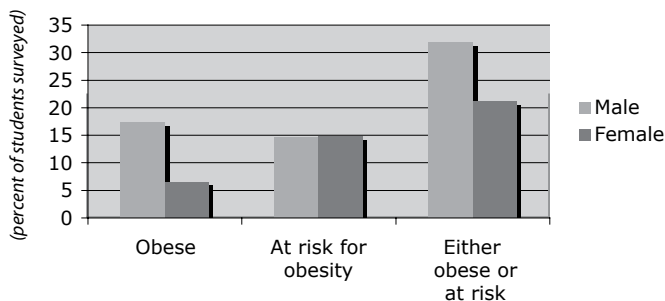
witnessing violence against their mother, growing up living with household members who were substance abusers, mentally ill, or suicidal, or who were ever imprisoned. While 5 percent of those reporting no ACEs were severely obese, those with ACEs showed an increasing amount of obesity. For example, 12 percent of study participants reporting four or more adverse childhood experiences were severely obese.

Increasingly, health officials are concerned about the long-term health and financial implications of extensive childhood obesity. A recent Danish study—based on a long term, large scale study of 277,000 children—found that the more overweight a child was between ages 7 and 13, the greater the risk of heart disease in adulthood.<sup>2</sup> The Danish researchers found that this relationship was strongest in boys and that it increased with age. About 14,500 of the subjects of their study—twice as many men as women—had heart disease or died from it before age 60. Today in the United States, increasing numbers of obese children are being diagnosed with type 2 diabetes, high blood pressure, bad cholesterol and other complications. The majority are boys. **SB**

1. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventative Medicine*, 14 (4), 245-258.

2. Bibbins-Domingo, K., Coxson, P., Pletcher, M.J., Lightwood, J., & Goldman, L. (2007). Adolescent overweight and future adult coronary heart disease. *The New England Journal of Medicine*, 357, 2371-2379.

**2005 NM Youth Risk and Resiliency Survey on Body Weight by Gender**



# Boys and Alcohol

Alcohol use by young people is a serious health problem in New Mexico; it likely contributes to New Mexico’s dubious distinction of having the highest rate of chronic liver disease in the country, which is about twice as likely to affect males than females as a cause of death. Alcohol consumption is also implicated in automobile and other accidents—the leading cause of death among young people and about three times more likely to involve boys. Further, alcohol consumption often figures in other adverse health behaviors including injected substance abuse, smoking, teen pregnancy, domestic violence, homicide, and suicide.

**Drinking and Boys/Males:** Youth drinking is

widespread in the state. According to the 2003 NM Youth Risk and Resiliency Survey (YRRS), almost half of the boys 17-18 years old reported having 5 or more drinks at a time within 30 days. In the most recent 2005 YRRS, boys engage in alcohol use and binge drinking more than girls, although the differences are not statistically significant.

Early drinking is also more likely to be a boy issue and early drinking is the main indicator of later alcohol-related problems. The 2005 YRRS asked whether a student used alcohol before age 13. Thirty-three percent of boys responded in the affirmative compared to 26 percent of girls. This level of early drinking makes New Mexico 5<sup>th</sup> highest in the United States in under age 13 drinking rates.

## SANTA FE BOYS

A triannual publication for adults about the situation of boys in Santa Fe

PO Box 273  
 Santa Fe, NM 87504-0273  
 Phone: 505-988-9582  
 Email: [santafeboys@comcast.net](mailto:santafeboys@comcast.net)  
[www.santafeboys.com](http://www.santafeboys.com)

### EDITORIAL BOARD:

Paul Golding, PhD, Editor

Lynn Hathaway, PhD,  
 City of Santa Fe, Children and Youth Planner

David Barton, PhD, Northern NM Community College

### ADVISORY BOARD:

David Denny-Frank, PhD,  
 Director, Pastoral Counseling Center

Victor LaCerva, MD

Kenneth J. Martinez, PsyD,  
 Children’s Behavioral Health Director, Office of the Secretary, NM Children, Youth and Families Department

Dolores E. Roybal, PhD,  
 Executive Director, Con Alma Health Foundation

### LANGUAGE AND STYLE EDITOR:

Bonnie Ellinger, PhD

*Santa Fe Boys* is published three times a year and is made possible by a grant from the Boys Fund, a donor advised fund at the Santa Fe Community Foundation. Appreciation is expressed to the Santa Fe Community Foundation.

The editorial policy of *Santa Fe Boys* is to consider any article for publication. If you would like to contribute an article or a comment on the subjects raised here or other subjects related to boys in our community, please contact us at the addresses above.

If you would like to receive *Santa Fe Boys* in the future, please contact us at the addresses above.

**Adverse childhood experiences (ACEs) and alcoholism**—According to the a study carried out by a California HMO,<sup>1</sup> 97 percent of the alcoholism can be related to childhood experiences of abuse and neglect. Taking this percentage and applying it to the New Mexico population, Dr. Ron Voorhees, a former Chief Medical Officer of NM Department of Health, found that there were over 1000 premature deaths in this state as a result of alcoholism from 1987-1996, which

can be related to childhood maltreatment. Most of these deaths occur as a result of liver disease, or homicide, suicide or accidents in which alcohol was a factor. It is difficult not to see a troubled boy-hood in many of these deaths. [S&B](#)

1. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventative Medicine*, 14 (4), 245-258.

Various Alcohol-Related Statistics for New Mexico by Gender		
Indicator:	Males	Females
Motor Vehicle Deaths, all ages (rate per 100,000)	30.2	13.0
Alcohol and Related Deaths (rate per 100,000)	69.6	25.3
Death Rates from Chronic Liver Disease and Cirrhosis (rate per 100,000)	20.8	9.5
Teen Current Alcohol Use Within Last 30 Days (percent)	42.4	41.9
Teen Binge Drinking (5 or more drinks at a time) (percent)	29.5	27.2
Teen Use of Alcohol Before Age 13 (percent)	33.5	26.0
Death from Accidents, 15-24 years old (rate per 100,000)	79.6	25.5

Sources: New Mexico Department of Health. (2007). *New Mexico Selected Health Statistics Annual Report for 2005*. Santa Fe, NM.

New Mexico Department of Health. (2007). *Racial and ethnic health disparities report card*. Santa Fe, NM: New Mexico Departments of Health & Public Education.

Green, D. Penaloza, L.J., Chrisp, E., Dillon, M., Cassell, C.M., Tsinajinnie, E., et al. (2006). *New Mexico Youth Risk and Resiliency Survey (YRRS) 2005 Report of State Results*. Santa Fe, NM: New Mexico Departments of Health & Public Education.

## Boys and Suicide

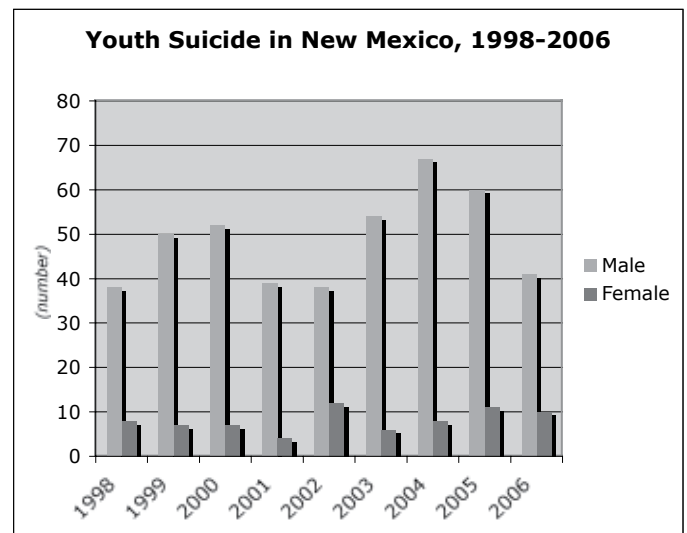
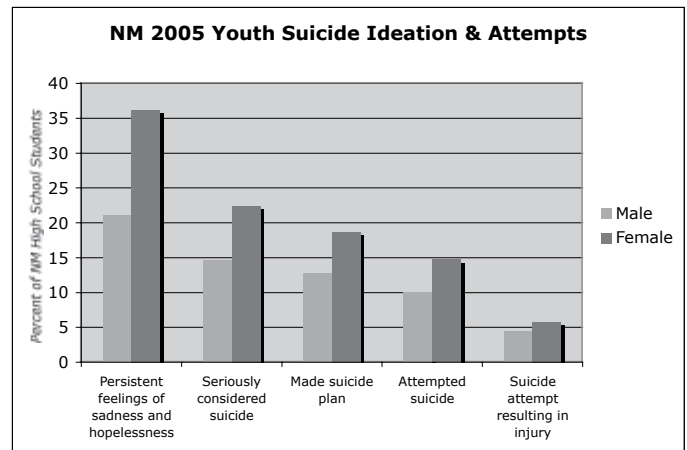
Perhaps no other cause of death is more directly related to psychological factors than suicide. It is also the most strongly correlated with gender; males at all age ranges commit suicide at rates considerably higher than females. This can be readily seen in the graph showing the number of youth suicides (24 years and younger) in New Mexico from 1998-2006.<sup>1</sup>

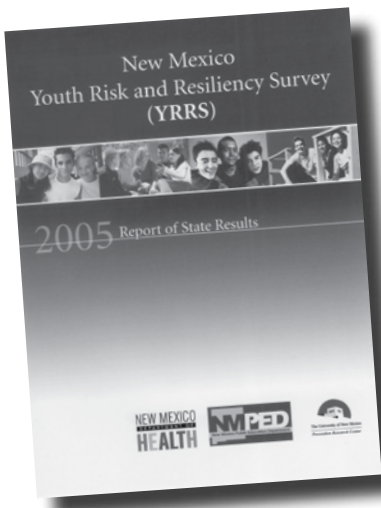
The Youth Risk and Resiliency Survey<sup>2</sup> questions New Mexico high school students on suicide ideation—i.e. thinking about suicide without actually making plans to commit suicide—and suicide attempts. The data from the 2005 survey shows that girls are more likely than boys to think about suicide and to attempt suicide. However as the scale of ideation becomes more physically measurable and closer to actual suicide, the differences between boys and girls becomes statistically insignificant. Hence, on the questions about whether a student actually attempted suicide and whether the attempt resulted in injury, there is little difference between boys and girls.

With regard to committing suicide, boys are far more likely than girls to do so as the chart here shows. [S&B](#)

1. Office of the Medical Examiner, personal communication, April 27, 2005, August 16, 2005, July 27, 2006.

2. Green, D. Penaloza, L.J., Chrisp, E., Dillon, M., Cassell, C.M., Tsinajinnie, E., Rinehart, J. & Ortega, W. (2006). *New Mexico Youth Risk and Resiliency Survey (YRRS) 2005 Report of State Results*. Santa Fe, NM: New Mexico Departments of Health & Public Education.





research is another clear demonstration of how that connection works; adverse childhood experiences affect psyche which in turn affects body. The adverse health effects may take years to develop, and not all those who grow up suffering ACEs develop related health conditions, but many of those who have these health problems have suffered ACEs.

**The New Mexico Pyramid**

In the less than 25 year-old age group of New Mexico residents, approximately 75% of fatalities from accidents, 85% of suicides, and 80% of homicides are of young males. As mentioned above, many of these rest on behavioral/psychological roots (adverse childhood experiences, or ACEs). This same connection to adverse childhood experience cannot be said of some of the other causes of death to young people such as cancer or congenital malformations, which might result from genetic or other known and unknown causes.

Dr. Ron Voorhees, a former Chief Medical Officer of NM Department of Health, has examined the relationship between ACEs and early death in New Mexico. He has worked with the above mentioned California HMO study showing, for example, that the more ACEs a person has experienced, the more likely he or she is to be at risk for alcoholism and illicit drug use, to mention two behaviors that might result. Using this data, Voorhees demonstrated how likely the incidence of certain diseases is to be attributable to ACEs.<sup>2</sup> Taking chronic bronchitis/emphysema as an example, it is important to remember that not all chronic bronchitis/emphysema is attributable to adverse childhood experiences. Hence, according to Voorhees, approximately 57.1 percent of this illness is likely to come from non-childhood abuse factors such as genetics or environmental factors like air pollution. But about 42.9 percent of chronic bronchitis/emphysema does seem to be related to childhood abuse and

neglect, which in turn might lead to unhealthy behaviors such as smoking. The results of Voorhees' research are summarized in the table below by adult disease/condition and mortality percent attributable to ACEs.

This table also shows that one of the most striking results of looking at disease incidence in terms of the links—ACEs leading to social, emotional, and cognitive impairment leading to adoption of health-risk behaviors leading to early death—is that in the causes of death where one would be most likely to see these relationships, we find that male deaths exceed female deaths by a factor of 1.5-2.0 males to 1 female in New Mexico. Looking at the example of “chronic liver disease and cirrhosis,” which is one of the 39 causes of death described in the *New Mexico Health Statistics Annual Report*, we see that the rate of death for all ages was 20.8 per 100,000 men compared to 9.5 for women.<sup>3</sup>

**Boys and Adverse Childhood Experiences (ACEs) in New Mexico**

A recent analysis by the Healthy Teen Network of Washington DC reported that boys' adverse childhood experiences of neglect and abuse have received less attention than those of girls.<sup>4</sup> In part this is because boys suffer different types of abuse and neglect. They are more likely to be victims of beatings and physical punishment, for example. Also, sexual abuse against boys takes different forms, being less likely to be penetrative. Further, when boys witness acts of family violence, they show a greater tendency to internalize the trauma through depression and disordered eating and to externalize it through binge drinking and fighting. Perhaps the most important difference between boys and girls is that boys are less likely to report their victimization than girls. Boys tend to tough it out and maintain the stoic mask of boyhood, believing that reporting their abuse is a sign of weakness. As a consequence, data on boy-abuse and neglect tends to be underreported, compared to girl-abuse and neglect.

According to the Healthy Teen Network, careful national studies of the incidence of childhood abuse and neglect show that there is likely little difference between boys and girls with regard to the incidence of neglect and abuse, though all such studies admit they are probably not capturing the extent of the problem with either gender.

Not all neglect and abuse is equally harmful. The Southern California HMO study concludes that the more types of adverse childhood

<i>Adult Disease/Condition</i>	<i>Mortality Percent Attributable to ACEs</i>	<i>Mortality Conditions That May Result</i>	<i>Ratio of Male to Female Deaths in NM from Mortality Conditions</i>
Bronchitis/emphysema	42.9	Chronic Lower Respiratory Diseases	1.5 to 1
Alcoholism	97	Chronic Liver Diseases and Cirrhosis	2 to 1
Injected Drug Use	99	HIV, STDs, Liver and Heart diseases	1.5 to 1
Suicide Attempts	100	Suicide	5-1
Having over 50 Sexual Partners	53.5	STDs, Liver and Heart Disease	1.5 to 1

Sources: Voorhees, R. E. (2007, October 5). *The health and economic impacts of reducing adverse childhood experiences*. Presented at the LANL Foundation 11<sup>th</sup> Annual Conference on Education.

New Mexico Department of Health. (2007). *New Mexico Selected Health Statistics Annual Report for 2005*. Santa Fe, NM.



experiences a person has suffered, the more likely he or she is to engage in adverse health behaviors. Other studies have concluded that key factors increasing the harmfulness of abuse are whether it starts early, how long it persists, and whether there are multiple perpetrators.


These general and speculative conclusions about boys and adverse childhood experiences raise the question of why boys and men in New Mexico are so much more likely to suffer the adverse health affects that seem related to early abuse.

### **Hardwired To Connect And The Need For Gender “Enculturing”**

Perhaps an answer to the question about why men predominate in early mortality statistics is provided in an influential study, *Hardwired to Connect*, done by the Commission on Children at Risk, made up of The YMCA of America, Dartmouth Medical School and the Institute for American Values.<sup>5</sup> This report says in its introduction that: “What is harming and killing our children today is mental illness, emotional distress, and behavioral problems.” Among other causes of this problem, the analysis states that the result of our society’s indifference to the deep meanings of gender is social chaos: many children not making the transition to adult life. It notes that puberty and adolescence is a time in which human communities, across many cultures and since time immemorial, have mobilized themselves to define purposefully and enforce social meaning of sexual embodiment in sex-specific rituals, tests, and rites of passage. According to the study, “In recent decades, many adults have tended to withdraw from the task of assigning pro-social meaning to gender, especially in the case of boys” (p. 24, emphasis added). Gender, the report tells us, is not just socially constructed, but also runs near the core of human identity “in part because it is biologically primed and connected to differences in brain structure and function, and in part because it is so deeply implicated in the transition to adulthood.” The commission concludes that the policy of gender neutrality—a desire for greater androgyny and less gender difference—is dangerous:

When adults choose largely to neglect the critical task of sexually enculturing the young, they are left essentially on their own—

perhaps with some help from Hollywood and Madison Avenue—to discover the social meaning of their sexuality. The resulting largely adolescent-created rituals of transition are far less likely to be pro-social in their meaning and outcomes. (p. 25)

One conclusion that can be reached is that there is a need to cease pretending that gender neutrality—i.e., that boys and girls are the same—should reign in our state. To take one example, New Mexico public schools have yet to acknowledge that boys are more likely to drop out while girls are more likely to be in Advance Placement classes. Issues related to father absence in the home, male teacher absence in elementary school, and the need to respect male difference in schools, families, and in the community are in desperate need of discussion and action. Until this wider awareness and these discussions about boys’ poor performance and neglect receive more attention, the poor health situation of boys is unlikely to improve. 

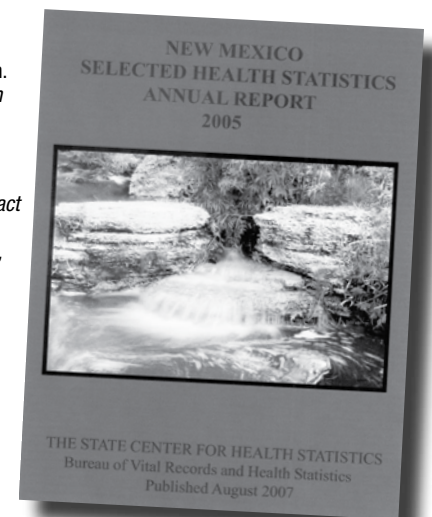
1 Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventative Medicine*, 14 (4), 245-258.

2 Voorhees, R. E. (2007, October 5). *The health and economic impacts of reducing adverse childhood experiences*. Presented at the LANL (Los Alamos National Laboratory) Foundation 11<sup>th</sup> Annual Conference on Education.

3 New Mexico Department of Health. (2007). *New Mexico Selected Health Statistics Annual Report for 2005*. Santa Fe, NM.

4 Kahn, A. & Paluzzi, P. (2006). *Boys will be boys: understanding the impact of child maltreatment and family violence on the sexual, reproductive, and parenting behaviors of young men*. Washington, DC: Healthy Teen Network.

5 Commission on Children at Risk. (2003). *Hardwired to connect: The new scientific case for authoritative communities*. New York: Institute for American Values.



### **Santa Fe High School & Capital High School Advanced Placement Classes Enrollment, by Gender, 2007-2008**

<b>Subject</b>	<b>Males</b>		<b>Females</b>	
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
Biology	5	38	8	62
Calculus	15	60	10	40
Chemistry	5	56	4	44
English 3	49	33	99	67
English 4	37	35	68	65
Physics	24	59	17	41
Psychology	12	34	23	66
Spanish Literature	5	33	10	67
Studio Arts	3	50	3	50
US Government & Economics	39	43	51	57
US History	23	38	38	62
World History	14	44	18	56
<b>Total</b>	<b>231</b>	<b>40</b>	<b>349</b>	<b>60</b>

Source: Santa Fe Public Schools, Office of Public Information

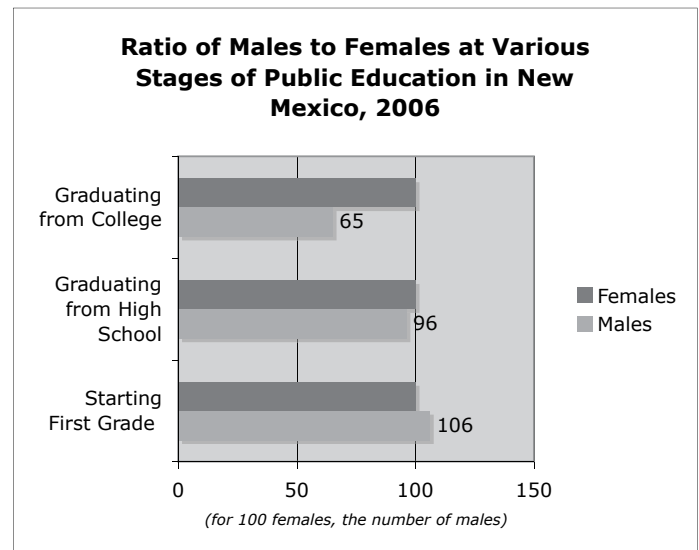
# Ratio of Males to Females at Various Stages of NM Public Education

**R**onnie, 17, hasn't been in school for three years. He lives with his father, who drifts in and out of his life and spends time with other families and in prison. His mother works and has two other younger boys whose fathers are out of the picture. Ronnie can't get a job, a driver's license or a GED; he complains that a job requires a car, and a car requires money, which requires a job, and a GED requires eighth grade math. "Life sucks and school sucks."

In 1992, the American Association of University Women issued a report titled *How Schools Shortchange Girls*. American society responded with a massive outpouring of support for promoting girls' interests in school and society. Where is the national distress call and energetic response about boys who are becoming more and more like Ronnie—part of the increase in male dropouts from school and work, and more generally from engagement in society?

Many boys in New Mexico are falling behind the longer they are in school. We can see this simply in who attends school. NM elementary schools still reflect the fact that more male children are born than females; there are 106 boys for every 100 girls. By high school graduation, there are 96 boys for every 100 girls. By college graduation there are 65 men for 100 women.<sup>1</sup>

1. Data for first- and twelfth-grade public schools in New Mexico were provided for 2006 by the NM Public Education Department. Graduation rates from NM Public Institutions of higher education is for BA degrees awarded in the 2005-06 academic year as reported in New Mexico Higher Education Department, *The Condition of Higher Education in New Mexico, 2005-2006*. (Retrieved from <http://hed.state.nm.us/cms/kunde/rts/hedstatenmus/docs/649408-12-21-2006-13-46-59.pdf> on March 3, 2008)



## A View from Overseas about Boys and Guns

By Dr. Peter West

(Dr. Peter West is recently retired from the University of Western Sydney. He currently runs workshops on boys' education and men's health. His website is [www.boyslearning.com.au](http://www.boyslearning.com.au) and he can be reached by email at [p.west@exemail.com.au](mailto:p.west@exemail.com.au).)

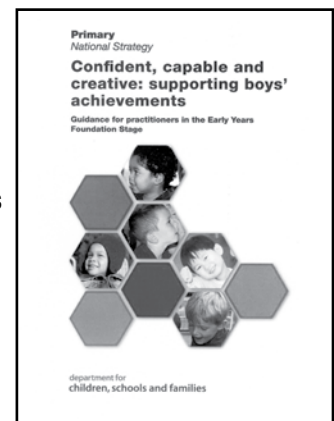
**W**ould you allow your boy to play with guns? Should boys (or girls) be allowed to play with guns and swords at preschool? The questions are raised in a new report from the UK.

Parents' websites contain a lot of comment, especially from mothers, who worry seeing their child playing with a gun. Parents say their sons bite into a sandwich, which becomes a gun: "Bang, bang, you're dead." No mothers—or fathers—want their sons to become gun-wielding monsters who destroy other people's lives. There is a huge range of difference among boys across socio-economic status, race, and language. It nevertheless appears that boys all over the world often play with guns, and, later in their lives, with computer games in which they aim at being the survivor. Play with guns seems to be part of growing up for many or most boys. And it's not something that parents and childcare workers are comfortable with.

But these games may be useful to get boys learning, a new UK report on the early years of learning suggests. It says that boys often watch TV and games and act out what they see males in them do. The report says, "Adults can find this type of play particularly challenging and have a natural instinct to stop it". The report is called *Confident, Capable and Creative: Supporting Boys' Achievements*,<sup>1</sup> and comes from the UK Department for Children, Schools and Families. The UK Children's Minister, Beverley Hughes, called it "a commonsense approach to the fact that many children, and perhaps

particularly many boys, like boisterous, physical activity." Her clever wording encompasses many debates. It will create many more.

The report says every child is entitled to challenging and enjoyable learning; this must include boys. It says many children do choose gender-specific activities, and each has a personal learning journey. We must trust the richness of children's ideas, the report says; not impose our own. Case studies in the report emphasize exploration, experimentation and "mucking about with things." Some might see this as the kind of play that males typically do "messing about in boats" as described in Kenneth Grahame's *Wind in the Willows*.<sup>2</sup> Many men do enjoy mucking about with cars, computers and boats. Fathers play with kids (especially sons) and it's typically in a more challenging and competitive way. They nurture (as mothers do) but in characteristically different styles. Some will doubtless reject all this as essentialist thinking of the populist kind: Men are from Mars, and so on. Efforts to improve boys' achievement in the UK and Australia have looked principally at behavior and learning. Without wishing to make gross comparisons between boys and girls, there are worrying trends in behavior among boys. Oppositional and conduct disorders are twice as common among boys, according to Sebastian Kraemer's report in the *British Medical Journal*.<sup>3</sup>



Despite many academic articles, a gap between boys' and girls' achievement remains. Among low achievers in the UK, boys outnumber girls by 20%. A gender gap in achievement between boys and girls has been discussed in Australia since the O'Doherty Report was released in New South Wales in 1994. Last year the subject rose to prominence in the USA and is still being hotly debated. Some announce there is a boy crisis; others deride such an idea. Unfortunately the result is that we get buried in semantics.

The UK Report says too many boys develop negative images of themselves as learners. Schools want boys to listen and sit still; but boys' lives are about activity. If we keep making boys sit still and be quiet, they will switch off learning and see themselves as poor learners at school. The issue was summarized when one British boy wrote in an exam, "I will try my hardest, no matter how pointless the task is." Following boys' agendas does improve learning, the Report says. Staff should "help boys to achieve more rapidly by providing opportunities for learning that engage them." Centers that followed boys' interests resulted in "sudden and dramatic improvements" in behavior as well as listening and speaking skills.


Of course boys are not all the same. But the problem of capturing boys' interests has been registered in almost all countries surveyed by the Organization of Economic Coordination and Development. Boys' engagement and bad behavior all seem to coalesce in many educational discussions; the "gender gap" between boys in performance has been much discussed, but not yet closed.

There will be many implications from the Report. For instance, could female staff be too ready to condemn boyish play? And are men more likely to permit it? If there are boy-friendly approaches to learning, and thus teaching, do we have enough men in teaching? Professor Andrew Martin at Oxford University told me that although top quality is the most important thing we need in a good teacher, boys prefer to raise certain issues with a trusted older male, not always a father. And males often tolerate more active and boyish learning, Sebastian Kraemer argues. The difficulty of getting suitable

males into teaching has been bewailed around the world, but no workable solution has been found.

Again, is it true that boys and girls learn in characteristically different ways? Or is it just true that there is a range of behavior across boys and girls? The findings might encourage a move back to single-sex learning, even within a coeducational school.

There are some echoes of the Report in the work done to date by the Australian Federal Government's Boys Education Lighthouse Schools Program (BELS). Among its ten principles for engaging boys appear the following: flexibility of approach, rather than a standard; teacher-directed activity; practical and hands-on learning; and the use of appropriate male role-models. Like the UK Report, the BELS program wants teachers and caregivers not to enforce stereotypes but to challenge them. A balance among all these principles is difficult to maintain. Some will see the Report as encouraging a too stereotypical view of learning.

Thus there will be continuing debates about how boys and girls learn, and how they should learn. I don't see the Report as a backward step, necessarily. It is a cautious questioning of caregivers' understandable worry about the noisy, active, possibly wild ways in which many boys play. It supports those of us who argued that schools should be made more boy-friendly. It might spark a useful debate on what is permissible in the early years and how to channel the restless activity that many boys show, rather than condemn it and turn boys off learning. 

1. [http://www.standards.dfes.gov.uk/primary/publications/foundation\\_stage/supporting\\_achievements/sba\\_0068207bkt.pdf](http://www.standards.dfes.gov.uk/primary/publications/foundation_stage/supporting_achievements/sba_0068207bkt.pdf)
2. "There is nothing—absolutely nothing—half so much worth doing as simply messing about in boats. In or out of 'em, it doesn't matter. Nothing seems really to matter, that's the charm of it. Whether you get away, or whether you don't; whether you arrive at your destination or whether you reach somewhere else, or whether you never get anywhere at all, you're always busy, and you never do anything in particular; and when you've done it there's always something else to do, and you can do it if you like, but you'd much better not." Spoken by Ratty to Mole in *Wind in the Willows* by Kenneth Grahame (1859-1932).
3. Kraemer, "The Fragile Male," *British Medical Journal*, 2000 [bmj.com](http://bmj.com)

## Single-Gender Education in the News: New Book, Survey in SC, and Teacher Trainings

**New Book on Single Sex Education.** *Debating Single-Sex Education: Separate and Equal* by Frances R. Spielhagen, PhD of the Mount Saint Mary College in Newburgh, NY, has just been released by Rowman and Littlefield Education Publishers. The edited volume contains several research studies on the efficacy of single-sex classes and schools.

One of the chapters chronicles the impressions of students who have chosen single-sex classes. The narratives from the boys are particularly compelling. Three strong findings emerged from the study. First, the younger students adapted more readily to single-sex classes. In addition, the professional development of teachers to meet the needs of each of the genders is critical to the success of the arrangements. In this regard, the work of the Gurian Institute ([www.gurianinstitute.com](http://www.gurianinstitute.com)) becomes very important. Finally, it is essential to involve both parents and students in the decision to enroll students in single-sex classes. The book is rich in information from schools all over the United States and in Africa.

**The South Carolina Experience: Single-gender classes are popular with students.** The only state with a statewide office for single-gender education, South Carolina, surveyed more than 1,700 students from 31 elementary, middle, and high schools who participate in single-gender classes. The study results, published in January 2008, showed that "boys and girls alike say the single-gender experience makes school more interesting and inspires confidence that they can earn good grades. Minority students were among the most enthusiastic," according to this report in the *State*, a newspaper in the capitol,



**Debating Single-Sex Education** SEPARATE AND EQUAL?  
Edited by FRANCES R. SPIELHAGEN



---

**Single Sex Education in the News, continued from page 7**

Columbia. Dorothy James, principal of Latta Middle School, in Latta, SC, told her local newspaper that "The behavior is better, the grades are better, and holding [students'] attention is better" in the single-gender classrooms. South Carolina currently offers single-gender education in about 90 schools, with plans to offer single-gender classrooms in as many as 150 classrooms for 2008-2009. The link to the *State* article is <http://www.thestate.com/local/v-print/story/286136.html>. A link to the newsletter for the South Carolina state office of Single Gender Initiatives is <http://www.ed.sc.gov/agency/Educational-Services/Public-School-Choice/SingleGender/Singlegenderindex.html>.

**Single-Gender Classroom Training for Teachers.** Stetson University, Celebration campus in Orlando, Florida, June 12-13, 2008. Stetson's Department of Education will offer the latest updates on brain research, with an emphasis about gender differences in the ongoing brain development study at the National Institutes of Health, as well as the ongoing study at Harvard Medical School.

The conference will focus on how schools have successfully applied these new understandings from brain research to various subject areas, reviewing strategies that have worked in mathematics, biology, chemistry, physics, visual arts, creative writing, history, and social studies. The workshop will also consider issues of classroom

management and bullying prevention, both of which are addressed in uniquely effective interventions in the single-gender format. Lastly, the training will consider responses to critics who say, "The real world is coed; school should prepare kids for the real world; therefore school should be coed!"

For more information about the conference, contact Professor Kathy Piechura-Couture, at [kpiechur@stetson.edu](mailto:kpiechur@stetson.edu) (Note that there is no "a" in her e-mail address).

**The National Association of Single Sex Public Education (NASSPE) 4<sup>th</sup> Annual Conference.** NASSPE will hold its annual conference in Memphis, Tennessee, October 11-12, 2008. Compared to last year's conference there will be an expanded number of breakout sessions while reducing the keynote sessions from four to three at the Memphis Convention Center and the adjacent Memphis Marriott Downtown. More information about the conference is available online at <http://www.singlesexschools.org/events-2008conference.htm>. The last NASSPE conference included over 450 attendees from around the world, many of whom have been involved with single-gender education for years. NASSPE is also soliciting proposals for workshops from educators or administrators who have been involved with single-sex classrooms, either at a public school or an independent school. 