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Sex in Health Education: Official Guidance for Schools in England, 1928–1977

JANE PILCHER

Abstract This article examines official policy discourses on sex within the health education curriculum of schools during the period 1928–77. The article begins with an account of the origins of sex education in schools, and of why, in the early twentieth century, its inclusion in the health education curriculum was problematical. In the main section, the article examines the content of consecutive editions of the government published “handbooks of health education”, and of an important supplementary guidance pamphlet, published during the Second World War. It traces the gradual shifts over time in official discourses of “sex education”, and in the sets of understandings about children, sexuality and the role of parents, for example, which underlay them. The shifts in official guidance discourses on sex within the health education curriculum of schools are explained through locating changes in their broader social and political contexts, especially the impact of the Second World War on sexual morality and the post-war emergence of youth as a significant social grouping. The article concludes by evaluating the handbooks as a source for the history of school-based health and sex education and by drawing attention to the wider historical and sociological significance of official discourses on sex education.

The provision of sex education to children in English schools is currently governed by a range of legislation, much of which was introduced and implemented by Conservative governments during the 1980s and early 1990s. Arising out of these legislative changes, official guidance publications on the provision of sex education to school children were issued to local education authorities, head teachers, teachers and school governors, first in 1987 and then again in 1994 (Department of Education and Science 1987; Department for Education 1994). Three years into their period of office, and following revisions to the National Curriculum and the introduction of the new Personal, Social and Health Education framework, the Labour Government issued its new guidelines to head teachers, teachers and school governors on the teaching of “sex and relationship education” in schools (Department for Education and Employment 2000). The practice of British governments issuing official guidance on school sex education is not, however, restricted to the last few decades. For most of the twentieth century, official government guidance on sex education was given to head teachers, teachers and other relevant people via a series of “handbooks of health education”, published in six editions and under various titles between 1928 and 1977. The broad contours

of the development in England of sex education in schools, as part of the curriculum in health education, have already been established by historians (for example, Hall 1995, Meredith 1989, Mort 1987, Weeks 1989). In addition, close attention has been paid to various aspects of school sex education during the 1980s and 1990s (for example, Lewis and Knijn 2002, Pilcher 1997, Thomson 1994, Thoroughgood 1992). However, detailed research on the earlier part of the twentieth century is underdeveloped. We have only a limited understanding of policy on and practices of sex education in schools for the period before 1979 and, relatedly, of its wider historical and sociological significance. For example, on the issue of British government policy on sex education in schools, there is a range of unanswered questions. What importance did successive governments attach to sex education as part of the health education curriculum? When were the key points of change in official policy and why did change occur? What did successive governments propose as to the content of sex education in schools and about methods of its delivery? What constructions of children and young people, of the nature of sexuality, of the roles of teachers and parents, for example, underlay official policy on sex education in schools? What do official policy discourses of this period reveal about the competing ideologies and conflictual power relations that combine to make sex education for children in schools such an enduringly contentious issue? In this article, I begin to address some of these questions, through focusing on official policy discourses found within the handbooks of health education published between 1928 and 1977. Historians have, thus far, largely ignored the handbooks and their contents, even though they represent a unique and important record of official guidance to schools on the teaching of health and sex education during a key period of social change in modern British society. The article starts with an account of the origins of sex education in schools, and of why, in the early twentieth century, its inclusion in the health education curriculum was problematical. In the main section, I undertake a detailed examination of the content of consecutive editions of the handbooks of health education, and of an important supplementary publication, and trace gradual shifts over time in official discourses of "sex education", and in the sets of understandings about children, sexuality and the role of parents, for example, which underlay them. The shifts in official guidance discourses on sex education in schools between 1928 and 1977 are explained through locating changes in their broader social and political contexts. The article concludes by considering the wider historical and sociological significance of official discourses on school sex education in this period.

Neither “sex education” nor “official discourses” are self-evident concepts and it is therefore necessary to specify what I mean by them. In the context of this article, “sex education” means that which takes place within schools, and which is imparted to children by teachers as part of the formal curriculum. Formal education in sex is taken to include, at its narrowest, instruction as to the sexual and reproductive functions and processes of the human body. More expansive programmes of sex education encompass broader issues of human sexuality, including birth control or contraception, sexually transmitted diseases, sexual orientations, sexual morality, emotional and relationship issues, and the pleasures of sex. By “official discourses on sex education”, I mean the written representations of understandings about sex education made within government published texts, and authored by senior civil servants, which are also revealing of underlying sets of ideas about, for example, sexuality, children and young people, the role of educational policy, and the interests and rights of parents. In general terms, I follow Foucault’s understanding of discourses as the conjunction of power and knowledge (for example, Foucault 1980). In other words, discourses “legitimate and initiate practices in the world and they privilege certain visions and interests” (Ball 1990: 22). In focusing on the expression of official public policy in government published guidance, I do not intend to suggest that the study of people’s lived experiences of sex education is unimportant. Nor do I mean to imply that experiences of learning about sex are completely determined by official government policy on school sex education, or by a particular school’s interpretation of that policy. Clearly, children and young people, whether in the past or the present, gain knowledge about sex outside of classroom contexts and from a wide variety of sources. As a number of studies have shown, educational programmes within schools have long been just one of the arenas of learning about sex during childhood and youth (for example, Farrell 1978, Schofield 1968, Stanley 1995). Nevertheless, I believe that our understanding of sex education in schools can be enhanced through studying official discourses on it, both in the past and in the present. As Frank Mort has argued in relation to sexuality more generally, discourses within official government publications do “set the broad conditions for the way we experience our sexual identities” and “have concrete effects on the sexuality of constructed men and women” (1987: 4). Indeed, as my analysis in this article will show, successive governments intended their guidance publications on the teaching of sex education in schools to have “concrete effects”, not only on sexuality but also on health and illness, marriage and family life and the (re)production of social relations more generally.

“Laissez-Faire”: Sex in School Health Education Guidance Up until the 1940s

The origins of sex education in English schools have been located in the “medico-moral” discourses of the late nineteenth and early twentieth centuries, which themselves developed in the context of public concerns over general physical standards of national health and fitness, the incidence of venereal disease and the sexual morality associated with its spread, and also moral panics about the ill-effects of masturbation (Hunt 1998, Mort 1987, Porter and Hall 1995). Consequently, the contributing elements of the medico-moral discourses were wide-ranging and included preventative medicine, eugenics, and social purity (which, with a less religious morality, developed latterly in to social hygienism – see, especially, Mort 1987). Within these, often disparate, sets of discourses there was a shared emphasis on education in “hygiene” (or health) as the most effective strategy through which to improve both the physical and the sexual-moral health of “the Nation” (Mort 1987, Weeks 1989). As Hendrick notes, the late nineteenth and early twentieth centuries were times of “fierce imperial, political, military and economic rivalries” between the nations of the emerging modern world (1997: 51). In this context, anxieties about physical and moral standards of health, coalescing around concerns about “national” (or “racial”) efficiency, encouraged the promotion of sex education in many other countries too. (For historical scholarship on the development of sex education in France see, for example, Pedersen 1998, Stewart 1997; for the United States of America, see, for example, Carter 2001, Moran 2000; and for Canada, see, for example, Valverde 1991, Sethna 2000).

In England during the late nineteenth and early twentieth centuries, it was working class children who emerged as the pre-eminent grouping through which the future health and progress of “the Nation” would be secured (Cooter 1992, Hendrick 1997). The instruction of children in hygiene had been part of the school curriculum since the inception of state education in 1870. It had been given added importance with the establishment in 1908 of the School Medical Service, responsible for school meals, medical inspection and physical and health education (Harris 1995). Even for adults, though, education in what was called “sex hygiene” remained controversial in this period (Porter and Hall 1995, Weeks 1989). Given also the dominant view of children as beings who were simultaneously sexually innocent and yet potentially sexually corruptible (Hunt 1998, Jenks 1996, Weeks 1989), the inclusion of sex in school programmes of hygiene education was therefore inherently problematical. Nonetheless, the “Dronfield” case of 1913 illus-

trates that some teaching about sexual matters did take place in state schools prior to the 1920s, and not only in “hygiene” lessons. As described by Frank Mort, in the village school at Dronfield, Derbyshire, a headmistress gave instruction during a scripture lesson, and in response to questions initiated by pupils, as to the beginnings of life and the dangers of immorality. The lesson led to protests from parents and others in the local community and to an investigation by the inspector of the local Board of Education (Mort 1987). Importantly, the Dronfield case also illustrates that, in the early part of the twentieth century, teaching children about sexual matters in schools had the potential to cause controversy and be met with resistance. Sex education *per se* incorporated both preventative health (especially in relation to venereal disease) and social hygiene (via sexual morality). But sex education for children exposed the tension between the physical and the sexual-moral health elements of the medico-moral discourses that had precipitated the development of hygiene education. In doing so, it also gave expression to the conflictual power relations between those with vested interests in children, including the government and its agencies, local authorities, teachers and, not least, parents themselves.

By the mid-1920s, the Board of Education (the central government department with responsibility for overseeing the provision of education in state schools), no longer overtly prescribed the curriculum as it had done previously (Hunt 1991, Simon 1974). In place of mandatory Regulations and Codes, instead were published “suggestions” as to what might be taught, according to the level of school and the age of pupils and on particular topics (for example, Board of Education 1927). Examples here include patriotism, the classics and, most importantly for my purposes, hygiene or health education. Such guidance publications have been described as being “bibles” for teachers, and in circumscribing their practice, as having for them all the significance of a mandatory syllabus (Hunt 1991: 21).

The first detailed official guidance on the teaching of health education was published by the (at that time, Conservative) government’s Board of Education in 1928. Entitled *The Handbook of Suggestions on Health Education*, and with a preface by the Chief Medical Officer to the Board of Education, George Newman, it was described as “part of the necessary equipment of every teacher”, and in essence was a syllabus of hygiene education (Board of Education 1928: 3). The Board of Education’s guidance on the content and practice of health education emphasised hygiene as a key means of improving “national efficiency”, through raising levels of physical health. Consequently, the first three editions of the handbook (published 1928, 1933 and 1939) are dominated by

suggestions as to what children should be taught about improving and maintaining physical health, through bodily cleanliness and physical exercise, good nutrition, and (for girls) mother craft and infant care, and the threats to physical health, including alcohol, the conditions of the local environment and the nature of infectious diseases. Despite the explicit focus this entailed on the body in general, and the intense surveillance and regulation of children's bodies in particular, there are no suggestions within the guidance discourses of health education that children of any age were to be taught in schools about the sexual and reproductive capacities of the human body. In fact, given that virtually every other bodily system, function and process, from the frequency of bowel movements to the proper way to breathe, are specified, the human sexual and reproductive body is conspicuous by its absence from the handbooks of health education. In the first four decades of the twentieth century, then, official guidance discourses did not explicitly encourage or advise schools to provide sex education to children. Rather, through avoiding the topic of the sexual and reproductive human body in the handbooks, successive governments and their officials in the Board of Education made the implicit "suggestion" that it should not be taught as part of the health education curriculum. As conjunctions of power/knowledge, discourses are as much about what is not said, as what is said. The evidence shows that in the face of this *laissez-faire* discourse, of evasion and silence, very few schools provided programmes of sex education to their pupils in the period before the Second World War (Board of Education 1930, Board of Education 1943). Given the dominant construction of children as sexually innocent beings who are yet sexually corruptible, along with the lack of public discourse about sexuality even in the adult world in the first half of the twentieth century, the lack of official guidance discourses on sex education in schools is not surprising. Lesley Hall has described the 1930s as a "complex decade" within which old and new ways of thinking about sex, sexual behaviour and attitudes "jostled one another" (2000: 132). However, as judged by the content of the first three editions of handbooks of health published between 1928 and 1939, "new ways" of thinking about sex had not yet penetrated the official guidance on providing sex education to children in schools. Instead, the "old" way, of silence and evasion, prevailed.

The "Changed Circumstances" of World War Two

Within four years of the publication of the 1939 edition of the handbook, and after four years of war, official government policy on sex education in schools and its expression in guidance publications

for head teachers and teachers suddenly became much less implicit. In 1943, with Arthur McNalty as Chief Medical Officer (appointed 1935), the Board of Education published *Sex Education in Schools and Youth Organisations* (henceforth *Sex Education*).

Based on a survey by His Majesty's Inspectors of the extent and character of sex education provided in state schools, *Sex Education* was intended to "advise" teachers without laying down specific principles or recommending specific methods. In this advisory publication, it was suggested that the approach to sex education be guided by the age and understanding of the child. Whilst "early instruction" should concentrate on the physiology of sex, children in the "later end of adolescence" should be provided with sex education in the "fullest sense". In other words, older adolescents should receive "instruction and advice directed to the understanding and control of sexual impulse and emotion, leading on to the establishment of mutual understanding and respect between the sexes, and, as young manhood or womanhood is approached, to an adequate preparation for marriage" (Board of Education 1943: 3, 4). Here we have a clear expression of the ideal that sex education must necessarily encourage the "sexual instinct" to be channelled into approved social contexts, of marriage and parenthood. In these passages, although it was acknowledged that, deployed with discrimination and in the context of marriage, it could make for "personal and social happiness" (Board of Education 1943: 5), the dominant construction of the "sexual impulse" was a negative one. This depiction of sexuality as a cause of "moral and social problems" and as a potentially destructive force is an articulation of official concerns about the impact of conditions of war on the morality of the nation, which had led to the publication of the pamphlet in the first place.

The survey reported in *Sex Education* on the extent and manner of sex education taught in schools up until 1943 shows that, despite the previous government policy discourses, there was some provision of sex education in state schools. The survey findings also suggest that what passed for sex education took a restricted form of "biological instruction", most often without any reference to human sexual and reproductive bodies (Board of Education 1943: 8). It is likely that such vague instruction, although defined as sex education by its providers, was not recognised as such by the children who received it. In other schools, "sex education" was said to be provided in the form of "personal hygiene talks to the girls, often limited to menstruation" or "mother craft courses for girls". Some schools did take a more broader approach, giving "carefully planned, objective sex teaching as an integral part of a biology or other science course", or through the "treatment of the subject

by frank answers to questions by the children during scripture, history, literature, etc., lessons", or even through "special talks" given by the staff or visiting lecturers (Board of Education 1943: 9). Through describing in the 1943 publication a range of what schools already provided by way of sex education, the Board of Education tried to avoid creating an impression that it was itself proposing a prescriptive syllabus or approach. However, in its tone and manner of discussion, the Board comes very close to firmly endorsing some aspects of already existing provision, whilst criticising others. For example, on the issue of the method of teaching, the Board recommended that wherever possible sex instruction should be given as part of a wider course, especially biology, "so that sex and reproduction may be introduced in their proper place without undue emphasis". The Board also veered toward criticism at the timing of the onset of sex education and the content of what got defined as sex education in some schools. It noted that the age of thirteen seemed to be the common age at which sex education was given, but suggested that there were great advantages in beginning it as soon as the child began to ask questions, "at an early age before strong emotional associations develop" (Board of Education 1943: 9). It commented that where sex education was provided in the form of the study of reproduction in animals, the "short step" to the reproduction of human beings was not taken: "it is doubtful whether many children see the human implications from their limited study of small mammals". Hygiene courses for girls were criticised, for failing to relate the subject of menstruation to motherhood, and mother craft courses were said to emphasise the care of the baby after its birth whilst taking its creation and entry into the world for granted (Board of Education 1943: 10).

In accounting for the publication of *Sex Education* and the marked shift in official guidance discourses that it represents, from evasion and ambiguity to focused, straightforward and firmly expressed suggestions, the changed social conditions of wartime England are of obvious relevance. There are a number of indicators of changing sexual morality and behaviour during the war years that may have precipitated a shift in guidance discourses. For example, extra-marital births began to increase during the war years, moving up from 4% of all live births in 1940 to 9% in 1945, and there was a marked rise in venereal infections, peaking in 1946 (Lewis and Welshman 1997, Hall 2000). Such changes in standards of morality and behaviour are directly cited as important by the author of *Sex Education*. The timing of the publication is explained as an outcome of the longer term "growing sense" of a need for schools and youth organisations to "suitably introduce" and "properly instruct" children and young people in matters of sex, and as

a result of the changed circumstances of war, the stress and social dislocation of which “are liable to break down restraints”, and so endow the issue of sex education with added importance. The laxity of morals amongst young girls was of specific concern: “in considerable numbers, they were the “victims of indiscriminate associations”, resulting in an “increasing incidence” amongst them of venereal disease. Consequently, it was felt important to warn with urgency young people of the “dangers” of sex (Board of Education 1943: 1–2). It was noted that, although responsibility for sex education was primarily a parental one, few parents were willing or felt confident in advising their children on such matters. Hence, teachers were said to have a degree of responsibility to ensure that young people “are not left in dangerous ignorance, nor alternatively left to acquire knowledge in ways which are likely to distort or degrade their outlook upon sex and their sense of responsibility in regard to it” (Board of Education 1943: 4). It is clear that within official guidance discourses on sex education in schools, children and young people had now become identified as appropriate persons through which to implement social policy strategies to improve, if not rectify, national standards of sexual-moral health, in addition to their longer established identity as conduits to a physically healthier nation.

The urgent priority placed upon encouraging schools to provide instruction in sex is indicated by the fact that the twenty two page booklet was published despite the stringent war time conditions, which had led to other official publications, including the annual *Health of the Schoolchild* being suspended for the duration of the war (Ministry of Education 1947). *Sex Education* was an exceptional publication, appearing in the throes of moral panic about young people’s sexuality in time of war. The official emphasis placed on the importance of sex education by the Board of Education in publishing the pamphlet and the relatively explicit “suggestions” on sex education it contained, did not survive much beyond the end of the war. In 1947, when the 1939 edition of the handbook of suggestions on health education was reprinted under a Labour government, the opportunity this afforded to revise its contents by incorporating elements of *Sex Education* was not taken. This pamphlet itself was never reprinted, and was out of print by at least the mid 1950s (Ministry of Education 1956).

“A Problem of Particular Importance”: Sex in Health Education from 1956

The explicit prioritisation of sex education for school children and young people represented by *Sex Education* may not have

resurfaced in the official guidance available in England in the mid to late 1940s, but within a decade, there was a significant and more permanent shift in official guidance discourses. A fourth edition of the handbook of health education was published in 1956, under a Conservative government, and with John Charles now as Chief Medical Officer to the Board of Education (appointed 1950). For the first time, a whole chapter (entitled "School and the Future Parent") was devoted to sex education. Entries in the index also reflect the changed discourse on health education, which now explicitly incorporated education about the sexual and reproductive functions and processes of the human body. For the first time, entries relating directly to sex and reproduction appear including "sex, instruction in", "menstruation", "biology and sex instruction" and "puberty".

The shift in official guidance discourses on sex as part of schools health education curriculum is signalled at the outset of the 1956 edition. The issue of sex education is explicitly raised in the third paragraph of the introduction, in the context of a summary of the handbook's contents: "One problem of particular importance for the older boy or girl is considered at some length: what should they be taught about sex?" (Ministry of Education 1956: vi). It is clear that the issue had become not whether children should be instructed in matters of sex within schools, but what they should be taught. The frequency of references to human sexuality and the explicitness of the language used throughout the 1956 handbook are quite striking, compared to the complete silence within the previous three editions. Significantly, discussion of human sexual and reproductive functions and processes are not restricted to the chapter on sex education but are also evident in other chapters. For example, in "The Biological Basis of Health Education", nature, nurture and the role of heredity and inheritance are discussed. The explicit references made to human sexual reproduction and the "genetic inheritance received in ovum and spermatozoon" (Ministry of Education 1956: 27) also show that the earlier eugenicist discourses continued to find implicit expression in official guidance on the health and hygiene curriculum for schools during the 1950s. Elsewhere in the handbook, in a discussion of suggested provision in secondary schools (catering for pupils aged 11–15/18, including secondary modern and secondary grammar schools), reference was made to the "profound changes associated in both sexes with puberty", specifically "bodily and sexual development". Occurring as it does within the first few years of starting secondary school, the onset of puberty is noted to prioritise sex education, making it "the single most immediate problem to be considered from the point of view of health education" (Ministry of Education

1956: 43, 44). In a chapter on “Drugs, Alcohol and Tobacco”, to the dangers of alcohol specified in previous editions was now added “sexual misconduct” arising from “the loosening of control which may follow from excessive drinking” (Ministry of Education 1956: 112). These examples clearly show that the deafening silence on sex education within the handbooks had been shattered and the long period of official “fence sitting” on the place of sex in the health education curriculum was over. Through including sex education throughout the handbook, its author, on behalf of the Ministry of Education, made a clear and firm “suggestion” that schools should instruct their pupils in matters of sex as an integral part of health education. Significantly, both the illustration on the front cover of the handbook (of Henry Moore’s sculpture “The Family”) and the title given to the chapter on sex education (“School and the Future Parent”) reveal the construction of sexuality within official discourses of sex education at this time, as an “impulse” or “urge” which is properly channelled into marriage and parenthood (Ministry of Education 1956: 51–53).

In the chapter on sex education, care is taken to establish the appropriateness of schools instructing their pupils in matters of sex, through citing the well-known reluctance of parents to advise their own children about sex (Ministry of Education 1956: 54). Also considered are the issues of the age of onset of sex education and methods of teaching. The observation of living creatures was again recommended as a means of developing secondary school children’s understanding of the “physiology of sex in an unemotional fashion”, in the context of biological studies. There is a clear message within the handbook that sex education was best located within the context of biological studies, supplemented by the giving of private advice to individual pupils in need of further “elucidation”. As in the war-time publication, *Sex Education*, the suggested guiding principle was that sex instruction should be given gradually as children mature, in response to the questions they ask. Issues that might be raised by children themselves, through questions or through their own behaviour or experiences, are noted to include the development of “strong friendships” with the same sex or a “keen admiration” for a teacher or older pupil of the same sex (in other words, nascent homosexuality, although this term was left implicit), and the impact of puberty on girls (though not boys), primarily in terms of its hygiene implications (Ministry of Education 1956: 50, 58). It was noted that in some schools, “objective information” was felt to be best given to groups of pupils by visiting specialists. However, the drawbacks of this approach, principally that of “investing the subject with undue importance”, are spelt out in some detail, thereby effectively warning schools off it

as the preferred method of sex instruction (Ministry of Education 1956: 56).

Importantly, it was conceded by the author of the 1956 handbook that individual head teachers were responsible for policy on sex education in their schools, as they were for other matters. However, the prominence of suggestions on sex education made within the 1956 edition of the handbook of health education meant that the full-blown *laissez-faire* guidance discourse of the first part of the twentieth century could not be securely re-established. The relative explicitness with which human sexual and reproductive matters are raised in the 1956 handbook mark a decisive shift in official discourses on sex education. The direct references to puberty, menstruation, spermatozoon, ovum, and internal fertilisation and the implicit acknowledgement of homosexuality meant that the discussion of sex education far surpassed anything that had been published for teachers before, including *Sex Education* (1943). In a relatively short period of time, between the 1939 edition (reprinted 1947) and the 1956 edition of the handbook, sex had moved from a position of conspicuous absence in the health education curriculum to being rated as the “single most immediate problem” within it (Ministry of Education 1956: 44).

A number of aspects of social change can be argued to have ushered in this new official discourse of health education in schools, in which sex education became central. In general terms, it can be argued that the social changes wrought by the Second World War continued to disrupt previously established standards of sexual behaviour, allowing greater space for new standards and experiences to take root. For example, although by 1950, extra-marital births had fallen back to something approaching the pre-war level, by the later part of the decade, the rate had begun to rise again (Lewis and Welshman 1997). The new official discourse of sex education as an important part of health education that emerged so strongly in the 1950s may further be considered alongside other aspects of sexuality that also featured as topics of official concern. For example, during this decade, the issues of prostitution and homosexuality featured strongly in official discourses and in general public debate, via the activities and report of the government’s Wolfendon Committee (Weeks 1989; Weeks 1986). Furthermore, the social and cultural position of young people themselves was rapidly changing in post-war British society. For example, in 1947, the minimum school leaving age had been increased from 14 to 15 years old, keeping more young people in education for longer, and thereby making sex education in schools a more pressing topic. During the immediate post-war decades, young people increased as a proportion of the total population, and

they also enjoyed relative affluence, as their real earnings rose by over 50% between 1938 and 1958 (Abrams 1959). Arising from such shifts in their social status, young people were becoming regarded as at the vanguard of the post-war social changes (Clarke et al. 1976, Roszak 1970). Changes in general perceptions of young people during this period, arising from shifts in their status, must have contributed to a growing belief amongst government officials of the importance of educating this "rising generation" about sex. Indeed, the text of the 1956 handbook itself provides some clues as to why sex had moved from a position of absence to one of pre-eminent concern within official discourses on health education. In the introduction, it was noted that, in this fourth edition, "a good deal of revision" had been necessary, due especially to the "level of general knowledge, public opinion and everyday practice" which was "appreciably higher than even two decades ago" (Ministry of Education 1956: vi). An issue of obvious concern to the author of *Health Education* was population control (although this term was not used). This was said to require the dissemination of "a better understanding of the reproductive processes of man [sic], of the nature of sex and sex behaviour" thereby aiding "civilised man [sic] . . . to come to terms with his environment while there is still time" (Ministry of Education 1956: 27–29). Official concerns about a second social problem of the time also found expression in the handbook and further aids our understanding of why sex education came to have such a sudden and forceful presence in health education discourse. The opening paragraphs of the chapter on sex education grounded the school's role in preparing children for marriage and parenthood in a need to prevent "strained and broken homes". Sex education had a definite role to play in preparing children for "adult life and marriage", thereby aiding the prevention of "domestic failure". Although not the only cause, it was noted that a "lack of sensible guidance on sex can lead to unhappiness and broken marriages" (Ministry of Education 1956: 51, 54). Here, then, health education in general and sex education in particular were proffered as part remedies for the post-war rising levels of marital breakdown, a further reflection of official concern which had earlier led to a Royal Commission on Marriage and Divorce (1951). More generally, the handbook refers to the frequent challenges made to the "traditional standards of behaviour" in modern life, not least by films and television, which were argued to bring boys and girls in "closer contact with the outside world than we [presumably meaning adults] often realise" (Ministry of Education 1956: 56, 59). As commented on by Lesley Hall, in the 1950s there was a palpable sense, conveyed in the text of the 1956 handbook, that the "old constraints were falling away, that erotic energies

nurtured by a buoyant economy and the Welfare State were threatening to break out" (2000: 166). The shift in official guidance discourses on sex education in schools, evident within the 1956 handbook, can therefore be understood within this context.

In 1968, during a period of Labour government and with G.E. Godber now as Chief Medical Officer (appointed 1962), a fifth edition of the handbook of health education was published. Although its content was substantively the same as in the 1956 edition, in crucial respects, the official guidance within the 1968 edition represents a more expansive understanding of what sex education should comprise. As I noted earlier, from the first (1928) to the fourth (1956) edition of the handbook, discussion of the structure and functioning of the human body detailed the workings of its various systems (such as the respiratory and digestive systems) but omitted any discussion of the reproductive systems. Within the 1968 handbook, though, official guidance discourses for the first time acknowledged that an understanding of how a human body works also involves the study of its reproductive capacities. "Human beings . . . also reproduce and the relevant physical facts should be made known to pupils" (Department of Education and Science 1968: 69). Similarly, when discussing how the various systems of the body co-ordinate with one another, it was noted that "the section would be incomplete without a mention of hormonal control". Knowledge of this topic was argued to be necessary to understand (unspecified) "natural" disorders and to "appreciate the significance of recent developments such as oral contraception" (Department of Education and Science 1968: 71). This reference to contraception/birth control was the first in forty years of official suggestions as to what children should be taught in the health education curriculum. Clearly, the oral contraceptive pill had only recently been developed (and was still largely restricted to married women only), but other methods of birth control existed and were practised prior to the 1960s and these had never before gained mention in the health education handbooks. In addition, the chapter dealing with the prevention of communicable diseases (present within the handbook since its initial publication in 1928), for the first time discussed venereal disease (Department of Education and Science 1968: 114–116). Focusing specifically on gonorrhoea and syphilis (the slang terms for both were also used in the text), the new passages explained that these diseases are passed during "close sexual contact" and provided graphic details of symptoms. Here, the language employed (penis, testicles, sperm, womb, ovaries, vagina) is to a degree of explicitness never before appearing in the handbooks of health education. It might be regarded as unfortunate that such frankness about the

human sexual and reproductive body only appeared in the context of a pathological construction of sexuality, as a cause of disease, resulting in ill health, sterility and disability.

Within the 1968 edition, the title "School and the Future Parent" was retained for the chapter focused on sex education, but significant changes were made to its content. As in the previous edition, the contentious status of the issue was acknowledged, and the importance of securing parental support and co-operation noted, but the need for schools to provide instruction in sex was strongly emphasised. In addition to emphasising the importance of educating girls about the bodily changes of puberty, for the first time it was acknowledged that "further information" was also required by pubescent boys. Just as unprepared girls might be shocked by the onset of menstruation, for a boy to experience "seminal emission" unprepared was a cause of "much distress". Omitted from the chapter, though, were the implicit references to nascent homosexuality that featured in the 1956 edition, an absence which emphasises more strongly the function of sex education as preparation for heterosexual marriage and parenthood (Department of Education and Science 1968: 100–101).

While the social problems of "over population" and "broken marriages" evidently acted to influence official discourses on sex education during the 1950s, these issues seemed less relevant to the author of the 1968 edition of the handbook of health education (Department of Education and Science 1968: 73). Instead, attention is paid to contemporary concerns over the apparent "new times" experienced by young people during what some have described as the "golden age of youth" (Coffield 1987), and the effects this had on their morals and behaviour. The author of the 1968 handbook refers to a number of changes which exposed young people to "certain physical and emotional stresses in a form or to an extent that did not exist for former generations". The earlier age of physical maturity (particularly for girls) is cited and linked to earlier courtship and marriage. The advantageous position of young people in the labour market and the high levels of their disposable income were said to provide "the atmosphere of the adult world" in terms of earning and spending money, whilst the "breakdown of taboos and of organised religion" likewise encouraged "a greater permissiveness in moral attitudes". For a number of reasons, then, young people were said to no longer to look for "parental control" and so may "reject many of the scruples and taboos that acted as constraints upon the behaviour of their parents and elders", leading to "irresponsible behaviour" (Department of Education and Science 1968: 99–100). Evidence of key social changes during the 1960s is, of course, plentiful. For

example, between 1960 and 1970, extra-marital births rapidly increased, from 5% to 8% of all live births and rates of teenage marriage continued to increase (Lewis and Welshman 1997; Haskey 1995). In 1967, the Latey Committee recommended reducing the legal age of majority from 21 to 18 (Pilcher 1995). Concerns about children and young people during this period of rapid social change is indicated by a whole series of official reports, including Abermarle (1960), Newsom (1963) and Plowden (1967). Although not primarily concerned with sex education, several of these reports recommended that schools should develop policies on the subject. Anxiety about the sexual morality of young people was further reflected in the Central Council for Health Education's support for Schofield's (1968) study. Undertaken in the early 1960s, the origins of this research lay in concerns about the increasing incidence of venereal disease amongst young people and its links with increasing teenage sexual intercourse of a "promiscuous nature" (1968: 15). Although there is plentiful evidence of official concern about children and young people, more broadly, decisive shifts in official constructions of sexuality were taking place in this period. In particular, through legislation on divorce, homosexuality, censorship, abortion and that which facilitated the distribution of the contraceptive Pill, the state arguably began to condone the separation of sex from both marriage and reproduction (Hawkes 1996). Such shifts in official constructions of sexuality are not yet fully evident in the 1968 edition of the handbook, but the guidance discourse it contains on sex education is, in the ways illustrated earlier, more detailed and expansive compared to that which had appeared before.

A sixth edition of the handbook was published in 1977 by the Department of Education and Science, under a Labour government. Now entitled *Health Education in Schools*, the style of the publication was more academic and scientific than its predecessors, with references to academic papers and tables of statistical data. The 1977 edition of the handbook on health education in fact bears very little resemblance, in content or style, to the earlier editions: it had been almost wholly rewritten. A change of particular importance for my purposes is the alteration to the title of the chapter on sex education. Having been labelled "School and the Future Parent" in the 1956 and 1968 editions, the specific focus of the chapter was now clearly and succinctly acknowledged in its title: "Sex Education." The chapter opens with reference to the 1943 *Sex Education* pamphlet, which was said to have signified officially for the first time that schools had a responsibility in this area. In the main part of the chapter, schools are advised as to the development of their policy and practice on sex education. Some sug-

gestions are also provided as to the content of sex education. Preparation for the “bodily changes of puberty” is identified as an important topic, especially menstruation in girls and “nocturnal emissions” in boys. For the first time, the importance of educating both boys and girls about the experiences of the other sex during puberty is emphasised (Department of Education and Science 1977: 116). Significantly, masturbation, contraception, venereal diseases, “sexual deviations” (an implicit discussion of paedophilia) and homosexuality were all explicitly identified as potential topics within sex education. For the first time, the fact that sex can and should be pleasurable is openly acknowledged: “it is dishonest and futile to hide, at the proper time, that sexual intercourse should be highly enjoyable – if this were not so most of this chapter would not have to be written – and that it includes much more complex activities than elementary accounts of reproduction suggest” (Department of Education and Science 1977: 117). Throughout the chapter on sex education in the 1977 publication, there is an implicit recognition that in teaching on this issue, schools were not merely instructing “the future parent” but were also assisting their pupils to deal with sexual behaviour and morality in their present. The survey evidence cited is descriptive of young people’s active sexuality, taking place outside the “acceptable contexts” of marriage and parenthood. As a consequence, the “suggestion” was that sex education concerned itself less with physiology and more with morality and with the imparting of knowledge in order to “protect boys and girls from hazards to health created by their own behaviour” (Department of Education and Science 1977: 28). Clearly, the underlying conceptions of children and young people within official guidance discourses had undergone change. In the years before 1939, the dominant construction of children (regardless of their age) was as asexual innocents and this had acted to preclude the development of health education discourses which included sex. By the late 1970s, however, official guidance discourses portray children as more knowing and less innocent, and older children in particular were recognised to be immanently, if not presently, sexual persons themselves.

In accounting for the even more explicit and direct guidance on sex education in schools found within the 1977 publication, we can begin by noting the further raising of the minimum school leaving age (to 16) in 1972. This arguably made sex education an ever more pressing topic for schools to address. We can also note, as does the author of the 1977 guidance publication, the effects of a number of other factors which in combination had made the case for sex education in schools even stronger. These include the “growing

acceptance" of the contraceptive pill; the abortion laws and the plurality of attitudes, beliefs and customs in a "multi-racial" society (Department of Education and Science 1977: 111). In the handbook, it is argued that such a changed social context required that schools "no longer avoid their responsibilities in sex education" because young people in contemporary society were much more aware of the realm of the sexual than they were in the past. Indeed, data are presented on pregnancy and abortion rates amongst young girls and women, and the incidence of venereal disease. These data are said to show "how far the religious ideal of chastity is from universal acceptance" and to underline the necessity for sex education. Indeed it was said that there was now "no practical possibility of avoiding the issue . . ." (Department of Education and Science 1977: 112–115). The changed social contexts within which schools provided sex education is further reflected in the more limited concern shown about the role of parents. Mention was made of the need for "co-operation with parents" and that it was parents who held "chief responsibility" for sex education. Nevertheless, it was also noted that parents should realise that schools must deal with sexual matters through formal instruction. Parents were warned off withdrawing their children from sex education lessons, because "their children will certainly ask their friends what happened when they were excluded, and will almost certainly receive a garbled report" (Department of Education and Science 1977: 115, 118). Within official guidance discourses on sex education, parents rights had long been acknowledged as central, but by the 1977 edition, they had become rather sidelined as attention became more explicitly focused on the rights and interests of children themselves.

Conclusions

My account of the government published handbooks of health education has shown that between the first edition (1928) and the last edition (1977), changes in official guidance on sex education in schools occurred only very slowly, that significant shifts occurred relatively late and then largely in reaction to changes in young people's sexual morality and behaviour that had already taken place. When official guidance discourses did begin explicitly to advise schools to teach about the human sexual and reproductive body, in *Sex Education* (1943) and in the 1957 and 1968 editions of the handbooks of health education, particular visions of what that sex education should comprise and particular practices of its delivery were outlined. Although a number of possible strategies were suggested, the benefits of teaching sex education in the

context of biological studies were most strongly legitimised (Board of Education 1943: 9, Ministry of Education 1956: 56, Department of Education and Science 1968: 98). In terms of the content of sex education, the emphasis in the wartime publication of 1943 and in the 1956 and 1968 handbooks privileged the vision of sexuality as an impulse or urge that needed to be controlled and deferred into the socially acceptable contexts of marriage and the subsequent procreation of children (Board of Education 1943: 4, Ministry of Education 1956: 51–61, Department of Education and Science 1968: 71, 95). Sexuality was also pathologised, via associating it with physical and moral danger, especially via sexually transmitted diseases, moral laxity, permissiveness and irresponsible behaviour, indiscriminate liaisons or “going off the lines”, and marital breakdown (Board of Education 1943: 4, Ministry of Education 1956: 51, 58, Department of Education and Science 1968: 100, 114). In so representing sexuality, the official guidance discourses were legitimising sex education as a means of repressing human sexuality, both through controlling and deferring it into an adult future of marriage and parenthood, and through associating it with moral and physical “ill health”. It was not until the 1977 edition of the handbook of health education that official discourses began to incorporate a more positive construction of sexuality as a source of pleasure, and thereby of sex education as addressing young people as sexual beings in their present, and as involving much more than biological instruction (Department of Education and Science 1977: 19, 30, 116–118). This is not to suggest that official discourses developed into what has been termed an “empowerment” model of sex education, through which young people gain knowledge and understanding in order to make their own informed decisions about their sexuality (Thoroughgood 1992, Thomson 1993). Despite the more progressive discourses evident in the 1977 edition of the handbook, the dominant construction of sex education remained largely as it ever was. My analyses of official guidance to schools on sex education for children shows continuities in its expression over time: it was primarily education in “preventative health” (the avoidance of ill health, sexually transmitted diseases and extra-marital pregnancy), especially for the working classes, and “sexual socialisation” (into normative sexual identities and morality, specifically heterosexuality in the context of marriage and parenthood) (Meredith 1989).

Nevertheless, despite such continuities, there are marked differences in the content and expression of official guidance on sex education available to schools between 1928 and 1977. In accounting for this shifting construction of sex education in official guidance discourses, I have in this article placed particular emphasis on the

broader social contexts. Especially important are the changes in sexual morals and behaviour associated with, though not exclusively caused by, the Second World War, and the growing demographic, economic and cultural importance of young people in the immediate post-war years. Whilst these social changes and the health, education and other social policy concerns they triggered may have driven official guidance discourses, encouraging the Ministry of Education to begin to directly advise schools on sex education, other possible contributory factors must be acknowledged. For example, the effects of administrative changes on the development and expression of policy on sex education in schools, particularly changes of government, of Ministers of Education and of senior Ministry officials. George Newman, Chief Medical Officer to the Board of Education up until 1935, was a strong advocate of the value of health education in general (Welshman 1997) and was, as early as 1933, strongly critical of what he described as the "evasion" and "neglect" of sex education in schools (Board of Education 1934: 56). Yet despite such strong support from this Chief Medical Officer, sex education remained absent within official guidance discourses until at least 1943 and was not firmly established until 1956. In the light of this, we need to know more about the forces, in government, in the Board of Education and more widely, which resisted for so long the incorporation of sex education within official guidance on the health education curriculum. Historians such as Lesley Hall and Frank Mort have noted that governments have long been hesitant and reluctant to be overly prescriptive or proactive in the area of sexuality, because of the view that it belongs largely to the private category of the (albeit ill-defined) political/private realm (Hall 2000, Mort 1987). The slow penetration of sex education within official guidance discourses on health education in schools between 1928 and 1977 provides, I suggest, an important example of this wider tendency.

Clearly, the handbooks of health education cannot tell the whole story of the development in England before 1979 of sex education in schools. Despite being published by successive government Boards or Ministries of Education and with prefaces by Chief Medical Officers, and even though teachers may have placed great store by them as argued by Felicity Hunt and others, they remained advisory rather than mandatory (Hunt 1991). Moreover, their distribution amongst schools was never by any means complete (see for example, Board of Education 1930). Despite the growing importance of sex education within official guidance discourses of health education, individual head teachers continued to retain responsibility for and broad control over what got taught in their schools, right up until the 1980s (Flude and Hammer 1990, Simon 1974).

In addition, especially during the later period, other discourses of sex education were available and had a presence in schools, for example, via the education programmes of organisations such as the Family Planning Association and the Health Education Council (Allen 1987, Lee 1983, Meredith 1989). In the light of these factors, further research is required on the interpretation and implementation of the official guidance on school sex education at the local level. Such research will increase our understanding of the range of ways through which the privileging of certain visions and practices within official discourses on sex education acted to provide the broad framework for the experiencing of sexual identities for several cohorts of children and young people, who are now in their middle and old age.

As a source for the study of sex education, the official guidance publications on sex education in schools published between 1928 and 1977 may have limitations, but as I have shown in this article, their focused study does deepen our understanding of sex education in schools in the twentieth century. They give an insight into official constructions of sex education and sexuality, and of much else besides. They act as markers for identifying the key points of change in official discourses during the period, and through the rationale each gives for their publication and specific contents, help us to account for these changes. Moreover, the official guidance publications and their contents point to the broader historical and sociological significance of sex education for children in schools in the twentieth century, via suggesting the key role it came to have in the (re)production of social relations. Especially important in this respect are the links between sex education and wider health and social policy concerns (sexually transmitted diseases, extra-marital births, marriage and divorce, for example) and the crucial status held by working class children and youth in both generating and resolving these policy concerns. The handbooks also allude to the way sex education in schools brings into focus conflictual relations between those groupings with a vested interest in “rising generations”, including government and the state, parents, and children and young people themselves. It is, indeed, the broader significance of sex education for children in schools that underlies its status as a longstanding issue of public controversy, and of some considerable importance within a range of academic debates.

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