

Seventy years of sex education in *Health Education Journal*: a critical review

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Abstract

This paper examines key debates and perspectives on sex education in *Health Education Journal* (HEJ), from the date of the journal's first publication in March 1943 to the present day. Matters relating to sexuality and sexual health are revealed to be integral to HEJ's history. First published as *Health and Empire* (1921 – 1942), a key purpose of the journal since its inception has been to share information on venereal disease and its prevention within the UK and across the former British Empire. From 1943 to the present day, discussions on sex education in the newly-christened HEJ both reflect and respond to evolving socio-cultural attitudes towards sexuality in the UK. Changing definitions of sex education across the decades are examined, from the prevention of venereal disease and moral decline in war-time Britain in the 1940s, to a range of responses to sexual liberation in the 1960s and 1970s; from a focus on preventing sexually-transmitted infections, teenage pregnancy and HIV in the 1980s, to the provision of sexual health services alongside sex education in the 2000s. Over the past 70 years, a shift from prevention of pre-marital sexual activity to the management of its outcomes is apparent; however, while these changes over time are notable, perhaps the most striking findings of this review are the continuities in arguments for and against the discussion of sexual issues. After more than 70 years of debate, it would seem that there is little consensus concerning motivations for and the content of sex education.

Keywords

Health and Empire, *Health Education Journal*, history, journal publishing, morality, public health issues, review, sex education, sexuality

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‘The problem of Venereal Disease is one of the gravest which confronts the civilised world, though a great deal more information is finding its way into the press and to the public now than was the case even a very few years ago. Much of this information is incomplete and too often cast in a highly controversial form. Furthermore, the problem is one which must be looked at from the widest possible point of view. It cannot be regarded locally or even as a matter affecting a single nation... The Provisional Committee of the Health Section of the League of Nations which has just been set up is a definite recognition of the above truths. For these reasons and in order to enable Branches of the National Council both at Home and Overseas, as well as those interested in the campaign against Venereal Disease to be kept fully informed of one another’s activities, it has been decided experimentally to start this “Journal”, and it is my earnest hope that it will receive such support as will enable it to play a valuable part in concentrating activity and formulating public opinion in the vital campaign against these terrible scourges’.

Health and Empire (Gorell, 1921)

Introduction

This paper examines key debates and perspectives on sex education in *Health Education Journal* (*HEJ*), from the date of the journal’s first publication in 1943 to the present day. As Sauerteig and Davidson (2009) have asserted, ‘a history of sex education enables us to gain valuable insights into the construction of what society perceived and prescribed as “normal” sexuality’. By exploring the history of sex education in the UK as recorded in these pages,¹ constructions of normal sexuality can be framed within the context of broader academic, moral, political and cultural debate. Discussions on sex education in the journal both reflect and respond to the changing socio-cultural attitudes towards sexuality over seven decades.

Hall’s (2009) assertion that sex education in the UK has almost entirely been cast ‘within the framework of a strategy for damage limitation’ is largely borne out by the papers discussed here. Most published papers discussing sex education in *HEJ* do indeed focus on ‘the dangers of disease, pregnancy, loss of reputation and moral character’; however, ‘pleasure and empowered choice’ through sex education are also occasionally mentioned, and perhaps surprisingly, even as early as 1943. Rather than a sustained emphasis on sex education as ‘fear and prohibition’ (Hall, 2009), published papers reflect recurrent tensions between morally conservative and more liberal approaches to sex education.

This review charts something of these remarkable continuities in debate concerning sex education over the past seven decades – for example, whether exposure to information on sex is corrupting or empowering, and whether sexuality is something individuals (and particularly young people) should be encouraged to control or celebrate. While increasingly pragmatic approaches to young people’s pre-marital sexual activity become apparent over time, perhaps the most striking finding is that after more than 70 years of debate, there is little consensus concerning motivations for and the content of education about sex and relationships.

From Health and Empire to Health Education Journal: a brief history

HEJ was first published in 1943 by the Central Council for Health Education. Prior to this, the journal had been published quarterly as *Health and Empire* (1921 – 1925; 1926 – 1942)², the magazine of the British Social Hygiene Council.³ Significantly, this organization primarily concerned itself with ‘the [scientific] investigation and amelioration of the social implications of venereal disease’ and ‘the promotion of a healthy attitude to sex’ (British Social Hygiene Council, 1942), until its duties were reassigned to the Central Council for Health Education in 1942. As implied by

its title, *Health and Empire* reflected both the domestic and imperial dimensions of the Council's work, with numerous articles on the welfare of the Mercantile Marine and the spread of venereal diseases in the colonies (Wellcome Library, 2013).

Published papers on sex education in *Health and Empire* therefore provide a fascinating insight into assumptions concerning sexuality and sexual morality from the late 1920s to the early 1940s. Unsurprisingly, marriage is consistently seen as the 'normal', healthy location for sexual relationships in these papers, with Cox (1930) even emphasising the importance of female orgasm and mutual sexual pleasure for a successful marriage in 1930. Notably, throughout the *Health and Empire* articles on sex education, there is an assumption that more harm than good would come from *not* talking to young people about sex (Cullis, 1927; Foster, 1933; Neville, 1934; Rees, 1927, 1928a, 1928b). This is a marked contrast to protectionist stances against sex education expressed later in the century, which persist to the present day.

By 1940, the focus of *Health and Empire* had turned to the question of health in war-time Britain. The adolescent was identified as a particular 'war time problem' in a 1940 editorial, due to a 'realization that the outbreak of war would cause even greater need for the promotion of guidance in sex behaviour to young people' (British Social Hygiene Council, 1940). Fears relating to manifestations of 'abnormal' sexuality (such as promiscuity and the spread of venereal disease) continued to characterise discussion of sex education in the early volumes of *HEJ* in the 1940s.

Methods

To identify the papers included in this review, the *HEJ* online archive was searched using the terms 'sex' AND 'education' for each decade since the publication of the first issue of the journal (March 1943). Following a review of abstracts in these search results, book reviews and articles with only brief mentions of sex education were excluded. From an initial shortlist of 129 articles, it was decided that four papers would be chosen from each decade. This number enabled a relatively detailed analysis of each article to be carried out, while still providing some sense of the variation in articles on sex education in the period. Papers were included for final analysis based on several criteria, for example: clear definition(s) of sex education (normative and/or descriptive), reflections on the relevance of sex education to that particular historical moment, and the expression of clear views about sex education (whether in favour or opposition). The way in which shortlisted papers complemented or contradicted each other was also considered.

The overarching debates and perspectives on sex education in each decade were determined by reviewing the initial shortlist of 129 articles. Those papers that best reflected these debates and perspectives were included for final analysis. Our analysis took a broadly inductive approach, informed by a concern for key constituencies of interest, historical and contextual factors, the attention given to boys and girls, and references to broader questions of sexuality.

In addition to this, we reviewed archive copies of *Health and Empire* (1921 – 1942) to gain insight into key themes relating to sex education at this earlier time. While some early articles discussed sex education for married couples, the majority of papers in both *Health and Empire* and *HEJ* were found to discuss sex education as a practice involving children and young people, primarily in a schooling context.

It should be noted that there was a surprising lack of papers in *HEJ* focusing specifically on sex education from 1950 – 1959. Additionally, a notable drop in papers focusing on sex education from 2000 – 2009 may be attributable to the publication of several specialist journals on human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), as well as the appearance of a new journal in 2001, entitled *Sex Education: Sexuality, Society and Learning*. Appendix 1 contains the full details of our literature searches.

Findings

1940s: war-time immorality and venereal disease

As Pilcher (2004) has noted, government policy on school-based sex education became much more explicit at the beginning of the 1940s, and the arguments in favour of sex education in *HEJ* are consistent with the wider concerns surrounding the 'lowering of moral standards inevitable in war-time' (Ewing, 1944) which inspired this new focus on sex education.

Among the *HEJ* papers from this decade, both Ewing (1944) and Bennett (1945) attribute increased promiscuity among young people to 'the temptation to seize the pleasures of the moment without regard to the future' (Ewing, 1944) and an 'unfortunate fatalism' (Bennett, 1945) caused by the war. The immediate health implication of this (alleged) promiscuity among young people is, according to Ewing and Bennett, a marked increase in the incidence of venereal disease. However, Ewing and Bennett conceptualise venereal disease as an issue of morality rather than health, and so while 'sex physiology and hygiene' are viewed as essential topics, they argue that sex education should also provide (Christian) moral education, with a particular focus on the importance of family life (Bennett, 1945; Ewing, 1944).

Ewing (1944) views a morality-centred sex education as directly linked to future responsibilities to the family and to the state. By providing young people with 'a simple knowledge' of the reproductive system and the changes which occur during puberty, Ewing argues that they would be more likely to 'pass through that stage with least anxiety and injury to their health', and moreover, 'be prepared to tackle efficiently the jobs of citizenship and parenthood' (Ewing, 1944). Bennett (1945) similarly argues that it is crucial to teach young people that sexual development is 'bound up in nature with a parallel development in parental care and responsibility, and in family life' (Bennett, 1945). As in the *Health and Empire* articles, Bennett (1945) and Ewing (1944) firmly locate normal sexuality within the context of marriage and procreation.

Bibby (1943)⁴ suggests that contemporary educationists were 'increasingly...coming to feel that no schooling is complete if it neglects sex education' (Bibby, 1943). However, this assertion seems perhaps overly optimistic; Ewing (1944) and Friedlander (1946) both argue that the discussion of sex in schools must be handled with caution. According to Ewing, 'too much consideration of sex matters' may lead to 'sex obsessions' and/or 'a desire to experiment', with 'possible disastrous results' (Ewing, 1944). Both Ewing (1944) and Friedlander (1946) assert that young people's sexual instincts must be suppressed in school by keeping pupils busy with sports and other activities, in order to combat potential promiscuity and attendant moral decline.

Ewing (1944), Bennett (1945) and Friedlander (1946) seem to share a broad conceptualisation of sex education as involving a solid grounding in the facts and morals of sex, which are seen as essential in order to ensure the development of good citizens and future parents. However, writing in the same period, Bibby (1943) provides a notable departure from this model of sex education as moral safeguard, particularly in his argument that young people must be 'inspired with a feeling of the excellence of sex and of its immense potentialities' (Bibby, 1943). While not expanded upon in detail, this hint of a sex-as-pleasurable argument is notable for its apparently positive conceptualisation of sex outside of marriage (this is the only paper which does not include a discussion of family or marriage), particularly as these arguments continue to cause controversy in the present day (Cornwall, 2008; Ingham, 2005).

1950s: sex education and the family

As noted above, literature searches carried out for this decade reveal a notable lack of original articles published on sex education in *HEJ* between 1950 and 1959 (Appendix 1), even though it

is noted elsewhere that sex education (and lessons on the human reproductive system in particular) became more popular in schools during this period (Reiss, 2005).

In one of the selected papers from this decade, Davies (1950) argues that 'more misery results from inadequate or wrong sex instruction than from anything else' (Davies, 1950), and presents a story in which a girl suffers shame and embarrassment due to her mother's failure to teach her about menstruation. Additionally, Davies (1950) offers a notably gendered conceptualisation of appropriate education to produce 'citizens who...wish to fulfil their responsibility to others':

'...instruction in woodwork, metal work or household repairs will make boys better husbands, and instruction in cooking, washing and domestic duties make girls better wives....adolescents will soon be parents [and therefore are a] potent force in the future health of the nation'. (Davies, 1950)

As in the papers from the 1940s, sex education here is viewed as essential in ensuring the future health of the family, and therefore the nation. Its form firmly marks gendered expectations for young women and men within the assumed context of marriage and parenthood. Petit (1957) discusses a series of health education classes for young female factory workers, which were planned around 'preparation for the art of home making' and 'what makes a happy family'. Petit also notes (with original emphasis) that '*romance* entirely occupied these girls' thoughts', and so while this was 'accepted and used' in teaching, 'it was always linked with *responsibility*' (Petit, 1957).

The role of sex education as preparation for family life is also discussed in a 'Health Education Refresher' published in 1955, which described 'pre-parenthood, parenthood and pre-marriage courses' as a 'general service' in order to prevent 'social problems and delinquencies', namely homosexuality among boys and prostitution among girls. The paper also describes the important role of teachers and youth leaders in ensuring that such 'abnormal developments' do not occur (Appelbe, 1955), reflecting the way in which male homosexuality and female prostitution were viewed as 'topics of official concern' at this time (Pilcher, 2004).

Davies (1950) and Petit (1957) both recommend the use of film strips for sex education and Davies particularly suggests that film strips produced by Cyril Bibby could be used as part of an approach that would aim to challenge the myths and misconceptions surrounding sex. Tuchler (1952) also describes the role of sex education in terms of challenging 'ignorance of facts...prejudiced opinions, warped ideas and...superstitious beliefs' (Tuchler, 1952). In contrast to *HEJ* papers in the previous decade, Tuchler (1952) argues that sex education should ideally be 'built systematically into anatomy and physiology', because 'there is nothing unusual in talking about testes and ovaries if one has previously described lungs and kidneys' (Tuchler, 1952). Moreover, he states that, 'there is no sense of speciality in the discussion of sex behaviour if it is preceded by a consideration of e.g. clean food habits' (Tuchler, 1952).

This location of sex education within the biology curriculum encourages a matter-of-fact approach to providing essential information and ensuring positive attitudes toward sex and health in general. However, Petit (1957) cautions that teachers must also be up-to-date in their understanding of teenage culture when imparting biological information. She recalls that during a health education discussion that included a 'description of the mechanism of the birth', there were 'roars of laughter' as soon as the pelvis was mentioned; the health educator was apparently unaware that "'Elvis the Pelvis'" was at that time hitting the headlines' (Petit, 1957).

These papers suggest that a 'no-nonsense' approach to sex education was seen as the best approach to adopt during the period (which is also noted by Reiss (2005) and Pilcher (2004) in their reviews of contemporaneous sex education policies), particularly as a means to ensure that girls and boys were prepared for their respective roles in the family. Notions of 'normal' and 'abnormal'

sexual activity are also firmly established in these articles. Sex education was apparently seen as a means of encouraging sex within a heterosexual, procreative marriage, and conversely, as a means of preventing sexual activity which falls outside of this 'acceptable' context.

1960s: conflicting responses to sexual liberation

The four papers selected from this decade all react in various ways to the changing attitudes to sex in the period. Jacob and Wild (1963) note that young people were asking a 'new question' during sex education – "What age should we start?" – and they denounce this line of questioning as 'an adverse reflection on modern society' (Jacob and Wild, 1963). As in the 1940s, young people's increased sexual activity (which was seen as synonymous with contemporary youth culture) is associated with both moral decline and a further increase in venereal diseases (Dalzell-Ward, 1965; Narayanan, 1964).

In spite of this stated link between a lack of morality and promiscuity, all the authors initially reject an overtly moralistic approach to sex education. For example, Narayanan (1964) states that 'it [is] not the duty of the medical officer or the health visitor to "moralise"', and Dalzell-Ward (1965) argues that 'moral exhortation' had no place in sex education. However, this apparent rejection of a moralistic approach is not always applied consistently. For example, in the face of students' questions about what age they should start having sex, Jacob and Wild (1963) adopt a clear moral stance, explaining that:

'...the approach taken is to point out that self-discipline is a necessity to social beings in all aspects of life. Avoidance of over-eating, or abuse of alcohol, and control of covetous instincts, are all freely acceptable and there is no difference in sexual matters.' (Jacob and Wild, 1963)

Undertones of Christian temperance and repression of bodily desires are notable here, and the fact that the authors saw fit to 'deviate from their usual practice' (Jacob and Wild, 1963) in order to moralise suggests a degree of panic surrounding young people's apparently newfound interest in pre-marital sex.

By contrast, Dalzell-Ward (1965) and Holmes et al. (1969) present rather more convincing alternatives to moralistic sex education. Holmes et al. (1969) argue that there is little evidence that fear is effective in developing responsible attitudes towards sex. Instead, it can only be hoped that 'increased understanding of sexual relationships...and increased knowledge of consequences of VD [venereal disease]' would encourage young people to at least make use of available medical facilities, if not exercise caution in their relationships (Holmes et al., 1969). Overall, Holmes et al. (1969) advocate a form of sex education which is a forerunner of approaches in the 21st century; namely, sex education which encourages young people to make informed decisions about their health.

Dalzell-Ward (1965) advocates a notably 'sex-positive' sex education. He critiques the limitations of 'parentcraft training' in schools, as it 'assumes the sexual relationship is entirely for the procreation of children', and he argues that instead, sexual relationships should be seen as a means of finding 'personal fulfilment involving the deepest emotions' (Dalzell-Ward, 1965). This provides a striking contrast to the self-restraint advocated by Jacob and Wild (1963), and it is apparent that traditional notions of 'normal' sexuality are being challenged; Dalzell-Ward's (1965) stance on sex education seems to reflect the more liberationist spirit of the times (Richardson, 2000). However, it seems likely that much sex education continued along the lines of the more conservative, biological approach that had been established since the 1950s (Reiss, 2005), when the Central Council of Health Education was primarily concerned with controlling the sexual (im)morality of young people, rather than embracing changing attitudes towards sexuality (Pilcher, 2004).

1970s: working from within a new sexual morality

In the 1970s, papers from *HEJ* are firmly located within the new sexual morality, which include expanded definitions of acceptable or normal sexuality. Notably, they assume that young people will be sexually active before marriage and consider how sex education should respond to this fact; however, it is apparent that debates between the conservative opposition and more liberal attitudes in favour of sex education were intensifying during this period. Rogers (1973) refers to the 'highly vocal...opposition' to sex education, and Gill et al. (1971) record some of these responses in media reactions to *Living and Growing*, a sex education programme from 1966 produced by Grampian Television. This includes frequent references to the 'erosion of moral values' through sex education, which puts out 'a barrage of filth to the children' and 'de-Christianize[d] society'.

Wiener (1971) and Guy (1976) provide equally strong condemnations of these moralistic arguments. For example, Wiener (1971) ridicules the notion that sex education coupled with more reliable contraception would lead to an 'outbreak of sexual immorality'. Similarly, Guy (1976) warns that 'personal opinions about sexual behaviour, unsupported by sound evidence or even any evidence at all, are paraded as facts' by conservative opponents of sex education.

Wiener therefore calls for a complete reconceptualization of sex education (and indeed, sex as a whole) in light of the new sexual morality:

'...society needs to find a new justification for the sexual act...if sex is not for procreation, what is it for?' (Wiener, 1971)

In terms of sex education, Wiener (1971) proposes that 'positive attitudes towards sex' must be encouraged, sex must be presented 'as a pleasurable activity', and 'the technique by which this can be achieved' should also be taught. This is, unsurprisingly, the most liberal conceptualisation of sex education among the papers from this period. Along more traditional lines, sex education is advocated in order to reduce 'perceived social problems' such as increased rates of illegitimacy and abortion (Gill et al., 1971), and also to encourage young people to 'behave responsibly and with respect for others' in their sexual relationships (Guy, 1976). The fact that 'responsible' sexual behaviour is conceptualised outside a marital context in these examples indicates a major departure from previous decades, and provides perhaps one of the clearest markers of a sea change in attitudes towards sexual behaviour. Consistent with these changing attitudes, sex education in schools was starting to be covered in personal or social education programmes rather than in biology lessons, and was more focused on decreasing 'ignorance, guilt, embarrassment and anxiety' (Reiss, 2005) rather than providing moral guidelines or purely biological information.

1980s: a focus on prevention: HIV, STDs and teenage pregnancy

In contrast to the more philosophical debates reflected in the previous decade, *HEJ* papers in the 1980s reflect the growing dominance of approaches to sex education that focus on managing the consequences of young people's sexual activity (e.g. sexually transmitted diseases (STDs) and unwanted teenage pregnancy). There is a lack of consensus on how this should be achieved, which is unsurprising in light of previous debates.

Clarke (1982) strongly advocates sex education that focuses on providing contraceptive information, while Reid (1982) argues that 'straightforward provision of factual information is relatively unimportant, compared to the need to improve motivation'. Reid (1982) and Massey (1987) note the increasing prevalence of sex education located within personal, social and health education courses at school, which aim to improve decision-making skills, raise self-esteem, clarify values and increase sensitivity to the needs of others.

The onset of the HIV epidemic in the 1980s and its implications for school-based sex education are reflected on in papers by Massey (1987) and by Aggleton (1989). They argue that educating young people about AIDS is the most important means of responding to the epidemic, 'both in the context of primary prevention and in relation to efforts to challenge discrimination and prejudice' (Aggleton, 1989). Massey's warning that a lack of effective AIDS education could lead to 'a young population dying not of ignorance, but of inability to translate knowledge into action' (Massey, 1987) reflects the sense of urgency and alarm provoked by the epidemic during this period.

While the need for teacher training for sex education is mentioned in papers from previous decades, Massey (1987) and Aggleton (1989) argue that providing teachers with training, support and teaching strategies is all the more pressing in light of HIV and AIDS. As Aggleton (1989) notes, issues particular to HIV and AIDS had rarely, if ever, been addressed in schools in the past, such as:

'...the day-to-day experience of gay and bisexual men, or prostitutes and of injecting drug users, [and] [sic] the extent to which heterosexism and homophobia inform government, community and personal responses to non-heterosexual identities and behaviours'. (Aggleton, 1989)

As an aside, these issues had also rarely, if ever, been addressed in previous papers on sex education in *HEJ*, excluding papers from the 1940s and 1950s which assumed that homosexuality was, along with masturbation, to be firmly discouraged (Grassberger, 1950; Appelbe, 1955). While definitions of normal sexuality had evidently expanded to include heterosexual relationships outside marriage by the 1980s, the HIV epidemic highlighted the problematic nature of ignoring alternative forms of sexuality, which until that time had been viewed as 'abnormal'.

Reid (1982), Massey (1987) and Aggleton (1989) all advocate for the adoption of a holistic approach to sex education in general, and AIDS education in particular. Because AIDS education takes place within 'discrete cultural, political, and social contexts', Aggleton (1989) suggests an approach to AIDS education that accounts for the intra-curricular context (e.g. within the curriculum itself), the extra-curricular context (e.g. situations in and around school, but outside the formal curriculum) and para-curricular factors (e.g. in households and communities). Meanwhile, Clarke (1982) argues that young people's views should be taken into consideration to improve the relevance of sex education programmes, and also notes that studies on young people's attitudes towards sex education had been 'scarce' in the UK, in comparison to the USA. Overall, the support expressed for sex education in these *HEJ* papers does not necessarily reflect the fact that sex education was something of a 'political football' in the 1980s (Reiss, 2005); instead, the benefits of sex education are assumed, and the focus is upon the most effective means of implementation.

1990s: confused policy and limited practice?

The context of the HIV epidemic and rising teenage pregnancy rates continue to drive arguments in favour of sex education in *HEJ* papers during the 1990s (Green, 1994; McEwan et al., 1994; Scott and Thomson, 1992). Interestingly, the content or 'morality' of sex education is not debated in these papers; instead, authors largely express frustration over the limited possibilities for sex education within an unsupportive policy context.

Concerns surrounding unwanted teenage pregnancies grew during the 1990s after it was revealed that the UK had some of the highest rates in Western Europe for births by young women aged 15 – 19 (31.7 per 1000), and the largest number of births in girls aged 14 or under in 1992

(McEwan et al., 1994). According to McEwan et al., 'these data highlight the importance of sexual health and AIDS education for young people in the UK' (McEwan et al., 1994). Green (1994) and McEwan et al. (1994) emphasise the importance of '*The Health of the Nation*' strategy, published by the Department of Health in 1992. This strategy highlighted the key role of schools within the context of health promotion in general, and specifically in the areas of HIV and AIDS. It also set ambitious targets for reducing teenage pregnancy rates (by 50%) and sexually transmitted diseases (by 20%), by the year 2000 (Green, 1994; McEwan et al., 1994).

In spite of pressing justifications for sex education, and apparent support from the Department of Health, all of the papers suggest that sex education policy during this period was confused rather than supportive. Following the Education Act (1986), the governing bodies of schools in England were made responsible for deciding whether sex education should form part of the curriculum (Green, 1994; McEwan et al., 1994; Scott and Thomson, 1992). However, Scott and Thomson (1992), Green (1994), and McEwan et al. (1994) argue that school governors are failing to fulfil these responsibilities. In addition to a wide variation in the content of policies and uncertainties as to exact responsibilities reported in these papers, Davis et al. (1997) report that 20% of school governors were opposed to sex education, on the grounds that it encouraged sexual experimentation.

A further Education Bill in 1994 made sex and AIDS-related education compulsory; however, this bill also established a parental right of withdrawal from sex education, of which all the authors are highly critical. Davis et al. (1997) note that 'the bestowing of these rights on parents appears to be at the expense of children's entitlement to sex education', and further argue that children's rights to information concerning their health (as affirmed in the Convention on the Rights of the Child, 1989) are at odds with the parental rights that were created in the 1994 bill.

According to Scott and Thomson (1992) and McEwan et al. (1994), resultant 'inconsistency, confusion and anxiety' surrounding the provision and management of sex education in schools caused school-based sex education to suffer during this period. Teachers' lack of training, uncertainty and embarrassment concerning the content of sex education, and a lack of time (largely due to the demands of the UK National Curriculum) are all cited as reasons for the limited provision of sex education in schools (McEwan et al., 1994; Scott and Thomson, 1992).

2000s: informed choices and sexual health services

Young people's sexual health is once again the focus of papers on sex education in *HEJ* during the 2000s, and the emphasis remains on preventing teenage pregnancies and sexually transmitted infections, including HIV.

Chalmers et al. (2006) note that the UK still had one of the highest reported rates of teenage conception in Western Europe, while Coleman and Testa (2007) underline a dramatic increase in sexually transmitted infections between 1995 and 2004. Notably, Reeves et al. (2006) link the poor quality of sex education in the UK with an increase in these infections among young people. This is perhaps a reflection of how engrained the notion of sex education had become in certain discourses relating to young people's sexuality; in previous decades, social upheavals (such as World War II or the sexual revolution of the 1960s) and subsequent 'moral declines' were typically blamed for increases in venereal disease.

Although the sexual health issues that motivate arguments in favour of sex education are largely shared between the *HEJ* papers in the 1990s and the 2000s, the policy context of the latter decade appears to be more conducive to the promotion of young people's sexual health in schools. For example, Chalmers et al. (2006) examine a certificate programme of professional development for school nurses to support personal, social and health educational work (including sex and

relationships education for young people), which was available nationally from 2005 under the UK Government's teenage pregnancy and sexual health strategy. While the provision of sex education by 'outsiders' such as health workers was also discussed in previous decades (Ewing, 1944; Guy, 1976; Massey, 1987; Naranayan, 1964), this initiative was significant in terms of the level of support received from the government. Chalmers et al. (2006) are highly positive about the initiative, noting that school nurses are in a unique position to contribute to the sex and relationships education of young people.

Baraitser and Wood (2001) and Reeves et al. (2006) discuss the importance of supporting school-based sex education through good quality sexual health services. According to these authors, sex education is 'thought to be more effective when linked to local sexual health services'. Reeves et al. (2006) also assert that sexual health services 'need to be developed to meet young people's needs rather than to service organizers' perceptions of adequacy'. When combined with the argument by Chalmers et al. (2006) that sex education can potentially 'equip children and young people to make informed choices', the priorities for sex education in this period appear to be focused on facilitating young people as agents who determine their own sexual health, rather than enforcing any one particular form of 'normal' sexuality, or portraying sex purely in terms of risk.

Discussion and conclusions

Major changes in attitudes toward what constitutes 'normal' sexuality in the UK, particularly in relation to young people's sexual activity, are reflected in the *HEJ* papers reviewed here. From moralistic exhortations to exercise self-restraint in the 1940s, to the discussion of 'responsible' sexual behaviour outside the context of marriage in the 1970s, and the more recent focus on linking sex education with sexual health services in the 2000s, a clear shift from preventing young people's sexual activity to managing its outcomes is apparent.⁵ Additionally, an increasing focus on young people as the exclusive target group for sex education is evident over time. While articles in *Health and Empire* in the 1920s and 1930s discuss sex education for both unmarried students and young married couples, in later issues of *HEJ*, 'adolescents' are increasingly constructed as a problem group who require focused intervention.

Overall, the similarities across the decades are perhaps more striking than the contrasts. For example, motivations for sex education have largely been driven by fears of sexually transmitted infections (whether venereal disease, HIV and AIDS, or *Chlamydia*), or teenage pregnancies (which are generally assumed to be 'unwanted'). While a health-focused approach to sex education is not surprising within the context of this particular journal, this negative definition of health means that more 'sex-positive' approaches have largely been side-lined – although this, too, is somewhat reflective of wider sex education debates.

Our review also suggests recurrent tensions between the moralistic, bio-medical and more liberal approaches to sex education over the past 70 years in the UK, and these are tensions which are yet to be resolved. New forms of media seem to provoke the same old arguments; for example, in more recent *HEJ* articles on sex education, the internet is seen as a potentially useful source of information on sexual health at best, but unreliable and/or morally corrupting at worst (Rose and Friedman, 2013; Turnbull et al., 2010). Debates about whether it is 'appropriate' to teach young people about certain issues, such as contraception and homosexuality, also persist through competing arguments that are based on 'cultural', rights-based and medical justifications (Turnbull et al., 2010). The fact that these clashes can be dated back to at least the 1940s is somewhat disheartening. Although attitudes towards sex are widely assumed to be permissive in the UK today, it would seem that there is little that is 'modern' about recent sex education controversies.

As mentioned earlier, this was an exploratory study that adopted a broadly inductive approach to analysis. Our concern was to explore different definitions of sex education, both normative and/or descriptive; to reflect on the relevance of sex education to particular historical moments; and to identify clear views about the relevance of sex education, whether in favour or opposition, to individuals' lives. In the light of the present findings, future work might usefully examine more fully the framing of children, young people and adults (as responsible, immature or irresponsible) at different points in time; changing gender roles and relationships under the impact of feminism and other social movements; issues of sexual difference and sexual diversity; and articulations between sex and sexuality, race, and disability, as it was not possible to explore these areas in detail in the present investigation.

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Notes

1. The current international focus of *HEJ* is also evident in earlier periods of publication; however, papers exploring sex education over the past 70 years largely focussed on a UK context.
2. The first series of *Health and Empire* was published from 1921 – 1925, with the second series published from 1926 – 1942.
3. Social hygiene is defined in *Health and Empire* as: 'the application of all scientific knowledge to sex relationships and sex conduct' (Seccombe and Evans, 1931); the British Social Hygiene Council was formerly known as the National Council for Combatting Venereal Diseases (1914 – 1925) (Wellcome Library, 2013).
4. Cyril Bibby was the Education Officer at the Central Council for Health Education (1943 – 1946), and a key figure in the promotion of sex education during the war years (Hall, 2009).
5. In December 2013, the Family Planning Association announced that teenage pregnancies in England and Wales had fallen to 'the lowest numbers recorded since 1969'. This fall was partly attributed to 'the hard work of sexual health and education professionals', and the news suggests that recent sex education and sexual health strategies have been successful in managing the outcomes of young people's sexual activity (Family Planning Association, 2013). However, it should be noted that history is never linear. Concerns have also been expressed that the advances of the early 2000s in sex and relationships education and personal, social and health education are being undone by recent developments in funding and the progressive devolution of decision-making powers to individual schools (Blake, 2013).

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Appendix I

Literature searches - 'sex' AND 'education' in the *Health Education Journal* online archive

Time period	Search results (total number of articles)	Articles on sex education (included for further review)	Articles included for final analysis
March 1943 – December 1949	150	24	Bennett (1945); Bibby (1943); Ewing (1944); Friendlander (1946).
January 1950 – December 1959	125	8	Davies (1950); Petit (1957); Tuchler (1952); Appelbe (1955).
January 1960 – December 1969	191	21	Dalzell-Ward (1965); Holmes et al (1969); Jacob & Wild (1963); Narayanan (1964).
January 1970 – December 1979	202	15	Gill et al (1971); Guy (1976); Rogers (1973); Wiener (1971).
January 1980 – December 1989	293	29	Aggleton (1989); Clarke (1982); Massey (1987); Reid (1982).
January 1990 – December 1999	227	23	Davis et al (1997); Green (1994); McEwan et al (1994); Scott & Thomson (1992).
January 2000 – December 2009	101	9	Baraitser & Wood (2001); Chalmers et al (2006); Coleman & Testa (2007); Reeves et al (2006).