the emotions, relationships and moral dilemmas illustrated in soap operas and teenage magazines. These provide opportunities for the negotiation and development of values, and are among the few places nowadays where children learn about love. (This is not to undervalue the impact of some children’s literature. Consider, for example, the glimpse of passion in the following passage: “The world has but his own abode. All by his body thrilled with it, and he answered her in the same words, losing her hot face over and over again, drinking in with adoration the scent of her body and her warm honey-fogged hair, and he saw with the mouth that tasted of the little red fruit.” Pullman, 2000.)

Implications for Sex Education

If schools are to help children to reflect critically on the sexual values and emotions they pick up from a variety of sources during the course of their lives, it is clear that sex education in schools should involve much more than the transmission of knowledge. It should include education of the emotions and offer children opportunities to reflect on the nature of love, including sexual love, intimacy and desire. It should include an exploration of the part played by sex in personal development, and of the range of options open to individuals. It should provide children with opportunities to reflect on the personal values such as forgiveness, sensitivity to others, loyalty, faithfulness, conscience, personal integrity and commitment, especially in the context of relationships and the family.

Sex education clearly cannot be restricted to one small component in the school timetable, and there are clear advantages if several subjects contribute to its delivery. But alongside the contribution that different subjects can make to sex education, schools need to pay attention to the ‘hidden curriculum’ of sex education. If teachers are embarrassed talking about sex, or if they imply that sex is ‘dirty’, pupils will consciously or otherwise pick up such messages. Pupils will learn much from the ethos of the school, from what is permitted and not permitted in the school rules, and from the example set by teachers, and teachers need to be aware of the messages which they are passing on to pupils in this way. Our research suggests that there are many ways in which the contribution teachers make towards children’s sexual and spiritual values can be enriched. One way is a greater willingness to respect children and listen to them. Another way involves paying more attention to the processes involved in children’s learning and development. A further way is for teachers to reflect carefully on their own values and on the spiritual and moral example they set to children. Another way is for schools to ensure that children encounter different models of sexuality and emotional literacy through the curriculum, reflecting the many standpoints that exist, and to encourage children to discuss these and to construct their own worldview. All of these have clear implications for teacher training. But above all, there is a need for a clear vision of the purpose of education and its role in the development of human sexuality and emotional literacy.

References


Drawing on a range of archival materials, the research has aimed to develop a contextualised analysis of sex education policy, locating it in terms of political debates and ideas about sexuality and morality.

The unhappy history of sex education policy in England and Wales is a story of conflict, reflected in confused legislation and, ultimately, confusion in the classroom.

James Hampshire

Sex education: politics and policy in England and Wales

Policy makers and lobby groups have perceived sex education in different ways during the post-war period, and the resultant struggle over ideas has prevented the development of a coherent sex education policy.

The politics of sex education in England and Wales is deeply controversial. As has been argued recently, the adversarial nature of political debate is based upon contested understandings of family change, sexual behaviour, and also on the proper relationship between parents, children and the state (Lewis and Knijff, 2002). In this article I show how policy makers and lobby groups have perceived sex education in different ways during the post-war period, and argue that the resultant struggle over ideas has prevented the development of a coherent sex education policy.

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Health versus education

Conflict between key policy actors with contrasting perceptions of the subject has been fundamental to the politics of sex education in the post-war period. In particular, the departmental conflict between the Departments of Health and Education1 has had a profound effect on the development of policy. This first emerged in the context of debates over venereal disease during the 1940s and it resurfaced during the 1960s when venereal disease was increasing once again and enthusiasm for health education was at a peak. Up until the 1960s, lobbying for a national policy on sex education came largely from the medical and health establishment, which defined sex education in terms of its public health objectives and firmly located it within its broader health education agenda. Doctors and public health professionals tended to perceive sex education in

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narrowly instrumental terms - as an efficacious and appropriate policy for the reduction of sexually transmitted diseases - and their lobbying on the issue waxed and waned according to the epidemiology of those diseases. In contrast to the activism of these groups, which prompted the Department of Health to adopt a positive stance, the Department of Education was essentially inactive and was deeply reluctant to engage in policy-making in this area.

Traditional silence

What Lesley Hall (2000) has labelled the 'traditional silence' of the British government on sex education in schools was first broken during the Second World War. Increased rates of venereal disease led to pressure for more education on sexual health. At an inter-departmental conference called to discuss the matter in 1942, the Board of Education was encouraged to make an investigation into the provision of sex education in schools.2 Some what reluctantly, it agreed. The survey found that provision was patchy and in perhaps one third of the country 'practically nothing' whatsoever was done. The Board's lack of enthusiasm was amply reflected in the pamphlet it published in 1943. Whilst this contained a statement of support for those schools that chose to give sex education, it did not offer any concrete guidelines or stipulation that such education should be given (FMSO, 1943). Indeed, the Board was of the opinion that 'priority responsibility' lay with parents and that central government should not prescribe teaching in this area.

Hands-off approach

With the education department adopting a hands-off approach, provision of sex education in schools was left up to individual teachers and organisations such as the Central Council for Health Education (CCHIE) and the National Marriage Guidance Council. These two organisations produced teaching materials and also provided lecturers to visit schools and youth clubs. Cyril Bibe, Education Officer of the CCHIE, claimed that large numbers of teachers, social workers and youth leaders thought that 'something serious should be done about sex education', but they were discouraged by the lukewarm attitude of the Department of Education and the leading teachers' organisations.2 Cyril Bibe considered the government as a whole, but especially education, to have been obstructive: they wouldn't back up any teacher who did anything in the way of sex education in schools. The National Union of Teachers and the National Association of Teachers were opposed to it. Evidence from the National Archives indicates that on at least one occasion the Board of Education took exception to a health education booklet produced by the CCHIE for children.4

Public health consensus

Sex education receded from the official mind in the early 1950s when sex education was virtually a non-policy for any part of this growing problem. Indeed, by the mid 1960s there was a clear and vocal opinion in favour of more and better sex education in schools. This was part of a general enthusiasm for health education, which reflected a shift from environmentalism in medicine towards an ethical and individual responsibility for personal health (Berridge, 1999; Holland and Stewart, 1998). The new mood was captured in a Ministry of Health circular which stated that 'publicity and other established means of health education have a valuable part to play in making generally known the increased incidence of the venereal disease'.5 In 1962 a BMA report on health education stated that there was unanimous agreement among its local divisions on the need for improved education and that the prime responsibility for sex education lies with parents, given the widespread failure to meet this responsibility, schools had to play a role. The report recommended that all education teachers be given training in sex education and insisted that, at the very least, 'boys and girls should know of the danger to health of sexual promiscuity.'

Two years later the BMA published an influential report on Venereal Disease and Young People which made a raft of recommendations on sex education.7 At a conference called to discuss the report many were critical of the comprehensive national policy. The Cohen Report on health education (FMSO, 1964) made similar demands which, significantly, were contested by the Department of Education. The Chief Medical Officer's report for 1965 complained of the 'lack of any policy' on sex education and argued that instruction of 'older schoolchildren' was a necessary part of the 'fight against venereal disease' (FMSO, 1966). And when, following the Cohen recommendation, the Ministry of Health established a new Health Education Council (HEC) to promote and coordinate sex education in schools, the National Union of Teachers and the National Association of Teachers were particularly under its second chairperson, Lady Alma Brbk, the HEC placed a strong emphasis on sex education and embarked on a series of high profile campaigns.

Non-decision making

Despite the strong support for sex education in schools from doctors, health professionals and the Department of Health, no national policy was developed at this time. The Department of Education responded to the public health consensus for sex education with a strategy of inaction, what political scientists have described as 'non-decision making'.8 Just as the Board of Education had done in 1943, during the 1960s the Department of Education avoided having to make policy at all by keeping sex education off its policy agenda; insofar as it had a strategy it was both laissez-faire and reactive.

This stance was informed by a combination of pragmatism and principle: first, there was a pragmatic concern over the popular controversy that it was believed involvement in sex education would entail; second, many important figures, not least the Secretary of State for Education, Edward Boyle, had an ideological commitment to keep out of 'moral' issues; and third, the National Union of Teachers was opposed to direction from the centre and the Department of Education was constrained by the leading teachers' union on this sensitive matter. Underlying each of these reasons, to a greater or lesser degree, was a view of sex education as a morally loaded issue: any policy would raise awkward and possibly divisive questions about the state's role in a sphere that had traditionally been seen as the domain of parental responsibility.

Pamphlets

The department did publish a series of pamphlets on health education, each of which addressed sex to some extent, but these were advisory and their sex education content emphasised biological and health aspects of the subject. Sex education was defined as a public health issue and nested within a broader health education context. The pamphlets published in 1956, 1966 and 1968 each reflected the attempt to placate the growing public health lobby without antagonising traditionalists.

In 1962, sex education guidance was always published within broader health education guidance and the term sex education did not appear on the cover of any of the pamphlets. Even inside the covers there was a tendency towards euphemism: the chapter on sex education in the 1956 pamphlet was entitled School and the Future Parent and Moral Aspects of Health Education in the 1966 pamphlet.9 Sex education was now firmly located within the ambit of health education, but the pamphlets placed great emphasis on the role of the family, with recommendations on sex education made very much with a view to the training of future parents.

Problematisation

Notwithstanding the conflict between the Department of Health and Education, both sides nevertheless agreed that sex education could have a positive impact on venereal disease. The difference was one of orientation. The Department of Health had an instrumental view of sex education, arguing that because it was a efficacious way of reducing venereal disease it should be promoted by the government. The Department of Education did not challenge the premise of this argument; rather, its reluctance to make policy was based on an expressive orientation to the subject it was concerned with the possible political and moral consequences that could surround any initiatives in this area.

The underlying idea that sex education offered a potential solution to the problems of venereal disease came under attack from the moral right during the 1970s. Martin Duhans (1991) has shown how the rise of a moral lobby intent on reversing the progressive reforms of the 1960s created a climate in which sex education was increasingly stigmatised. A number of factors, including changes in user groups, and a change in political context, combined to cause the right-wing groups with a conservative moral agenda and an increase in coverage by the press, combined to reconfigure the terms of what was an increasingly public and partisan debate.

The moral right argued that sex education did not reduce Sexually Transmitted Infections (STIs) and pre-marital sex, contrary to the views of its advocates, but in fact affected the sexual attitudes and behaviour of young people for the worse. The National Viewers and Listeners Association, under Mary Whitehouse, condemned sex education programmes for their moral degradation of British society, and in 1977 called for a right of parental withdrawal.

The Responsible Society

In the same year The Responsible Society
The claim that sex education constitutes a problem and is to blame for greater teenage sexual activity has become a commonplace amongst moral conservatives, and has often been articulated in the Parliamentary debates.

The first thing to note is that during the last two decades of the twentieth century the polarisation of opinion about sex education continued apace. In the 1986 and 1995 debates, a fringe group of the Conservative Party, the Conservative Family Campaign (CFC), organised a 'Save a Parliament' campaign, and the damage to their voice to those hostile to the principle of sex education. According to its pamphlet, Sex Education and Your Child, current sex education affirmed an 'immoral attitude' and consisted of 'propaganda for promiscuity.' Following the adversarial debate surrounding the 1986 Education Act, in 1987 the Sex Education Forum was established as an umbrella organisation for a variety of groups which aimed to promote a progressive approach to sex education. It soon became as much the subject of attacks from the right as the Act had been. Thus, by 1995, fiercely partisan newspaper coverage of the subject has become commonplace since the 1980s, as can be seen in the coverage of the Section 28 debates.

Shaping the debate

Both of the political fault-lines that I have outlined in this article - the departmental conflict between health and education, and the dispute between those who view sex education as a problem and those who consider it to be part of the solution - continued to shape the debate in the 1980s and 1990s. For example, Rachel Thomson has argued that during the early 1990s the Department of Health was leaning forward on sex education, but the latter actually withdrew funding from Health Education Coordinators (key providers of sex and HIV/AIDS education) at the same time as Health of the Nation had set targets for the reduction of under-16s' pregnancies by 50 per cent and gonorrhoea rates by 20 per cent. The Department for Education set about restricting the means by which this might be achieved (Thomson, 1994a and 1994b). Furthermore, during the 1980s and 1990s the PFA has generally enjoyed a better working relationship with the Department for Education, although relations with the latter became more amicable in the 1990s.

Sex education as problem

The claim that sex education constitutes a problem and is to blame for greater teenage sexual activity has become a commonplace amongst moral conservatives, and has often been articulated in the Parliamentary debates in the Commons in 1986, for example, Peter Britnell MP alleged that sex education is a corrupting effect on young people. Although his amendment to the Education Bill failed, the 'morality' clause included in the final version of the Bill owed a great deal to the misgivings of traditionalists. In the Lords, Viscount Birkenshaw described sex education as an 'encouragement to promiscuity' (Lords, 6/7/93, v. 547, c. 1302). Sex education was also attacked for promoting 'abnormal' or 'deviant' sexual behavior, and for encouraging 'promiscuity.' "Corrupting" materials were once again targeted in the 2000 debates (Lords, 23/3/00, v.

...it was the second claim, that sex education was a major cause of promiscuity, and the vociferous way in which it was pressed, that marked a break with previous debates.
Sex education is viewed as an essential part of sexual health strategy by its public health advocates, and attacked as a cause of moral malaise by its conservative detractors.

Conclusion

Throughout the post-war period, the politics of sex education has been caught up in wider controversies over changes in the family and sexual behaviour and the appropriate role of government in responding to these changes. Sex education is viewed as an essential part of sexual health strategy by its public health advocates, and attacked as a cause of moral malaise by its conservative detractors. These incommensurable positions are rooted in very different ideas about sex, sexuality, and the effects of sex education. The result is an apparently intractable political situation.

The major casualty of the adversarial politics of sex education has been policy itself. Without clear and coherent policy guidelines, provision in the classroom is unlikely to be effective. As Lewis and Knijn have pointed out in this journal (2001), personal and social education classes in England and Wales often adopt a negative approach to sex - focusing on how to say 'no' or on sex as risk or danger - and place an emphasis on prevention. Given the UK's comparatively high teenage pregnancy rates, it may be doubly worrying whether such approaches are especially successful in their aim of discouraging teenage parenthood. There is also the problem of mixed messages, even incoherence, arising from the use of teaching materials produced by groups with very different agendas. Finally, the controversy surrounding sex education means that many teachers are worried about what and how they teach the subject.

Given the deep-seated moral and social issues with which sex education has been intertwined, practitioners should view the possibility of political consensus as remote. Ever since attempts at legislation have been made, political debate has been partisan and divisive. The unhappy history of sex education policy in England and Wales is a story of conflict, reflected in confused legislation and, ultimately, confusion in the classroom.

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