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ROGER DAVIDSON AND GAYLE DAVIS

‘This Thorniest of Problems’: School Sex Education Policy in Scotland 1939-80

ABSTRACT

In recent years, the history of sex education policy in twentieth-century Britain, and the sexual discourses it both reflects and reinforces, has attracted increasing attention from a range of disciplines within the humanities and social sciences. Yet, research has primarily focused either on the early decades of the century or on the abrasive social politics of sex education since 1980. There is a dearth of material addressing the intervening years. Moreover, little research has been devoted to the Scottish experience, despite Scotland’s distinctive traditions of education and law, as well as arguably a distinctive sexual culture. Drawing on a wide range of governmental archives, this article seeks to rectify these omissions by exploring the impulses and constraints that shaped Scottish school sex education policy in the period 1950-80. First, it examines the nature of the debate surrounding the issue prior to the Second World War. Secondly, it charts the reappraisal of policy in wartime and immediate post-war years in response to the perceived breakdown in moral and sexual standards among the young. Thereafter, the article examines the devolvement of responsibility for school sex education in the 1950s and 1960s to traditional purity and social hygiene organizations—the Alliance-Scottish Council and the Scottish Council for Health Education. The demise of such organizations, and the often conflicting and ineffectual efforts of the Scottish Education Department and Scottish Home and Health Department to address the sex educational needs of a more ‘permissive’ youth culture in the late 1960s and 1970s are then explored. Finally, the implications of the study for an understanding of the relationship of the State to sexual issues in later twentieth-century Scotland are reviewed.

The history of sex education policy in twentieth-century Britain has, in recent years, attracted increasing attention from historians, sociologists and educationists. Within a growing historiography, several broad strands of interpretation may be discerned. Some authorities have explored the development of sex education as part of that web of discourses that has constructed and regulated sexuality in modern society. In particular, it is viewed as playing a central role in the social construction of sexual norms and deviances and the proscription of ‘dangerous

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sexualities'.¹ Meanwhile, for feminist historians, the history of sex education represents more specifically the evolving social control of female sexuality and sexual behaviour; 'essentially part of the ideological process which effectively locks women into their maternal and familial roles'.² Yet others view it as a paradigm for the growing conflict between the 'public' and the 'private' within modern civil society and as a peg upon which to interpret the often reluctant and problematic interaction of the State with moral issues and shifts in the nature of the family and sexuality.³ For their part, medical historians have explored sex education as a means of illuminating the moral assumptions, concerns and identities that have underpinned social hygiene and sexual health policies and the creation of sexual knowledge.⁴ Finally, the political debates of the late twentieth century surrounding the provision of sex education have been analysed as part of a broader interpretation of the social politics of the New Right, and as a vital public arena for the negotiation of sexuality, morality and citizenship in the Thatcher era.⁵

However, there are two main omissions within this literature. First, such studies have generally focused either on the early decades of the twentieth century or the more recent abrasive social politics surrounding the issue of sex education since 1980. There is a dearth of material covering the intervening years, despite the fact that both contemporaries and historians have portrayed the period 1939-80 as one of dramatic, albeit often contradictory, change in sexual politics and lifestyles.⁶ Secondly, the existing literature has overwhelmingly concentrated on the formulation and experience of sex education policy in England and Wales. Little research has been undertaken on its history in twentieth-century Scotland, despite the fact that such policy was shaped by distinctive traditions of law and education, as well as, arguably, a distinctive civic and sexual culture.

¹ See, e.g., F. Mort, *Dangerous Sexualities: Medico-Moral Politics in England since 1830* (Second edition, London, 2000), pt 4; J. Weeks, *Sex Politics and Society: The Regulation of Sexuality since 1800* (Second edition, London, 1989), chaps 11-13; N. Thoroughgood, 'Sex Education and Social Control', *Critical Public Health* 3 (1992) 43-50.

² See, e.g., J. Melia, 'Sex Education in Schools: Keeping to the "Norm"', in C. Jones and P. Mahoney (eds), *Learning Our Lines: Sexuality and Social Control in Education* (London, 1989), chap. 8; A-M. Wolpe, 'Sex in Schools: Back to the Future', *Feminist Review* 27 (1987) 37-47.

³ See, e.g., J. Lewis and T. Knijn, 'The Politics of Sex Education Policy in England and Wales and the Netherlands since the 1980s', *Journal of Social Policy* 31 (2002) 669-94; R. Thomson, 'Moral Rhetoric and Public Health Pragmatism: The Recent Politics of Sex Education', *Feminist Review* 48 (1994) 40-60; P. Meredith, *Sex Education: Political Issues in Britain and Europe* (London, 1989).

⁴ See, e.g., R. Davidson, *Dangerous Liaisons: A Social History of Venereal Disease in Twentieth-Century Scotland* (Amsterdam & Atlanta, 2000), chaps 6, 12; R. Porter and L. Hall, *The Facts of Life: The Creation of Sexual Knowledge in Britain, 1650-1950* (New Haven & London, 1995), pt 2.

⁵ See, e.g., M. Durham, *Sex and Politics: The Family and Morality in the Thatcher Years* (Basingstoke, 1991), chap. 6; J. Pilcher, 'Contrary to Gillick: British Children and Sexual Rights since 1985', *International Journal of Children's Rights* 5 (1997) 227-317.

⁶ A recent exception is J. Hampshire, 'The Politics of School Sex Education Policy in England and Wales from the 1940s to 1960s', *Social History of Medicine* 18 (2005) 87-105.

Drawing on a wide range of governmental archives, this article seeks in part to rectify these omissions by examining the impulses and constraints that shaped Scottish school sex education policy in the period 1939-80. In so doing, it aims to explore the response of Scottish governance to a highly contentious issue in a period of rapid social change. Sex education policy-making has represented an area of enduring social contest between those with a vested interest in children, including the central and local state, the churches, moral welfare agencies, doctors, teachers, and parents. As has been rightly observed, the issues of sex and education combine to generate a 'discourse of conflict' reflecting competing moral ideologies.⁷ Moreover, not only does sex education—its existence, timing, content, and delivery—form the target for wider social anxieties over sexuality and childhood, it also falls, as Lesley Hall observes, in 'the delicate liminal zone between the public and private' and 'between medical and educational concerns'.⁸ This article therefore seeks to chart the impact of such concerns and contestations on the dynamics of sex education policy-making in Scotland from the early initiatives of wartime to those of the late 1970s.

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Prior to the Second World War, a range of pressure groups had lobbied the Department of Health for Scotland and the Scottish Education Department on the issue of social hygiene education. The Scottish Committee of the British Social Hygiene Council campaigned for it to be an integral part of the curriculum, as a means of reducing the incidence of venereal disease, and established local committees to liaise with educational leaders. Various purity organizations, such as the National Vigilance Association and the Alliance of Honour, as well as women's Organisations, such as the Edinburgh Women Citizens' Association, also advocated the introduction of additional moral hygiene and biological instruction in schools. In addition, health officials, and clinicians, often inspired by eugenics, canvassed the need for sexual issues to be addressed in schools, as part of a quest for 'racial health'.⁹

However, as in England, the issue of sex education became a sharp focus for disagreement both within and between the Social Hygiene and Social Purity Movements.¹⁰ A considerable body of Scottish public and professional opinion remained fearful of a policy of sexual enlightenment and a Scottish Office committee encountered a widely-held belief that, unless closely regulated, sex education would merely lead 'to the

⁷ G. P. Wallis, 'Some Ideological Issues in Sex Education in Post-War Britain', M.A. Dissertation (University of London, Institute of Education, 1984), 6-7; Meredith, *Sex Education*, chap. 4.

⁸ L. Hall, 'Birds, Bees and General Embarrassment: Sex Education in Britain from Social Purity to Section 28', in R. Aldrich (ed.), *Public or Private Education?: Lessons from History* (London, 2004), 98-115.

⁹ For details of such lobbying, see Davidson, *Dangerous Liaisons*, 142-4.

¹⁰ For sex education policy formation in England and Wales prior to 1939, see, especially, Hall, 'Birds, Bees and General Embarrassment'.

very precocity and malpractice which it [was] designed to prevent'.¹¹ At a local level, there was often tension between medical practitioners, purity groups, and educationists over the control and content of hygiene education. Purity groups, along with Church leaders, were concerned that moral issues and ideals should remain to the fore. For their part, many teachers and education authorities in working-class areas of Scotland feared that such instruction might prove disruptive with pupils and offend religious sensibilities.

As a result, there was very little sex education in Scottish schools beyond a scattering of *ad hoc* local initiatives, predominantly involving girls.¹² Some school medical officers gave incidental instruction in sex to older pupils on an informal basis. In a few schools talks were also given on hygiene, including anatomy and physiology, as part of the physical training lesson. In addition, lady specialists and nurses took advantage of PE lessons and medical examinations to give advice on intimate matters of sex hygiene to girls. Only in Aberdeen was sex education given separately, outwith the normal curriculum, to all girls who were leaving school by, it was affirmed, 'a responsible nurse, a widow with an understanding, tactful turn of mind'; the girls receiving instruction in matters of 'cleanliness at menstrual times, sex dangers and their future responsibilities in life'.¹³

The Scottish Education Department [hereafter SED] remained unresponsive to the varied pressures for wider provision. A departmental circular in 1929 had stressed the lack of public and professional consensus on the issue of sex education and opted to leave the matter to the discretion of individual education authorities rather than issue directives.¹⁴ Officials were strongly resistant to sex education being accorded a separate status within the curriculum, considering that, if at all appropriate, it should be imparted solely as 'an incident of biology', and they feared that guidelines would merely entangle the Department in a contentious and potentially compromising public debate.¹⁵

However, wartime concerns at the apparent erosion of the moral fabric of British society and citizenship, especially as reflected in the sexual behaviour of the young, presented significant challenges to this laissez-faire policy. A succession of reports in the period 1943-5 by the Scottish Medical Advisory Committee, the Scottish Advisory Council on Education, and the Scottish Youth Advisory Committee, urged the introduction or development of sex education in order to direct 'the natural urges of human nature', to instil 'a more informed and responsible

¹¹ *Report of Departmental Committee on Sexual Offences against Children and Young Persons in Scotland*, Parliamentary Papers [PP], 1926 (Cmd 2592) XV, 44-6.

¹² Edinburgh, National Archives of Scotland [NAS], ED48/181/1, minute by G. W. Simpson, Medical Officer of Scottish Education Department [hereafter SED], 10 Jul. 1933.

¹³ *Ibid.*, minutes by G. W. Simpson, 6 Jul. 1933. See also, *Scottish Educational Journal* [hereafter *SEJ*] 26 Nov. 1943, 528.

¹⁴ NAS, HH60/278, SED, *Circular no. 79*, 16 Jan. 1929.

¹⁵ NAS, ED48/181/1, minute by H. W. Cornish, 18 Feb. 1934.

attitude to sex' and to stem the rising tide of promiscuity and VD.¹⁶ The General Assembly of the Church of Scotland also advocated the need for a new moral and sexual code for young people.¹⁷ In addition, a major challenge to the SED's passive stance came from the issue, in late 1943, of an advisory circular on sex education by the English Board of Education.¹⁸ Although the circular did not advance explicit guidelines, it clearly favoured a graduated scheme of sex instruction, focusing in the early years on the physiology of sex, and in senior classes on its more contentious social aspects, where the central aim would be to channel what were perceived as potentially disruptive sexual instincts into the acceptable realms of marriage and parenthood.¹⁹ To the consternation of the SED, some leading Scottish education authorities, including Moray and Nairn and Edinburgh, immediately began to formulate proposals on the lines of the circular.²⁰

While acknowledging the demoralizing impact of the War upon youth culture, the SED remained resistant to any explicit engagement with the issue of sex education and was not persuaded of the desirability for a Scottish circular on sex education. Undoubtedly, the Department was heavily influenced by the likely reaction of the Roman Catholic Church in Scotland.²¹ The Scottish Roman Catholic Bishops issued a public statement in 1944 voicing 'their instinctive distrust of all talk of sex instruction and sex teaching'. They feared that secular proposals would not adhere to a 'moral and spiritual approach' or to a 'clear matrimonial doctrine and practice', and that 'positive training in purity' would be sacrificed to mere factual instruction in sex anatomy, thus aggravating rather than curing the moral evils of contemporary youth culture.²²

Moreover, within the SED itself, there was a marked lack of consensus on the issue. While receptive to the teaching of basic sexual anatomy and physiology as part of the biology or domestic science curriculum, Dr G. W. Simpson, the Department's Medical Officer, considered the

¹⁶ PP, 1943-4 (Cmd 6518) IV, *Report of Medical Advisory Committee (Scotland) on Venereal Diseases*, 9; PP, 1943-4 (Cmd 6495) III, SED, *Training for Citizenship: A Report of the Advisory Council on Education in Scotland*, 12; SED, *The Needs of Youth in These Times: A Report of the Scottish Youth Advisory Committee* (Edinburgh, HMSO, 1945), 91-2.

¹⁷ *General Assembly of the Church of Scotland: Report of Committee on Church and Nation, 1943, 246; 1944, 280-1.*

¹⁸ Board of Education, *Pamphlet no. 119, Sex Education in Schools and Youth Organisations* (London, HMSO, 1943).

¹⁹ The ideology underpinning the 1943 circular, and, in particular, its gendered approach to sex education, is explored in Wallis, 'Some Ideological Issues', 21-2.

²⁰ NAS, ED48/181/1, Moray and Nairn Education Authority, minutes of Sub-Committee on Sex Education and Personal Hygiene in Schools, 6 Oct. 1943; ED48/773, Sex Education: Schemes of Work in Edinburgh Corporation Secondary Schools, 17 Oct. 1944.

²¹ As one official minuted in May 1944: 'Whatever the Board of Education decide to do, I doubt if S. of S. [Secretary of State for Scotland] will want to tackle this. The Catholics will oppose it violently' See NAS, ED48/1364, J. Mackay Thomson to J. Jardine, 4 May 1944.

²² *Ibid.*, 'Memorandum on Sex Education, Published with the Approval of the Bishops of Scotland', May 1944.

presentation of what he called 'the social desiderata of sex' to be fraught with difficulties; not least the enduring public and professional debate over its appropriate timing, content and delivery.²³ In contrast, W. F. Arbuckle, the Assistant Secretary, was firmly opposed to any scheme of sex education that separated its physical and social aspects. As he reflected:

The sex relation is after all primarily a matter of conduct, and the amount of factual knowledge necessary to provide a basis for right conduct is quite limited. I doubt very much whether all the physiological studies ... have really much practical value The transition in the scheme of instruction from the rabbit to the human with the phrase: 'human reproduction similar', [as in the Edinburgh Education Authority's suggested curriculum], completely ignores the fact that the change is also one from the instinctive to the conscious level of experience. It is rather like confining instruction in the use of TNT to information about its chemical composition ... and omitting to mention its explosive qualities.²⁴

In the event, while the SED was now prepared, on an *ad hoc* basis, to encourage education authorities to experiment with the use of special lecturers in their schools, it continued to withhold approval for the inclusion of 'human reproduction' in the standard biology curriculum. Moreover, the Department's response to all requests for a more pro-active policy was that 'officially their attitude was the same as it had been in 1929'.²⁵

Instead, as the issue of sex education in schools became subsumed within a wider post-war reconstruction debate over health education in general, the initiative shifted to the recently-established Scottish Council for Health Education [hereafter SCHE]. Inheriting much of the agenda, personnel, and mindset of the former Scottish Committee of the British Social Hygiene Council, the SCHE clearly viewed sex education as an area it could exploit. Over the period 1946-50, it organized a series of national conferences on the future of health education in Scotland, attended by representatives of the medical and educational professions along with delegates from government departments.²⁶ Their proceedings revealed that, with the exception of Aberdeen, no long-standing 'direct instruction on sex' was given in Scottish schools. Many areas reported that some indirect instruction was given during biology lessons, but with a very limited bearing on human physiology and relationships. Indeed, some education authorities claimed that sex education was primarily an urban problem and that it was unnecessary in rural areas, where there was 'a close contact with farm life'. There was a similar lack of sex education within the teacher training colleges, with

²³ *Ibid.*, evidence of Dr G. W. Simpson to Scottish Advisory Council on Education, 1943.

²⁴ NAS, ED48/773, minute by W. F. Arbuckle, 27 Oct. 1944.

²⁵ *Ibid.*, notes of meetings between the SED and Edinburgh Education Committee, 6 Dec. 1944, 13 Jun. 1945.

²⁶ Unless otherwise stated, the following is based on the reports of the Conferences' proceedings and enquiries in NAS, HH61/585.

only one institution providing explicit instruction on the physiology of human reproduction.

The proceedings also highlighted how acutely divided the educational and medical professions were over the content and delivery of sex education in schools. Thus, while Medical Officers of Health were agreed that adolescents should receive some guidance on 'sex hygiene and the allied problems of social hygiene', they differed over its delivery; some favouring the role being performed by school medical officers and nurses, while others viewing it as primarily the remit of the teacher. For their part, while recommending the greater use of nurses to monitor female adolescent hygiene, school medical officers in Scotland were sceptical of the benefits of English initiatives in sex education, fearing adverse effects on the mental and emotional stability of schoolchildren. In contrast, many venereologists, advancing a medicalized view of sex education inherited from the pre-war Social Hygiene Movement, advocated the greater use of medical expertise in the delivery of homecraft and parentcraft classes, with more explicit focus on the social repercussions of sexual promiscuity.

The views of educationists at the conferences were equally mixed. While directors of education and head teachers in the East of Scotland were generally supportive of additional provisions for sex education, many in the West of Scotland were resistant; not untypical was the view of one headmaster that class instruction in sexual issues would 'merely encourage the inherent weakness and wickedness of man, and possibly develop sensualists'. Other teachers voiced their concern that, as a profession, they were being asked to address contentious issues that intruded on parental rights, and which rendered them vulnerable to attack, both in the media and local politics.

Nonetheless, the weight of opinion did favour pupils, outwith the Roman Catholic schools, being given sex instruction as an integral part of health education, and the proceedings did inspire several experiments in Edinburgh and Aberdeenshire schools. Those in girls' schools (the overwhelming majority) involved short courses in the physiology and social aspects of sex undertaken by a member of the Alliance of Honour, a long-established purity organization, after consultation with both staff and parents. Each set of courses consisted of three, weekly forty-minute periods. During the first week, the instruction dealt with personal hygiene, the care of the body, the importance of mental and physical purity, and character formation. In the second week, each class was given talks on the reproduction of fish, birds and animals, 'including the human subject', illustrated by a film strip. The third week was devoted to answering a wide range of questions submitted anonymously in writing by the girls. In addition, a similar course, with the emphasis on 'clean living', 'chivalry', and 'moral purity' as the 'only real safeguard' of personal and racial health, was conducted in a boys' secondary school in Edinburgh, drawn up by the school medical officer and conducted by the headmaster and selected male teachers. Throughout the syllabus,

‘sex desire’ was conveyed as ‘normal’ but ‘a powerful force’ which needed to be controlled and channelled, rather than expressed.

The favourable feedback on such courses led the Conferences’ so-called Continuing Committee to recommend that the pilot schemes should form the basis of official guidelines and specimen curricula for use in Scottish schools. However, the Educational Institute of Scotland [EIS] vociferously opposed such a move. Its President stressed that, although some teachers were already doing innovative work in this field, the bulk of the profession felt inadequate to cope with the sensitive issues involved and that sex education was primarily the responsibility of the parents and/or school medical officer.²⁷ Such concerns were duly reflected in the resolution of the final conference in 1950 that ‘in regard to sex education, the guiding note should be cautious advance’ and in the fact that, when, in December 1950, the SCHE re-circulated the model syllabuses on health education, drawn up by the Continuing Committee, the sex education syllabus was excluded ‘*along with all other reference to the subject*’.²⁸

For their part, the Department of Health for Scotland and the SED had sustained a detached and often evasive stance on the issue. While broadly supporting the SCHE’s report on health education, they were emphatic that it was purely advisory and not a directive, and that such support should not convey ‘any impression that the Secretary of State for Scotland was explicitly advocating the giving of sex education in schools’.²⁹ In the event, the Scottish health and education departments were broadly content over the next decade to devolve responsibility for such a contentious issue to other agencies.

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Thus, throughout the 1950s, such sex education as was provided within Scottish schools was primarily furnished by two, often competing organizations, both heavily dependent on government funding—the Alliance-Scottish Council, and the SCHE.³⁰ The Alliance of Honour had been established in London as part of the Edwardian Purity Movement, originally for men, in 1903. A Scottish Branch had been formed in 1926 and continued until the outbreak of war in 1939. In 1946, the Alliance in London sent one of its lecturers, Annabelle P. Duncan, a qualified midwife with wide-ranging experience of social work and teaching in physiology and anatomy, to investigate the state of public opinion on sex

²⁷ *Ibid.*, minute of National Conference on Health Education in Schools, 1 Dec. 1950; See also, *SEJ*, 33 (1950), 796.

²⁸ NAS, ED48/178, Scottish Council for Health Education [hereafter SCHE] to Secretary, SED, 22 Dec. 1950. Original emphasis.

²⁹ *Ibid.*, minute by K. E. Miller, 3 May 1950.

³⁰ Some schools did introduce limited sex education on their own initiative, within a health education syllabus, but there is no reliable data on this. In addition, some education authorities, such as Aberdeen, employed state-registered nurses to give instruction on ‘sexual matters’ to girls about to leave school, as part of mothercraft classes [NAS, ED48/185, note on ‘Sex Education in Scotland’, 12 Feb. 1957].

education in Scotland. Subsequently, she became involved in the pilot schemes mentioned earlier and the Alliance-Scottish Council was established as a 'Society for Education in Personal Relations and Family Life', with Duncan as its Secretary and sole lecturer.³¹ After protracted negotiations, the SED cautiously agreed partially to fund her efforts.³²

During the 1950s, Duncan attended a growing range of secondary girls' schools across Scotland controlled by some twelve education authorities.³³ Some of the schools were very large with as many as 500-600 girls while others were small country schools. Visits were always preceded by extensive consultations with the Director of Education and Education Committee, and by talks with parents and staff. Duncan deliberately incorporated information on sex within more generic talks on 'Growing Up', usually accompanied by biological films. She initially attracted support from many Directors of Education, who agreed with her view that, given the reluctance of parents to undertake the task of sex education and resistance to its integration within the school curriculum, talks by a visiting expert were essential. Duncan's visits always ended with an open discussion of anonymized questions submitted by the girls, with parents and staff excluded.

The construction of sexual information and sexuality within the Alliance's talks and literature reflected its origins as an explicitly religious purity organization. Underlying its discourse was a concern to restore the social and moral controls fractured by the impact of the War. Outwith the context of Christian marriage, sexual experience was depicted as inherently pathological and polluting. Thus, the development of the sex glands in boys was conveyed as a defining moment in the building of character rather than sexual self-awareness, which was inherently dangerous. While nocturnal emissions were biologically normal, the Alliance was clearly uncomfortable with their implications. They were, the literature claimed, often 'accompanied by rather unpleasant dreams' and 'the loss of this fluid' should not 'as a rule, be more often than once a week'. If it was more frequent, the child was advised 'to speak to your father or mother, as you may need a tonic'.³⁴ While boys were exhorted to attend to the hygiene of their 'sex glands', 'careless handling' was deplored on the grounds, reminiscent of Baden Powell's more repressive exhortations, that 'it may sometimes force some of the semen from the storehouses before nature is ready'.³⁵ Deliberate masturbation—or in the terminology of the Alliance's literature, 'self-abuse'—

³¹ NAS, ED48/1850, *Annual Reports of The Alliance-Scottish Council, 1957-8, 5; 1966-7, 3-5.*

³² Significantly, the SED declined to have a representative on the Council on the grounds that 'in this particular respect [sex education] we have to walk warily'. NAS, ED35/16, Sir J. M. Thomson to A. Duncan, 26 Jun. 1948.

³³ Unless otherwise stated, the following account is based on Alliance materials deposited in NAS, ED35/16; ED48/181/1; ED48/1850.

³⁴ NAS, ED35/16, Alliance of Honour, *How you Grow* (n.d.), 22. See also, Wallis, 'Some Ideological Issues', 29-33, for a content analysis of sex education materials used generally in the United Kingdom during the 1950s.

³⁵ NAS, ED35/16, Alliance of Honour, *How you Grow*, 25.

was strongly condemned as a 'waste of vital energy' and a negation of the opportunities of Christian manhood.³⁶

Such warnings reflected the continuing ambivalence within the Alliance, shared by many other governmental and professional bodies, about the possible effects of sex education. On the one hand, there was the felt need for the young to be exposed to 'correct knowledge' about sex rather than furtive or evasive misinformation from their peer group or parents. On the other, there was acute concern to avoid sexual precocity. Thus, having stressed the importance of sexual hygiene, Alliance literature immediately recommended that boys spare no further thought to the issue.

For physiological reasons, advice to girls about reproduction was more explicit, but the overriding stress was again on the association of sexual intercourse with marriage and motherhood. The knowledge of 'intimacy' was conveyed as a preventative in order to instil 'chastity' and 'self-control'. In particular, as with the social hygiene literature of the inter-war period, girls were exhorted not to excite the more uncontrollable urges of boys; the explicit assumption being that the sexual appetites of boys and girls were fundamentally different.³⁷ Again, the rhetoric of hygiene and pollution informed much of the detailed advice, with menstruation conveyed as essentially a cleansing process keeping 'the nest as fresh and pure as possible'.³⁸ The message for older girls was that female sexual health was contingent on sexual relationships being within marriage and that other sexual experiences would produce both physical and mental damage:

In the case of a woman, this sex experience is wedded to the instinct to make a home and have children and look after the man she loves It is linked with all that; and all that is the normal and true consequence of sexual experience. When a woman is sexually awakened, and when the process stops at mere intercourse so that she is not led on to all these self-fulfilling experiences, the harmonies of her nature are spoilt. Her hunger has been aroused and she will never be the same again.³⁹

The Alliance's literature on sex education reflected its long-standing broader involvement in moral vigilance. It conducted a vigorous campaign against the permissive and debasing influence of cafés, cinemas, dance halls and the media upon the sexual behaviour of the young. It inveighed especially against magazines targeted at teenagers, such as *The Boy Friend*, and by the early 1960s was actively collaborating with the

³⁶ *Ibid.*, sample of literature used by Alliance Scottish Council. White Cross League, *The Gift of Sex* (n.d.), 30-1.

³⁷ *Ibid.*, Alliance of Honour, *Telling Your Children* (n.d.), 3. Wallis, 'Some Ideological Issues', 65-70, detects similar discourses across a range of sex education materials published in the 1950s.

³⁸ NAS, ED35/16, Alliance of Honour, *How you Grow*, 20.

³⁹ *Ibid.*, Alliance of Honour, Dr A. H. Gray, *Are Sex Relations Without Marriage Wrong?* (n.d.), 4-5.

police, the Scottish presbyterian churches and the Moral Law Defence Association to suppress their distribution in schools.⁴⁰

Meanwhile, the SCHE attempted to advance the provision of sex education by *ad hoc* lectures in schools, by the training of teachers, and by its efforts to establish health education as a recognized part of the school curriculum. Dr Alex G. Mearns, Medical Adviser to the Council and Senior Lecturer in Hygiene at the University of Glasgow, responded to regular invites to address schoolboys on 'sex hygiene'. As he reported: 'A Sex talk—"the Gift of Life"—was delivered to boys in groups by ages. A simple and straightforward exposition of the facts of human reproduction was given' with blackboard illustrations and film displays. To the senior boys of monitor grade, assembled in the Chaplain's study, he gave 'a man-to-man talk on "Decent Living"'.⁴¹

The SCHE's message echoed that of the inter-war social hygiene movement.⁴² The fundamental aim of sex education was seen to be 'clean living' and the 'control of racial instinct', with medical risk conflated with the moral culpability of casual sex. As with Annabelle Duncan, Mearns was concerned to limit the sexual explicitness of instruction and for sexual knowledge, once delivered, to be 'stored away in the memory like history and geography, and not made a frequent subject of thought'. He also conveyed a gendered view of sexual responsibility and pollution. A fervent supporter, as indeed was Duncan, of the National Vigilance Association and Women Police in their surveillance of so-called 'problem girls', his talks and writings sustained the traditional ambivalence of policy-makers and purity activists towards young female sexuality—as quintessentially chaste but, in practice, potentially corrupting.⁴³

The SCHE also organized regular vacation courses for teachers and student teachers in health education (including sex education), directed by Mearns, as a means of 'educating the educators'. Again, however, there was a strong emphasis on the dysgenic aspects of sexual activity. Sex was treated primarily as a 'problem' and the courses devoted to 'Social Pathology'—marital breakdown, infertility, abortion, divorce and sexual 'delinquency'—delivered from a perspective of racial health

⁴⁰ NAS, ED48/181/1; ED48/1850, *Annual Reports of the Alliance Scottish Council, 1953-4, 4; 1954-5, 7; 1958-9, 8-9; 1961-2, 17.*

⁴¹ NAS, HH58/108, SCHE, Medical Adviser's Annual Report for 1953-4; HH58/111, SCHE, minutes of Executive Committee, 15 Dec. 1958.

⁴² The following is based upon A. G. Mearns, *Teaching Health: A Working Guide* (Edinburgh, 1961), 25; *Idem*, 'The Gift of Life', in *National Children's Home Convocation Lecture* (London, 1961), chap. 5; J. R. Currie and A. G. Mearns, *Manual of Public Health Hygiene* (Edinburgh, 1948), 60; Edinburgh, National Library of Scotland, P.la.689, SCHE pamphlets, especially *Yourself and Your Body*, 15-16; *The Approach to Womanhood*, 10-13, 16; *From Boyhood to Manhood*, 17-21; *Manhood: An Explanation of Sex for Young Men*.

⁴³ Thus, for Mearns, even the natural sexual attraction of a chaste girl had the 'power' to pollute and 'girls should not behave in any way which might cause a normally-passioned boy to forget himself'. A. G. Mearns, *Teaching Health: A Working Guide* (Edinburgh, 1961), 25.

and social hygiene.⁴⁴ Educationists and health officials were increasingly concerned at the lack of focus in the courses on contemporary shifts in the sexual behaviour and concerns of the young and the need for a broader, more positive, behavioural approach to sexual issues.

Another central objective of the SCHE was to introduce human biology into the school curriculum as a certificated subject within a more general programme of health education. On this issue, however, it continued to encounter resistance from the SED on a variety of grounds: that some aspects of biology teaching were already devoted to mammalian biology; that it was undesirable to 'elevate human biology' from its scientific context, thus provoking an unhealthy and precocious approach to the subject; and that it would hold little attraction as a qualification except for girls intending to enter the nursing profession.⁴⁵ Mearns lamented that, in the introduction of 'personal relationships' into the Scottish curriculum, 'the whole situation remain[ed] depressingly non-progressive' and that the SED had signally 'failed' the education system 'in this respect'.⁴⁶

Meanwhile, the SED was facing pressures from other directions. First, the Royal Commission on Marriage and Divorce, backed by evidence from Scottish women's organizations and the Scottish Marriage Guidance Council, strongly recommended that there should be a 'carefully graded system of education for young people as they [grew] up in order to fit them for marriage and family living' and that there should be a review of existing arrangements 'for pre-marital education and training'.⁴⁷ Secondly, the English Ministry of Education issued an updated version of its handbook on health education which gave unprecedented priority and space to the issue of sex education and, while refraining from any central directive, emphasized that instruction on the sexual and reproductive functions of the human body should be central to any health education curriculum.⁴⁸

Again, the SED remained unmoved. It argued that the Royal Commission's recommendations ignored the existing work of the Alliance-Scottish Council and the existing provision of homecraft and mothercraft classes for girls, and that pre-marital education for young people should be left to teachers and youth leaders.⁴⁹ Despite the Ministry of Education's more pro-active policy, given the continuing lack of consensus within the Scottish medical and education professions over

⁴⁴ NAS, HH58/111, SCHE, minutes of Executive Committee, 22 Apr. 1958; HH61/573, SCHE, Medical Adviser's Report for Year ended 15 May 1959.

⁴⁵ NAS, HH61/848, SCHE, minutes of Medical Advisory Committee, 30 Jun. 1959; ED 48/181/2, 'Note for Record', n.d. 1960.

⁴⁶ NAS, HH61/573, SCHE, Medical Adviser's Reports for the Years ending 15 May 1955; 15 May 1956; Mearns, 'The Gift of Life', 78.

⁴⁷ PP, 1955-56 (Cmd 9678) XXIII, *Report of Royal Commission on Marriage and Divorce*, 93, 313; NAS, ED48/185, 'Education for Marriage', correspondence and papers.

⁴⁸ Ministry of Education, *Pamphlet no. 31, Health Education. Handbook of Suggestions for the Consideration of Teachers and Others Concerned in the Health and Education of Children and Young People* (London, HMSO, 1957).

⁴⁹ NAS, ED48/185, J. H. McEnery to J. Kidd, 5 Oct. 1966.

the issue of sex education and the enduring need to placate religious sensitivities, the SED was still not disposed to formulate specific guidelines. Thus, the *Annual Report of the Secretary of State for Scotland on Education for 1958* stressed that opinions remained divided as to whether the advantages of sex education talks were 'outweighed by their drawing attention to sexual matters which might best be dealt with informally and perhaps individually'.⁵⁰ While acknowledging that, even in non-Catholic schools, 'comparatively few lessons in sex [were] given', and those 'almost entirely to girls', the SED remained content to leave it 'to the education authorities to decide, what, if anything, they should do'.⁵¹

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However, by the mid-1960s, it was becoming increasingly evident that the *ad hoc* efforts in the field of sex education of the Alliance-Scottish Council and the Scottish Council for Health Education were inadequate to address rising concerns over the sexual permissiveness of the young.⁵² The Alliance's activities involved only about 3% of the secondary school girl population in Scotland. It had begun to innovate by doing experimental work in boys' schools and holding mixed-sex sessions on issues such as contraception, abortion and homosexuality. It also modified its mission statement to embrace value systems other than those of Christian morality. Nonetheless, both logistically and ideologically, the Alliance was increasingly seen as unsuited to the needs of the time by education authorities and government departments. In effect, its activities were still conducted single-handedly by Annabelle Duncan, now in her seventies, and its local authority funding had declined markedly. Moreover, Duncan's approach was increasingly viewed by educationists as overly moralistic and out of touch with the realities of youth culture and sexual experience—a view reinforced by the involvement of the Alliance in purity campaigns reminiscent of the early twentieth century.

There was also growing criticism of the sex education provided by the Scottish Council for Health Education. By the 1960s, the SCHE was visiting more schools than the Alliance, and the reports of its Medical Lecturer testified to a rising demand for its services. Nonetheless, its scatter-gun approach, involving a very small proportion of Scottish school-children, was regarded as cost-ineffective. In addition, although it had extended its use of film materials, its syllabi and literature were seen as little altered in tone and content from the late 1940s. Mearns, himself, was viewed as a powerful force for conservatism, his approach

⁵⁰ PP, 1958-9 (Cmnd 740) XI, *Annual Report of the Secretary of State for Scotland on Education in Scotland in 1958*, 45.

⁵¹ NAS, ED48/185, S. C. Aldridge to J. Kidd, 26 Nov. 1956; note on 'Implementation of the Report of the SCHE on Health Education in School', 12 Feb. 1957; memorandum on 'Sex Education in Schools', 10 Apr. 1957.

⁵² The following account is based on NAS, ED48/181/1; ED48/181/2; ED48/1638; ED48/1850; HH58/108; HH61/1099.

reflecting the narrow focus on reproductive hygiene of the old social hygiene movement and ignoring more recent developments in the behavioural sciences.

Moreover, during the early 1960s, Scottish health and education departments came under increasing pressure from public and professional opinion to address the deficiencies in the provision of sex education, driven by what was perceived as a degeneration in the sexual proclivities and health of the young. Scottish Medical Officers of Health lobbied for a more formal recognition of human biology within the curriculum.⁵³ The Scottish Branches of the BMA and the Medical Society for the Study of Venereal Diseases, alarmed at the upswing in Scottish VD figures (especially for gonorrhoea) also pressed for better instruction of the young in 'the perils of promiscuous sex'.⁵⁴ In addition, despite continuing disagreement on the precise content and delivery of sex education, a series of high-profile conferences on youth and sexuality, sponsored by the Church of Scotland and the Scottish Marriage Guidance Council, and bringing together medical, educational and moral welfare practitioners, recommended that the SED should support a graduated syllabus of instruction throughout the education system.⁵⁵ The Church of Scotland increasingly endorsed such initiatives as a means of counteracting the rising incidence of teenage pregnancies, the increasing exposure of the young to pornographic images and literature, and the moral relativism purveyed by prominent figures within the media relating to sex which threatened to 'make sordid, suggestive and degrading this gift of God'.⁵⁶

Meanwhile, working groups within the SED itself were exerting additional pressure. Thus, the Sub-Committee on Growth and Development was 'surprised that the case for Sex Education in Primary Schools should have to be argued'. While it recognized the need to respect religious beliefs, and the concerns of some parents to 'safeguard against incest', it advocated that, provided it was taught in unsegregated groups and with issues of physiology treated within the context of human relationships, sex education 'should be the normal and ongoing part of the primary school teacher's responsibilities'.⁵⁷ Similarly, the Physical Education and Health Education Panel pressed for more integrated sex instruction, which balanced the anatomical, social and moral aspects of the subject, as a means of enabling pupils to cope with the 'stresses of puberty and the problems of sex' in a period of growing sensationalism within the

⁵³ NAS, ED48/1638, J. Kidd to H. H. Donnelly, 24 May 1960.

⁵⁴ On the importance of VD in health education policy-making, see Davidson, *Dangerous Liaisons*, chap. 12.

⁵⁵ NAS, ED48/181/2, extract from *Scotsman*, 22 May 1962; minute Dr A. Law to F. M. M. Gray, 8 May 1963.

⁵⁶ *General Assembly of the Church of Scotland: Report of Committee on Temperance and Morals, 1961*, 455; *1962*, 442; *1963*, 419. Particular objection was taken to the 1963 Reith Lecture which was seen to endorse pre-marital sex.

⁵⁷ NAS, ED48/1785, Draft Report on the Growth and Development of the Child, Jan. 1963. 'Sex values ... are the job of all teachers and non-commitment is impossible.'

media and the breakdown of traditional religious and community controls.⁵⁸

Publicly, the SED's response to such pressures was to reiterate that the responsibility for the extent and content of sex education rested with individual education authorities and school managers, 'in the light of local opinion'.⁵⁹ Privately, throughout the early 1960s, it sought to explore with the newly-constituted Scottish Home and Health Department [hereafter SHHD] possible solutions to 'this vexed question'.⁶⁰ A succession of inter-departmental working groups highlighted the need for greater coordination of sex education initiatives, but differed over their delivery; some officials envisaging a central role for appropriately trained teachers, others (predominantly within the SHHD) favouring the use of medical experts. They also differed over the most suitable coordinating agency. For the reasons mentioned above, there was strong resistance to expanding the roles of either the Alliance-Scottish Council or the SCHE. Instead, discussions increasingly focused on the possible use of the Scottish Marriage Guidance Council which had begun to provide talks and counselling to both sexes in some of the grant-aided and independent schools and to train student teachers, and which was perceived by many officials as by far the most relevant agency for addressing the adolescent problems of a 'permissive society'.

However, perhaps the most powerful inhibitor on official sex education policy in the early 1960s was the social politics surrounding the Cohen Committee on Health Education. In advance of its report, the Scottish education and health departments remained acutely concerned that, in introducing contentious measures relating to sex education, any restructuring of health education in general would be compromised, especially in view of the sensitivities of the Roman Catholic and Free Church communities.⁶¹ In the event, although the Cohen Committee did identify as a 'special health problem' the need for 'education about the relationship of the sexes in all its human and social implications', including the 'physical basis of procreation' and the 'risks involved in promiscuity', it took very limited evidence from Scottish medical and educational experts and failed to confront the central issues of the timing, content, and delivery of such education and the appropriate role of the State.⁶² Above all, its highly contentious recommendations for separate and equal status for health education in the

⁵⁸ NAS, ED48/1638, 'Submission from PE and HE Panel', Jun. 1963.

⁵⁹ See, e.g., NAS, ED48/181/1, SED to Scottish Council of Women Citizens' Associations, 1 Dec. 1960.

⁶⁰ The following account is based on NAS, ED48/1638, Note for Record, n.d. 1960; ED48/181/2, Note for Record, 12 Jul. 1963.

⁶¹ The United Free Church and Free Presbyterian Church of Scotland—both small denominations—considered that the remedy for adolescent promiscuity lay in adherence to the Scriptures and 'the teaching and enforcement of the whole moral law'. See, e.g., *Free Presbyterian Church of Scotland: Religion and Morals Report, 1964*, 38-40; 1965, 48; *United Free Church of Scotland: Report of Committee on Public Questions, 1964*, 21.

⁶² *Health Education—Report of a Joint Committee of the Central and Scottish Health Services Councils* (HMSO, 1964), 3, 42, 74; NAS, HH 61/589, evidence to Cohen Committee.

curriculum, taught by specialist health educationists, and for a new Central Board for Health Education in Scotland to absorb the existing health education functions of the SHHD and SCHE, immediately overshadowed any existing departmental review of sex education provisions.⁶³ As an SED minute indicated in December 1964, any such initiatives were speedily put on the back burner:

As you know, SED have not taken any active part in sex education in schools in the past; their role has been to support a body which was willing to help education authorities who applied for it. Even following on Cohen, it seems doubtful whether we would wish to do much more than issue some general exhortation and perhaps increase our support to the Alliance or its successor.⁶⁴

In the event, the Alliance-Scottish Council was persuaded to close in 1967 on the grounds that the future lay with sex education as a public responsibility, implemented directly by the education authorities.⁶⁵ At the same time, the SCHE's visits to schools were gradually phased out and its activities restricted to the in-service training of teachers and health educators. Its more general health education functions were subsumed in 1968 within a newly-established Scottish Health Education Unit, funded and closely monitored by the SHHD. Initially, it had been contemplated that the Unit should also have school sex education within its remit but the SED quickly scotched this idea, preferring instead to explore the option of involving the Scottish Marriage Guidance Council.⁶⁶

Meanwhile, however, by the late 1960s, in the absence of clear guidance from the SED, the initiative in sex education had shifted to the education authorities. In 1968, the *Scottish Educational Journal* reported that a number of authorities were 'bestirring themselves in an effort to meet the manifest need of adolescents to be armed against the blandishments of the permissive-acquisitive society'.⁶⁷ The major pioneer, as in so many other aspects of sexual health policy, was Aberdeenshire, where from 1965 a systematic scheme of sex instruction in primary and secondary schools had been developed. The scheme was on a voluntary basis with provision for parental opt-out. Teachers were advised not to give any formal instruction to children before they had reached the Primary VI stage but to answer truthfully any questions rising naturally in the younger classes or asked privately by individual pupils. The scheme for the top two primary classes was designed to impart a vocabulary using the correct anatomical and physiological terms and knowledge of parts

⁶³ NAS, HH61/1002, F. A. Adams to J. P. Dodds, 28 May 1964; ED48/1638, J. F. McClelland to R. Allan, 3 Jul. 1964.

⁶⁴ NAS, ED48/181/2, minute I. W. Inglis to J. J. Farrell, 18 Dec. 1964.

⁶⁵ NAS, ED48/1850, *Annual Report of the Alliance of Honour-Scottish Council, 1966-67*, 10-11.

⁶⁶ NAS, HH61/1099, Health Education in Schools, note of meeting, 29 Mar. 1966.

⁶⁷ *SEJ*, 51, 9 Feb. 1968, 134.

of the body and changes at puberty, of the function of the reproductive organs (intercourse to be dealt with only 'on an elementary level'), and the process of conception. This instruction was always to be part of health education with a close relation to nature study and with an understanding of the simpler forms of reproduction prefacing the study of human reproduction. The schemes for the first two years of the secondary school covered the same ground in much more detail and put the 'problems of growing up' into their moral context. At this stage, it was recommended that the study of human reproduction should form part of a general science course, taught where possible in mixed groups, with the science teacher assisted by the parentcraft teacher and the health visitor. More senior pupils were to attend a social studies course which would include the 'social aspects of sexual behaviour' while other disciplines such as English Literature and Religious Education were employed to explore the more 'sociological' aspects of sexual relationships.⁶⁸

A number of other authorities adopted a variety of schemes. Moray and Nairn used the Aberdeenshire scheme as a template, as did the Educational Institute of Scotland [EIS] in its major campaign in 1968 for improved sex education provision in preparation for the raising of the school leaving age.⁶⁹ Dundee operated a syllabus devised by the staff of its health and welfare department.⁷⁰ Edinburgh appointed an adviser in so-called 'social education' to train housemasters in the larger secondary schools to give instruction in 'personal relationships'.⁷¹ Glasgow also began to make provision for social education in its comprehensive schools and collaborated with the local marriage guidance council in training and selecting suitable teachers.⁷² In some schools there was a significant shift to the use of television programmes to underpin sex education. Schools in Aberdeen, Inverness and Fife successfully employed Grampian TV's series on 'Living and Growing'; a course on human reproduction transmitted during the day and repeated in the evening for adults. Designed for 10-13 year-olds, it provided a simple explanation of issues such as 'wet dreams', the physical changes of puberty, menstruation, and sexual intercourse. The response from pupils, teachers, and parents suggested that the films facilitated a more relaxed discussion of sexual issues within both the school and the home.⁷³

⁶⁸ NAS, ED48/181/1, minute T. Haig to J. J. Farell, 15 Jun. 1965; ED48/1338, The Educational Institute of Scotland: Report on Sex and Health Education, May 1968, 2-4; *Annual Reports of Medical Officer of Health for Aberdeen, 1966, 32; 1967, 35.*

⁶⁹ The EIS stipulated a number of preconditions for any successful scheme of sex education: the involvement of a range of professional groups and experts but with responsibility remaining firmly with education and not with health and welfare authorities; the voluntary participation of teachers with adequate in-house training; parental consent; and formal recognition of sex education within the secondary school curriculum as part of health education.

⁷⁰ *Annual Report of Medical Officer of Health for Dundee, 1966, 27-8.*

⁷¹ *Annual Report of Medical Officer of Health for Edinburgh, 1967, xii.*

⁷² *SEJ*, 51, 8 Mar. 1968, 243.

⁷³ *Ibid.*, 51, 5 Jul. 1968, 664-5; 12 Jul. 1968, 683. Initially, 60% of schools arranged for the viewing to be single-sex.

Yet, evidence clearly suggested that, despite these initiatives, there was still, by 1970, no systematic provision for the teaching of sex in Scottish schools or for the training of teachers in sex instruction. Outwith the formal schemes described above, what was done was 'of a desultory nature' and largely dependent on the whim and sexual enlightenment of the head teacher.⁷⁴ In 90% of Scottish primary schools surveyed, sex education was not included in the syllabus, while information on menstruation was included in the syllabus for girls in only 7% of primary schools. Only 5% of such schools reported even an occasional use of broadcasts. Of Scottish secondary schools, 57% did not include any sex education for boys in the syllabus and 48% did not provide any for girls.⁷⁵

The EIS and the Scottish Marriage Guidance Council laid the blame squarely on the SED for 'dragging their feet' on the issue.⁷⁶ The only reference to sex education in the Department's annual reports throughout the 1960s had been a somewhat defeatist observation in 1961 that: 'The sphere of personal relationships may be one in which it is not easy for the schools to provide much direct help.'⁷⁷ Subsequently, the implications for sex education of official reports on guidance in secondary schools and the raising of the school-leaving age were largely left unexplored by officials.⁷⁸ The SED's response to a revised edition of the Department of Education and Science's handbook on health education in 1968, with its more explicit reference to human reproduction and recent developments such as oral contraception, was similarly unresponsive. Officials were primarily concerned to reassure the Secretary of State for Scotland that references to sexual morality within the handbook would be 'cautious' and that it 'would preserve the Minister's neutral position'.⁷⁹ Predictably, when the Curriculum Committee on Moral and Religious Education threatened in 1968 to address the issue of sex education, the SED advised it to confine its remit to the broader questions of morality and to avoid 'this thorniest of problems'.⁸⁰

⁷⁴ NAS, ED48/1338, EIS Report on Health and Sex Education, May 1968. For provisions in England and Wales, see Hall, 'Birds, Bees and General Embarrassment'.

⁷⁵ NAS, ED48/1337, 1338, papers and minutes of Curriculum Committee on Moral and Religious Education.

⁷⁶ *SEJ*, 51, 8 Mar. 1968, 243.

⁷⁷ PP, 1961-2 (Cmnd 1673) XIII, SED, *A Report of the Secretary of State for Scotland: Education in Scotland in 1961*, 52.

⁷⁸ *Raising the School Leaving Age: Suggestions for Courses* (HMSO, 1966), paras 6, 18-21, emphasized the responsibility of schools to give pupils 'the opportunity to look at moral problems with which they are faced', including 'questions of sex morality'. *Guidance in Scottish Secondary Schools* (HMSO, 1968), paras 18-20 identified a need for improved social and moral education, including 'frank and open-ended' group discussion of personal relationships.

⁷⁹ NAS, ED48/181/2, minutes on DES Handbook, 16 Feb. 1965.

⁸⁰ NAS, ED48/1337, 1338, papers and minutes of Curriculum Committee on Moral and Religious Education. Significantly, its subsequent report, *Moral and Religious Education in Scottish Schools* (Edinburgh, HMSO, 1972), while furnishing ample proof of the lack of sex education in Scottish schools, failed to make any specific recommendations on the issue.

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In many ways, the story of Scottish sex education policy in the 1970s replicates that of the 1960s. Among policy-makers, the shift in focus from long-term eugenic concerns for racial health to the immediate health risks of a more permissive generation, and to issues such as abortion and contraception, continued. Again, the discussion of sex education in Scottish schools became imbedded in the social politics of health education in general and the competing agendas, not only of the Scottish health and education departments, but also of pressure groups such as the Family Planning Association and the Moral Welfare Committee of the Church of Scotland. However, initiatives were increasingly constrained by the politicization of the issue, the more so as a 'New Morality', hostile to the sexual law reforms of the 1960s, gained increasing influence within central and local government debate.

Scottish policy-making in the early 1970s was dominated by the proceedings of the SED's Working Party on Health Education, culminating in the Cunningham Report of 1974.⁸¹ The deliberations of the working party and its sub-committee on sex education reflected the continuing lack of consensus over the appropriate content of sex education, especially where it related to contentious issues such as contraception.⁸² Many members were exercised by the 'difficulty of guiding young people from innocence or ignorance to knowledge without giving the impression that they were expected to use the information'—in direct contrast to usual teaching practice. In the event, while stressing that sex education was a joint responsibility that had to be shared with parents, that it should not be treated in isolation, and that the view of the Churches and society must be respected, the Cunningham Report concluded that it was an essential part of any health education programme at all stages from nursery to higher education. In particular, it recommended that, in order to cope with peer-group and media pressures, secondary schools needed to provide opportunities for the discussion of a wide spectrum of sexual issues, including masturbation, homosexuality and lesbianism, as well as information for school leavers on contraception and family planning, as long as it was conveyed as an 'aid to family limitation and not promiscuity'.

The reaction of the SED's influential Consultative Committee on the Curriculum [CCC] to the Cunningham report was hostile. It considered that the working party had unwisely wandered into controversial areas beyond its remit, and that its recommendations on sex education would serve to alienate teachers and public opinion against the reform of

⁸¹ For the proceedings of the Working Party and its Sub-Committee on Sex Education, see NAS, ED48/1954.

⁸² See, e.g., *Ibid.*, minutes of Working Party for 16 Oct. 1970: 'Once again the opposing polarity of members personal opinions came to the fore ... [M]embers were agreed that information had to be given and that attitudes have to be formed; there was no agreement on what information or what attitudes!'. Roman Catholic members of the Working Party seriously considered issuing a separate report.

health education in general.⁸³ The CCC's view, shared by senior officials within the Scottish Office, was in part determined by growing political controversy at Westminster over sex education materials, with increasing calls for their greater regulation and for the right of parents to withdraw their children from lessons involving sex instruction.⁸⁴ Scottish peers were especially vociferous in condemning what they alleged was 'ill-disguised pornography' designed to 'undermine our civilisation based on inherited morality and family life by teaching children to behave like cats and dogs'.⁸⁵ While not wishing to publicize the more explicit sex education films by prosecuting them, the Scottish Office also condemned material whose 'ethos shifted from the usual view of sex as something which takes place within marriage to the view that sex experience is essential to development'.⁸⁶

Despite the CCC's reservations, many of the central recommendations of the Working Party on sex education were incorporated in *Curriculum Paper 14*, published in 1974.⁸⁷ Much of the detail relating to content and delivery (especially the role of teachers) had been excised, and more prominence given to the rising incidence of teenage VD, pregnancy and abortions in an effort to mollify anti-sex educationists. However, the central thrust of the draft report – the need for more systematic school provision of sex education not only on human anatomy and physiology but also on sexual relationships, sexually transmitted diseases, abortion and family planning — was retained. Yet, once again, as with the Cohen Report in the 1960s, specific proposals for the reform of sex education were negated by official hostility to the general recommendations of the report on the future of health education. Thus, the SED published the report of the Cunningham Committee purely as a discussion paper with an accompanying circular highlighting the opposition of the CCC to health education becoming a prescribed element of the curriculum underpinned by a specialist qualification. This lack of official endorsement inevitably, by association, also encompassed sex education.⁸⁸

Medical advisers within the SHHD and SHEU were increasingly dismayed at the lack of action, especially in the light of the degree of sexual ignorance of the young in Scotland highlighted in the *Gilloran Report on Sexually Transmitted Diseases*,⁸⁹ and the growing evidence of the lag in the growth of Scottish sex education provisions compared with

⁸³ NAS, ED 48/1463, Consultative Committee on the Curriculum [CCC] minutes, 9 Jan. 1973; 28 Feb. 1973.

⁸⁴ See, e.g., *Hansard [HC]* (1970-1), vol. 815, col. 422, 22 Apr. 1971; vol. 816, col. 405, 6 May 1971; *Hansard [HL]* (1972), vol. 327, cols 321-2, 26 Jan. 1972.

⁸⁵ *Hansard [HL]* (1971), vol. 318, cols 1064-5, 12 May 1971. Some Scottish education authorities responded in like manner, banning the use of television in their schools for the purposes of sex education. See *SEJ*, 53, 1 May 1970, 412.

⁸⁶ NAS, HH61/1021, minutes on film, *Growing Up*, May-Jun. 1971.

⁸⁷ SED, *Curriculum Paper 14: Health Education in Schools* (Edinburgh, HMSO, 1974).

⁸⁸ NAS, HH61/1019, covering letter and *Circular 896*, 16 Apr. 1974.

⁸⁹ *Ibid.*, minute by G. N. Munro, Oct. 1974.

those in England and many European countries.⁹⁰ Health officials felt constrained in a whole range of areas by the SED's timidity. Given the medical aspects of sex education and its close association with family planning, the SHHD was keen for the SHEU, in liaison with the Health Boards, to expand its work in the training of teachers and the provision of appropriate materials to schools, but the SED and its Inspectorate remained adamantly opposed to any such incursions into its official territory. The Chief Medical Officer to the SHHD was deeply concerned at the consequent lack of coordination on the issue of sex education. As he warned in December 1974:

We still have some way to go in showing the world outside that the natural differences in emphasis between health and education services do not amount to the Secretary of State adopting conflicting policies.⁹¹

For like reasons, the SHHD felt unable to respond to the recommendations of the Finer Report that there should be educational support for pregnant schoolgirls and other 'casualties of sex'.⁹² Similarly, it encountered protracted resistance from the SED to its attempts to sponsor research into the extent of sex education in Scottish schools; the SED arguing that it would offend local sensibilities, that it would politicize the issue, and that it would be based on the false assumption that the SED had failed in some way to provide a national policy for sex education – for which, it was claimed, the Secretary of State had neither the power nor, indeed, the proclivity.⁹³

Once again, in the absence of a pro-active lead from the SED, other agencies attempted to take the initiative. Thus, the Family Planning Association [hereafter FPA] in Scotland was making inroads into the field, albeit mainly to support teachers rather than to deliver instruction. Since the early 1970s, it had been invited into some schools on an *ad hoc* basis, although often requested not to address the issue of contraception.⁹⁴ In 1974, it opened a training centre in Glasgow for school teachers. Thereafter, it campaigned for a greater role in sex education provision, in part to compensate for the takeover of its clinics and services by the NHS in 1975.⁹⁵

Meanwhile, the Scottish Churches were developing their own initiatives. The Moral Welfare Committee of the Church of Scotland was critical of the lack of official action on sex education. Subject to personal relationships being taught within 'a Christian framework', it

⁹⁰ A survey of unmarried women in Aberdeen in 1975 revealed that only 63% had received any sex education at school and only 25% had received any instruction in contraception. *SEJ*, 58, 29 Aug. 1975, 787.

⁹¹ NAS, HH61/1019, C.M.O. to J. M. Fearn, 11 Dec. 1974.

⁹² *Ibid.*, Departmental Minute, 30 April 1976.

⁹³ NAS, ED48/2341, Departmental Minutes, 24 Dec. 1975, 3 Feb. 1976; HH 61/1019, Departmental Minute, 2 July 1976.

⁹⁴ *SEJ*, 57, 19 Apr. 1974, 406, 458.

⁹⁵ NAS, HH61/1021, extract from *Glasgow Herald*, 5 Apr. 1976; SHEU to SHHD, 4 May 1976; Scottish FPA to Secretary CCC, 18 Oct. 1977.

recommended that all children should be informed about reproduction before they were involved physically or emotionally, that sex education should form an integral part of a health education programme in the upper stages of primary schools, and that, in secondary schools, all 'young people should be given the opportunity to have all the information they want regarding the psycho-sexual aspects of sex'.⁹⁶ In 1977, the Church introduced its own pilot schemes of moral education for 14-16 year olds, 'reflective of Christian values', in several Glasgow schools, in the hope of developing a set of guidelines that might underpin SED curriculum development policy.⁹⁷ In addition, the Roman Catholic Church in Scotland was establishing its own national syllabus for sex education. While stressing the continued importance of parents in the process, a 1973 report on sex education in Catholic secondary schools recommended that a systematic programme of instruction be instituted.⁹⁸ Significantly, at a conference in 1976, Cardinal Winning, Roman Catholic Archbishop of Glasgow, emphasized the need for 'positive' sex education that addressed more than just the dysfunctional and dysgenic effects of the sexual instinct, in a speech viewed by the Scottish Office as a breakthrough in Catholic policy.⁹⁹

Despite renewed pressure for government action in the mid-1970s, the SED's policy on sex education remained largely unchanged. It continued to brief Ministers that responsibility rested with education authorities and headteachers.¹⁰⁰ Significantly, its annual reports made no reference to sex education, and references to sex instruction in its health education guidelines to primary schools in 1976 were openly acknowledged to be more cautious than a previous memorandum of 1965.¹⁰¹ The Department continued to view the activities of the SHEU with deep suspicion, fearing that its activities would conflict with its Curriculum Committee and the Inspectorate, alienate the teaching profession, and antagonize religious groups.¹⁰²

Similarly, although talks were conducted with the FPA in the mid-1970s, the SED 'took fright' after a vigorous attack in the House of Lords in January 1976 on the FPA's work and materials, and its scheme of school peer-counselling, Grapevine.¹⁰³ The attack, again led by Scottish peers, alleged that the Association's permissive message was a function of commercial links with the London Rubber Industries and the sale of contraceptives. Citing, with relish, extracts from alleged FPA-recommended reading on female masturbation, lesbianism, and

⁹⁶ *General Assembly of the Church of Scotland: Report of Moral Welfare Committee, 1975*, 344.

⁹⁷ *Ibid.*, 1977, 305-6.

⁹⁸ For an overview of Catholic initiatives, see SED, *Health Education in Primary, Secondary and Special Schools in Scotland. A Report by HM Inspectors of Schools* (Edinburgh, HMSO, 1979), 37-8.

⁹⁹ NAS, HH61/1019, extract from *Scotsman*, 18 Sep. 1976; note of Steering Group, 24 Nov. 1976.

¹⁰⁰ NAS, HH61/1019, Briefing Note for House of Lords Debate, Jan. 1976.

¹⁰¹ NAS, ED48/2341, minutes on *Health Education in Primary Schools*, 16 Sep. 1976.

¹⁰² NAS, HH61/970, Departmental Minute, 5 Mar. 1975.

¹⁰³ NAS, HH61/1019, Departmental Minute, 5 May 1976. On the broader implications of the 1976 debate, see also Meredith, *Sex Education*, 19-25.

oral and anal intercourse, the Earl of Lauderdale and Lord Macleod of Fuinary condemned the FPA for undermining family values and pandering to 'the sickness of society'.¹⁰⁴ For his part, the Marquess of Lothian viewed the integration of the FPA within the NHS as 'the infiltration of extreme ideologies' and viewed its sex education materials as a form of sexual entrapment, luring children into a vicious cycle of promiscuity, pregnancy, and abortion.¹⁰⁵ Both the SED and SHHD were at one in wishing to avoid entanglement in the growingly polarized Westminster debate over sex education and declined to follow up on earlier overtures to the FPA in Scotland.¹⁰⁶

The only concession made by the SED to its critics had been the appointment of yet another investigation in 1975 into health education in Scotland—an HMI panel—which did not report until 1979.¹⁰⁷ It provided a depressing picture of the progress achieved. Of the 100 primary schools investigated, only 40% taught any sex education relating to birth, reproduction and menstruation. It found that teachers in many primary schools were reluctant to address the issue of sex education and to 'broach the physical aspects of human relationships in groups of children of very different sensitivity and maturity'.¹⁰⁸ In secondary schools, the panel found a continuing unwillingness and/or inability of teachers to undertake sex education in any depth and a widespread failure to address controversial issues such as family planning, contraception and STDs with early school-leavers. However, its most stringent criticism was levelled at the lack of coordination between medical, educational and moral authorities in the design and delivery of sex education and the absence of clear advisory guidelines.¹⁰⁹

Other surveys conducted by the SHHD, by individual health boards, and by the Scottish Branch of the Society for the Study of Venereal Diseases came to similar conclusions. In Grampian and Dundee, there was a reported lack of coordination between health and education authorities

¹⁰⁴ *Hansard [HL]* (1975-6), vol. 367, cols 134-50, 241-7, 14 Jan. 1976. Lord Macleod was a former Moderator of the General Assembly of the Church of Scotland, and was otherwise considered to be fairly radical in his outlook, playing a central role in the foundation of the Iona Community.

¹⁰⁵ *Ibid.*, cols 196-200. For a similar transition in the USA in the discourse of anti-sex educationists from a focus on the fear of arousal to allegations of emotional abuse, see J. M. Irvine, *Talk About Sex: The Battles over Sex Education in the United States* (Berkeley and LA, 2002), 135-7.

¹⁰⁶ NAS, HH61/1019, Departmental Minute, 11 May 1976; HH61/1021, Departmental memorandum on 'Links Between SED and FPA', 26 Oct. 1977; *Ibid.*, minutes of meeting with FPA, 22 Nov. 1977. Resistance to an expanded role for the SHEU had also stemmed in part from the heavy representation of the FPA on its Family Planning Advisory Group. See NAS, HH61/970, Departmental Minute, 5 Mar. 1975. For a similar distancing of government from the FPA south of the Border, see Meredith, *Sex Education*, 85-6.

¹⁰⁷ SED, *Health Education in Primary, Secondary and Special Schools in Scotland. A Report by HM Inspectors of Schools* (Edinburgh, HMSO, 1979).

¹⁰⁸ *Ibid.*, 10. For a comparable picture of sex education provision in schools in England and Wales in the late 1970's, revealing similar deficiencies, see C. Farrell and L. Kellaher, *My Mother Said ... The Way Young People Learned About Sex and Birth Control* (London, 1978), chap. 8.

¹⁰⁹ SED, *Health Education in Primary, Secondary and Special Schools in Scotland*, 17-19.

and ignorance of 'how, or even if, any sexuality content of any health education programme [was] being carried out'. In the West of Scotland, provisions varied enormously. In some schools, medical officers and health visitors were regularly integrated into the curriculum to undertake sex education, while in many others, staff were explicitly banned from involvement in the subject. In Edinburgh, provisions varied from: 'Biology taught but reproduction not mentioned' to 'occasional discussions at a senior level by a guidance teacher'. One survey reported in 1977 that 1 in 4 Scottish children aged 16 were receiving no sex instruction compared with 1 in 30 in the South of England.¹¹⁰

In an effort to address the problem, while seeking still to distance itself from the increasing politicization of the issue, the SED sought to embed sex education in new curriculum developments in 'social education', with less focus on the more sensational dysfunctional aspects and repercussions of sexual behaviour and more attention to its aetiology and social context.¹¹¹ Nonetheless, various investigations in the early 1980s revealed the continuing lack of coordinated and consistent provision of school sex education in Scotland and the enduring resistance of many parents, teachers, education authorities and civic leaders.¹¹² Thus, sadly, as one Scottish witness before the Social Services Committee on AIDS was to testify in 1987, more than half a century after the issue had first engaged the attention of policy-makers, there was still 'no real infrastructure of health and social education in Scottish schools which carrie[d] a sex education programme to which AIDS [could] be added'.¹¹³

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This overview of school sex education policy-making in the period 1939-80 furnishes a number of important insights into the relationship of the State to sexual issues in later twentieth-century Scotland. First, for all the socially disruptive effects of the Second World War, there are seen to be clear continuities between the ideology and organization of sex education policy in interwar Scotland and those prevailing as late as the early 1960's. This was a policy underpinned by a traditional medico-moral sexology that focused on the 'control' of the sexual instinct,

¹¹⁰ Aberdeen Royal Infirmary, Woolmanhill, Northern Health Services Archives, GRHB A4/3 [8/9] Pt 1A; NAS, ED48/234; HH61/1021, C. B. S. Schofield and F. M. Martin, 'Health Education in Schools, with Particular Reference to Sexually Transmitted Diseases'; HH104/36, memorandum by Dr D. H. Robertson, Jun. 1977.

¹¹¹ NAS, ED48/1725, 48/1736, minutes of CCC, 2 Dec. 1980, 3 Feb. 1981. However, within the Curriculum Committee, opinion remained divided as to the most suitable allocation of responsibility for moral education between subject and guidance teachers and outside professionals.

¹¹² NAS, HH61/1018, F. M. Martin, 'Health Education in Secondary Schools with Particular Reference to Sex Education: A Survey of Professional and Parental Attitudes', Sep. 1981; Medical Society for the Study of Venereal Diseases, Scottish Branch, minutes, (in the possession of Dr A. McMillan, Royal infirmary of Edinburgh) 7 Apr. 1984, 5 Oct. 1985, 10 May 1986.

¹¹³ *House of Commons Social Services Committee, Problems Associated with AIDS, Minutes of Evidence* (London, HMSO, 1987), 174.

the conflation of sexuality and pollution, and on a hierarchy of normality and deviance, based on animal biology. The delegation of school sex education to a purity organization (the Alliance-Scottish Council), and to a relic of the Social Hygiene Movement (the Scottish Council for Health Education), was symptomatic of this agenda.

Thereafter, in the late 1960s and 1970s, one does detect a shift, albeit tentative and problematic, to a more progressive approach to sex education under the influence of the behavioural sciences, and of social and medical activists within agencies such as the Scottish Health Education Unit and the Family Planning Association, concerned to reduce the so-called 'sex casualties' of a more permissive society and to empower the young with a broader sexual awareness. Nonetheless, even in the 1970s, within Scottish governance, many advisers and officials were still articulating a discourse of sexual sublimation rather than sexual expression, with the sexual urge, especially amongst girls, still depicted as inherently dysfunctional unless controlled and deferred into the socially acceptable, heterosexual contexts of marriage and family formation. Their operational philosophy continued to be underpinned by a strong thread of what might be characterized as 'enlightened asceticism', in which increased access to sexual knowledge was predicated upon the need for self-control and discipline.¹¹⁴

Indeed, an examination of developments in school sex education in later twentieth-century Scotland would tend to question a historiography which has hitherto portrayed the period as quintessentially one of medicalization in sexual health policy. This study would indicate that the impact of medical opinion and knowledge was often marginal and fragmentary, frequently ambivalent, and certainly variable. As in England,¹¹⁵ the more scientifically-grounded preventive health rationale of health administrators in Scotland tended, in general, to produce a more pro-active stance towards the issue of sex education than that adopted by their more conservative and ideologically sensitive colleagues in the SED. However, even within the Scottish medical establishment, and within the body of medical experts advising the DHSS and SED, opinion was often divided on the content and delivery of sex education and the appropriate balance between medical and moral instruction. As a result, the concerns and values of lay officials within the departments on issues relating to sexuality and childhood were frequently accorded undue weight.

Yet, clearly, the central constraint on policy-making was the persistent refusal of the SED to issue clear curriculum guidelines to education authorities on the issue of sex education for fear of becoming entangled in a highly contentious area of moral and political debate. It preferred to adhere to the traditional policy of devolvement. Just as in the interwar period, issues of medical and moral prophylaxis had been devolved upon the Scottish Committee of the British Social Hygiene Council, now

¹¹⁴ Wallis, *Some Ideological Issues*, 8.

¹¹⁵ Meredith, *Sex Education*, 12.

a new set of quasi- or non-governmental agencies were employed. In the 1960s and 1970s, this concern to keep the issue at one remove was a strategy at odds with the immediate concerns of many health administrators faced with the escalation in the incidence of adolescent pregnancies, abortions and sexually transmitted diseases. But, as in England, such concerns were increasingly outweighed by the politicization of school sex education and its identification by the so-called 'New Morality' with the broader erosion of the moral fabric of society and family values—a back-lash which was as much to be found in the debates of Scottish local health and education committees as in those of the House of Lords. Thus, on the eve of the onset of HIV and AIDS, sex education policy in Scotland remained constrained both by political expediency and by the moral ideology of senior civil servants, who were all too conscious, not only of the wider divisions within Scottish civil society over the issue, but also of the immense risks in trying to formalize what had hitherto been 'a hidden, furtive, taboo-ridden, even unconscious area of learning'.¹¹⁶

¹¹⁶ *Ibid.*, 1.