



# SEX EDUCATION

## Activity Guide

This guide provides background information and prompts for further discussion around the *Bodies, Hearts, and Minds* toolkit activities ‘Sex Education Then & Now’ and ‘Men Too’. It may be useful when running the activity with groups.

You can also find associated ‘Learning Objectives and Curriculum Links’ that can be used to support teaching on topics related to personal, social, health, and wellbeing education in England (6.1), Wales (6.2), Scotland (6.3), and Northern Ireland (6.4) on the [Body, Self, and Family website](#).

- 2-5**      **Background:** A (very) brief history of sex education in the postwar United Kingdom
- 6-8**      **Activity:** Sex Education Then & Now: Putting Yourself in the Picture
- 9-11**    **Activity:** ‘Men Too’: Sex Education and Contraception



## A (VERY) BRIEF HISTORY OF SEX EDUCATION IN THE POSTWAR UNITED KINGDOM

The history of sex education in the United Kingdom varies across its regions. The 1993 Education Act required secondary schools in England and Wales to provide sex education but left the content of this education up to schools. In Scotland, no area of the curriculum is mandatory. In sex education as in other areas, education authorities and schools make their own decisions about what is taught and at what age. Likewise, in Northern Ireland sex education has never been compulsory.

In all regions, during the twentieth century provision of sex education was often patchy within individual schools, and inconsistent across the education system of that region. There was no standard age at which sex education was provided. Much depended on the governance structures within schools, and the personalities and inclinations of individual teachers. The only consistent strand throughout most of the postwar period is that where sex education was provided, it assumed heterosexual relationships as the norm, and heterosexual relationships leading to marriage and children as the ideal.

Where sex education was provided, in the 1950s and 1960s it usually focused on reproduction and was delivered as part of biology lessons. These lessons often concentrated mainly on animal reproduction, with little attention to human reproduction. Comments on human sexuality might be highly moralistic, for example warning teenagers about the dangers of masturbation, or the evils of sex outside marriage. In the 1970s, sex education began to focus more on human reproduction and

behaviour, with greater attention to information about contraception. This focus continued throughout the 1980s, reinforced by growing awareness of AIDS.

Attitudes towards gender influenced formal and informal sex education. For much of the twentieth century, girls were viewed as naturally less sexual, and expected to remain 'innocent'. They were seen as immoral if they had sex outside marriage, and irresponsible if they became pregnant at a young age. Teenage boys were expected to want sex and bore less responsibility for unplanned pregnancies. Girls therefore received more warnings about sex, but not necessarily more information.

The introduction of the oral contraceptive pill in the 1960s reinforced the view that girls were responsible for preventing pregnancy. It was not until the 1980s that popular sex education campaigns started to target young men. This shift coincided with changing ideas about men's roles and responsibilities. It happened around the same time as government campaigns promoting safe sex to tackle rising HIV rates. These campaigns had different roots, but both targeted men and sought to increase condom use.

Sex education in schools has always been a political issue. Disagreements have hinged on everything from whether information about sex corrupts innocent children or provides them with the tools to make better decisions about their health and relationships, through to if sex education is the responsibility of parents or schools, and onto whether it should form part of scientific or social education. These political debates sharpened to a knife-edge in the 1980s.

In the early 1980s the activist Victoria Gillick, a Roman Catholic mother of ten children, launched a case against the Department of Health and Social Security (DHSS) in England and Wales. The case challenged the authority of the DHSS to enable doctors to prescribe contraception to under-16s without parental consent. Although Gillick lost the case, the publicity surrounding it heightened tensions around the provision of sex education. It contributed to an atmosphere in which many people with responsibility for the wellbeing of children and adolescents felt anxious about the potential legal consequences of their actions.

These anxieties were heightened by the 1988 introduction of Section 28, known as Clause 2a in Scotland. This legislation prohibited ‘the promotion of homosexuality by local authorities’. In practice, this meant that local authorities could not provide books, plays, leaflets, or films that depicted LGBTQ+ relationships positively. Teachers who taught about same-sex relationships could face disciplinary action. The law was stopped in Scotland in 2000 and in the rest of the United Kingdom in 2003. It is common to think of the period since the 1960s as a time of increasing openness around sexuality. This overview of sex education shows that gains were unevenly distributed, while the state discriminated against and stigmatised some groups.

At present, [provision for relationships and sex education \(RSE\) still differs across the devolved regions](#). In England, from September 2020, all secondary schools were required to teach relationships and sex education. Guidance for schools includes LGBT inclusivity, consent, and social media. In Wales, from 2022 onwards compulsory, comprehensive, and inclusive

relationships and sexuality education will be provided for children from the age of five upwards. In Scotland, the Government has published statutory guidance on relationships, sexual health, and parenthood education in state-maintained schools, but it is not compulsory. Faith schools, which teach one in five pupils in Scotland, are allowed to follow their own guidance. In Northern Ireland, RSE is included on a statutory basis within the Northern Irish curriculum. Grant-aided schools are required to develop a policy on relationships and sexuality education, but this is based on the ethos of the school and evidence suggests many schools do not have a policy in place.



## ACTIVITY: SEX EDUCATION THEN & NOW: PUTTING YOURSELF IN THE PICTURE

### Task

Quotations about individual experiences of sex education in each decade from the 1960s to the 2010s are followed by a series of questions.

Participants are then asked to draw themselves in an empty panel and reflect on their own experiences of sex education.

The quotations provide snapshots on different aspects of sex education over time. This prompts participants to consider what has changed, and what has stayed the same. Inviting participants to include their own experiences helps them to place their own education within historical perspective.

**Group leaders:** Some participants may feel uncomfortable discussing sex. They might worry about revealing gaps in their own knowledge. If the activity is carried out in a school setting, participants may not want to be publicly critical of the school.

The questions can be discussed throughout the entire group, in small groups, or left for participants to reflect on alone. Questions 1-4, dealing with the historical sources, may seem less personal and therefore work well for group discussion.

To encourage sharing of experience if participants feel uncomfortable talking about these issues, they could write their responses to Question 5,

on improvements to sex education today on post-it notes for the group leader to read out. These responses could be used as a basis for the group to create a combined response to Question 6.

Participants might want to know more about [Mass Observation](#), where some of the quotations come from. Mass Observation is a social research organisation. It collects in-depth responses to surveys on diverse topics from volunteer panellists. Its mission is to chart the history of everyday life in Britain.

Question 5 mentions the [Decolonising Contraception](#) collective. This group works to address sexual health inequalities experienced by Black people and people of colour (BPOC). The collective emphasises that people have a right to explore and define their own sexuality. It campaigns for better sexual health advice and treatment for BPOC.

Participants might ask about this group. Use this as an opportunity to ensure that participants are aware of good sources of information and guidance. The toolkit provides a list of resources – you can point participants towards this information.

### **'TAKE HOME' HISTORICAL CONTEXT MESSAGES**

- ✚ Young people learnt about sex from many different sources, but these sources were often flawed
- ✚ The assumptions behind sex education have changed a lot over time
- ✚ Increased openness about sex from the 1960s did not remove stigma, especially for LGBTQ+ people

- ✚ Wider ideas about gender and sexuality, as well as the emotions attached to sex, still affect how sex education is delivered today



## ACTIVITY: 'MEN TOO': CONTRACEPTION AND SEX EDUCATION

### Task

The activity shows participants campaign posters from the 1980s encouraging young men to take responsibility for contraception. Questions ask participants to reflect on attitudes towards sex and contraception in the 1980s, and today. Participants are then asked to design their own contraception campaign poster.

The activity asks participants to reflect on changing approaches to gender and contraception over time. It encourages them to consider how gender affects attitudes towards contraception. Designing a contraception campaign poster helps them to sum up the key messages about contraception that they think are important.

**Group leaders:** Again, some participants may feel uncomfortable discussing sex or their own experiences of sex education. As with the previous activity, consider whether it is best to discuss questions in large or small groups, or to allow participants to reflect on them alone.

Questions 2 and 3 are less personal and might work best for large group discussion. Question 2 could even be organised as a debate. Participants could write their responses to Question 4 on post-it notes for the group leader to read out. These responses can be used as the basis for a collectively designed campaign poster.

As participants look at the campaign posters, ask questions like:

- ✚ Are these effective posters?
- ✚ What makes them effective?
- ✚ Why is the image of a rugby team used on one poster?
- ✚ Why are the man's eyes and ears covered on the other poster?
- ✚ Do these posters make any assumptions about male attitudes to contraception?

These questions help participants to consider what makes an effective campaign poster. This will be useful when they design their own campaign poster.

The text at the bottom of the 'Contraception is not a one sided game' poster is difficult to read. It says that all men, married or single, can get free advice on contraception from family planning clinics. It provides details for the Family Planning Association.

Ask participants what information they want to give on their posters. This provides another opportunity to point participants towards good sources of information and guidance, including those listed in the toolkit.

### **'TAKE HOME' HISTORICAL CONTEXT MESSAGES**

- ✚ In wider society, attitudes towards sex are often related to assumptions about gender
- ✚ From the 1960s, these assumptions led to beliefs that in heterosexual relationships, it was women's responsibility to manage contraception

- ✚ In the 1980s, some organisations started to encourage young men to see contraception as their responsibility too
- ✚ The HIV/AIDS crisis shaped shifts towards men taking responsibility, as this expanded the risks of sex beyond pregnancy to include life-threatening sexually transmitted infections

