

# "To Establish Habits of Health": Health Education and Advice for Girls - Past, Present and Future

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## Abstract

This article examines school health textbooks covering almost one hundred and fifty years. The social construction of curriculum in public schools, particularly from the perspective of gender is examined through changes in conventional medical attitudes and beliefs and how sex education and sexuality were regulated for women through notions of moral "purity."

## Résumé

Cet article examine les manuels scolaires de santé à l'école, sur une période couvrant presque cent cinquante ans. La construction sociale du curriculum dans les écoles publiques, particulièrement de la perspective des genres et étudié à travers les changements dans les attitudes de la médecine conventionnelle et des croyances au sujet de la façon dont l'éducation sexuelle et la sexualité étaient réglementées pour les femmes par le biais de la ligne de pensée de la "pureté" morale.

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## Introduction

It is intended to present such a knowledge of sanitary matters as every intelligent citizen should possess.

(Provincial Board of Health 1886a)

For almost as long as "readin', writin' and 'rithmetic" have been identified with education, health classes have been an integral part of the school day. As feminist researchers in health and physical education, we have long been interested in the gender issues and historical antecedents of the subject areas we teach. One of the ways in which we have each maintained this interest has been through personal collections of vintage textbooks used by generations of school children in North America (and some from Britain) which focused on school physical and health education. In addition to scholarly sources of information about the cultural and educational expectations for healthful behaviour for girls and boys we have drawn on our own eclectic collections of health textbooks dating back to 1848 to provide examples for this article. As the quote above suggests, these early texts provide lively and engaging evidence that the Victorians' awakening fascination with science had found an ideal vehicle for promotion and distribution through the rapidly expanding public school system, in classes focused on health and healthful living (Mitchinson 1991; Wilson 2003). A close examination of these texts, some used widely in Ontario, others in other parts of Canada and some in the United States or Britain clearly illustrate the paradoxical struggle undertaken by many educators to reconcile the religious and moralistic strictures of the day with the somewhat more amoral demands of

business, politics and science. Some of the titles we have examined include: *First Book of Anatomy, Physiology, and Hygiene for Grammar Schools and Families* (Cutter 1850); *Manual of Health and Hygiene for Use by Normal and Model Schools* (Provincial Board of Health 1886b); *Public School Physiology and Temperance* (Nattress 1893); *Health Reader 1&2* (Progressive School Series 1893 a&b); *Principles and Methods of Physical Education and Hygiene* (Welpton 1908); *Helpful Talks with Girls* (Ketling 1910); *Hygiene for Young People* (Knight 1915); *Physical Education in Rural Schools* (Ministry of Education and Training c.1950); and *Public School Temperance* (Richardson 1887); as well as a collection of booklets written for teenage girls and produced by "feminine hygiene" companies, and in some cases Dairy Councils, with titles including: *The Miracle of You: What it Means to Be a Girl* (Life Cycle Centre 1970); *As Others See Me...A Girl and Her Figure* (1970); *It's Wonderful Being a Girl* (Gilbert 1969), to name a few. Over time we have acquired more than seventy-five books and related materials in our combined collections. These textbooks and pamphlets provided the primary data sources for the textual analysis that follows.

Early textbook authors, armed as they were with the sure and certain knowledge that they were imparting immutable scientific "fact" to students, fashioned their books around certain recurring themes that provide interesting and important glimpses into the complex and sometimes contradictory antecedents of knowledge that guide the study of health in schools today. Vintage textbooks are also valuable tools in the contemporary classroom. Preservice students in Intermediate/Senior health education classes are given the opportunity to compare and contrast the materials within these old books with their own education and the current curriculum expectations. Students are interested, and sometimes amused, to find that curriculum content in Health has changed considerably over the years, leading to further discussion of the effects of society and culture, science and medicine, and

pedagogical practices in health and related curriculum areas.

These would include family studies (formerly home economics) and physical education, as well as specific areas of adolescent counselling, rural and urban contexts, diversity issues and school leadership. The students are also struck by the highly gendered nature of the textbooks. As one male student remarked "I would say that the feminist movement has played the most substantial role in determining our knowledge of what is healthy and what is not." Some of the notable changes over the one hundred and fifty year span of these books includes the very recent addition of sexuality issues; family and relationship changes - including the recognition of much more varied family structures and the recognition of violence against women and girls; gay, lesbian, bi-sexual and transgendered relationships; HIV/AIDS with respect to both the medical and social dimensions of this global crisis; and the gendered aspects of body image, eating disorders and physical activities, to name just a few. Students recognize the shift in gendered roles and stereotypes in both text and illustrations in the historical textbooks, while at the same time understanding that gender continues to be a significant determinant of health and wellness, even today.

Although health classes and textbooks devoted to health studies had been introduced into the schools by the middle of the nineteenth century, it is important to note that until well into the twentieth century, in most Victorian and post-Victorian homes, women, in the form of governesses or nurses for the upper class and mothers for the middle-class or lower-income homes, were the primary caregivers (Mitchinson 1991; Neering 2005). As Rosemary Neering observes, "The housewife had to know how to treat wounds and bruises, as well as minor illnesses. Her care was probably as good as that of the doctor, for even with Pasteur's discoveries, neither the housewife nor the doctor knew much about the cause of sickness" (2005, 81).

In accordance with these beliefs, most early health textbooks positioned women as homemakers whose duties included management of the family's health care. In fact, such topics as maintaining a clean house, preparing and serving fresh, unspoiled food, treating everything but the most serious of injuries and illnesses, and impressing upon the young the necessity of growing up to be responsible, moral citizens, were all customary health topics in texts for young scholars and so it is easy for readers today to wonder if the information was equally directed to mothers as to the child studying the course. School health classes were very efficient ways of disseminating information about good health practices to large segments of the adult population at a time when public health clinics, well-baby clinics and nutritionists, as some examples, were not available.

Regardless of whether health classes were directed to students or to their mothers, the topics included in early health curricula were there because the writers believed they had profound implications for early family life. For example, there were few early health textbooks written that were not tomes devoted to temperance. In these, alcohol abuse, or intemperance, or alcoholism, was almost always a habit attributed to males (Andrews 1885; Fraser and Porter 1925; Provincial Board of Health 1886a). As arbiters of conventional middle-class lifestyles, regardless of the economic status of the students to whom the texts were directed, temperance-oriented health texts did not hesitate to depict the depths to which families could fall if the sole breadwinner drank his earnings away. Thus, although health text books were often produced under the auspices of provincial Departments of Education across Canada, the consistent appearance of certain common themes underscored the common (and largely unproblematised) intent by educators to promote through the means of mass health education Eurocentric, patriarchal, white and middle-class moral, civil and physical ways of right living in the world.

We are interested in the ways in which health education and issues of gender intersect and interact with each other in the preparation and presentation of health information for high school students. In early textbooks, the ways gender and health are treated generally recur in the topics (and thus the knowledge) chosen for inclusion, the particularly moralistic and prescriptive attitudes expressed by authors on the physicality and sexuality of females and males, the differing responsibilities each gender was believed to have for the maintenance of their own health and that of the family, how models of human bodies are depicted in photos and illustrations, and the nature of the illustrations used to depict healthful activity among girls and boys.

In a like manner, the stereotypical images of masculinity and femininity presented in health text books until almost the present century provide indications of the profound influence of patriarchy present in every aspect of schooling over the past century. Notions of feminine frailty and male dominance are reinforced, as are assumptions of universal heterosexuality. When these very conservative and conventional ideals are filtered through (minimal) sex education, clear hegemonic assumptions concerning the essential (or, "natural") reproductive purposes of females provide ideological messages for both girls and boys that would be difficult for children to question, much less refute.

In this article we explore two of the themes arising from the pages of selected school health textbooks covering a time frame of almost one hundred fifty years. First, we examine the epistemology of health education, that is, how changes over time in conventional medical attitudes and beliefs about health, gender and child development are reflected in the topics chosen for inclusion in health textbooks. Following that, we discuss the particular issue of how sex education and sexuality were regulated for women through notions of moral "purity."

### The Epistemology of Health Education

Like all narcotic poisons, alcohol has the dangerous power of creating an increasing appetite for itself, that demands not only more frequent, but stronger and larger doses.

(Andrews 1885, 13)

Health textbooks written before 1900, while approaching the content of health curriculum from different perspectives, were united in the message they intended to send to their readers. The text may have been published and used regionally in Canada, or North America, or Britain, but regardless of whether the focus of the text was on improving one's nutritional practices, or on teaching the functions of selected physical systems such as the bones, muscles and nervous system, the emphasis in these texts was almost always on the effects alcohol and tobacco would have on one's physical development and on one's quality of life. And the effects, needless to say, were not good.

The man who is in the habit of using alcoholic drinks can not touch, taste, see, smell, or hear so well as he ought. His hands tremble, his speech is sometimes thick, and often he can not walk straight. Sometimes, he thinks he sees things when he does not, because his poor nerves are so confused by alcohol that they can not do their work.

(Progressive School Series 1893b, 111)

Tobacco discolors the teeth, makes bad sores in the mouth and often causes a disease of the throat....You can tell where the tobacco user has been, by the dirty floor and street, and the air made unfit to breathe, because of the smoke and the strong, bad, smell of old tobacco from his pipe and cigar and from his breath and clothes.

(Progressive School Series 1893b, 76)

These opprobrious opinions of alcohol and tobacco, universally shared by textbook authors, are all the more significant when it is remembered that while negative associations between health and excessive drinking had been known for some time, no clear link between cancer and smoking was established for another fifty years. While text book authors' fears about the ill-effects of tobacco on health were correct, many other medical "facts" (or perhaps, opinions) mentioned in these texts are at best vague and inaccurate, and at worse false and misleading.

While it is evident that these texts strove to be informed by the most up-to-date knowledge available to the writers, and that, in the tradition of scientific writing of the time, vignettes describing how science affected the lives of common people were routinely included in popular health literature, these sensational stories also served another purpose in textbooks intended for school-aged readers. However lurid these testimonials, stories and examples of the evil effects of tobacco and alcohol consumption might have seemed, the intent of these stories was not focused on teaching children about the detrimental health effects of these products. It was about the moral quagmire into which a young person would tumble if he (usually) or she proved unable, or worse, unwilling, to develop and exercise a vigilant self control. In *Hygiene for Young People* the author observes, "The word of a drunkard, especially with regard to his drinking habits, can not be trusted" (Knight 1915, 185).

As the nineteenth century rolled over into the twentieth, health texts continued to provide clear moral guidance in the form of healthful living to young students. In the early decades of the new century, the ingestion of tobacco and alcohol as well as narcotics of all kinds continued to form the basis of concern for educators.

Tea, coffee, and cocoa are all drunk, chiefly because they make people feel better by causing the machinery of the body to work faster. For this

reason they are spoken of as stimulants. Alcohol also seems to be a stimulant when taken in small quantities; but in reality it is not. It is more like a poison, and the sleep of the drunken man is almost like the sleep caused by a narcotic poison. (Knight 1915)

The rise of capitalist work practices and increased immigration as a result of local wars in Europe and other parts of the world resulted in longer and more strenuous hours of work for many men (and women), longer and more structured school days for children and living conditions for many that were crowded and unsanitary. In response, many health texts in the first decades of the twentieth century began to include prescriptions for the early development of healthful living habits. Young readers were encouraged to stand up straight, breathe fresh air, get plenty of sleep (with the window open), bathe often, eat simple, well-prepared foods, eschew narcotics of all kinds, and exercise regularly (Fraser and Porter 1923; Knight 1915; Welpton 1908).

There is a clear "hidden curriculum" in many of the health textbooks about achieving good health through "right methods of living" and by "living a sensible, normal life" (Halfpenny and Ireland 1911, v). This stress on developing good moral habits for good health included a textbook devoted to the topic of Temperance produced in compliance "with a well understood public opinion [and] an Act to provide for the teaching of Temperance in the Public Schools...introduced at the last session of the Legislature of Ontario and received the unanimous approval of the House" (Richardson 1887, iii).

In this text's Preface there is a statement that,

...the fact that many contract the habit of using intoxicating liquors through ignorance, and that even the best

education imparted in our Public Schools is not an offset to the ruin which frequently results, may be accepted as ample justification for the course which our legislators have now taken....this new subject...will have an important moral effect on the lives of the coming men and women of our country. (1887, iv)

Chapters on "Death from Alcohol" (91) and "Insanity from Alcohol" (93) were intended to "arm" students with the knowledge against alcohol's "evil influences" which "many, very many" will continue to ignore (1887, 95). And while the turn of the twentieth century saw a move away from simple physiology and disease prevention in the study of health to the environmental dimensions associated with healthy living, these continued to be limited to such things as, "sunshine, fresh air and good food properly prepared" advocated by Halfpenny and Ireland (1911) and a series of stickers accompanying the *Ontario Public School Health Book* that outlined "The Rules of the Health Game":

#### Rules of the Health Game:

A full bath more than once a week  
Brushing teeth at least once every day  
Sleeping long hours with the windows open  
Drinking milk but no tea or coffee  
Eating some vegetables or fruit every day  
Drinking at least four glasses of water every day  
Playing part of every day out of doors  
A bowel movement every morning  
(Fraser and Porter 1925)

In this post-World War One period, both boys and girls were encouraged to participate in outdoor play and regular exercise and a full chapter is devoted to "Cheerfulness" as a key to good health. Disease prevention is described in military terms, with a clear understanding that the

battle would be won by those who "live right": "building forts against the unseen enemy" and "fighting an enemy with fresh air and sunshine" (Fraser and Porter 1925, v-vi). In addition to the evils of alcohol and tobacco, other "habit forming drugs" such as opium are addressed in health books by 1925.

As the century progressed, improved medical knowledge about the spread of disease by germs and human contact, as well as new sociological theories about the well-being of societies living in large and complex groups, contributed to the knowledge found in school health texts. Heavy handed moralistic condemnations of alcohol and tobacco were replaced by "the spirit of science in relation to healthful living" (Andress and Brown 1929). With the trauma and terror of World War One safely behind them, educators echoed the optimistic mood of the general society by developing health texts that, "...should be wholesome and inspiring, with definite emphasis on positive health - on living in such a way that one's energy may be conserved and spent with the greatest satisfaction and efficiency, both for himself and the community" (Andress and Brown 1929, v). The gendered nature of health education during this time is described by Comacchio:

Describing an "experiment" at Winnipeg's Daniel McIntyre Collegiate Institute initiated in 1920, supervising nurse K.E. Dowler indicated how health instruction was presented within the regular domestic science course for tenth grade girls. The mode of delivery supported the medical view that girls needed health training because of their special vulnerability at that age, and also because everything under the rubric of health was properly a womanly concern and an essential component in training for marriage and motherhood...Dowler did not mention any corresponding course for boys, nor did she hint that such a course might be just as valuable to them.

(2005, 364)

Other books at this time offered similar messages for girls in the form of fireside stories responding to the concern that, "The teen age girl is a great problem and at the same time a great opportunity. Her ideals seem low, yet there is no time in her life when she will more gladly follow a great ideal.... Her problems are many, and most of them she must solve alone. If she follows the crowd and goes in the way of least resistance, there is a big chance she will fall by the way...." (Eggleston 1921, vii). The stories are intended to be read to groups of girls and are written from a (Christian) religious perspective: "It was the Master's way of story-telling: 'Twas only a little story, yet it came like a ray of light; And it gave to the girl who heard it, Real courage to do the right'" (1921, ix).

The alternative for boys, at that time, was the developing youth movements, including the Boy Scouts and YMCA programs, which focused on character building for adolescent boys, as opposed to the "weakness and effeminacy in home, school, and Sunday school...[where] only three out of sixty teachers of older boy classes 'knew the meaning of the word adolescence to say nothing of its significance....'" (Macleod 1983, 111-12). Regardless of the forum, the curriculum was highly gendered, moralistic and Christian-based.

At mid-twentieth century, health texts had moved entirely away from the prescriptive moralistic tomes of earlier times and in many cases into text books that reflected the influence of progressivist strategies of instruction - information was organized and presented in a "child-centred" manner that invited young readers to find out all about that most interesting of topics - themselves. Chapters with such titles as, "John's Health Verses," "Are You like Mary?," and "More and More of Fred" (Andress *et al.* 1949, vii/viii) attracted students with stories of children "just like them" - as long as they were White and middle class. Personal appearance,

well-being, personality, community welfare and safety were all lenses through which personal health was explored (Crisp and Wendorf 1948).

As subsequent health texts were developed for the later decades of the century, some attention to the notion of the child's development of a social conscience began to be evident and chapters devoted to "Your Feelings" or "Helping Those Who Cannot Hear Well" (Hallock and Allen 1954a); and "How Can You Make Friends?," and "Who Can Help With Mistakes?" (Richmond *et al.* 1987) illustrate the lengths to which authors went to engage students in these topics. It is perhaps interesting to reflect that while topics may have changed over time, the fundamental questions to which most health books respond are, "Who knows best about how to be healthy? How should one be a responsible, healthy, human being?" The following section will examine more closely these two questions.

#### **Sexual Health and Female Morality**

Finally, after over eighty years of formal health instruction in the schools, textbooks began to mention sex. In *Building Better Bodies*, the author William Hay observes that, "Health is natural and it is contagious, for it follows as the sun follows the night, on the heels of right living - normal thinking and acting - and a self-control that gives the greatest physical and mental efficiency" (1932, 29).

Where is the mention of sex in that statement? It had long been the habit of health text writers to use code words for concepts and terms difficult to overtly name or discuss. The descriptive term, "self-control" was often used to signal a discussion about masturbation, a habit many believed caused lassitude and personal dissolution. It was believed that the exercise of self-control was essential to conserve and preserve one's vital force.

In answer to the question, "Should children be taught sex facts? How [sic] go about it?" the response given, in its entirety was,

As soon as children understand physiology, as they do in the third to fifth grade in most schools, they are old enough to be taught the facts of sex, which can always be done in an impersonal way without allowing the least suspicion to enter the mind that there is anything disagreeable or secret about the subject. If taught in this way this whole sex question will soon be one of the incidents of the day, not necessary to discuss, because not hidden. (Hay 1932, 92)

By the middle of the twentieth century, health books had become more like readers, with cheerful stories and illustrations. While the pictures convey stereotypical images of male and female activities, sexuality is confined to a discussion of "glands," usually at the end of the book. In *You*, the discussion begins: "Some of these glands help you grow up to be a man or a woman. These glands cause boys, as they grow, to become men, ready to be husbands and fathers; and they cause girls, as they grow, to become women, ready to be wives or mothers" (Baruch, Montgomery and Bauer c.1950, 256). Sexual diversity is confined to examples of "circus midgets" and "bearded ladies" (254-55). Puberty is discussed in terms of sudden weight gain for girls and growth spurts for boys. "Sex" does not appear in the vocabulary list at the back of the book and the teachers' guide in the appendix suggests that "Personal Development...changes should be discussed and anticipated in a wholesome, matter-of-fact way" (285).

*Health for You* approaches sexuality issues through genetics, hereditary traits and eugenics. The chapter introduces the subject with a rather scientific discussion of "development" involving sperm cells and egg cells and subsequent cell divisions. Eugenics is introduced as,

...the science of improving the human stock by applying the known laws of heredity.... How effective this can be

made for man, and whether eugenics is the solution to the problem of race improvement, are both much debated questions. Eugenics may be the way of getting rid of a certain proportion of feeble-mindedness and other undesirable characteristics associated with hereditary physical defects. Criminality, pauperism, and immorality of various sorts may have hereditary causes....Exclusion from marriage of the obviously unfit, such as idiots and low-grade feeble-minded persons should slowly reduce the number of defective genes to be expected in future generations...Through education we may hope to break down harmful tradition, modify undesirable practices, and establish higher ideals.

(Crisp and Wendorf 1948 327-28)

Other books appearing at this time continue to develop a relationship between "health habits" and "the realization of adolescent ideals," with a growing emphasis on mental health or mental hygiene. A study by Mary Louise Adams that explores discourses about youth and their place in the making of heterosexual norms after World War Two supports this observation. Adams observes that sex education was a compelling topic for Ontario school board and ministry discussions in the years between 1946 and 1952, although board members were unable to reach consensus about the information to be included in the proposed curriculum. Noticeable also for their absence were resources designed to support the students' course of study. Adams comments, "Certainly, teachers had few resources to draw on in helping them adopt a more

wide-ranging perspective than that proposed by the province" (1997, 120).

An example of the contradictions and tensions accompanying this topic is provided by the circumstances surrounding the publication during this time of a provincially authorized textbook entitled *Good Health* by J.T. Phair, the Deputy Minister of Health for Ontario, and N.R. Spiers, the director of Physical Education for the Toronto Board of Education (c.1950). At the same time that Phair and Spiers were most likely preparing their text for publication, Spiers was asked (in 1948) by the Toronto Board of Education to lead a group of teachers in preparing a report on a possible program of sex education for students in grades 7 and 8. While this proposed program was more explicit than previous school board attempts at sex education, it is evident that Spiers himself approached this topic with a great deal of caution:

In spite of the "excellence" of family life education, Spiers made frequent references to the need for caution and tact in its implementation... It may have been fear of the public's wary appraisals that prompted Spiers to declare that "nothing is to be given to the pupil that could be taken home - no notes - no examinations - no pamphlets or books, and, of course, no advertising matter [for the program itself]." (Adams 1997, 132)

None of the topics suggested for this program found their way into the *Good Health* text (Phair and Spiers, c.1950) although some chapter headings promise frank discussions of sexual issues of interest and importance to students. For example, safety appears as a concern: "Youth is the age of adventure; it courts danger and scorns negative admonitions as the insipid product of timid minds..." (vi), however "The Problem of Danger" is confined to safety in the school, home, highway, at play and at work - no mention of sexuality. A section on the "Importance of Self-Control" seems to

promise a frank discussion on the dangers and difficulties of masturbation, perhaps, and while topics include "mental efficiency" and "right attitudes," no overt mention of masturbation or any other form of sexual activity is made, where "self-control" might have been advised. Interestingly, this section includes passages about such disparate subjects as periods of distress, good sportsmanship and blatant dogma about imperialism and race superiority, for example: "In the midst of oriental luxury, the Englishman disciplined himself with the same sparing diet, vigorous exercise and daily bath to which he was accustomed in England....No wonder the native population regarded him as a superior breed, to be looked up to for guidance and loyally obeyed!" (Phair and Spiers c.1950, 316). There is no mention of sex in this relatively sophisticated book of almost 350 pages, but where femininity makes an appearance it is in sections on the use of cosmetics and the care of hair and finger-nails (where all illustrations show females).

Mary Louise Adams observes that both the Ontario Ministry of Education and the Toronto Board of Education struggled with the problem of including any form of sex education in the schools in the era immediately following World War Two that did not offend the sensibilities of some parents, some media, or some religions, notably the Catholic church. While committees were struck, meetings were held and suggestions were made, no courses were created that actually addressed questions concerning sex or sexuality. In fact, Adams notes, "...over the next decade there was not a single reference made to sex education in the (Toronto's) board's records....According to the *Telegram*, the family life program was dropped from the Toronto curriculum, without comment, in the fall term of 1952. It wasn't until the mid 1960s that the whole debate began anew" (1997, 134).

Family takes on a more prominent role in textbooks produced after World War Two. Both *Teamwork for Health* (Hallock and Allen 1954b), for the junior grades, and

*Teen-Agers* (Jenkins *et al.* 1960), written explicitly for "14, 15, and 16 year-olds" place a heavy emphasis on the role of a wholesome, nuclear family through both words and colourful pictures of stereotypical family life. While the latter book tries to address diversity in a section titled "Every family is different" (1960, 210), the differences lie in numbers of children and whether or not grandparents or other members of the extended family live in the same household - and introduces the idea that in some families, mothers work outside the home. "We know there are homes where both the father and mother work - and perhaps cannot spend as much time as some parents with their children - yet these are 'good homes' because the feeling among the family members is a warm and loving one" (1960, 211).

Phair and Spiers updated their text, re-titled it *Good Health Today* and included a discussion about the impact of health education as "rapidly changing the human animal": "The health education that mother received at school has begun to show results" (c.1960 v) given that the average teenager was taller, heavier and obviously better nourished than previous generations. In this version, the curriculum moves from a scientific approach to a "problem-solving approach." The blending of physical education with health education results in chapters such as: "Football Appreciation for Girls" (c.1960, 108) and "Boys Dance, Too" (c.1960, 110). Sport is promoted throughout as the conduit to good health. The book is geared to students in grade 9 and the illustrations and examples continue to perpetuate sex-role stereotypes. While examples abound about what girls and boys think of one another, the issue of intimate relationships is not discussed, and neither is sexuality. As well, there is no mention of puberty, menstruation or reproduction. A section entitled "Of Special Interest to Girls" relates to weight reduction through exercise and the question of whether "strenuous sports are harmful or unfeminine" (c.1960, 54-56). The response includes the example of marathon swimmer Marilyn Bell and a female teacher's advice that:

As long as there are no medical reasons for restricting her exercise, a girl can participate in vigorous physical activities quite safely. In fact, a properly supervised program such as she gets at school should improve her physical fitness. And now about this question of femininity. Does the fact that a girl takes part in active sport cause her to lose this quality?...To begin with, our idea of what is "feminine" seems to change over the years. However, let us say that grace and charm are considered feminine qualities. One girl while playing a game may seem very tough and "unladylike," while a team mate playing with equal spirit and vigour may do so without losing any of her grace and charm....

(Phair and Spiers c.1960, 56)

So when and where is sexuality introduced into the health curriculum in any overt way? It appears that this is the domain of the menstruation booklets produced by such varied agencies as: The Associated Milk Foundations of Canada; Planned Parenthood; Johnson & Johnson; Tampax; The Life Cycle Library (Kotex); The National Dairy Council (USA); and an intriguing little booklet *Strictly Feminine* (Hefley 1971) which combines "Women's Lib" and biblical quotations in advice for teenage girls. The fact that both physical and health education have a history of being taught in sex segregated settings, and this tradition continues even in current Ontario curriculum documents, creates an opening for these supplementary materials to be introduced into girls' health classes (Ministry of Education 1998; 1999; 2000).

It was the introduction of these pamphlets and the natural onset of puberty and menstruation in students that opened the door for many female physical and health educators to initiate discussions about changes to the maturing female body, personal appearance, anatomy and physiology of reproductive organs, and relationships with boys. Lynn Peril, in her book

entitled: *Pink Think: Becoming a Woman in Many Uneasy Lessons*, also alludes to these booklets and the role they played in the education of girls into womanhood and femininity: "Relentlessly cheerful, it glorified the 'miracle' that was about to befall our young bodies, and peddled a particular vision of womanhood along with a certain brand of sanitary napkin" (2002, 83). It wasn't until the very late twentieth century that books began to appear which provided much needed inclusive and explicit information about sex and sexuality to adolescent boys and girls, and for the first time explicitly moved the discussion beyond implicit assumptions of the heterosexual norm. *It's Perfectly Normal* heralded a new era with an attractive and humorous teen-friendly book "about changing bodies, growing up, sex, and sexual health," including sub-titles such as: "Making Love: Sexual Intercourse," "Straight and Gay: Heterosexuality and Homosexuality," "Perfectly Normal: Masturbation," and topics such as sexual abuse, sexually transmitted diseases, HIV and AIDS, and colourful, cartoon-like illustrations of people of diverse races and (dis)abilities (Harris and Emberley 1994). On the eve of the new millenium it seemed that the shift in ideology from one of social control to helping children make informed choices through a balanced education had finally arrived in health education and health education books for youth (Jones and Mahony 1989; McKay 1998).

### Discussion

These are but a few examples of the overt and hidden curricula evident in a sampling of health education textbooks from the dawn of public education in Canadian schools during the mid- to late-nineteenth century, to the present. With respect to the health of girls and women, and more specifically the moral and sexual teachings of the schools during this time, the omissions are as glaring as are the overt messages of chastity, purity and right living. These historical textbooks rarely touch on issues of sexuality in overt ways, yet a subtext is

discernible throughout. Eating disorders, depression, cosmetic surgery and sexually transmitted infections are additional areas that were not explicit in health curricula until very recently and there is continued discomfort in addressing some of these topics in the classroom.

There is pedagogical value in exploring health curricula in a historical context and the substantial role played by the feminist movement in better understanding the gender implications of health and health education. The evolving meanings and understandings of health have implications for current teachers and also point to the need to continually reflect on and take into account the changing norms, expectations and experiences of health that face adolescent students. Feminist pedagogy has a place in health education, as it does in other curriculum areas. The proliferation of information technology, particularly with respect to health issues, amplifies the need to educate students as critical and careful consumers of health care products and services, as well as making sense of the ever-changing and sometimes contradictory messages about our health.

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