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A private matter? The Brook Advisory Centre and young people's everyday sexual and reproductive health in the 1960s–80s

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Introduction

In 1994, Jenny reflected on her experience in the 1960s as a teenage Brook Advisory Centre client. She recalled how patchy her sexual knowledge was. She did not have sex education at school and did not discuss the subject with her parents; she mainly received information from her friends, but it was very unreliable. As she put it: 'it was rather King's suit of clothes, we all presumed that or tried to make out that we knew more than we did so what we did learn along the lines was very hit and miss and whether at the end of it we cobbled anything together like the truth or any framework was pretty accidental'.[1] As a result, she turned to Brook for information and advice. Jenny's experience was not unusual, although it does not match public perceptions of sex in the 1960s.

Young women's (apparent) independence and sexual precocity generated much anxious commentary in the press and on television in these years.[2] Girls reached menarche earlier (thirteen and a half years in the 1960s, compared with sixteen to seventeen years a century before); women married younger and in greater numbers; more young women undertook higher education, with a wider range of professional opportunities open to them; and they reached maturity in a relatively affluent society. From the late 1950s, increasing recognition of premarital intercourse led to new anxieties around illegitimacy, while the prescription of new contraceptive technologies from the early 1960s (the oral contraceptive pill for married women from 1961, and new forms of intrauterine device [IUD] from 1963) fuelled

fears of sexual promiscuity. The wave of liberalising legislation at the end of the 1960s generated further fierce public debates that pitted partisans of 'permissiveness' against traditional moralists who advocated premarital chastity as the only acceptable solution to these problems.[3]

Despite this prominent public discourse on sexuality, sexual knowledge, information, and contraceptives were still difficult to obtain in the late 1960s. 'Permissiveness' was more apparent than real.[4] Teenagers remained fairly traditional in their expectations, valuing marriage, and still lacked reliable birth control information.[5] Hormonal and mechanical methods of birth control remained difficult to obtain for young people prior to the 1967 Family Planning Act, which encouraged local authorities to provide contraception to all women, regardless of their marital status. Condoms had to be bought in pharmacies, which did not place them on display; purchasers had to request them. The barber shop was another option, but not all young people had the financial means to go to the barber regularly. Advertisements did become less coded after the introduction of the Pill, but the public nature of buying condoms still caused young people much embarrassment.[6]

In this context of increasing sexual activity amongst young people, the possibilities offered by new contraceptive methods, media panic about morality, and fierce debates about the boundaries of public and private life, Helen Brook opened the Brook Advisory Centre (BAC) in 1964. This was the first charity specifically dedicated to providing contraception to young people. BAC played a central role in the development and transfer of knowledge and information about young people's sexual and reproductive health. They believed that lack of sexual knowledge had negative outcomes for young people, ranging from unwanted teenage pregnancies and abortions to sexually transmitted diseases. To mitigate these risks, BAC developed ways of reaching out to young people: offering contraceptive and advice services at their clinics; working with schools by giving talks and creating sex education materials; developing more inclusive forms of sex education, including for disabled young people; and working closely with teenage magazines.

This chapter situates BAC as an organisation that operated at the intersection of the private and public realms. It explores BAC's tactics for intervening in young people's intimate lives, their activities

in public forums from schools to magazines, and their success in shaping the everyday sexual and reproductive health of young people between 1964 and the outset of the AIDS crisis in the mid-1980s – including attempts to make sex education more inclusive and so to reshape concepts of 'everyday sex'. Operating at the cusp of private and public life, BAC constituted a key channel of information on everyday sexual and reproductive health in postwar Britain and helped to foster a more inclusive view of sex education, where information on contraception was not limited to able-bodied young women.

Researchers investigating BAC have to negotiate the boundaries of public and private statements on sexuality. BAC's policy about the confidentiality of services and data protection means that clients' records are either completely protected, under restricted access, or simply absent in the archives of welfare organisations. This makes it difficult to document young people's own views on sexual and reproductive health services. By combining oral history interviews, anonymised case studies in BAC's annual reports, newspaper articles, and teenage magazines, we can gain some insight into how young people responded to BAC's attempts to expand sexual and reproductive health information.[7] Nevertheless, the difficulties in accessing information about young people's actual sexual behaviour in the past further warn us not to take sensationalist public rhetoric about moral breakdown at face value.

BAC services for young people

The first Brook Advisory Centre, targeted towards young unmarried people, was opened in 1964 in London by Helen Brook. A former Family Planning Association (FPA) volunteer and director of the Marie Stopes clinic, Brook was convinced that a centre for young people would prevent unwanted pregnancies, especially for young women at university, for whom pregnancy usually meant the end to a potential career. She believed that in order to reach true equality, young women needed to be free from the fears and risks of unwanted pregnancies.

Prior to the opening of the BAC, contraceptive information and products were provided only in Family Planning Centres and Marie Stopes clinics for married or about-to-be-married women, or discreetly

in private practice. From 1962 onwards, Brook, as director of the Marie Stopes clinic, used a loophole in the organisation's constitution to hold secret contraceptive advice sessions for unmarried women. In 1963, the board of the Marie Stopes clinic officially approved these sessions, but it was a controversial decision. In 1964, the FPA, the main charity providing contraception to the married and about-to-be-married, refused to broaden the scope of its work by including the unmarried in its clientele. This prompted the official creation of the Brook Advisory Centre charity.[8]

The Centre's aims were 'the prevention and the mitigation of the suffering caused by unwanted pregnancy and illegal abortion by educating young persons in matters of sex and contraception and developing among them a sense of responsibility in regard to sexual behaviours'.[9] The Centre was the first of its kind to cater specifically and openly for young unmarried people. To help young people access information on contraception, the Brook charity encouraged and financially supported the setting up of similar centres in various cities, including Birmingham (1966), Bristol (1967), Edinburgh (1968), and Liverpool (1974). The number of BAC clients increased from 1,056 in 1965 to 59,265 in 1980.[10]

At first, only young people over sixteen, the age of consent, were seen in centres; however, in 1969, Helen Brook decided to allow under-sixteens to benefit from BAC services. The clients were mainly young women, though some young couples came together. By catering mainly for young women, BAC contributed to assigning contraceptive responsibility to this population. This emphasis was recognised by BAC. As a result, they tried to encourage young women to bring their boyfriends with them and in the mid-1980s, when there was a push from both the FPA and BAC to make birth control a shared responsibility, designed special sessions for boys.[11]

The centres functioned as hubs for information on contraception, pregnancy testing and abortion referrals, psychosexual difficulties, and access to testing for various sexually transmitted diseases. Most clients came to clinics for contraception (prescribed after contraceptive counselling and smear tests to check for infection or abnormality). Contraception was always the mainstay of BAC's work. The teenage birth rate in England and Wales had risen steadily until, at its peak in the early 1970s, 'it was three times the rate in the early 1940s'. The rate then decreased until 1977, rose again for three years, then reduced again. In 1981, the birth rate amongst teenagers in Britain

was the lowest for more than twenty years.[12] BAC's annual reports drew on newspaper headlines about rates of teen pregnancy and abortion and presented case histories, stressing the necessity of contraception as a preventive measure against unwanted pregnancy and abortion and their dramatic outcomes.

Counselling and referrals for abortion were also a key service. The Abortion Act 1967 made abortion legal up until twenty-eight weeks of pregnancy. The Act required women to obtain the signatures of two doctors, and young people under sixteen also needed the approval of their parents. In 1989, it was estimated that since the mid-1970s, about 40 per cent of conceptions outside marriage had ended in legal abortions.[13] The percentage of legal abortions for under-sixteens remained stable at about 3 per cent of the abortions for unmarried women. For instance, in 1978, 89,226 single, divorced, widowed, or separated women had an abortion, 2.6 per cent of whom were under sixteen (3,724).[14] The data showed that the highest proportion of abortions were in the age group fifteen to twenty-four.[15] In the context of the rising pregnancy and abortion rates among young women, BAC developed pregnancy counselling to help these women make informed choices.

Finally, BAC also provided emotional support and psychosexual counselling for young people. Psychosexual counselling dealt mainly with anxiety; as clinic doctor Fay Hutchinson noted, 'the younger the client the more areas of anxiety she is likely to have'.[16] According to Hutchinson, clients presented with a wide range of psychosexual problems, including lack of orgasm, fear of intercourse, impotence, anxieties related to the body, sexual abuse, same-sex attraction, and difficulty with parental relations. Clinics also received a constant stream of telephone calls and letters from anxious young people asking for advice about contraception and their sexual lives. BAC's services filled a gap in sexual and reproductive health provision for young people, helping them with their everyday challenges.

BACs as semi-public, semi-private spaces

The location and layout of clinics were key in attracting young people. They needed to be located in city centres, with good public transport links, or close to universities and schools, so that students

could attend easily during daily life. BAC counsellor Dorothy van Heeswyk, who opened the first Brook centre in the multiracial neighbourhood of Brixton in 1980, home to a vibrant Caribbean community, explained that the centre needed to be 'accessible but not visible. It could be reached by passing buses, be anonymous enough looking so that young women could come without friends of their parents identifying where they were going'.[17] She added that Brixton Brook was on the top floor of a building 'in a very accessible street but you wouldn't know that Brook was there since there was only a small notice'. Brook centres also paid particular attention to their atmosphere. They were welcoming and informal, with low seating, a children's play area, coffee, tea and biscuits, plants, youth magazines, and leaflets about sexual health designed especially for young people. Some centres played background music. These factors created a relaxing and warm ambience where clients could feel comfortable and at ease.

This unclinical environment, designed to create a feeling of trust to allow young people to share their questions and emotions, was particularly valued by clients. Jenny, who attended a London Brook clinic in the 1970s, remembered the discreet location of the centre and her feelings on first entering the clinic:

> It was in East Street so we went to the market and pretended to buy a few vegetables and then just slipped in the door to find this very nice professional, not clinical but not unfriendly but professional feel about the place and masses of other women in the waiting room who'd come from all corners of the country, from Ireland, from Scotland, I was astonished that people had to travel so far to get any advice.[18]

Similarly, Lesley, who visited a Brook clinic in Edinburgh in the mid-1970s – brought by a friend who was horrified that Lesley had started a sexual relationship without using any method of contraception – remembered that the centre was located in the city centre, 'just a street off the main street'.[19] She noticed lots of plants when she entered the room and some tea and coffee on the side, creating a relaxed atmosphere. The spatial dynamics of the city and the contrast with entry into a welcoming, intimate, or almost homely space were key in both women's recollections.

This attention to location and décor encouraged young people into BACs, while the thoughtful management of care ensured that

many returned. One anonymous woman who used Brook in her teens in the late 1980s recalled that, 'It felt like my whole year at school (it wasn't, just felt like it) [I] went up to Brook on Tottenham Ct Rd to get the pill.' Travelling through the urban environment to BAC offered the comfort, reassurance, and understanding lacking from her domestic life. Brook provided a crucial service at a pivotal moment in her sexual and reproductive health journey:

> It was my first foray into an adult world of looking after myself really. I didn't want to go to the GP [general practitioner], I'd had a disastrous discussion with my mum about my sex life. I was nearly 16, it was love, I was with him until I was 19, we were both virgins but she did not approve at all, which I now understand. I felt like my mum and I went from being 'best friends' (in retrospect I'm not sure how healthy that was) to child and disapproving authority figure overnight. I'm not sure our relationship has ever recovered. However, her extreme reaction to my burgeoning sexuality was if anything, entrenching me in my decision: I needed contraception. Brook were kind, friendly, extremely respectful of me and of my wish for confidentiality. They didn't just hand me over the pill as I think my GP might have (and subsequently has!). They took time, asked me how I felt in my relationship, talked to me about the bigger picture in terms of starting to have sex. I felt listened to, and valued.[20]

This testimony points to elements prevalent in clients' experience and in the staff narrative around the clinic: young people needed special confidential services, since they did not want to go to their GPs, or their GPs had refused to provide birth control; they did not feel confident discussing sex and contraception with their parents; and they needed a place to feel listened to, and where they could confidentially express their emotions and needs around sexual and reproductive health.[21]

As this testimony suggests, young people received little information while growing up and were often discouraged when they tried to seek contraceptive advice from other avenues. In 1976, the Liverpool BAC's annual report stressed the number of young people who had come to them after being turned down somewhere else:

> we had repeated instances of responsible young people having been refused birth control even though they were at risk of unwanted pregnancy. While some of this group were far-sighted and persistent enough to seek our help and receive the advice they sorely needed,

> we had reason to ponder on the fact that no doubt many others less persistent inevitably must have been discouraged from pursuing a responsible course of action.[22]

In this context, BAC services were unique. Joanne Brien, who worked in the London BAC in the 1980s, highlighted that BAC offered young people the opportunity 'to talk to someone in a non-judgemental space'. She had joined BAC 'to provide young people with a level of understanding and respect that young people did not have', since the majority could not talk with their parents or their friends about their sexual life: 'Brook wasn't moralistic, it was sort of saying, yes, this is enjoyable activity, but you need to do it as safely as you can.'[23] BAC was a much-needed service that became key in young people's everyday management of their sexual health.

This service was recognised and promoted in the national press as abortion became (relatively) more accepted, and moral panics about sexual promiscuity shifted to public concerns about teenage pregnancy. From the late 1970s, against the backdrop of the rising birth rate among teenagers, the press hotly debated teenage pregnancies; headlines about teenagers who abandoned their babies or died while giving birth were common.[24]

In 1978, the *Daily Mirror* tackled this topic through an article on BAC's work.[25] It related the journey of one teenager from unprotected sexual intercourse through to pregnancy and abortion. Jill had been going out with David for two years but started to 'make love' only a few months before she visited BAC. One night, David refused to wear a condom, and since Jill's period had ended only a few days before, she believed she would be safe. When her period was late, David initially refused to believe that Jill was pregnant. Jill did not want to go to her own doctor, and a friend encouraged her to visit BAC instead. By the time of the visit, David had got over his reluctance to discuss the subject, and they had decided that it would be best for Jill to have an abortion. At the BAC, a test confirmed Jill's pregnancy. A doctor examined her, asked about her feelings and why she wanted an abortion, and explained the different contraceptive options available after termination of the pregnancy; Jill opted for the Pill. A 'friendly and kind' counsellor then advised on the assistance available for girls who decided to keep their babies, talked Jill through the termination procedure,

and finally discussed her contraceptive options again, emphasising the importance of a reliable method. After gaining the approval of two doctors, Jill had the abortion.

This example is heavily mediated, but believable; it illustrates that young people often struggled to find support and BAC was a lifesaver for some. The *Daily Mirror*'s decision to run this story also illustrates BAC's success in establishing its vision of responsible sex within the mainstream of British life by the end of the 1970s as young people's sexual decision making became entrenched as a matter of public concern.

Sex education in schools

BAC also moved into semi-public, semi-private spaces beyond the clinic to provide information about sex and contraception to young people. Their most important work outside the centres was around the contentious topic of sex education in schools. After the Second World War, responsibility for sex education was shared between the Departments of Health and Education and sub-contracted to the Central Council for Health Education (from 1968, this became the Health Education Council), which worked with independent voluntary agencies such as BAC to train, and provide resources for, teachers.[26] By the 1970s, many schools offered sex education classes with content on relationships instead of a narrow focus on the 'facts of life'. However, as Hannah Charnock's work on teenagers and sexual knowledge between 1950 and 1980 has illustrated, the sort of sex education provided at school was nevertheless deemed inadequate by young people.[27]

From the 1960s, BAC became involved in providing teaching resources and speakers for sex education in schools. This work stemmed from their commitment to 'educate young people in matters of sex and contraception'.[28] BAC workers were well aware that the clinics attracted only a comparatively small number of young people, and that the majority were young girls. Other means had to be found to broaden the scope of BAC's work, including sex education in schools and training for individuals working with young people.

This work started in the Birmingham BAC, which set up a 'talks and sex education group' in 1969.[29] That year, nine evening lectures

on sex education for teachers were given, followed by a similar course in 1970.[30] In Bristol too, BAC members were increasingly called upon to provide 'factual information on birth control and talks on personal relations'. As a result, in 1970 they ran a seminar on 'Sex education and the role of Brook' at Bristol University, attended by Brook workers from London, Birmingham, Edinburgh, and Coventry, as well as many social workers, teachers, and individuals involved in education.[31] Each BAC branch regularly received requests for members to give talks in schools or to train teachers, and this work expanded over the course of the 1970s. In 1974, Brook members participated in more than 150 speaking engagements to over 10,000 people, from small groups in schools and youth clubs to large public meetings of women's organisations.[32] In 1982, again, more than 150 talks were given in schools and to youth groups.[33]

The provision of sex education talks in a wide range of educational settings was complemented by the production of teaching materials. Again, the Birmingham BAC pioneered this work. In 1969 they examined the material and visual aids available to teachers and soon decided to create their own educational materials to meet teachers' needs. In 1972 they produced video interviews as teaching resources on sexual knowledge. For instance, *Hello Gorgeous* was a series of seven interviews with young girls and mothers about sexual relationships and sex education, while *Boys Talking* was a series of interviews with boys aged fourteen to eighteen to promote group discussion on the issues 'they are all after the same thing', 'boys talk about it more than girls', 'who makes the first move' and 'I suppose I was really a bit of a fool'.[34] These tapes placed young people's lived sexual experiences at the centre of the narrative, allowing connection with young audiences by tapping into an emotional community. Moreover, by integrating the voices of young men, BAC subtly spread the idea that boys also had to play a role in using contraception, and that both sexes shared emotional struggles and anxieties around sexual relations.

Throughout the 1970s and 1980s, BAC developed a clear style for their educational materials on sex and contraception, combining simple vocabulary with graphic illustrations. This approach is seen in Birmingham BAC's 1973 eight-page leaflet 'Safe Sex, Contraception', created to answer the questions clients most frequently asked. It presented all available methods of birth control, and the advantages

and effectiveness of each, with drawings of the different methods. In 1976, they produced the 'Safe Sex' kit, a teaching tool that showed a young couple's visit to a doctor and contained the 'Safe Sex' leaflet as well as contraceptive samples including a pill packet, IUDs, sheaths, caps, cream foams, and pessaries.[35] They also developed more sophisticated materials in the form of role-play activities to foster group discussion on diverse topics including sexual experimentation, relationship, consent, and intergenerational discussion.[36]

The opening of BAC's Education and Publication Unit in 1978, funded partly through an annual grant from the Department of Health and Social Security, formalised this production of educational material. This unit created new materials for teachers. In 1980, four new teaching aids were produced: a booklet, 'Abortion', presenting ways to obtain an abortion and describing the procedure; a discussion tape, 'Girls Talking about Sex Education'; a set of slides on 'Gynaecological Examination'; and a 'Contraception' teaching pack. The pack covered the biology of sex, methods of contraception, and use of contraception, and included visual materials designed to help young people grasp complex matters more easily. For instance, the leaflet 'A Look at Your Body' combined frontal depiction of the male and female genitals with identification of the different anatomical parts and cut-side views of the same genitals.[37] Adopting a similar style, the 1981 BAC leaflet for boys 'What You Need to Know about the Sheath' depicted the correct way to put on a condom.[38] As in other BAC education materials for young people, this leaflet espoused direct, down-to-earth vocabulary and visuals.

From the 1960s to the 1980s, BAC's educational work gradually expanded and was formalised through different arms. BAC had always dealt with client letters and telephone calls, but this was a central plank of the work of the Education and Publication Unit. In 1981, the Unit replied to 1,800 letters from young people, youth workers, and parents asking for information about contraception. In 1982, it sent out more than 30,000 educational materials. The same year, with the help of the Department of Education and Science, a School Publication Advisory panel, made up of BAC members and experts in the field of education, was set up to advise BAC on their educational material.[39] Through this multilayered work, BAC played a key role in shaping school pupils' sexual knowledge and fostering discussion on sex and relationships.

Inclusive sex education

These educational initiatives included efforts to make sex education more inclusive. BAC's pioneering work to improve access to sexual health information and services for 'physically handicapped and mentally sub-normal young people', to use the terminology of the time, further demonstrates how they promoted sexual knowledge among young people and their involvement in public debates on sex and sexuality. In the early 1970s, following the rediscovery of poverty and the subsequent push towards a reduction of inequality, disabled people finally became a new 'worthy target for state-funded provision'.[40] The Chronically Sick and Disabled Person Act of 1970 gave people with disabilities the right to equal access to recreational and educational facilities. In the context of growing recognition of the rights and needs of disabled people, BAC developed a new dimension to their work.

The first efforts occurred in Birmingham. From July 1970, a team of doctors, nurses, and social workers with a special local authority grant made special visits to a hostel for 'young adult spastics', reporting that 'the young people are relieved to have their sexual needs recognised and discussed and contraceptives prescribed when needed'.[41] In 1974, Birmingham BAC participated in a working group on the sexual needs of blind and/or deaf young people. In addition, the Birmingham BAC imported and created films and tapes as teaching resources to use with young people with disabilities. 'Touching' (US import, 1973) was part of a series of films encouraging children to explore ways to heighten sensory awareness, and 'Just What Can You Do' (Birmingham BAC, 1976) talked about contraception for blind people.

These activities were followed in 1978 by the Education and Publication Unit's 'Look at Safe Sex' leaflet for young people with learning and reading difficulties. As in other BAC leaflets, this depicted different methods of birth control, and ways to insert them, including images of young women and men's naked bodies. It included language used by young people to describe genitalia alongside scientific homonyms and was deliberately simple and factual, so that young people with disability could understand it.[42] The nature of the information and the depiction of naked bodies, however, proved controversial. BAC was attacked by conservative lobbies such as the Responsible Society

who accused BAC of pornography and criticised it for not situating sexual relationships within a moral framework.

BAC continued to feel that physically disabled young people's need for sexual information was not being met. In 1983, they made the video *Why Is It for Them and Not Me?*, featuring four young adults with 'congenital or derived disability' discussing their lack of sex education and their sexual needs. BAC worked in tandem with the Spastics Society and SPOD (Association to Aid the Sexual and Personal Relationships of the Disabled) to create this video. At its launch, the secretary of the All Party Disablement Group recognised BAC's role in enabling disabled young people to live fulfilling lives:

> In our efforts to integrate disabled people into the community and enable them to lead fuller lives, we have sadly neglected to give sufficient understanding and attention to their emotional and sexual needs. Attitudes run deep and there is a tremendous need for education. I welcome this film as a step forward in that direction.[43]

BAC also started to provide materials for young people with learning disabilities. In 1983, the Sex Education Resources Centre in Avon (set up in 1978), worked with Avon Health Office to arrange three training days for carers and to develop a syllabus for a twelve-session course with 'mentally handicapped people' aged eighteen and over. Social worker Dorothy Keeping created Daisy, a felt cut-out doll mounted on stiff cardboard and dressed in removable clothes, to explain sex education to young people with learning disabilities. The 1983 annual report pictured Keeping using the Daisy doll with disabled teenagers who were listening attentively. This picture illustrated BAC's commitment to providing sexual and contraceptive information to disabled teenagers. BAC pioneered this approach and recognised for the first time the sexual needs of young disabled people.

Teenage magazines

Brook also contributed to providing information and advice on sexual and reproductive health in teenage magazines, particularly in the 'semi-public, semi-private' space of the problem page.[44] As much recent historical work has shown, problem pages are excellent

sources for understanding the everyday sexual problems and anxieties of ordinary people.[45] Hannah J. Elizabeth has demonstrated the crucial role that teenage magazines played in the sex education of young people.[46] This chapter argues that Brook capitalised on the good relationships they built with agony aunts to provide information on BAC services. In doing so, they recognised that problem pages in teenage magazines functioned as a key resource for young people to learn about sex.

In their 1972 annual report, Brook referred for the first time to the role of teenage magazines in publicising their services. They reported nineteen mentions of BAC in *Petticoat*, a weekly magazine for young women. To BAC, the misery and suffering expressed by young people in letters sent to women's and teenage magazines suggested that they lacked people to turn to for personal advice. In particular, young people did not discuss sex in the private sphere of the home, underlying the need for BAC services.[47] Magazines frequently directed readers to BAC, reflecting the efforts of, first, BAC's Public Relations Officer Valerie Gilbert (1969–74), and then Press and Information Officer Suzie Hayman (1975–84) to encourage such referrals.[48] Hayman described this work as 'send[ing] a letter to all the papers saying I'm Suzie Hayman and I'm now Brook advisor you know, if you want any information or any questions you've got on any of these subjects, please do come, call me. Mainly what I was doing was trying to raise the profile.'[49]

In 1981 it was estimated that an average of two advice columns a month recommended Brook to their readers.[50] One example among many is a sixteen-year-old who in 1978 wrote to *She*, a monthly magazine that targeted younger adult women, for help with her lack of sexual experience. The girl felt pressured into having sex by her friends, who teased her because she was still a virgin; the girl wanted to 'keep herself for the man she [would] marry' but was tempted to 'give way'. Agony aunt Denise Robins emphasised in her reply that the girl herself had to freely decide to have sex and recommended a visit to BAC: 'It's your life and your conscience. Whatever you decide don't risk pregnancy. You could go to the nearest Brook Advisory Centre. Women counsellors will talk things over with you and give you advice.'[51]

The relationship between BAC and teenage magazines was reciprocal. Magazines referred readers to BAC, including in special feature

articles. In 1987, the UK's market-leading teen girl magazine *Just Seventeen* provided vignettes of clients visiting the centre for different reasons; male and female teenagers were represented, as well as clients of different ages.[52] Sixteen-year-old Jackie had unprotected sex and wanted the morning-after pill; seventeen-year-old Jane, accompanied by her boyfriend, had a late period; and eighteen-year-old John had just started dating a new girl and wanted information about AIDS. This article was aimed at reassuring teenagers about the prospect of a visit to BAC. Some agony aunts even co-produced educational materials with BAC; *Just Seventeen*'s agony aunt Melanie McFadyean wrote the leaflet 'Love Carefully', about AIDS, in tandem with BAC and the FPA.[53]

BAC members, in turn, wrote informative pieces for teenage magazines and some acted as agony aunts. Brook Press Officer Suzie Hayman penned several articles on sexual and reproductive health for *Just Seventeen* in the 1980s.[54] These included a 1985 explanation of the Gillick ruling, which raised great fears that under-sixteens would not be able to obtain contraceptives without their parents' permission.[55] Hayman subsequently published *It's More than Sex! A Survival Guide to the Teenage Years*, a book based on her *Just Seventeen* articles and aimed at a broader audience.[56] From 1980, BAC clinic doctor Fay Hutchinson answered letters for *19* magazine, a monthly magazine for teen girls with an estimated readership of 175,000. She undertook this work because Brook acknowledged that the clinics could not fully meet young people's need for information. Hayman, who was instrumental in getting Hutchinson the role at *19*, reflected: 'that was a tremendous link because the demographic of the magazine was actually 15, 16, 17. Yeah. Um, so we got a fair number of people, I think through that, you know, they'd read that.'[57]

Other agony aunts were also closely involved with the charity, either before or after their careers as journalists. Anne Lovell was the administrative manager for BAC in the late 1960s and early 1970s before she became an agony aunt at women's magazine *Bella*.[58] Tricia Kreitman, agony aunt for *Mizz* teen magazine, became a BAC board member in 1993, and its chair in 2001. Nick Fisher, agony uncle for *Just Seventeen*, first turned to BAC for expert information on teenage sexual health. He explained in a private interview:

> I wasn't a psychotherapist, I wasn't a doctor, I, you know, I was a journalist who wrote a lot of features about boyfriends (laughs) and this sort of thing, and so that made me do a lot of research and get involved with the Brook Advisory Service, and all sorts of, different, erm, charities and agencies that dealt with teenagers, to kind of get as much input and information and kind of right, er, right points of view that I could get.[59]

This close collaboration between agony aunts and BAC ensured a wide advertisement to readers of teenage magazines whilst allowing it to lend its credentials and expertise to agony aunts.[60]

Teenage magazines enabled the charity to reach out to millions of sexually active young people who would not visit a Brook centre. This seemed to work, as some BAC clients later reported visiting a centre after having read about it. Jane, who attended a Brook clinic in 1970s London, vaguely remembered having learned about it in a magazine: 'I think there was something about, it might have been in the papers, or it might have been in one of those magazines, like *Honey* or *Nova* mm-hmm, you know, it was kind of in the air.'[61]

Conclusion

At a time when sex education was still relatively absent or focused mainly on the 'facts of life', and when young people became sexually active earlier than previous generations, BAC took up the mission of providing contraceptive information to young people, helping them to deal with their everyday sexual and reproductive health. In doing so, BAC operated on the edges of the public and private domains: starting up at a moment when the boundaries of public and private life were being debated and redrawn, it provided guidance on intimate areas of life within semi-public settings (the clinic, schools, and magazines), in order to counteract the lack of information provided within the home, and against the backdrop of very public concerns about sexual morality, teenage pregnancy, and abortion.

BAC recognised that the best way to prevent unwanted pregnancies and abortions was to educate young people about contraception. They adopted three main strategies to do so, each of which shows their tactics for negotiating the complicated status of sex as simultaneously

deeply private and a matter of intense public concern: they opened clinics in urban centres, conveniently located for young people, that fostered a relaxed atmosphere in order to make discussion of sex less scary; they collaborated with schools and produced educational materials, in the process making sex education more inclusive (as in their work with young people with disabilities, as well as attempts to involve young men in contraceptive decision making); and they worked in tandem with teenage magazines to disseminate guidance on sexual and reproductive health. Using these tactics, BAC reached an increasing number of young people. By the 1980s, the charity had not only become an authoritative provider of everyday sexual knowledge for young people but had contributed to shifting the boundaries of public debate on young people's sexuality.

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Notes

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53 Elizabeth, '*Love Carefully* and without "over-bearing fears"'.
54 Suzie Hayman, '"What boys think" about love, sex and birth control', *Just Seventeen*, 6 March 1985, p. 18; Suzie Hayman, 'Teenage mothers', *Just Seventeen*, 4 October 1984, pp. 20–1.
55 Suzie Hayman, 'The effects of the Gillick case', *Just Seventeen*, 20 March 1985, p. 61. 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.

56 Suzie Hayman, interviewed by Caroline Rusterholz, September 2018. See Suzie Hayman, *It's More than Sex! A Survival Guide to the Teenage Years* (Aldershot: Wildwood House, 1986).

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58 Anne Lovell, interviewed by Tracey Loughran, 24 September 2018. I would like to thank Tracey Loughran who kindly shared the transcript of her interview with me.

59 Nick Fisher, interviewed by Tracey Loughran, 1 September 2018.

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