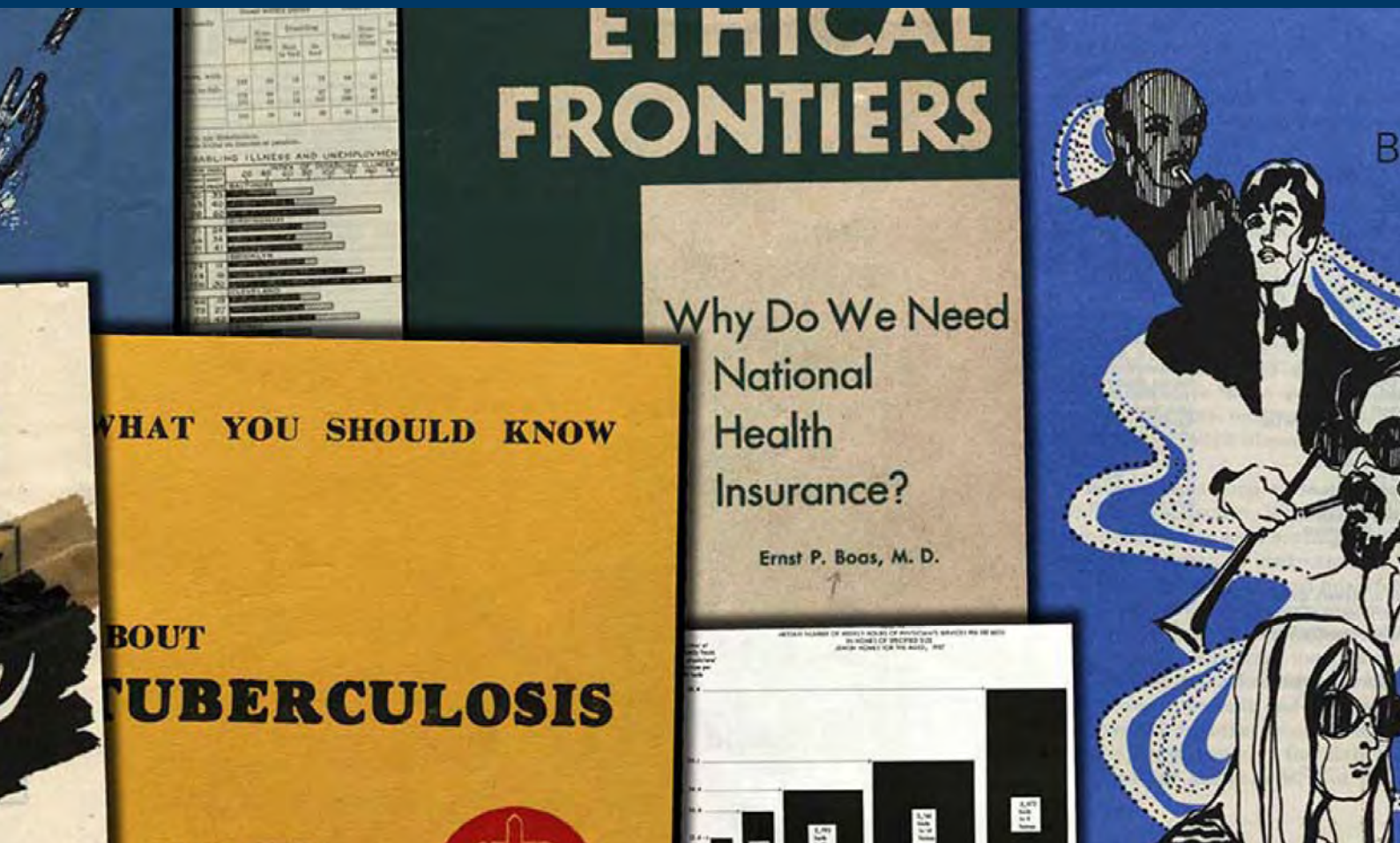


# SOCIAL HYGIENE IN AMERICA

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User note: Boldfaced terms within paragraphs deliver search results.

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*Public Health in Modern America, 1890-1970* contains a variety of materials on social hygiene topics, or broadly defined, those related to health and sexuality.

Recurring social hygiene themes include prostitution, venereal disease (VD), sexual education, sexual morality, marriage, and family. The collection includes pamphlets, correspondence, speeches, reports, studies, educational material, ephemera, and other items created both for popular audiences and professionals working in fields related to social hygiene, such as medicine, education, and social work. Scholars and students in such fields as the history of science and medicine, American history, public health studies, women's and gender studies, sociology, political science, psychology, and more will find a wide variety of primary sources useful for research and teaching.

While many materials have a national focus, there are items from a variety of local and state governments, organizations, and institutions. Therefore, students or scholars working on broad, comparative, or focused projects on social hygiene will find relevant materials. Below is a historical survey of the social hygiene movement and related developments in the history of health and sexuality as they evolved through 1970. All items marked in bold with cross references ("cf") are not only important people, organizations, publications, or concepts in this history but also useful search terms for any researcher using primary sources from *Public Health in Modern America, 1890-1970*.

## THE SOCIAL HYGIENE MOVEMENT

The **social hygiene** movement (see also **sex hygiene**) originated in the early 1900s, bringing together different groups that were concerned with **venereal disease** (see also **sexually transmitted infections, VD, syphilis, gonorrhea, social disease**), prostitution, society's moral standards, and family life. Like earlier reformers, they identified prostitution as a vector of illness, but they also openly criticized the sexual **double standard** that encouraged wives and society to look the other way when men had sex outside of marriage. The sexual double standard not only created a demand for prostitution and helped propagate this social ill, it could also bring sexually transmitted infections into the family. The social hygiene movement promoted a single standard for sexual **morality** for men and women—no sex outside of marriage. These reformers also criticized the "**conspiracy of silence**" surrounding social hygiene issues, asserting that "**false modesty**" only helped venereal disease and prostitution spread further. Instead, reformers insisted that politicians, educators, parents, and society as a whole needed to speak openly and without shame about these issues and their solutions.

Though participants in the social hygiene movement challenged some societal norms regarding the propriety of speaking about such issues, they pushed primarily for conservative, moral approaches to controlling disease and prostitution. In part, this was because there were limited medical and public health options for limiting the spread of venereal disease at the turn of the 20<sup>th</sup> century. Reflecting this marrying of moral and medical approaches, the social hygiene movement brought together two groups of reformers. The first were Progressive female activists involved in

work such as running settlement houses, nursing, and teaching. The other group central to the social hygiene movement was physicians, who were mostly male. While gender and profession divided these social hygiene reformers in some ways, other commonalities in identity gave them shared values and perspectives. Most people in this movement were white, native born, and middle class.

This joint moral-medical approach was also reflected in the original name of one of the national organizations that led the social hygiene movement, the **American Society of Sanitary and Moral Prophylaxis** (1906). In 1913, this organization merged with other related groups, the **American Federation for Sex Hygiene** (1901) and the **American Vigilance Association** (1906), changing its name to the **American Social Hygiene Association** (ASHA, see also **American Social Health Association** as of 1960 and since 2012, the **American Sexual Health Association**). Like other reform movements, this national organization encouraged the formation of local and state social hygiene groups that not only helped disseminate ASHA materials and ideas but also could tailor social hygiene work to local communities and their concerns. The ASHA produced a wealth of material—pamphlets, films, newspapers, cartoons, and more—used by everyone, from the U.S. government to local schools throughout the 20<sup>th</sup> century.

## **PUBLIC HEALTH INFRASTRUCTURE AND VENEREAL DISEASE**

The ASHA and the social hygiene movement fit more broadly into Progressive Era attempts to address the emerging problems tied to industrialization and

urbanization, such as poverty, worker safety, and rising rates of disease. Progressive approaches to social problems included moralizing, technical expertise, and increased government regulation and resources. Cities and states were starting to set up the modern American public health infrastructure, which counted, mapped, tracked, treated, and interacted with people in new ways in the name of protecting the public's health. For example, some cities passed new laws requiring physicians to report cases of syphilis, which provided new data that could generate maps and statistical reports showing health disparities in different neighborhoods. While these new modes of collecting, representing, and interpreting health information helped direct resources to particular communities, they also sometimes reinforced existing stereotypes about class, race, ethnicity, immigration, immorality, and sexuality.

By the middle decades of the 20<sup>th</sup> century, government at all levels had taken on a much stronger role in managing public health generally and venereal diseases specifically. The Great Depression and World War II led to unprecedented amounts of money going towards VD control efforts by the 1930s and 1940s. Concerns about poverty and economic recovery, military strength, family stability, along with a greater acceptance of a strong federal government led to millions of dollars in public health appropriations, new clinics across the nation, free testing for and treatment of syphilis and gonorrhea, broad publicity and education campaigns, and focused efforts to stamp out prostitution.

This did not, however, lead to the demise of the social hygiene movement. Instead, robust government efforts helped promote the work of social hygiene reformers

and organizations. For example, as the **United States Public Health Service** (see also **USPHS**) under Surgeon General **Thomas Parran** started a new national anti-syphilis campaign in 1937, ASHA launched its “**National Social Hygiene Day.**” Public health officials in this era worked hand-in-hand with established social hygiene reformers and groups. This combined moral and medical approach to addressing venereal disease and prostitution continued for decades, even as testing and treatment options became more refined from the 1930s on. While limiting the spread of venereal disease remained a key issue for the social hygiene movement, combating prostitution was also an important component.

## PROSTITUTION

As cities grew and industrialization exacerbated income inequality, **prostitution** (see also **vice, white slavery**) became more visible to Americans. Starting in the 1800s and continuing into the 1900s, **red-light districts** (see also **segregated districts**) and other working-class neighborhoods became associated with sex work. As the social hygiene movement was getting underway in the early 1900s, there was a debate among reformers, politicians, and the public regarding the best approach to prostitution. Some people felt that prostitution would always exist or that it was a necessary **sexual outlet** for men; therefore, some supported a **regulated system** with a **segregated district** and regular exams of sex workers as the best way to minimize disease and prevent prostitution and other “vices” from spreading to different parts of the city and different communities. Social hygiene reformers challenged this position, asserting that **suppression** (see also **abolition**) of prostitution and segregated districts was the best way

to limit the spread of disease and other crime. Some reformers also linked prostitution with broader social ills, such as the poor living and working conditions for the growing working class, limited job opportunities for women, the clear wage gap between the sexes, **juvenile delinquency**, and more.

Opponents argued that a regulated system of prostitution could contribute to the exploitation of women. Muckraking journalist Ida Tarbell, best known for her exposé pieces on John D. Rockefeller’s monopolistic business practices, took this position in “**What Shall We Do with the Young Prostitute**” (1912). Also reflected in Tarbell’s pamphlet is the idea that younger women who were not “**professional**” **prostitutes** were particularly “worthy” of help and better able to be reformed. Many organizations, institutions, and programs of this era often focused on helping sex workers who were “casual” prostitutes—that is, those who had only recently entered into sex work or only performed sex work occasionally in addition to another job. From this perspective, for young women and girls who seemed like good candidates for reform, focusing simply on law enforcement did not prevent recidivism because it did not address the issues underlying prostitution. A lack of familial or social support, little education and few job opportunities, no history of “**moral instruction,**” and other factors might push young women back into sex work. Reformers and increasingly the government set up alternative courts and institutions for women arrested for prostitution or related crimes with the intention of reforming rather than just punishing. At such institutions, women would work, learn feminine skills such as sewing, go to school, and engage in other activities thought to improve their character and

opportunities. The **New York State Reformatory for Women** in Bedford, New York, was one such institution.

Like other reform efforts of the era, value judgments as to who was “worthy” of assistance were also shaped by race, ethnicity, immigration status, class, and changing ideas about mental health and ability. Emerging medical specialties such as psychiatry were identifying new mental illnesses or conditions and formally defining “normal” and “abnormal.” With regard to prostitution and social hygiene more broadly, “**promiscuity**” (often simply being an unmarried woman who was sexually active) was consequently pathologized. Being promiscuous was not only a “symptom” for diagnoses like “**feeble-mindedness,**” “**sexual deviancy,**” or juvenile delinquency but also the result of these mental “disabilities.” Existing stereotypes about the propriety and intellect of the poor, immigrants, and people of color were interwoven into these new medicalized ideas about normal and abnormal—hardly a surprise since many medical professionals, reformers, and social workers of the period were white, native born, able bodied, and middle class. Documents in *Public Health in Modern America, 1890-1970*, from state agencies, social workers, eugenics organizations, public health groups, charities, and others illustrate how these new ideas about mental health shaped then current views on women’s sexuality generally and sex work specifically.

Also included are primary sources from local governments and organizations focused on suppressing prostitution and other forms of **vice**. Eliminating red-light districts, outlawing prostitution, and shutting down **brothels** (see also **houses of prostitution**) were often a city-led charge in this era. Sometimes these actions entailed changing the law; sometimes they

involved pushing for the enforcement of existing laws or attacking political corruption that allowed prostitution to continue. Reformers also used nuisance and abatement laws to close down brothels or other buildings where sex work occurred. For example, the **Society for the Suppression of Vice of Baltimore** describes its efforts in *The Abolition of Red-Light Districts in Baltimore* (1916).

Progressive Era reformers also often framed the problem of prostitution as a form of “**white slavery,**” arguing that most women in sex work had been trafficked and were unable to leave the system. Reformers’ narratives surrounding “white slavery” often included women being tricked or pressured into sex with a stranger, who then forced them into prostitution. These narratives also emphasized how family or friends would come to see these women as immoral when they reached out for help or returned home, and how as a result trafficked women had no choice but to remain prostitutes. “White slavery” narratives sometimes also described other forms of force and coercion exercised, such as the trafficking of women across state lines to remove them from their communities, making it even more difficult for them to leave sex work. Concern over this issue and the growing visibility of prostitution in cities prompted passage of the **Mann Act (1910)**, which criminalized the transportation of women and girls across state lines for “immoral purposes.” However, contemporary studies of “white slavery” concerns in the Progressive Era and enforcement of the law reveal that trafficking fears reflected more moral panic than reality. Financial difficulties and a lack of social support were the more likely factors that led women into sex work during this era.

The World Wars would bring continued concern about prostitution and red-light districts, with the added fear that the health and morality of American servicemen would be compromised and American chances at victory would be hurt. The surveillance and arrest of women increased dramatically during both World Wars as state and local governments sought to root out sex workers, which increasingly blurred the line between sexually active women and prostitutes. Messages to servicemen about prostitution and illness were clear—sex with a prostitute was a sure way to become ill and let down one’s comrades and one’s nation. Some of the sympathy for sex workers that Progressive Era narratives had once garnered now vanished. Instead of addressing the broader structural reasons for why women entered into sex work, such as poverty or too few job options, wartime propaganda simply equated women’s sexuality with prostitution, disease, and the enemy. As sex before marriage grew more common in the post-World War II era with its strong economy, concerns about pregnancy outside of marriage replaced the focus on prostitution that had consumed public health advocates in the first half of the century.

## SEX ED

In addition to advocacy for the suppression of prostitution, social hygiene reformers also promoted **sexual education** (see also **sex ed**, **hygiene education**, **sex hygiene**) as another key tool to the creation of healthy and moral young people, families, and communities. The goals of sex ed were to promote (some) accurate information about reproduction, health, and bodies, as well as to instill the right types of values about sex, **marriage**, and families. Reformers, parents, and others expressed concern that children

too often received their “education” about sex from badly informed sources or none at all, leading children down the wrong paths in terms of sex, relationships, and health. Fear of growing rates of venereal disease and prostitution, new dating practices among young people, and increasing knowledge about bodies and **hormones**, in particular, encouraged reformers to push for sex ed for young people starting in the early 1900s. By the 1920s, about 40% of schools has some sort of sex ed in their curriculum.

Generally speaking, sex ed for young people the first few decades of the 20<sup>th</sup> century used fear to emphasize the seriousness of venereal disease and discourage sex outside of marriage. Pamphlets, posters, and other materials often emphasized how premarital sex would always result in **syphilis** or **gonorrhea**, which in turn led to sterility, blindness, and other disabilities, and underscored the potential spread of these diseases and their effects to spouses and children. Sex ed during this time also promoted specific dating practices, such as socializing in groups of friends and introducing dates to one’s parents. Information on bodies and sexual maturation was typically gendered; materials directed at young women detailed female bodies and those for young men explained male bodies. Like the social hygiene movement more broadly, sex ed materials also promoted a single moral standard for sex, specifically **continence** (abstinence) until marriage. They also challenged the Victorian idea that men needed to have sex owing to a stronger **drive** (see also **sex instinct**, **sexual appetite**) or in order to remain healthy. Relatedly, sex ed materials during this era (for young men mostly) asserted that **masturbation** was not only unnecessary but, in fact, harmful.

While some schools and universities had started to incorporate sex ed into their curricula in the early 20<sup>th</sup> century, the number was limited and the materials were not standardized. As such, other outlets were also important sources for sex ed information, such as parents, churches, **Y.M.C.A.s** and **Y.W.C.A.s**, the Boy Scouts and Camp Girls, and medical professionals. Additionally, people might receive sex ed information at a variety of ages or life stages. *Public Health in America, 1890-1970*, for example, includes materials created for girls, boys, teenagers, mothers, engaged couples, parents, teachers (both general and those specially teaching sex ed), college students, workers, and more.

During the World Wars, the military served as a de facto educator to many young servicemen. While sex ed pamphlets, lectures, and posters during World War I reiterated many of the same ideas already outlined, the military also supplied soldiers and sailors with **condoms** and other forms of **prophylaxis** (disease prevention). By World War II, most materials directed at servicemen had abandoned much of the rhetoric about morality and abstinence and instead focused on promoting prophylaxis use. A pragmatic discussion of condoms and other disease prevention measures, however, was still not considered appropriate for civilian audiences.

Although sex ed saw incorporation into more school curricula over the course of the 20<sup>th</sup> century, the tone and content of these materials for young people remained largely the same from the beginnings of the social hygiene movement in the 1900s through the end of the 1970s. While some new scientific information may have been incorporated or issues like **premarital pregnancy** (see also **unmarried mothers, illegitimacy**) took on greater importance in the post-war era, sex ed

materials generally continued to convey a conservative message, one that promoted abstinence, marriage, and proper modes of socializing and dating. Using fear of illness and pregnancy to dissuade people from sex outside of marriage also continued to dominate sex ed. Notably, this discourse also stayed silent on any **birth control** (see also **family planning, child spacing**) methods beyond abstinence, even though access to and knowledge of condoms were much more widespread by the 1920s and other methods of birth control had gained in popularity in the ensuing decades. Though birth control remained largely illegal and controversial in the opening decades of the 20<sup>th</sup> century, a growing activist movement had arisen, pushing for change.

## BIRTH CONTROL

The birth control and social hygiene movements had many areas of overlap but also many where they differed. The concern expressed by the social hygiene movement for the health of individuals, families, and society more broadly intersected with the **birth control movement** that had begun in the 1910s. Birth control activists argued that the use of birth control by married couples could help promote intimacy and happiness and strengthen marriages, a goal social hygiene reformers shared. Furthermore, **child spacing** (see also **family planning, birth control**) promoted the health of mothers and children and ultimately contributed to a healthier population overall. This too concerned social hygienists, who worried about the effects of venereal disease on the health of families and the nation. Additionally, both movements sought to bring previously private or taboo issues related to sexuality into public discourse. Finally, on a logistical

level, these movements found common ground in how methods of birth control could also prevent disease.

However, these two movements differed on certain key issues. Social hygiene reformers explicitly supported abstinence for young people, and so their sex ed materials did not discuss other forms of birth control or disease prevention. Birth control activists meanwhile worked for greater knowledge of and access to a variety of forms of birth control, especially those that gave more agency to women. Some birth control advocates would also come to take more radical positions on sex for pleasure, open relationships, marriage, women's roles in education and the workplace, and other issues, while the social hygiene movement usually supported the status quo when it came to marriage and gender roles.

In the early 20<sup>th</sup> century, birth control was illegal in most states. In the previous century, national, state, and local **obscenity laws** had made it illegal to buy, sell, or even discuss or publish information about birth control. In the 1910s, **Margaret Sanger** and other like-minded individuals started to engage in acts of civil disobedience that challenged these laws. Sanger, for example, opened an illegal birth control clinic in Brooklyn and wrote and published many materials related to birth control in these years. Organizations like the **American Birth Control League (1921)** (see also name change to **Planned Parenthood Federation of America** in 1942) worked to change state laws to allow medical professionals to discuss and prescribe birth control to married adults and to challenge the broad prohibition on any discussion of birth control.

Various documents in *Public Health in America, 1890-1970*, illustrate the piecemeal process that ensued over the decades, starting in the 1920s. For example, **What**

**We Stand For (1921)** by the American Birth Control League details the state of birth control laws at the organization's founding. Some states let physicians talk about birth control to married patients; some let them only speak about it if the birth control method treated a different health concern (preventing disease, helping with a gynecological ailment); some states regularly applied obscenity laws to any discussion of birth control, rendering efforts to disseminate information on the topic essentially illegal; some allowed exceptions to obscenity laws only within medical schools, so physicians could learn about birth control even though they could not discuss it with patients.

As reformers pushed for changes in state laws, they also took advantage of opportunities to open clinics and published informational materials on birth control. Publications like "**Suggestions for the Establishment of a Birth Control Clinic**" by the **Birth Control Clinical Research Bureau** detailed how communities could open and run a clinic as legislation changed. More Americans came to support the liberalization of birth control laws as the Great Depression during the 1930s put financial pressure on couples to wait or space their children. The birth control movement's longstanding argument that birth control would help alleviate poverty had even more salience to Americans in the midst of economic turmoil. Economic and population control arguments of this nature continued to dominate birth control discourse into the 1970s.

Shifting ideas about marriage, sexuality, and gender also meant more Americans by the 1930s came to subscribe to the notion that pleasurable sex for men and women was important to a healthy marriage. Birth control aided in this endeavor by divorcing sex from reproduction. By the 1940s, Planned Parenthood,



government agencies, public health and medical organizations, and other groups were creating resources to educate married people and the public about the benefits of birth control for families and society as a whole. For example, Planned Parenthood's "**Planning to Have a Baby?**" from 1945 spoke to married couples about their options. Even though there was growing acceptance of birth control use among married couples by the middle decades of the 20<sup>th</sup> century, as discussed previously, sex ed did not promote birth control use (besides abstinence) to young people. Planned Parenthood and other birth control advocates would continue on this path towards national legalization until the 1960s and 1970s when cases before the Supreme Court resulted in legalized birth control for all married couples (*Griswold v. Connecticut*) and later all people regardless of marital status (*Eisenstand v. Baird*).

## EUGENICS

**Eugenics**, as a movement, promoted "**desirable**" characteristics among the population. This movement gained favor in the 1920s and 1930s and regularly intersected with the birth control and social hygiene movements. Eugenists argued for the discouragement or outright prohibition of reproduction by those with certain illnesses, conditions, or characteristics, decreasing the number of "**undesirables**" in the general population. Instead, they advocated for increased reproduction by people perceived to be superior in health and social standing (**positive eugenics**). The ostensible goals of the eugenics movement were healthier families and ultimately a healthier society, one that would see crime and poverty decrease. Although eugenists

acknowledged the impact environment could have on health and social ills, they placed far more emphasis on **hereditary** factors.

"**Feeble-mindedness,**" **insanity,** and **epilepsy** were just some of the health conditions that eugenists thought important to root out. However, some also believed in limiting the reproduction of people who had committed certain crimes or those who were impoverished. Like the newly medicalized understandings of promiscuity and prostitution, the often eugenic definition of "desirable" also reflected the racism, classism, sexism, ableism, and xenophobia of its proponents. From this view, eugenists viewed certain people and communities as inherently "unfit."

As a result, eugenically-minded reformers not only promoted birth control use among these communities but advocated for or engaged in efforts to sterilize them. Many states at some point in this era legalized the **sterilization** (see also **vasectomy, tubal ligation**) of the institutionalized (for mental health or other disorders), the incarcerated, women on welfare, women arrested for prostitution and juvenile delinquency, and others. This push for sterilization most affected poor, disabled, and immigrant women, as well as women of color, all of whom found themselves significantly overrepresented among those sterilized through these laws and policies. California's sterilization program proved one of the most active, continuing officially from 1909 into the 1960s. In the 1938 publication ***Twenty-Eight Years of Sterilization in California***, **Paul Bowman Popenoe** and **E.S. Gosney** detail the first decades of the program.

Like the social hygiene and birth control movements, the eugenics movement also formed organizations and publications to spread its ideas and update people on

the laws and progress in different parts of the country. The **American Eugenics Society** was one of the leaders in the movement, and the *Public Health in America, 1890-1970*, includes many materials published by them. However, publications by government agencies, public health and medical institutions, birth control organizations, and more also formed part of the broader discourse on eugenics, especially during its peak in the 1920s and 1930s.

Ultimately, World War II and the association of eugenics with the Nazis led to this movement's decline in the United States and shift in its rhetoric. Rather than talking about the "unfit" in such explicitly offensive terms, advocates now framed arguments about reproduction and birth control promotion in terms of achieving a better quality of life and addressing **overpopulation** and poverty globally. However, many of the coercive practices that targeted poor and disabled women, women of color, and even women categorized as overly sexual and "abnormal" continued in many places through at least the 1970s. Second wave feminism and other social justice movements in the 1960s and 1970s would bring attention to and challenge these practices. Similarly, major changes ushered in by these activist movements, as well as the sexual revolution and the AIDS crisis, would further challenge the earlier values and approaches of the social hygiene movement.

## CONCLUSION

*Public Health in Modern America, 1890-1970*, includes a wealth of material on the social hygiene movement and related reform efforts. The pamphlets, correspondence, speeches, reports, studies,

educational material, ephemera, and other items demonstrate much of the continuity in social hygiene work and illustrates the rhetoric that promoted its largely conservative agenda through the middle of the century. While the strength of the collection's social hygiene materials lies in the years of the movement's peak, the 1900s through the 1940s, it also includes useful primary sources on related themes through the 1970s.

*Public Health in Modern America, 1890-1970* also illuminates the changes over time within the movement. Shifts in dating and marriage, the impact of the Great Depression and the World Wars, new ideas about the role of government, and the changing face of public activism altered people's ideas about sex, prostitution, illness, birth control, eugenics, sex ed, marriage, family, and much else. In the years after those represented in the collection, second wave feminism, the gay liberation movement, the sexual revolution, the AIDS crisis, and other factors, would alter the rhetoric around, values respecting, and practices related to sex and health even more dramatically.

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## CITATION

Wuebker, Erin: "Social Hygiene in America", *Public Health Archives*: Gale, a Cengage Company (2020).

