Graham Thomas, a teacher at Evesham Community College, Plymouth, first described his AIDS exchange game in Education and Health Vol. 8 No. 3, 1990. The game earned him a £400 merit prize in the 1991 Donnison Health Education Awards.

With a tradition already established for active learning approaches, we were reluctant to use video or other, more didactic, materials.

Furthermore, being committed to the view that good health education is founded upon the relationship between knowledge, attitude and behaviour, I wanted something that would actively involve the young people in exploring these elements.

A national award for the AIDS exchange game

As the teacher responsible for AIDS/HIV education within Evesham College, I wanted to devise a method for communicating important messages about its transmission that fitted in with the college's already established reputation for active learning.

Aided by colleagues, I devised the AIDS Simulation Game, in which a small number of pupils in a freely-circulating group were given cards representing the virus. By monitoring the way the virus spread through the group, the predicted spread of AIDS through an unprotected population was closely modelled.

Since the game has already been described in Vol. 8 No. 3 of this publication, I shall refer here to some recent evaluation and modifications that may be of interest to AIDS educators in general, whether or not they have used the game.

How AIDS can spread

My colleagues and I were very satisfied with the way the game demonstrated the nature of the spread of the virus through a population. On every occasion we have repeated the game the same shape of curve results, as shown in Graph A, Fig. 1. This curve directly simulates the curve that AIDS researchers produce to show their predictions of the spread of HIV/AIDS.

Risk and number of partners

On every occasion it has been made clear that those with high exchange values are more likely to become infected and to pass on the infection. Furthermore, some of the quotes from the participants provide anecdotal evidence in support of this.

Partner's sexual history

The extent to which this objective is met varies according to how the exchanges take place. However, we generally find that the tagged cohort has a higher infection rate in the first half of the game, when they tend to exchange between themselves. On one occasion a whole cohort remained uninfected, except for one member, because they had exchanged exclusively within their own group.

Thus the simulation reflects how transmission to a wide population is accelerated by movements of individuals to different parts of a country or to different countries.

Precautions against infection

This effect, simulated by issuing 'condom cards', was clearly shown on most occasions by a levelling-off of the curve as in Graph A, Fig. 1. The fact that it did not show the effect more distinctly is an advantage, because it clearly underlines that the use of a condom only reduces, rather than eliminates, the risk.

We have been more than satisfied with the effectiveness of the simulation in demonstrating real issues.

One worry for some is that the game seems to assume that one sexual contact will always result in the HIV being transmitted. In its simplest form the game does assume this, and some AIDS professionals accept it as being a reasonable assumption. Nevertheless, to overcome any objections, an interesting variation is suggested whereby a chance element is introduced by the shake of a dice when somebody receives the HIV card.

An evaluation

The pupils' level of understanding about AIDS was tested, one of the questions asking them to offer sound precautionary advice. The
answers from a group of 42 pupils who had participated in the exchange game ten months previously, and another group of equal size who had not received this particular input, were compared. The question was:

"State up to 4 separate pieces of advice that you might give to someone who is sexually active to reduce the spread of HIV in the population (to stop them from getting it or passing it on). Eat each piece a reason."

The results were as follows, where Group 1 pupils had taken part in the exchange game, whereas Group 2 had not.

<table>
<thead>
<tr>
<th>Number of pieces of 'sound advice'</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1 pupils</td>
<td>0 1 2 3 4</td>
</tr>
<tr>
<td>Group 2 pupils</td>
<td>5 2 0 8 0</td>
</tr>
</tbody>
</table>

A $^2$ test was carried out on a 4-cell contingency table created by combining the totals for the first three columns and the last two columns. The better performance of Group 1 was significant at the .001 level (i.e., the difference between the scores of the two groups had only a 1 in 100 probability of being due to chance).

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**Difficult**

It is notoriously difficult to measure objectively the effectiveness of an educational exercise. I believe that the method employed in this project is valid, and preferable to a pre- and post-test in that it allows for possible decay of memory of the debriefing over ten months.

It could, of course, be argued that the Group 1 students, being a year older than those in Group 2, would naturally have a sounder knowledge base. There is a degree to which this might apply, but I can vouch for the fact that they have not benefited from any formal education on AIDS/HIV since running the game.

The nationwide Health Related Behaviour survey results for 1990 do show an increase in relevant AIDS knowledge from year 10 to year 11, but these figures, of course, contain data from pupils receiving formal education as well as those acquiring incidental knowledge.

If I had the opportunity, I would attempt to test this 'age' variable by conducting the procedure with a comparable group of the same age who had not run the game. If any reader is interested in collecting data for this purpose, I should be pleased to discuss it further.

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**Terry Brown**

**CG5: The good, the bad and the guidance**

Since its appearance in 1990, Curriculum Guidance 5 has been widely accepted as a basic framework for a cross-curricular approach to health education planning.

A small working group of the Northamptonshire Health Education Teachers’ Association (NHTA) invited all schools and everyone else we knew in Northamptonshire who had an influence on health education in schools to an initial meeting in February 1991. The NHTA is a self-help group of interested teachers which has now been in existence for ten years, and the LEA funds a twice-yearly newsletter.

The participants were given a brief overview of the context of CG5 in the National Curriculum, and chose which component or general area to review critically. The plan was to make the final document shorter and ‘friendlier’ than CG5, which in some schools is still on the shelf.

Twelve working groups were formed, which then arranged their own series of meetings to report back at a final meeting in May. This was also planned to show gratitude for the work carried out, and included health-related entertainment (a song, a sketch and a video), some healthy food, and non- or low-alcoholic drinks.

Alongside, 86 volunteer representatives of schools, Health Authorities, the advisory and inspection service, the youth service, the church, the police, and other organisations with an interest or involvement in school health education were involved, so by any standards this is a major dilution of expertise.

The document takes each section of CG5 and refers to the strengths and weaknesses under the symbol of a smiling or frowning face. On the whole there are more frowns than smiles, but this does not reflect an overall disapproval of the document, since approval is also implied for everything that is not mentioned. For example, the report states that "the concepts and much of the content is relevant and appropriate" and "the overall framework is generally satisfactory," and it quotes with approval the two following statements found in the introduction to CG5:

- The teaching methods used are as important as the content of the lesson.
- Much of the teaching in health education will be based on the active involvement of the pupils.

The purpose of the Northamptonshire report should be seen as constructively building on the foundations of Curriculum Guidance 3 to provide a comprehensive framework for cross-curricular design.