

AIDS education strategies for young people

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Despite the vast public-awareness campaign, information on AIDS-related curriculum initiatives in schools is difficult to obtain. The authors are currently commencing a study within the South East Thames region to determine the extent to which schools have introduced AIDS into the curriculum, the content and methodology, and any outcomes that can as yet be determined. This article sets the scene for the project.

AIDS is a public health problem of increasing seriousness. The most recently-released figures for the UK show that the number of confirmed AIDS cases has now exceeded one thousand, and 572 of these affected individuals have died (1). Current estimates put the number of individuals infected by the HIV virus at around 50,000 (2), and more than 10,000 cases of full-blown AIDS are expected by the end of the decade (3).

Educational initiatives are clearly of the utmost importance, although a focus on 'high-risk' groups is limited and possibly counter-productive. This perspective can be found, for example, in the most recent joint BMA/BBC publication (3), which suggests that *the only way to stop the virus spreading is to persuade the people who are in danger to change their behaviour*. This might be seen as the first preventive task for health education, but the educational and training challenge posed by AIDS is clearly much broader and covers health professionals at all levels, and most importantly young

people who have not yet begun to engage in potentially dangerous activities. The focus of educational work with them would primarily be to avoid behaviours which present a significant health risk rather than to change their existing lifestyle.

HIV can be transmitted in a number of ways, but most cases are accounted for by infection during sexual intercourse. While the perception of AIDS as a 'gay plague' has been largely undermined by information campaigns, the connection between AIDS and homosexuality in the UK and the USA in particular is strikingly clear in any breakdown of the case statistics. It is also strongly linked in the public consciousness with promiscuous sex. In addition, education on HIV/AIDS which aims to prevent infection must involve discussion of the risks attached to penetrative sex, safer sex practices, and the mechanics of condom use. Issues related to drug misuse and prostitution also need to be tackled. Therefore, it necessarily draws on a wide range of

issues bearing on deeply-held values and attitudes surrounding sensitive, significant, and controversial aspects of human behaviour.

Three issues for education

Massey (4) suggests that education on HIV/AIDS in schools needs to take account of three issues:

1. AIDS is a new threat to health, and raises new issues for health education in schools due to its modes of transmission.
2. Because of these routes of infection, 'AIDS may provoke prejudice, cruelty or discrimination towards people who are at risk from the disease'.
3. Knowledge about AIDS is still partial, and there is room for uncertainty and confusion. The core of established fact should form the basis for education in schools.

Given the issues posed by AIDS, she suggests that 'schools will require help, both in teaching about AIDS and in formulating policies', and this will necessitate 'consultation with educational, social, and medical agencies, as well as the involvement of parents and school governors'. The latter groups are particularly significant, especially in the context of the 1986 Education Act under which governing bodies have the power to decide whether sex education should form part of the secular curriculum of the school (5). Teachers have already received information on AIDS both from the government and teachers' unions, but, she believes, 'teachers clearly need more than information and exhortation — they need training, support, and teaching strategies'.

Strategies

Massey also makes a number of interesting points concerning curriculum content, timing and sequencing, school policy, staffing and teacher skills, and the content and methodology of such teaching:

Curriculum content 'For AIDS education to succeed, it should take place within the context of sex education,

which should itself be a part of personal, social, and health education'.

Timing 'Surveys show that the optimum time for preventive education is just before the likely onset of sexual activity, and that teaching needs to be repeated at regular intervals to avoid dilution of its impact. Thus, AIDS education should begin in the first year of secondary school, and should be repeated, introducing different approaches and issues, throughout the child's school career.'

School policy Introducing teaching on AIDS 'will clearly be easier for schools which already have a philosophy, rationale, and policy for health education'.

Staffing and training Introducing such teaching will be easier for schools 'which have a health education co-ordinator and teachers who are confident about health education'.

Content and methodology 'More than information is necessary, since Reid, in his study of sex education in British schools (6), showed that the provision of factual information was largely ineffective in changing behaviour. Recent materials for sex education have stressed the need for students to clarify their own values and attitudes, and to develop skills and supportive relationships.'

In speaking to the FPA conference *AIDS, Sex Education and Young People*, Massey (7) elaborated further on these points and suggested that the implementation of sex education in the context of personal, social and health education requires a school to consider issues of definition, aims and objectives, the practical details of planning and implementation, and the evaluation of process and outcomes. With respect to the latter, she provided a useful checklist for evaluating PSE in schools.

It is likely that a considerable (but unknown) number of secondary schools across the country have provided pupils with some input on this topic. Two useful accounts of such work have been published. In *Education and Health*, May 1987, Peter Farley described a programme of

education for public awareness initiated by the Exeter Health Authority, in which approximately one-third of the secondary schools and all FE and HE establishments opted for a visiting speaker, while most of the remainder chose the seminar or workshop options. The paper itself should be referred to for further details: there is, he suggests, 'a continuing need to enable learners to internalise knowledge that might otherwise remain remote, inaccessible, or of little personal relevance'.

A school's AIDS programme

On an individual school level, an interesting example of the development of an AIDS teaching programme is provided by Knee and Titchmarch (8). In their school, a mixed comprehensive in Cambridge, the initial impetus for introducing the subject came from a parent governor with a scientific interest in AIDS, who offered to provide staff with information. This led to a conference of PSE and science staff, which explored ways in which the school could develop an AIDS educational programme. A working group of two parent governors, the school nurse, and the head of PSE was set up and formulated a teaching strategy.

The AIDS programme was launched with well-attended meetings of lower and upper school parents, in which information was given on the school's approach to health education and information on AIDS was provided by an area health authority representative. Parental discussion groups were formed, followed by a plenary session in which parents put their questions to a panel. The parents were described as 'supportive', and concerned with the practical problems of the programme's content and methodology.

Before introducing teaching with the pupils themselves, a questionnaire was given to a sample of 5th-year pupils which revealed considerable gaps in knowledge and 'inconsistencies in attitudes to victims'. The emerging findings served to confirm the school's view that the approach adopted should be affective as well as cognitive.

The next step was a briefing of the whole staff by the school nurse, who

provided them with a health education booklet and guidelines. The teaching programme itself then began, with the head of PSE making a carefully-prepared statement on AIDS to the 3rd-6th year assemblies. Pupils were invited to submit anonymous questions — which were answered at a subsequent assembly — and were also given the opportunity to discuss AIDS with their form teacher. Pupils in the 4th and 5th years received additional teaching on AIDS during PSE lessons. Some staff provided case studies of virus carriers as a stimulus for discussion, and the authors suggest that techniques such as role-play may provide an effective way for pupils to explore their values and attitudes.

Knee and Titchmarch stress the importance of collaboration between governors, teachers, and parents in this area, the importance of support and leadership within the school hierarchy, and the positive benefits for both staff and pupils which followed from the introduction of AIDS teaching into the curriculum. They comment: *It is clear that however carefully such a programme is planned and led, it relies ultimately upon a supportive, knowledgeable staff who feel confident to deal with the subject when it arises.*

Undergraduate attitudes and beliefs

Research has also been conducted at Christ Church College into the attitudes and beliefs of undergraduate students regarding HIV/AIDS. Over 400 1st-4th year BA, BSc and BEd students completed a 56-item questionnaire in November 1986, just prior to the government's information campaign and the start of the media AIDS week. The results obtained from 184 students have been analysed, and a sample of 76 1st-year students were re-tested in May 1987 to assess changes over a 6-month period.

The results from the November assessment served to identify areas of consensus, uncertainty, or divergence of views. For example, 95% agreed that 5th- and 6th-formers should receive instruction on AIDS; 52% were uncertain about the relative risks of HIV transmission from

men to women as against from women to men during intercourse; 47% agreed that other current health problems were just as serious as AIDS, but 39% did not.

Six months later, clear shifts in students' responses to questionnaire items were apparent in several areas.

1. Students rated themselves as more informed, were more knowledgeable (for example, more knew the meaning of the initials AIDS), and were more aware that infection with the HIV virus does not necessarily mean that a person has AIDS.
2. Statistically significant reductions occurred in the levels of expressed worry and fear over physical and social contact with infected individuals. In addition, students were significantly less likely to advocate quarantine and compulsory blood testing as a means of dealing with AIDS, and less likely to agree that sacking an HIV+ employee would be justified.
3. In relation to religious and moral dimensions of the AIDS epidemic, changes were slight. However, fewer students saw AIDS as a divine warning or punishment, or agreed that 'gay men are to blame for AIDS', and levels of endorsement of monogamy as a solution to AIDS increased.

Summary

While it is clear that a range of positive developments have occurred in the fight against AIDS, and while good examples

of educational work taking place within schools have been documented, the following information needs to be collected more systematically than it has been in the past:

1. To what extent have schools in general introduced teaching on AIDS?
2. How have they gone about it?
3. What are the context, content, and methodology of such teaching?
4. What are the short- and long-term outcomes of such teaching?

The authors have already embarked on a project, funded by the South East Thames Regional Health Authority, that attempts to answer these questions. We hope to secure further funding to build on the groundwork already accomplished.

References

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