

Sexually-related behaviour and AIDS education

Nicholas Ford & Cameron Bowie

University of Exeter

Somerset Health Authority

A study of 16-18-year-old students at two 6th-form colleges reveals substantial levels of 'sexual activity', a disturbing lack of willingness to take precautions against STD, but a readiness to participate in AIDS-related education. This article suggests that schools and colleges would have a powerful mandate from their pupils to promote AIDS awareness within the curriculum.

Given that there is at present neither a clinical cure nor a preventive vaccine to combat the AIDS virus, it is widely recognised that prevention through education and communication strategies is the most realistic control available (Bennet, 1987). With regard to curbing the transmission of the AIDS virus through sexual activity, such strategies are concerned with the promotion of so-called 'safe sex', entailing the limitation of an individual's sexual activity to within an exclusive, monogamous relationship, and the use of the condom as a prophylactic (IASS, 1986).

Much of the AIDS education effort is focussed upon young people, who are in a position of particular vulnerability when they are at the stage of seeking a partner: there is also greater scope for influencing patterns of behaviour during the early period of forming sexual relationships than when such behaviour is firmly established. The process of influencing sexual behaviour is clearly complex, demanding 'educational' strategies of particular subtlety and sensitivity. This article provides some recent findings from a survey of 16-18-year-old college students' AIDS awareness and sexual

behaviour and attitudes, in order to shed some light on how such strategies may be implemented. Specifically it addresses three questions:

1. Is there really a need for AIDS education?
2. What should be the content and format of AIDS education?
3. What do young people currently think about sexual activity and relationships?

The survey

The survey was undertaken in April 1987 among 85 students (half male, half female) in two 6th-form colleges in Somerset (Bridgwater College and Yeovil College). Given the sensitivity of some of the questions, parents were informed of the survey prior to its administration and given the opportunity to have their sons and daughters excluded from taking part.

The data-collection tool was a self-completion questionnaire which included questions about family life, religion, values, personal relationships, sexual morals and behaviour, and AIDS. A page of the questionnaire is reproduced in Fig. 1. After the purpose and aims of the

Table 1. Number of sexual partners in the last year - non-virgins only, aged 16-18.

Number of partners	%
0	11
1	57
2	18
3	5
4 or more	9

survey had been explained, students were given an hour to complete the questionnaires in class, in silence, with a staff member present. On completion, the booklet was sealed in an envelope and placed in a box at the front of the room, ensuring anonymity and confidentiality.

The fact that the questionnaires were taken seriously by the respondents is apparent in that all questions were answered, and careful checking during data processing revealed very few inconsistencies. Indeed, college staff responsible for the administration of the questionnaires have emphasised how well the questions were received by the students, the survey itself boosting awareness of the issues and stimulating discussion in relevant classes.

The wish of the respective colleges for a combined analysis of findings has been respected; thus the findings reported below relate to both colleges.

Sexual activity

Exposure to STD is increased by the number of sexual partners individuals have had, and whether or not they use a condom. The results indicate that 53% of the respondents were non-virgins, 91% of whom had engaged in intercourse before the age of 17. Of these non-virgins, 40% had engaged in intercourse during the last week, rising to 58% in the last month, while two-thirds had either had no partner or only one partner during the past year (Table 1). About half (53%) of the non-virgin respondents used a condom during their last sexual intercourse, but nearly two-thirds (65%) of the whole group of respondents intended

to use a condom with their next sexual partner.

Clearly these findings indicate significant levels of sexual activity, with at least a third of respondents appearing to be unprepared even to take the precaution of using a condom during intercourse with a new partner. In terms of the young people's pattern of sexual behaviour, therefore, there is still a continuing need for some form of AIDS-related education.

Sex and relationships

Respondents were asked to state at which point in the development of a relationship they felt sexual intercourse should take place. The question provides a summary measure of 'sexual philosophy' ranging from a traditional through to a more permissive attitude to sexual activity. Only 6% of the students expressed the traditional view that intercourse should be saved for marriage, whilst 20% felt that intercourse outside a steady relationship (the 'radical-recreational' view) was permissible. However, 61% of respondents would reserve intercourse for a steady relationship but without necessarily a commitment to marriage (a 'liberal romantic' view), and 13% would reserve intercourse for a steady relationship with a commitment to marriage.

A more refined measure of sexual philosophy is provided by the importance accorded to a range of sexual activities, from just going out with members of the opposite sex to oral sex (Table 2). Clear differences appear in terms of sexual philosophy according to both gender and sexual experience. More males and non-virgins accord importance to the 'full sex' items such as intercourse and oral sex, whilst more females and virgins accord importance to such items as going out with members of the opposite sex without any sexual involvement. Furthermore, lower proportions of non-virgins intend to use a condom with their next sexual partner than do virgins.

Sexual attitudes

Social psychologists have shown that sexual behaviour is fundamentally related

Fig. 1. A page from the 'Somerset questionnaire'.

People hold different views about when sexual intercourse should or should not take place. Please indicate whether you agree or disagree with the following statements:		Agree	Disagree	Not sure
i)	"I hold the view that sexual intercourse should <u>only</u> take place within marriage"	[]	[]	[]
ii)	"Most of my friends hold the view that sexual intercourse should <u>only</u> take place within marriage"	[]	[]	[]
iii)	"I hold the view that sexual intercourse may take place within a steady relationship but <u>only</u> when there is a commitment to marriage"	[]	[]	[]
iv)	"Most of my friends hold the view that sexual intercourse may take place within a steady relationship but <u>only</u> when there is a commitment to marriage"	[]	[]	[]
v)	"I hold the view that sexual intercourse may take place within a steady relationship without a definite commitment to marriage"	[]	[]	[]
vi)	"Most of my friends hold the view that sexual intercourse may take place within a steady relationship without a definite commitment to marriage"	[]	[]	[]
vii)	"I hold the view that partners do not need to be in a steady relationship before sexual intercourse can take place"	[]	[]	[]
viii)	"Most of my friends hold the view that partners do not need to be in a steady relationship before sexual intercourse can take place"	[]	[]	[]

Table 2. Sexual activities considered important by students aged 16-18 (Percentage).

	Male	Female	Virgins	Non-virgins	Total
Going out with the opposite sex but no sexual involvement	74	98	92	80	86
Having a steady relationship	89	91	97	86	90
Hugging and kissing	80	98	87	93	90
Light petting	69	74	74	73	72
Heavy petting	76	66	59	82	71
Sexual intercourse	83	53	47	84	68
Oral sex	59	32	30	56	45
Intend insisting on use of condom with next new partner	61	64	74	57	63

to individuals' underlying attitudes, beliefs, and experience (Byrne & Fisher, 1983). This composite of beliefs may be summarised as a 'sexual philosophy' concerned with such aspects as the general importance and place of sexuality within an individual's personal life and priorities, and the timing of sexual activity within the development of a relationship (Ford, 1987).

Young people are continually evolving and establishing their attitudes towards sexuality in a process of personal reassessment and negotiation with partners and peers. It is this very process of changing sexual attitudes which provides a basis for some optimism that patterns of sexual attitudes may be influenced towards 'safe (or safer) sex' practices. In this process of influencing sexual behaviour, health education is seeking to provide a basis which includes knowledge, personal behavioural options and their consequences, and other factors that will be given more concrete form by continued discussion among friends and acquaintances. A useful starting-point for developing discussion approaches to sexual attitudes in schools and colleges is with the values and attitudes which young people hold - hence the importance of the above findings with respect to the timing of sexual intercourse in relationship development, and the relative importance ascribed to a range of sexual activities.

Knowledge about AIDS

Knowledge about AIDS was evaluated by reference to a series of 18 items concerning sources of HIV infection. The overall level of knowledge was assessed by summing the number of correct answers. Correct answers to all questions ('high' knowledge) were given by 39% of the sample; 26% gave correct answers to all but three questions ('medium' knowledge), and 35% gave four or more incorrect answers ('low' knowledge). On the whole, these are fairly good basic levels of knowledge about AIDS, suggesting that the national campaign has had a fairly strong impact in generating basic awareness about sources of AIDS infection. However - interestingly - there is no correlation of levels of knowledge about AIDS and intention to use a condom with a new sexual partner:

	Positive intention
Low knowledge	66%
Medium knowledge	59%
High knowledge	69%

The differences are not statistically significant.

This finding highlights the fact that it will take more than knowledge to shift behaviour towards 'safe sex'. Changes in behaviour depend more upon underlying sexual attitudes and values.

Sources of information about AIDS

The survey also examined the students' ways of seeking information about AIDS by reference to the persons with whom they discussed (and felt comfortable discussing) AIDS and sexual matters, and the preferred settings in which they would like to receive AIDS information.

Of the respondents, 73% stated that they would like to receive more information about AIDS. Only 18% agreed that they were "fed up hearing about AIDS". It should be noted that a high proportion (72%) would like to receive more information about other STDs, and nearly half wanted more information on sexual relations and contraception. A broadening of the focus of health education to include the dangers of other STDs would not only be welcomed by the young people but might also be likely to have a greater impact on influencing sexual behaviour, given the much higher risk of infection from the host of lesser STDs than HIV.

Clearly, given that 65% had discussed AIDS and sexual matters 'very/fairly often' with their friends, AIDS is a high-profile issue for this group. It is striking that only 20% had discussed such issues 'very/fairly often' with a teacher, although 61% felt they would be comfortable in doing so.

There are many different channels by which information on AIDS can be provided. A strategy is likely to have the greatest impact where an interaction between personal and impersonal information is achieved. Respondents indicated that they would prefer to receive AIDS information not only from TV and official printed materials, but also from small-group settings with persons of their own age and of both sexes. The provision by schools and colleges of AIDS/STD information within a small-group setting would clearly be welcomed by students. Such an approach would complement the more formal health-education efforts by providing the potential for a discussion in which young people can respond to the information provided. Such settings (within Personal

and Social Education) would be appropriate for the discussion of more general values and attitudes concerning sexual activity and relationships.

Summary

The implication of these findings is that young people's attitudes to sexual activity are not homogeneous. Sexual philosophies vary widely, and these differences will affect the ways in which AIDS-related health education messages are perceived and acted upon. Small-group discussions can provide a context in which such ideas and their possible consequences (such as STD infection) may be explored. The aims of an AIDS-relevant sex education programme therefore becomes one of bringing the students' sexual attitudes (perhaps only vaguely defined) more into the open realm of rational discussion, to be personally examined in the light of consequences. Key topics for such discussions can include:

1. The reasons for engaging or not engaging in pre-marital coitus, whether or not unprotected.
2. The issues of personal responsibility for sexual partners.

Finally, it should be emphasised that in our late 20th-century broadly liberal society, with its undercurrent of youth culture, it is not feasible to dictate patterns of sexual behaviour to young people. They are, however, receptive to being provided with options (for instance, pertaining to sexual lifestyles). Health education in schools and colleges can make a highly pertinent input to the shaping of sexual philosophies and practices: there are many indications that young people in 1988 feel comfortable in discussing these sensitive issues of sexuality, relationships, and the attendant consequences. Indeed, there is a demand from the students for such discussion.

It has been argued by some that AIDS will not radically affect patterns of sexual behaviour until individuals actually see friends and acquaintances developing the disease and dying. However, given the long incubation period of the AIDS virus,

by the time significant numbers begin to develop the disease it will be too late, as very large numbers will be infected. It is the responsibility of individual schools and colleges to ensure that pertinent AIDS health-education strategies are implemented now. This article has sought to provide some recent research findings which portray the actual pattern of young people's sexual behaviour and some of the underlying attitudes.

The authors would like to express their gratitude to the principals, supervising staff, and participating students of Bridgwater College and Yeovil College.

References

- Bennet, F. J., AIDS as a social phenomenon. *Social Science and Medicine*, 25, 529-538, 1987.
- IASS (Institute for the Advanced Study of Sexuality), *Safe sex in the age of AIDS*. New Jersey: Citadel Press, 1986.
- Byrne, D. & Fisher, W. A. (eds.), *Adolescence, sex, and contraception*. New Jersey: Lawrence Erlbaum Associates, 1983.
- Ford, N. J., Research into heterosexual behaviour with implications for the spread of AIDS. *British Journal of Family Planning*, 13, 50-54, 1987.

Contact Nick Ford, Institute of Population Studies, University of Exeter, Hoopern House, 101 Pennsylvania Road, Exeter EX4 6DT (Tel. 0392 57936).

Review

Assignments in food: a practical guide for teachers, by Marjorie Keedy. 1988: Blackie & Son, 96 pages, soft cover, £6.50.

Compiled to help teachers of home studies and food courses, this book would be a very useful addition to these departments, suitable for both lower and GCSE pupils. Designed to consider the needs of NACNE, COMA, and GCSE assessment objectives, it would be particularly useful to a home economics teacher working alone.

The book contains 40 planned assignments, together with a sample pupils'

recording chart and a teacher's evaluation chart, both of which may be photocopied.

Many of the assignments could be used as they stand or be adapted to suit particular circumstances and abilities. They could also be used as the practical element in a major piece of investigative work.

The reviewers do have some reservations, and these are:

1. The evaluation chart is a good idea since it would provide over a period of time a clear record of individual achievements. However, the weighting of marks does not match the assessment objectives outlined in the national criteria for home economics which should govern all our work in both lower and upper school.

Only 30-40% of marks should be awarded for practical skills, this being one of the six areas tested in the GCSE. In the preface the author suggests that the emphasis has been shifted away from practical skills, but the allocation of marks does not reflect this.

2. There is too much emphasis on practical cookery, and it is felt that this is contrary to current good practice in this subject.

3. Most of the assignments are too prescriptive and do not allow for personal interpretation and imagination. Pupils of high academic ability would need more freedom and could have more demanding assignments.

4. Finally, there appears to be no reference to the use of the computer in assisting the learning process. This aspect of home economics must be developed.

Despite these reservations, however, it is felt that *Assignments in food* would be a very useful resource, seeking as it does to meet the needs of both pupils and teachers in the 1980s.

—Beryl Parkes & Marjorie Prone-Smith.

Have you a VIEWPOINT to express? Have you a VIEWPOINT to express? Have you a VIEWPOINT to express? Have you a VIEWPOINT to express? Have you a VIEWPOINT to express? Have you a VIEWPOINT to