Conversely, the fact that even in a situation where there is only one sexual partner, infection can still occur.

The notion of the tracing of contacts can easily be demonstrated.

In situations where the group is made up from, say, four subgroups, observations can be made comparing exchange behaviour with the point of infection. For example, a subgroup which contains not a single 'infected' individual, and which only exchanges within itself, will at the end of the simulation remain uninfectected. On the other hand, another subgroup, also not infected at the start but being more open with their exchanges, will end up with a high rate of infection in its population. Parallels can be drawn here with regard to various centres of population in the county and the ease of transport by which disease can spread more quickly.

Requirements

1. A reasonably large venue (such as the school hall), and a large group of participants. The simulation should be conducted with a normal size of class, but it is more realistic with a larger group. The results shown in this article were obtained using half a year group, comprising four classes and about a hundred individuals assembled in the school hall.
2. The exchange cards previously prepared with the exchange numbers.
3. A pen or pencil per individual.
4. An OHP and transparencies prepared with graph axes, and OHP pens. Another transparency of the exchange card to assist in the explanation of the rules.

How the game is played

The more participants, the better. Initially they are all allocated a seat or a place on the floor to which they return after each round.

Each player receives a card (see illustration), with the numbers 1–10 representing the ten rounds. There is also a separate number which we call

\[ x \]

This is the number of rounds in which the player can 'exchange'. To begin with, each player decides which rounds will be chosen for making exchanges and makes a mark against the appropriate numbers on the card.

A few cards have a circle around \[ x \] these people are 'infected'.

At the commencement of each round, those players selecting that round get up and move about. On the whistle they choose a partner and exchange numbers. If none of the participants has a circle around \[ x \], the other player circles the number they receive — they have been 'infected'. In future exchanges they will pass the circle on.

A record is kept of the way the circles spread. This can be done by the players recording the round when they became 'infected', or by taking a tally in between rounds.

(The following article describes the use of the game with 11th-grade pupils. - ED.)

The exchange game: A simulation

Do not let anyone see your sheet until the simulation is complete.

Your exchange rating is 3.

If you have a circled number at any time in the game you must circle your number when you pass it on in any future exchange.

There will be a maximum of 16 exchanges allowed. Tally when you intend to exchange.

With the new number you receive in your exchange here.

AIDS education, which has been developed at Notre Dame by Colette Daragh, Head of Lower School and Co-ordinator of Health Education, is part of the PSME programme for 4th-year students. It occupies five weekly PSME sessions of forty-five minutes each and follows on from previous work on relationships. This topic is covered simultaneously by the RE department and the two programmes complement each other.

Each year a Parents' Evening is run jointly by PSME and RE tutors well in advance of the pupils' programme. Factual input is provided by Brian Deakin, District Health Promotion Manager, who is able to present current thinking on a topic which is subject to constant updating in information. Parents also sample some of the techniques and resources that will be experienced by pupils. Then responses have always been appreciative and a source of encouragement to tutors.

Active

Throughout the five weeks a variety of techniques is used: the emphasis, as in our PSME programme for all year groups, is on active learning and developmental group work. We aim to ensure that pupils have access to available knowledge about the HIV virus, providing them with the opportunity for personal reflection upon their current and future behaviour, as well as looking at their own and society's attitudes to people with AIDS.

Having run and refined the programme over a three-year period, responding to feedback from students, parents and governors, we felt confident that we were providing as good a course as could be devised. Why, then, expand the programme to include additional material?

Publicity for the AIDS simulation game promised the kind of student-centred activities that lie at the heart of effective experiential learning. Developed by Graham Thomas, Head of Personal and Social Education at

Estover School, Plymouth, the pack reflects the school's concern to provide materials which require active student involvement. We were interested in the Easter team's aim to present these issues:

- The large potential increase in infected persons once the HIV virus enters a population
- The risks inherent in adopting a casual attitude to sexual relationships
- The reduction of risk brought about by the adoption of safer sex

We were particularly keen to try out the central exercise, which we introduced to our 120 4th-year pupils as the Exchange Game. On this occasion we did not inform them that the game was related to AIDS until the discussion at the end of the activity.

We felt that the impact of the main issues would come across more vividly in this way: however Graham Thomas tells us that there are advantages in declaring the real purpose at the outset and that it has been run successfully in this way.

Playing the game

The simulation is based on a series of exchanges carried out by each participant. It proceeds in such a way that, using the exchange numbers on their card, some pupils will exchange on a few occasions only while others may exchange up to a maximum of ten times. This frequency of exchange is used to simulate the number of sexual relationships entered into.

In our pilot, three of the pupils' exchange numbers were tagged with circles and instructions were given to pass on, at each subsequent exchange, any circles received. Thus the circles, simulating the HIV virus, could be traced through the population. The whole year group entered into the game enthusiastically, and the drama Hall was soon alive with activity: a whistle is a useful extra when directing movement from one exchange to the next! The instructions had appeared tailor-made initially but repeated explanation before each exchange clarified the procedure and the simulation ran very smoothly.

We realised the importance of clarifying what had taken place during the exercise: it is at this point that the issues are highlighted. We had wondered if, once the game was over, the participants might switch off: this did not happen in this case because the discussion itself is conducted in an active way. Circled ('infected') members of the group are identified round by round whilst a graph is plotted on an OHP transparency to show the spread of the infection.

The issues

Our tutor felt that the simulation was very effective in modelling the kinds of phenomena that would occur in a real-life transmission through a population. In our case it demonstrated the high increase in infected people once the virus has gained a foothold. It also showed a clear relationship between the number of 'sexual partners' and the risk of infection.
Conversely, it also conveyed the fact that, even in a situation where there is only one sexual partner, one can still be infected. This came over clearly in the de-briefing when one pupil, who had only exchanged sex twice (both times with the same partner) pointed up the 'virus' on the second occasion.

Another possible outcome illustrates the consequences of the virus being held and circulating within a small community. We have heard of one run when the increase across the population was very limited: upon examination it had been shown that the tagged individuals had exchanged closely within their own group, thus not spreading the infection to the wider population.

**Evaluation**

Our 4th-year tutor was very impressed by the degree of involvement and participation. Subsequent feedback from the pupils, which included discussion and written impressionistic responses, reflected their enjoyment: "I thought it was a good idea to make it into a game rather than just go on and on about it", and also their opinion that "it was more than better to take part in the game without knowing what was happening because there was more of an impact at the end.

What came across strongly as the central learning experience was the realisation of the potential rate of the spread of HIV: translation of this into visual terms as the pupils with circled numbers began to outnumber those without was a powerful learning tool. We feel that the simulation provided a very effective means of conveying important information on the transmission of the HIV virus. Acting upon a suggestion from the pupils we plan to use the Exchange Game to launch our programme next year.

**Support**

I would also recommend that schools who are building up their AIDS education programme should look at the support materials in the copyright-free resource pack. There is, for example, a full class role play which provides an active means of exploring attitudes towards AIDS and people with the HIV virus. Other exercises allow participants to practise ways of coping with relationships where AIDS might be a factor, and there are also guidelines and issues for various forms of debate.

The whole pack is based upon the premise that effective teaching on any health issue should address knowledge, attitudes and behaviour. I consider it to be a valuable resource in AIDS education.

**PARENTS AND HEALTH EDUCATION**

When we carried out the research leading to the major report on Health education priorities for the primary school curriculum, we invited parents taking part to comment freely on any aspect of health education that concerned them. A total of 350 did so, and we have collected a representative sample together under various headings, such as:

- Approval of health education
- Disapproval of health education
- The '3 Rs' most important
- Certain topics do more harm than good
- 'Hidden curriculum' best place
- Concern for how the topic is taught
- Shock-horror method needed
- Special teacher preparation necessary

and many more. Open it anywhere and you will find it hard to put down!

Price £7.50, including postage, from the Unit.

---

**P. A. MASKELL**

**An 'alcohol policy' for a secondary school**

I have recently completed a survey on pupils' attitudes and staff perceptions of their health education programme. We have also been involved in producing various Health Policy documents (yes, drugs, alcohol, and smoking), using the results of the Health Related Behaviour Questionnaire survey carried out last year as part of our evaluation of pupils' needs.

The survey was carried out to examine the following points:

- To find out if pupils were aware of the meaning of the term 'health education'.
- To establish the depth of their understanding. For example, did they include mental health as well as physical well-being in a concept of health?
- To determine the requirements of the different age groups for knowledge.
- To find out if pupils' views were different between boys and girls.
- To see if pupils' experience in school had affected their outlook.

**Welfare**

Our Alcohol Education Policy, which is part of our Drug Education Policy, puts the welfare of the young person first. Education at all stages of school life within the pastoral programme and appropriate subject areas is designed first of all to give information, but also to provide the social skills which give the confidence and self-esteem to be able to resist pressures. This education is most effective:

- As a part of a personal and social education programme, not just in isolation from education about other drugs and pressures.
- Initially at a sufficiently early age before pressure from friends, media, and external events become too great and experimentation begins.
- If links between pupils, parents, and school activities in this field are seen to be vital.
- If teaching strategies can reduce the status that alcohol consumption is supposed to give.

If the hidden curriculum reflects and reinforces current attitudes on alcohol consumption, e.g., comments made by pupils about drinking experience or pressure should not be ignored by teachers but discussed.

Alcohol consumption should not be 'advised'.

Pupils and staff are aware that alcohol may not be brought into school premises or consumed at school. Pupils who come to school functions under the influence of alcohol are denied access to them at that time and may be deemed unsuitable to attend future events. This code also applies to school visits and holidays outside school premises.

**Informed**

Parents or guardians will be informed and consulted on all occasions where there is cause for concern about a pupil's consumption of alcohol. Realistic appraisal of a pupil's progress, further consultation, and further action by the school may be necessary.

Positive messages about responsible attitudes to alcohol should be reinforced not only by all staff but in all aspects of school life. Education takes place and is reinforced in many different ways. Factual information about the social and physical effects is more effective if it is backed up by active pupil participation by means of discussion and role play. Activities which develop confidence and self-esteem make individual choice easier.

**Alcohol-free**

Alcoholic drinks are not sold during school time. Soft drinks are always provided as an alternative at all functions. At Sixth Form social events the ticket includes refreshments, food, and a maximum of two glasses of wine and non-alcoholic beverages. Alcoholic drinks may not be purchased by pupils, and they may not win al-

---

**HEALTH BEHAVIOUR**

The Unit's Health Related Behaviour Questionnaire has been completed by more than 190,000 pupils in 845 schools. These schools are listed by Education Authority. An asterisk indicates a non-Authority school.