What do young people know about AIDS, and how will this knowledge affect the way they act? Can schools do more to promote relevant knowledge and responsible attitudes? This article is based on a report of a study carried out in East Devon (1).

In 1988 the Exeter District Health Authority sponsored the use of the Schools Health Education Unit's General Health-related Behaviour Questionnaire with two year age groups in the district. Within the data gathered by this method are measures of AIDS-related knowledge and attitudes and dimensions of lifestyle pertinent to sexual behaviour.

All state and private secondary schools within the area of East Devon served by the Exeter District Health Authority were invited to use the Health Related Behaviour Questionnaire with two year age groups, to be wholly funded by the authority. In the event every state school and four of the six private schools in East Devon took part, and some paid to survey additional year groups. The total number of young people surveyed (3940) makes up a sample which is probably at least half of all pupils in years 8 and 10 of the second age range in this area. It will not include a very small number of the lowest school achievers who could not complete the questionnaire, nor does it include absentees.

The composition of the sample was as follows: Year 8 (12-13): 723 boys, 865 girls. Year 10 (14-15): 821 boys, 852 girls. The responses from pupils in other years are not included in this report.

Questions asked about AIDS in the survey included:

- How can the virus be transmitted?
- With whom have you discussed AIDS?
- What are the best methods of preventing AIDS?
- How much do you fear getting AIDS?
- What do you think you will take precautions?
- From what or where have you learned facts about AIDS?

Knowledge of transmission routes

AIDS is transmitted along a number of pathways. HIV, the virus that causes AIDS, can be transmitted through sexual contact, needle-sharing, or from mother to child during pregnancy, childbirth, or breastfeeding. The risk of transmission depends on various factors, including the type of sexual contact and the use of condoms or other barriers.

As shown in the table below, women report greater concern and stronger intentions to act on this concern through taking precautions; these are trends apparent from national HIV/AIDS research and interest from research into other health issues. The numbers show the percentage of boys and girls who expressed anxiety about AIDS or intended to take precautions.

<table>
<thead>
<tr>
<th>Year 8</th>
<th>Boys</th>
<th>Girls</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take precautions</td>
<td>63</td>
<td>69</td>
<td>76</td>
<td>85</td>
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Table 1. Can AIDS be caught by any of these? This table shows the percentage answering YES. The last column shows the responses that teachers would want to see.

Lifestyle

Links between AIDS-related questions and other questions in the Health Related Behaviour Questionnaire were also investigated through correlation matrix analysis and factor analysis, and some of the results are mentioned below.

1. Discussion Pupils who intend to take precautions against infection tend to have discussed AIDS with others. This is probably to be welcomed; it has been suggested elsewhere that discussion, particularly with peers, is a powerful enabling and supporting factor in the development and change of health-promoting behaviour.

2. Precautions Pupils who intend to take precautions show better knowledge of how AIDS may be transmitted. We cannot tell from this whether accurate knowledge promotes prevention, or whether prevention intentions are formed and then reinforced by knowledge later obtained and remembered.

3. Knowledge Pupils who have discussed AIDS with friends show better general knowledge about AIDS. Sex educators often react negatively to the finding that peers are a major source of sexual information. Here the missing AIDS with friends may be a significant correlate of more accurate information. It may be that the friends provide this accurate information but another interpretation is that bearers of more accurate information are more likely to discuss AIDS with peers.

4. Self-esteem In general, knowledge is more accurate among those young people who report higher self-esteem and a more internal locus of control. Who is homogeneous quality newspapers, who are in higher achievement sets at school, who have discussed AIDS, particularly with friends, or who have boyfriends or girlfriends.

Intentions to take preventative measures are markedly more prevalent among young people who report higher self-esteem and more internal control, and are higher also among those whose homes receive quality newspapers, who have discussed AIDS with friends or who feel more at ease with the opposite sex. There seems no positive or negative association between prevention intentions and use of alcohol or tobacco.

5. Readership Group Pupils from the tabloid newspaper readership group (Sun, Mirror, Star) have poorer knowledge of HIV transmission routes. This may imply that pupils from this group are less aware of the drug-borne and heterosexual routes of HIV transmission. Specifically the Sun newspaper has become notorious for insisting on only the drug/alcohol route in articles and editorials. Pupils from the tabloid readership group seem less inclined to report intentions to take precautions against infection from the virus which causes AIDS, which is consistent with their lower level of awareness of the risks.

6. Confidence Confidence with the opposite sex seems associated with awareness of sexual transmission. This may reflect the more sexually active young people are both more confident and more aware, or it may be that the more anxious young person actively denies risks. The latter possibility is obviously of more concern as far as health education goes.

7. Sociability Pupils who go to discos are more likely to have discussed AIDS with friends. While we don’t know the content of these conversations this probably is a good sign; they seem more aware of sexual transmission, and peer-to-peer discussion has been linked to positive behavioural change in young people in previous research.

8. Intention There is also a positive correlation between a young person’s confidence with the opposite sex, their awareness of the possibility of transmission, and their intention to take precautions.

9. Alcohol Pupils showing higher consumption of alcohol are more likely to discuss AIDS with others and to be acquainted with sexual ways of transmission. Alcohol use is...
Sources of information
As well as investigating discussion and sources of facts about AIDS, the questionnaire asks what the subject's main source of information about sex is, and what they think it should be. These can be compared with the accuracy of the responses to the AIDS transmission questions.

The list of main sources of information offered is as follows:

Parents
- Teachers
- Friends
- Siblings
- GP, Family Planning advice
- Books, TV, etc.

The first three listed are by far the most common. It has been noted that pupils who identify a particular source as their main provider of sexual information are the most likely to have learned facts about AIDS from that same source. This raises the question: who is the most reliable source? To investigate this we investigated the pupils' level of knowledge and their main sources of information about AIDS.

Most accurate The pupils with the most accurate knowledge about AIDS were those who perceived 'friends' as their main source of information about sexual matters. The fact that friends are the main source of information for many young people is often a cause for concern; however, as far as we can tell, friends of boys in particular seem as likely to provide accurate information as they are to promote myths. The year 10 girls, however, quoted their parents as the main source.

Least accurate The source associated with the least accurate information was also identified. Here, teachers are identified as the main source of information on sexual matters by those least well-informed on AIDS. Are those relying on teachers the shy and naive pupils with only restricted sources of information anyway?

Parental involvement in the education of their children seems to work better as far as these figures suggest, although the potential for parents who are not aware of the main information source for their children to become so may be limited.

The timing of sex/drugs education material may be such that misconceptions held by year 8 children will be repaired later, but in the current climate where some papers seem almost willingly to promote misinformation it may not be wise to leave these younger children unprepared of accurate information.

Conclusions
Knowledge. Although the knowledge base amongst older pupils seems good from this data, that of the younger pupils needs firming up. Some younger pupils are still engaged in HIV-risky behaviour because they do not know that AIDS exists. Therefore, the transition from school to work in a time when identity and attitude can undergo significant change, which needs to be taken into account in the delivery of a health education programme.

Peers remain a significant source of information, and discussion with groups of peers (led by peers or professionals) is a promising indicated avenue for health education.

Anxiety about AIDS, if low, may expose young people through their behaviour to risks of infection, not just from HIV but other infections such as HSV2 and HPV, of which awareness is limited.

Teachers should pay particular attention to the following points:
- Emphasise the importance of condoms.
- Emphasise the danger of exposure to STDs other than AIDS.
- Clarify HIV transmission routes, especially those involving blood transfusions and 'social' contacts.

Contact John Balding or David Regis, Schools Health Education Unit (0392 624 722).

References

The Extra Guest video
A teaching pack designed to support your school education in secondary schools

Available from the Schools Health Education Unit.
Price £12.50 + VAT (to include 200 free leaflets for distribution in school)
Phone 0392 624 722.

Review

This volume explores the rationale for sex education in the primary school, giving a helpful overview of current legislation, together with consideration of the whole school policy and teaching methodology.

The book aims at collaboration, and the development of children's self-esteem, through workshop approaches. A broad view of sex education is adopted, and much of the work applies equally well to other areas of personal, social and health education.

Experiential learning strategies are explained, with the suggestion that when teachers or pupils are unfamiliar with such techniques, a gradual introduction may be beneficial to all concerned. It may also be the case that those teachers who have not covered this area will prove to be valuable in these situations.

To colleagues experimenting in this method of facilitating health education, much of the book will already be familiar and unthreatening. Those colleagues who are already acquainted with Taught not Caugh by the Clarity Collective (also published by LDA) will instantly recognize the layout and overlap in the two resources.

I shall certainly be including this resource in my collection and have no doubt that many of my primary school colleagues will find great value in its use.

Maybe some colleagues will need extra persuasion to play Kim's game with such objects as a bra, sanitary towel, tampon, soap, towel, deodorant, shaving equipment, jockstrap and shampoo (page 15), workshop (page 57), but it is certainly one to include on my next INSET — Kath Wilson, Advisory Teacher (Health Related Education), Somerset.