

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 1989 the Exeter District Health Authority sponsored the use of the Schools Health Education Unit's General Health-Related Behaviour Questionnaire among schools 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 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 secondary age range in this area. It will not include a very small number of the lowest school achievers who could

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What do young people know about AIDS?

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 include:

- How can the virus be transmitted?
- With whom have you discussed AIDS?
- From what or where have you learned facts about AIDS?

- How much do you fear getting AIDS?
- What are the best methods of preventing AIDS?
- Do you think you will take precautions?

Knowledge

Awareness of transmission routes as recorded in Table 1 seems satisfactory.

AIDS-related knowledge is generally satisfactory, particularly amongst older pupils who readily identify sexual intercourse and the sharing of needles as risk behaviours. The risks associated with blood transfer (both giving and receiving) need to be clarified. Appreciation of different types of risk are associated in mostly predictable ways.

There seem, however, to be important areas of doubt, especially for the younger pupils — for example drug taking by mouth and deep kissing. Pupils of all ages need to be aware of what risks are associated with the exchange of non-sexual body fluids. From other analyses of the data it was found that the lower academic achievers in particular may need detailed attention in regard to their understanding of HIV transmission. Male-female intercourse was given as a definite risk more

	YEAR 8		YEAR 10		Desired answer
	Boys	Girls	Boys	Girls	
Drug taking by mouth	10.6	5.3	5.2	2.7	No
Drugs: by sharing needles	92.1	94.5	98.1	99.0	Yes
Blood transfusions	49.6	44.9	70.4	70.9	No
Touching skin	2.1	1.6	1.1	0.2	No
Lavatory seats	7.2	7.7	3.2	3.5	No
Mouth-to-mouth resuscitation	10.3	6.9	8.5	8.9	No
Contact with blood	56.5	53.7	75.8	79.4	Yes
Light kissing	2.8	3.3	1.0	1.2	No
Deep kissing	17.5	13.8	11.6	12.3	No
Sex: male with female	82.7	85.4	94.4	94.0	Yes
Sex: male with male	70.0	61.2	90.0	87.9	Yes
Sex: female with female	41.4	40.9	46.1	47.6	Yes

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.

often than male-male intercourse, which is unexpected.

The girls in year 10 appear to hold slightly more accurate information than those in year 8. Specific awareness of sexual transmission between men was slightly greater in boys, while the risk between women was more often reported in younger girls.

We asked pupils if they had received any AIDS information from the following sources:

- TV adverts
- TV programmes
- Newspapers
- Posters
- Leaflets
- School videos
- School lessons

Girls in both years report greater learning from leaflets — a possibly more reliable source of information bearing in mind the prevalence of a number of myths regarding HIV/AIDS, not least those promoted by newspapers . . .

'STRAIGHT SEX CANNOT GIVE YOU AIDS — OFFICIAL'

— Headline in *The Sun*, 17 November 1990. The editorial commented: 'The killer disease Aids can only be caught by homosexuals, bisexuals, junkies and anyone who has received a tainted blood transfusion . . . the risk of catching Aids if you are heterosexual is 'statistically invisible'. In other words impossible. So now we know — anything else is just homosexual propaganda.'

As shown in the table below, young women report greater concern and greater intentions to act on this concern through taking precautions; these are trends apparent from national HIV/AIDS research and indeed 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.

	YEAR 8		YEAR 10	
	Boys	Girls	Boys	Girls
Anxious	20	24	24	28
Take precautions	63	69	76	85

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).

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, discussing AIDS with friends is 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 then 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, whose homes receive 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 both the blood-borne and heterosexual routes of HIV transmission. Specifically the *Sun* newspaper has become notorious for insisting on only the drug/homosexual risks 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 be that 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 is probably a good sign; they seem more aware of sexual transmission, and peer-to-peer discussion has been linked to positive behaviour changes in young people in previous research (2).

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

not traditionally associated with responsibility, but here drinkers seem to have better awareness of risks and to actively discuss these risks with people around them.

It will be encouraging if these positive attitudes can be sustained into young adulthood, although the young people who do more drinking and socialising at 14/15 may not be the ones who are performing most of these behaviours when the cohort is 19/20.

10. *School set* Pupils in the lower school attainment groups are more likely to believe in transmission through contact with skin or with lavatory seats. It appears lower academic attainment is associated still with misconceptions about the contagious nature of the infection, and attention here is clearly a priority especially among older children.

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 a second 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 tended to be the ones who gave '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 responses 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 naïve 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 presently the major information source for their children to become so may be limited.

The timing of sex/drugs education programmes may be such that misconceptions held by year 8 children will be repaired later, but in the current media climate where some papers seem almost wilfully to promote misinformation it may not be wise to leave these younger children unappraised 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 likely to engage in HIV-risky behaviour be-

fore 14/15 and need accurate information; regardless of sexual activity, risks associated with other behaviours needs clarifying.

This greater knowledge of older pupils is not reflected in any greater intentions to take precautions. Among year 10 pupils, 25% of boys and 15% of girls express no positive intention to take precautions, and it would be interesting to enquire further:

- Do these people see themselves as unlikely ever to engage in risk behaviour?
- Or will they attempt to assess partners for sexual/drug use history?
- Or do they assess the local incidence of HIV infection to be so low in their age group as to think there is no real risk?

This latter route of denial certainly also puts them at significant risk of infection by other organisms such as the genital herpes virus (HSV2) and the genital wart virus (HPV), about which awareness needs to be raised (3).

Attitudes towards risky and safe behaviours need attention in the classroom, and some attention to behavioural intentions is also indicated since, however good intentions are, they may not be implemented without negotiation skills.

The notion of 'safe or safer sex' in a free-response question seems almost entirely limited to 'use of condoms', the answer given by 80% of all those who made specific mention of sexual routes of infection. This seems needlessly conservative, and, given the failure rate of condoms experienced by some people, possibly dangerous. Promotion of other safer sexual practices is indicated.

Earnings may be significantly linked with certain behaviours; here an association with dating and alcohol use suggests an emerging pattern of health-risky behaviours (3). They also indicate an important area of activity which is not school-oriented. The transition from school to work is 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 alternatives to 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 264722).

References

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3. N. Ford, *AIDS awareness and socio-sexual lifestyles of young people in Exeter and district*. Exeter University: Institute of Population Studies, 1990.

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