Co-ordinator responses to health education topics showing each of the sections in the guidelines check lists

Total number of health education topics taught

<table>
<thead>
<tr>
<th>Health and personal skills</th>
<th>Human body</th>
<th>Social, emotional and mental health</th>
<th>Lifestyles</th>
<th>Health hazards and safety</th>
<th>Public health service</th>
<th>Healthy environment</th>
<th>Ecology and the food chain</th>
<th>Health services and agencies</th>
<th>Relationships</th>
</tr>
</thead>
</table>

**The LEA should...**

- Review its guidelines and plan a strategy for advising and training teachers in the light of Curriculum Guidance 9 (Health Education) from the NCC.
- Set up training in health education for head teachers, to allow them to explore and clarify their values and attitudes towards it.
- Set up a further series of ‘pyramid days’ to monitor carefully the uptake of training by co-ordinators and teachers, and note any difficulty.
- Make clear the appropriate allowance for a co-ordinator, and the amount of time which should be made available.
- Develop criteria for recognizing a health-promoting school.
- Make the links between environment and health more explicit, and offer advice to schools.
- Consider translating policy and strategy documents.

**Schools should...**

- Write to their school development plan the audits, review, and evaluation of health education.
- Review their means of communicating policy and strategy documents and of consulting with parents, pupils, governors and other relevant groups.
- Take into account their hidden curriculum and take steps to rectify where it conflicts with the taught curriculum.
- Review their health education programme, listing sex education and alcohol. In the light of information from their primary feeder schools, and give consideration to whether topics are taught at a time appropriate to their pupils’ needs.
- Produce a written statement on sex education (approved by their governing body).

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**STEPHEN CLIFT & DAVID STEARNS**

**AIDS education in secondary schools**

The emergence of AIDS poses a significant challenge to sex education in schools. Addressing this topic requires discussion of areas of human behaviour and experience which are sensitive and problematic.

Before teaching on AIDS is undertaken, decisions must be made about what is to be included in the curriculum. What objectives will be pursued? What resources and materials will be used? What terminology is most appropriate to discuss sexual activity? At what age should teaching begin? What are the best methods to use? And so on.

**Resources**

The seriousness of AIDS as a medical and social problem has led the government to fund substantial public information campaigns about AIDS and the production of two major teaching resources for use in schools. These have been produced to help teachers provide education on HIV and AIDS and have been made available free of charge to secondary schools.

The first of these is the DES video package Your Choice for Life, which consists of five separate video and a booklet which gives advice about how to prevent AIDS, and the proper framework within which information on AIDS should be presented.

The second resource is the HEA pack Teaching about HIV and AIDS. This consists of three units, each of which contains plans and notes for five lessons on HIV/AIDS. The resource is structured on a spiral curriculum model, with Unit 1 intended for use with 12-14 year olds, Unit 2 with 14-16 year olds, and the third unit with young people of 16 and over.

**In-service training**

Just over a third of teachers (38.0%) had received some form of specialist in-service training on issues related to HIV/AIDS — in other words, al-
most two-thirds had received no training.

The level of INSET varied from one area to another. Bromley emerged as the area in which teachers were best provided for, with almost three-quarters of teachers reporting INSET experience. In contrast, teachers in the independent sector were the least well catered for.

External support

Almost half of teachers teaching years 10 and 11 used some form of external support in teaching about HIV/AIDS. The professional groups most widely used were health education or promotion officers and school nurses. For example, over half of teachers using external support in teaching 10th-year made use of health education officers, and over a third of teachers working with 11th-years made use of such services.

Use of DES video

Just under 70% of schools reported using the DES video. Teachers appeared to have taken some notice of the guidance provided by the board accompanying the video, but only a minority claimed to have followed the guidance closely, and virtually none followed it entirely.

Teachers’ evaluations of the video were generally favourable. Almost 60% regarded it as either ‘excellent’ or ‘good’ and a further third considered it reasonable. Only a small minority criticised it as being ‘poor’.

As the HEA pack was published and distributed in 1986, it was not surprising that fewer schools reported use of the HEA pack compared with the DES video. Use of the pack was reported by 40% of schools, with the highest take-up recorded among LEA schools and the lowest in the independent sector.

When to start?

Just over a third of schools provided HIV/AIDS education before year 10. Provision of HIV/AIDS education for year 10 and 11 groups was uniformly high and virtually all schools who responded to the questionnaire provided some education over this age range. Just over 60% of schools provided it for the first time during the 10th or 11th year.

Given the level of sexual activity among year 10 pupils identified in a previous survey of young people in the south-east of England (1), the present result suggests that most schools in this survey were introducing education on HIV/AIDS too late.

Where in the curriculum?

The contexts of HIV/AIDS education within the curriculum varied markedly between the state and independent sectors. In state schools, teaching on HIV/AIDS was generally placed within the context of personal, social and health education. In the independent sector, in contrast, HIV/AIDS education was more commonly offered within either science or religious education.

Almost 90% of state schools reported HIV/AIDS education in some form of PSHE setting compared with just over half of the independent schools.

Approximately 60% of independent schools teaching on HIV/AIDS within science, compared with just over 30% of state schools.

Just over a quarter of independent schools provided HIV/AIDS education in a religious education context, compared with 13% of state schools.

In order to cover the major scientific, moral and personal issues raised by HIV/AIDS, the most favourable curriculum model is probably a co-ordinated coverage across science, religious education and a personal, social and health education course. However, this combination of three separate texts was found very infrequently. Less than 5% of schools across the region appeared to have provided HIV/AIDS education in a co-ordinated cross-curricular way.

Teachers’ aims

To investigate objectives in teaching about HIV/AIDS teachers were given 24 statements about the content of AIDS teaching and asked to indicate how representative they were of their teaching. The statements represented five themes: risks and safety; moral issues; based on the guidelines given in the ‘Decisions’ (DES) guide booklet; pupils’ attitudes and feelings; scientific/medical aspects of AIDS; and social aspects of AIDS.

Risks and safety

Just over two-thirds of teachers saw it as very important to discuss risks or misconceptions young people might have regarding casual social transmission. Almost two-thirds were very concerned that young people aware of the risks involved in being sexually active and just under 60% placed particular emphasis on safer sex.

Teachers were reluctant to be explicit and detailed in teaching about risks and prevention in relation to sexual activity. Just over a third gave particular emphasis to explaining how to use condoms, and the per-10% of teachers focused strongly on the skills involved in negotiating safer sex with a partner.

Approximately a quarter of teachers reported giving particular emphasis to discussing risks attached to oral and anal sex, but only just over 10% reported giving the same emphasis to discussing activities which are safe and pleasurable. Teachers, therefore, seem to find it difficult to talk in detail about sexual practices, but if they do it seems easier to talk explicitly about activities which are risky than to discuss activities which are safe.

Some major survey findings

Just over a fifth of schools did not have a sex education policy

Over a third of the schools in the survey did not have a member of staff with specific responsibility for the subject.

Just over a third of schools had received in-service training on issues related to HIV/AIDS.

Just over a third of schools provided HIV/AIDS education before year 10.

Almost 90% of state schools reported HIV/AIDS education in some form of PSHE setting compared with just over half of the independent schools.

Approximately 60% of independent schools provided teaching on HIV/AIDS within science, compared with just over 30% of state schools.

Less than 5% of schools across the region appeared to have provided HIV/AIDS education in a co-ordinated cross-curricular way.

Moral issues

Over half of the teachers reported giving particular emphasis to the issues of ‘responsibility’ in the context of sexual relationships and over a third to the ‘moral risks’ of being ‘promiscuous’. But fewer gave emphasis to attempting to help young people resist social pressures, and even fewer saw their role as being to promote the ‘virtues of sexual abstinence and restraint’ (DES Guide to Your Choice for Life, 1988). In other words, the moral issue related to HIV infection via sexual activity appeared to be addressed at the level of being responsible — whereas more active attempts to facilitate skills to resist pressure, or encourage a positive attitude towards delaying or avoiding sexual activity — were less widely endorsed.

Feelings, attitudes, and social aspects

Less than a third of teachers reported giving particular emphasis to any of the objectives concerned with feelings and attitudes towards young people with HIV/AIDS, or with a variety of social issues associated with it.

Approximately a third gave particular emphasis to encouraging compassionate feeling towards all people infected — and just over a quarter to challenging racist assumptions about the origins of AIDS.

Only a small minority of teachers placed equal stress on encouraging sympathy for gay men and drug users with HIV, and challenging the idea that certain individuals with HIV only have themselves to blame. In addition, only a minority claimed to have given particular emphasis to giving their pupils any positive information about local sources of support for lesbian and gay people.

Nevertheless, many teachers in the survey did express concern about the attitudes held by some young people towards homosexuality, and their worries about tackling this issue in school, given the existence of section 28 of the Local Government Act, 1988.

Scientific perspectives

With respect to the science objectives, less than a third of teachers placed a particular emphasis on developing an understanding of the scientific dimensions of HIV infection and AIDS in pupils.

This level of endorsement is even lower when specific issues are presented — less than a fifth gave particular attention to health problems and just over 10% focused particular emphasis on the test for HIV antibodies.
8. Teachers need to explore the possibility of giving greater emphasis to participatory and active forms of learning rather than relying too heavily on classroom teaching, showing videos, and general classroom discussion.

9. Wherever teaching on AIDS is provided, some attention should be given to assessing pupils' learning and evaluating the effectiveness of the lessons given.

Contact David Stears, The HIV/AIDS Education Research Unit, Christ Church College, North Holmes Road, Canterbury, Kent CT1 1QU (0227 76444, ext 207).

A report giving full details of the survey and results obtained is available from AVERT, PO Box 91, Horsham, West Sussex (0483 864010).

The Peer Led Alcohol Project — An approach to alcohol education for young people

The format of the project is likely to be:

- Pupil material, probably a 'flyer' giving information, raising awareness generally and alerting young people to the need to consider the issue of alcohol in more depth.
- Pupil material in the shape of five or six lessons using a peer-led approach in the classroom.
- A teachers' training manual which will enable teachers unfamiliar with peer-led teaching to use the pupil materials effectively and enable them to involve parents in alcohol education in school. It would especially address such issues as the need to raise parents' own awareness of their own behaviour in relation to alcohol, the influences on children and how young people's drinking behaviour might be addressed if there are causes for concern on an individual or community basis.
- Parent material using a 'flyer' to raise awareness of the importance of alcohol education in school and the contribution that parents can make through their support and involvement.

The pupil and parent 'flyers' are intended for all those children entering secondary schools, and their parents.

It is intended that the materials will be launched on Drinkwise Day in June 1991.

Successful education

There is much evidence to suggest that successful education is that which involves and gives the learner some responsibility for their own learning and is enhanced by parental involvement, not as passive receivers but as contributors and partners in the learning process. Through the approach described, the Peer Led Alcohol Project seeks to develop alcohol education which is relevant and appropriate to the needs of young people in the 1990s.

Ideas welcomed!

I am very aware of a number of exciting projects which are making use of peer-led approaches in other areas of health education and of innovative work being undertaken by teacher colleagues both in schools on the subject of alcohol. I would be delighted to hear from anyone who can offer examples of good practice or would like to put forward suggestions or ideas based on their practical experience.

Contact Sandra Jones, TACA DE, 1 Holme Place, The Crescent, Salford M5 4QA (061 745 8920)