

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 a wide variety of issues: What objectives will be pursued? What resources and materials will be used? What terminology is most appropriate to discuss sexual activities? 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 a five-part video about AIDS and a booklet which gives advice on how the video should be used 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.

The survey

As yet, little research has been undertaken to explore the issues and problems associated with teaching about AIDS in schools and to document the extent and context of teaching already undertaken. The aim of the present research was to survey current provision of teaching on this

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AIDS education in secondary schools

topic in schools in the south-east of England.

All state and independent secondary schools within the SE Thames Regional Health Authority Area were contacted during the summer term of 1989, and teachers in the schools with experience of teaching about HIV and AIDS were asked to complete a detailed questionnaire. The SETRHA area covers the whole of Kent, East Sussex, Bromley, Bexley, and a number of inner London boroughs. Questionnaires were returned by 388 teachers working in 180 schools.

The overall response rate from schools was just over 50%. This varied considerably, however, from one authority to another: over 70% of schools in Bromley responded, as compared with less than a third of schools within inner London.

Policy and co-ordination

Just over a fifth of schools did not have a sex education policy, and just over a third of schools did not have a teacher responsible for co-ordinating HIV/AIDS education. The lack of a sex education policy in so many schools is a serious matter from two points of view.

Firstly the 1986 (No 2) Education Act (effective from 1 September 1987) required schools to have such a policy in place by September 1988, at least eight months prior to the present survey.

Secondly, any education on HIV/AIDS provided in schools lacking a sex education policy would be taking place without the sanction and guidance of the governing body.

It is also unfortunate that over a third of the schools in the survey did not have a member of staff with specific responsibility for the co-ordination of HIV/AIDS education. This fact probably also signals the absence of broader co-ordination in the PSE/health education field within the school.

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-

The questionnaire asked for information on the following points:

1. The school's sex education policy and co-ordination of AIDS education
2. Experience of INSET on AIDS education
3. Curriculum context of teaching
4. External support employed in teaching about AIDS
5. Resources employed in teaching
6. Objectives pursued in teaching about AIDS
7. Teaching methodology employed
8. Evaluation undertaken
9. Any further information desired on AIDS-related issues

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-years made use of health education officers, and over a third of teachers working with 11th-years made use of school nurses.

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 booklet 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 1989, 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 ILEA 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 provided 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 possibly a co-ordinated coverage across science, religious education and a personal, social and health education course. But this combination of contexts 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 DES video 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 dispel myths or misconceptions young people might have regarding casual social transmission. Almost two-thirds were very concerned with making 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 percentage of teachers giving attention to specific safer sex practices and

Some major survey findings

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

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what to look for in buying condoms was very low. In addition, only approximately 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 practice, but if they do it seems easier to talk explicitly about activities which are risky than it is to discuss activities which are 'safe'.

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 raised by HIV infection via sexual activity appeared to be addressed at the level of being responsible — whereas more active

Methods of teaching

The survey showed that classroom teaching, whole-class discussion, showing a video, and 'question and answer' exchanges were widely used in teaching about AIDS. In contrast, project work, pupil-led 'seminars', workshops and drama, role-plays, or simulations were infrequently used.

Small-group discussion without a teacher and written work were used by only a minority of teachers. These results are interesting given the learning possibilities inherent in these methods. The former provides for the possibility of an exchange of views among young people without the inhibiting influence of an adult's presence. The latter requires young people to be explicit and precise in expressing their understanding and offers a means of expressing attitudes and concerns which might not be expressed openly in discussion.

Given the scope which such methods offer, it is unfortunate that these approaches are used fairly infrequently when compared with the more routine teaching strategies of whole-class teaching or discussion.

Evaluation of teaching

Approximately one-fifth of teachers reported no form of evaluation of the effectiveness of their teaching. A majority of teachers, however, claimed to be evaluating by means of verbal feedback from pupils.

Primary version

Just
a
tick

A set of questionnaires for pupils, parents, school staff, governors and health-care professionals, designed for use by primary schools wishing to promote Personal Development and Health Education in their curricula.

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 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 5% of teachers 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% of teachers placed emphasis on the test for HIV antibodies.

Less than a quarter of teachers made use of each of the methods of written work, structured questionnaires, and feedback sheets at the end of teaching.

Implications of the findings for policy and practice

Many of the findings from the survey carry clear implications for schools' policy and practice in providing AIDS education.

1. Schools should formulate policies which provide a positive and constructive framework for education on HIV/AIDS. Guidelines on when and where within the curriculum teaching on AIDS should take place is also desirable.

2. Co-ordination of teaching on AIDS is needed across the curriculum. This ideally should be the task of a member of staff with a broader responsibility for co-ordination of health education.

3. Given the number of complex and sensitive issues raised by HIV/AIDS, teachers should receive specific in-service training before embarking on teaching in this area and should have the opportunity for continuing support and updating.

4. Schools and teachers should establish and develop their links with potential sources of support for AIDS education (and health education in general) — particularly local health education or promotion units.

5. Up-to-date and appropriate teaching resources are needed to assist teachers in providing education on AIDS. Local health education units are likely to be a very good source of information on what is currently available.

6. Year 10 is too late to introduce teaching on AIDS for the first time. It is important that HIV/AIDS education is provided from years 7 or 8 and returned to at intervals on a spiral curriculum model.

7. Teachers need to give particular attention to their objectives in teaching about AIDS, and in particular give greater emphasis to promoting appropriate skill development and understanding of safer sex practices.

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.

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A report giving full details of the survey and results obtained is available from AVERT, PO Box 91, Horsham, West Sussex (0403 864010).