

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 a four week course 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 of information. Parents also sample some of the techniques and resources that will be experienced by pupils. Their response has 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 become aware of 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

SYLVIA KENNEDY

How we ran the AIDS game

Estover School, Plymouth, the pack reflects the school's concern to provide materials which require active student involvement. We were interested in the Estover 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 number 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 exchanging 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, 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 optional extra when directing movement from one exchange to the next! The instructions had appeared rather involved 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 twice (both times with the same partner) picked up the 'virus' on the second exchange.

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 largely within their own group, thus not spreading the infection to the wider population.

Evaluation

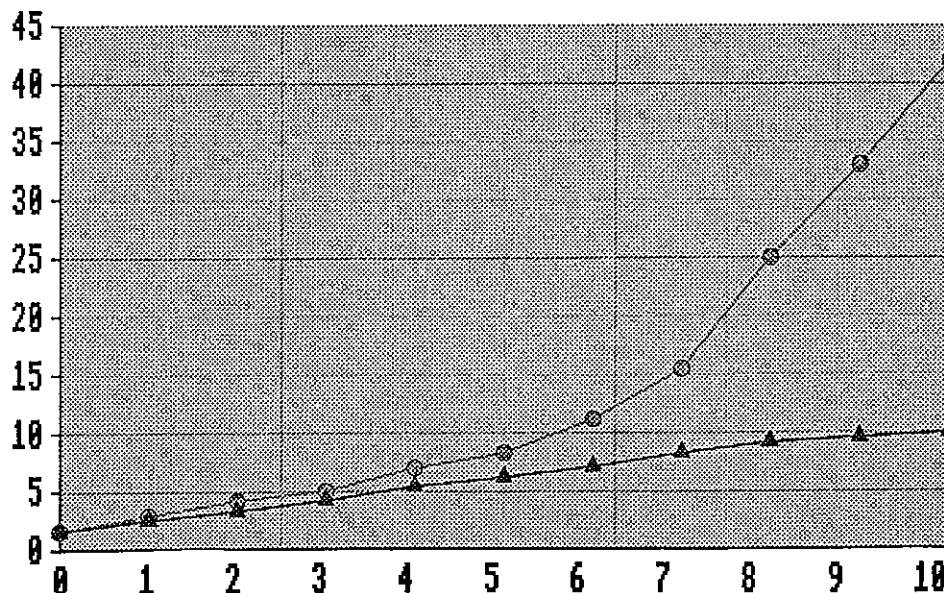
Our 4th-year tutor team was very impressed by the degree of involvement and participation. Subsequent feedback from the pupils, which included discussion and written impressionistic responses, reflected their enjoyment: "I thought it was a good idea to make it into a game rather than just go on and on about it", and also their opinion that "it was much 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 edu-



Above: The circles show the percentage of 'infected' pupils (vertical axis), round by round, in a typical group of 120. The triangles show what happened when the virus was held mainly within a small social group.

cation 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 very valuable resource in AIDS education.

Contact Sylvia Kennedy, Deputy Head and PSME Co-ordinator, Notre Dane RC Comprehensive School, Looseleigh Lane, Derriford, Plymouth PL6 5HN (0752 775101).

[The AIDS Simulation Game, by Graham Thomas, is available from Cambridge Resource Packs, 38 Cambridge Place, Cambridge CB2 1NS. — Ed.]

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