

Clear

**Myths**



Think

Explained

**Education**

**Questions**

**Social**

Stop

Understand

Society

**True**

**Interesting**

**Learn**

Sex

Age Group

**Alot**

Basics

**Effects**

**HIV**

**School**

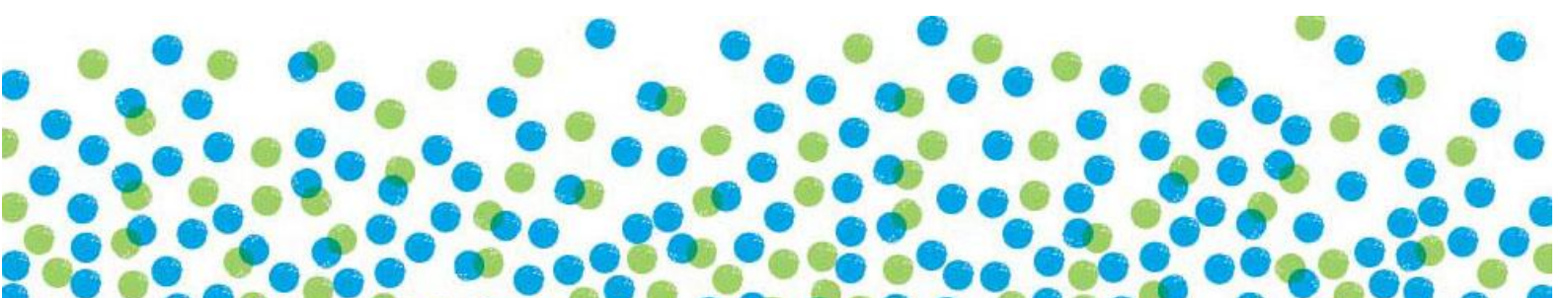
Awareness Campaigns

Transmission

**Younger Age**

**Knowledge**

*Cloud view of the most frequent words and phrases used by young people in response to a question about how education about HIV and AIDS can be improved in the Sex Education Forum survey 2011.*



# Young people's experiences of HIV and AIDS education

***“Just because we are afraid of the way AIDS can affect our lives doesn't mean we need to hide it under the rug. Speaking about it will keep knowledge up. And with that knowledge comes the power to help ourselves”.<sup>1</sup>***

## Introduction

The Sex Education Forum is a unique collaboration of diverse organisations representing children, parents, faith, disability, health and education. We believe that ALL children and young people are entitled to high quality sex and relationships education (SRE), which includes learning about HIV and AIDS. The Sex Education Forum is hosted by NCB.

The House of Lords began an ad-hoc Select Committee on HIV and AIDS in the United Kingdom in January 2011 and is due to report in July 2011. One of the things the committee is investigating is whether education about HIV and AIDS is adequate and how to improve it. The Sex Education Forum welcomes the appointment of the Select Committee for HIV and AIDS and the inclusion of prevention and public education as a key theme.

Learning about HIV and AIDS is compulsory for maintained secondary schools in England, but in 2008 a survey carried out by the Sex Education Forum found that one in four young people had not learnt about HIV and AIDS in school (Sex Education Forum, 2008).

Government guidance on sex and relationship education states that strategies for teaching about HIV/AIDS and STIs should include:

- helping pupils clarify their knowledge of HIV/AIDS and STIs;
- teaching them assertiveness skills for negotiating relationships; and
- enabling them to become effective users of services that help prevent/treat STIs and HIV.

All schools in England, including academies, must have due regard to this guidance.

To ensure that young people's experiences and views informed the Select Committee we decided to run an on-line survey to get an up-to-date picture from young people about HIV and AIDS education. This briefing is a summary of the key findings from the on-line survey.

## The survey sample

In total 821 self-selected young people responded to the on-line survey. It was promoted electronically through a range of organisations that work with young people including the NCB Children and Young People's HIV Network, Young NCB, Participation Works, Body and Soul, NSPCC, the British Youth Council and Dance4Life,

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<sup>1</sup> All quotes used to illustrate this report are comments made by young people responding to the 2011 Sex Education Forum survey about HIV and AIDS education.

and also through social networks such as Twitter and Facebook. The survey was live from 1 March to 10 May 2011.

The only personal details requested from young people were age, school year and school type. The aim was to ensure a high response rate. Young people under 16 were required to seek consent from a parent or guardian before participating in the survey. Two-thirds (66%) of respondents were aged between 16 and 25, and most of those aged under 16 were either 14 or 15 years old. Some of the findings are presented separately for the two age cohorts.

The majority of respondents (89%) attended (or had most recently attended) a school in England – of which 7% attended a private school. Other young people had attended schools in Wales, Scotland or Northern Ireland and 3% had been educated outside of the UK.

## Findings

### 1 in 4 young people learnt nothing about HIV and AIDS at school

*“Many schools don't even discuss this topic with students, and every child needs to know”.*

A quarter of young people responding to the Sex Education Forum survey (2011) said that they had not learnt about HIV and AIDS in school. A further 11% could not remember if they had learnt anything.

Young people aged 16 and above were more likely than under-16s to state that they had not learnt about HIV and AIDS in school (28% and 19% respectively). This is promising as it suggests that schools have increased provision – with young people in school today more likely to have learnt about HIV and AIDS than their older peers. Young people educated outside of England were less likely to have learnt about HIV and AIDS than their England-educated peers – 41% of this small cohort answered ‘no’ they had not learnt about HIV and AIDS in school. However, cohort comparisons within the sample require further research as the sample sizes are small and there may be other factors affecting responses such as differences in how people perceive or remember their education at different ages.

These figures reveal a worrying gap in current provision. Learning about HIV and AIDS and other sexually transmitted disease is the only aspect of sex education that is compulsory for all maintained secondary schools<sup>2</sup>. Sexually transmitted infections are also part of National Curriculum Science for Key Stage 3 (QCA 2007) but HIV and AIDS are not specifically mentioned.

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#### <sup>2</sup> **Statutory Instrument 1999 No. 2257 EDUCATION, ENGLAND AND WALES**

The Education (Non-Maintained Special Schools) (England) Regulations 1999 In exercise of the powers conferred on the Secretary of State by sections 328(6), 339, 342(2), (4), (5) and (6), 568(5) and 569(4) of the Education Act 1996[1], the Secretary of State for Education and Employment hereby makes the following regulations:

**Sex education 11.** - (1) Arrangements shall be made to secure that every pupil who is provided with secondary education will receive sex education, or will be wholly or partly excused from such education (except in so far as it is comprised in the National Curriculum) if his parent so requests. (2) The governing body shall, in relation to pupils who are provided with secondary education at the school-

(a) make and keep up to date a separate written statement of their policy with regard to sex education, and (b) make copies of the statement available for inspection, at all reasonable times, by parents of pupils at the school and provide a copy of the statement free of charge to any such parent who asks for one.

**(3) In this Schedule, "sex education" includes education about-**

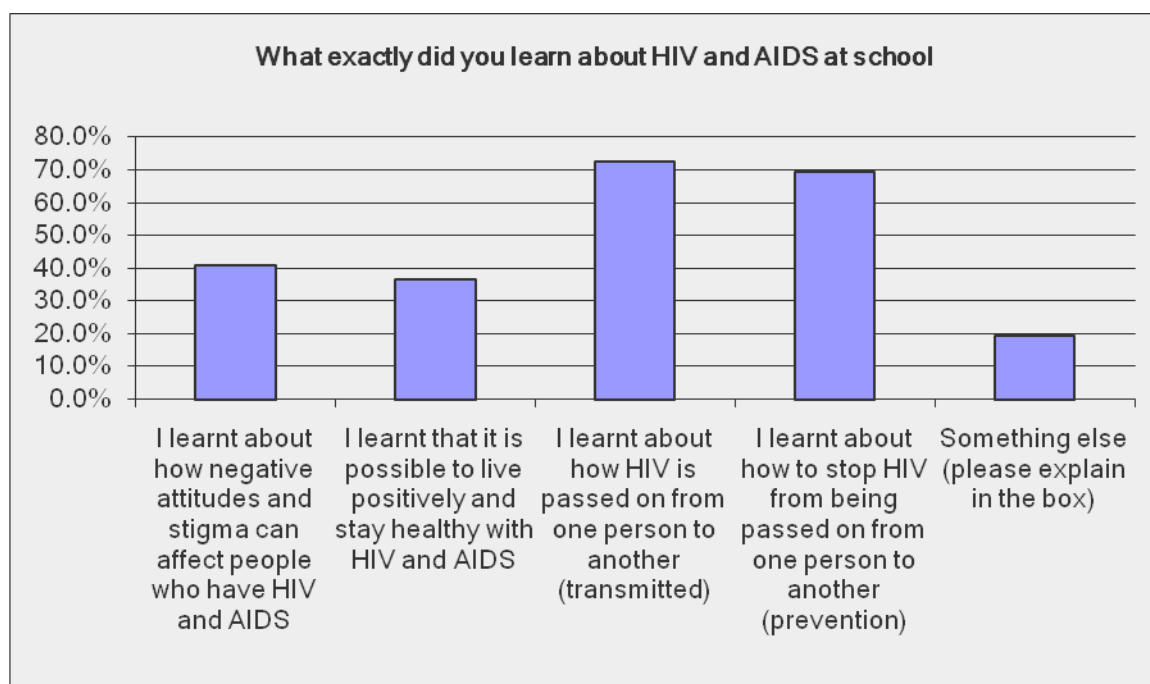
**(a) Acquired Immune Deficiency Syndrome and Human Immunodeficiency Virus, and**

**(b) any other sexually transmitted disease.**

## Gaps in knowledge about HIV and AIDS

The survey also asked young people if they had learnt all that they needed to about HIV and AIDS in school. Almost half (49%) answered 'no'. A further 23% were 'unsure', leaving only '28%' answering with a definite 'yes'. The younger cohort (aged 11-15) was more likely to give a positive answer with 38% answering 'yes – I learnt all that I needed to about HIV and AIDS in school'. This is encouraging given that some of these young people have not yet completed their schooling.

Further detail was requested about what exactly learning about HIV and AIDS had covered. Young people were most likely to have learnt about the transmission (73%) of HIV and slightly less likely to have learnt about prevention (70%). Learning about stigma and attitudes (41%) and positive living (37%) was less common.



Amongst the younger cohort (11-15 years old) figures were the same for transmission and prevention – but learning about stigma and attitudes (46%) and positive living (44%) was slightly more common than for the older cohort.

The gap in learning about the social aspects of HIV and AIDS reinforces findings from earlier surveys showing that the social and relationship aspects of SRE are too often neglected. Only 21% of young people reported having been taught about skills for coping with relationships compared with 92% who had learnt about the biological aspects of sex and reproduction (Sex Education Forum, 2008).

Beyond the four options provided young people were invited to describe what else they had learnt about. Responses included global issues, getting test results, the symptoms, how it affects your immune system and treatment. Worryingly some young people reported learning incorrect information such as 'we were told by our teacher that you could catch AIDS by sitting on a toilet seat that someone with HIV/AIDS had sat on'.

Some respondents took this opportunity to explain that they had only learnt about HIV and AIDS in biology and that SRE had been absent or minimal:

*"We went into depth in an AS biology lesson but nothing has been mentioned about the stigma attached or any of the more important emotional side of it."*

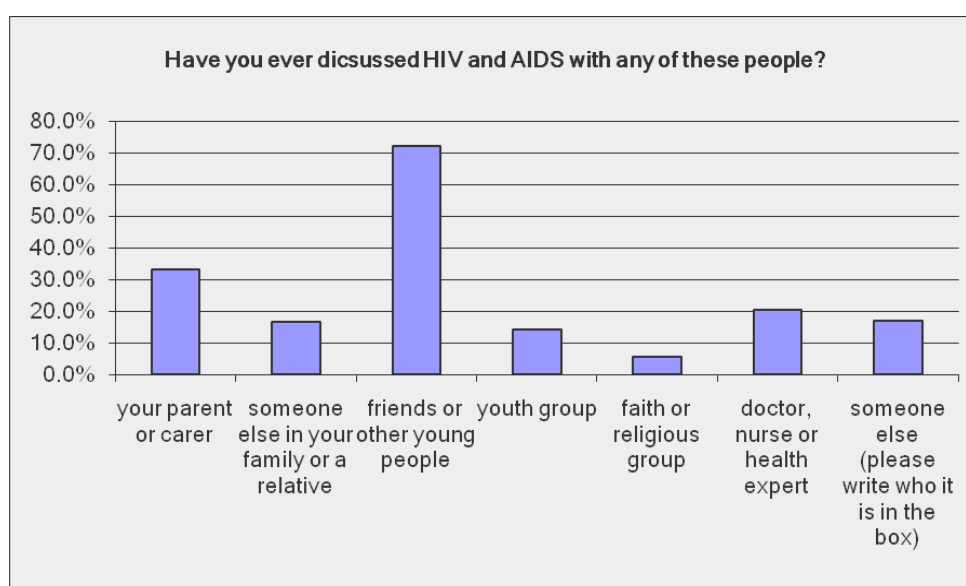
*"We've barely had any Sex Education at all, and HV/AIDS hasn't even been mentioned."*

*"We didn't cover HIV at all in my memory. If we did it maybe have been as a passing comment in a science class instead."*

## Learning outside school

*"I have not been taught anything at school. My mum talked to me about it."*

Young people were asked if they had ever discussed HIV and AIDS with other people, and were asked to pick as many options from the list as they wished. Friends were by far the most common response – almost a quarter of young people had talked about HIV and AIDS with friends (73%). Parent or carer was the second most popular response – a third of young people (33%) ticked this option. Of those young people selecting 'someone else' eleven respondents had spoken to no-one at all. Forty-six young people had spoken to a teacher, two had spoken to an intimate partner and one had talked about HIV and AIDS within an on-line community.



A question about other information sources showed that the TV (59%) and the internet (56%) were the most popular sources of information besides school. Young people were invited to tick multiple responses and to specify other sources of information not listed – these included pornography, comic books, the radio, charities, and theatre.

<b>Have you learnt about HIV and AIDS from any of these places? (you can tick more than one box)</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Magazines	34.4%	225
Newspapers	28.7%	188
Books	20.6%	135
Leaflets	35.0%	229
TV	58.8%	385
Videos or films	31.5%	206
Internet	55.7%	365
Something else (please write what it is in the box)	12.2%	80
<b>answered question</b>		<b>655</b>
<b>skipped question</b>		<b>166</b>

# Improving HIV and AIDS education

Overall, 68 per cent of respondents felt that education about HIV and AIDS should be improved. This dissatisfaction matches findings from Ofsted (2007), which state: “In particular, schools gave insufficient emphasis to teaching about HIV/AIDS. Despite the fact that it remains a significant health problem, pupils appear to be less concerned about HIV/AIDS than in the past”.

More than 400 young people took the opportunity to write an open text response explaining how education about HIV and AIDS could be improved. The key themes and messages from this data are summarised under the eight headings below.

## 1. More detail needed

*“A more thorough medical explanation would help”*

Young people were more likely to have learnt about the biological aspects of HIV and AIDS than the social aspects. However, open text responses suggest that even the biological aspects are not always covered in sufficient detail. For example, several young people pointed out the absence of information about the relative risk of different sexual practices.

In some schools young people described education about HIV and AIDS as a one-off event dealt with in an assembly or something that only received a passing mention in biology. Young people complained about the lack of time allocated for learning about HIV and AIDS and the lack of depth and quality of learning.

## 2. Know what you’re talking about

*“It is very poorly explained”*

Young people have repeatedly pointed to teacher competence as a barrier to good SRE (Sex Education Forum 2008) and teachers themselves have identified training as a top priority to improve the quality of provision (Sex Education Forum 2008b). Teacher competence was equally a concern for young people in relation to education about HIV and AIDS.

In some cases young people had learnt incorrect information, for example that HIV can be transmitted from toilet seats. Other research about the knowledge levels of teachers has found that many teachers are confused about the difference between HIV and AIDS (Westwood and Mullan 2007). Six per cent of teachers failed to identify HIV as a sexually transmitted infection. Embarrassment or the ‘squeamishness’ of teachers was also a barrier in some cases.

*“Provide better materials and guidance to teachers, and don't foist it upon those that feel uncomfortable/unable to discuss these issues openly and freely”.*

## 3. Make learning active

*“Give young people a chance to think for themselves, solve problems and relate it to their lives.”*

Young people made lots of practical suggestions about how learning could be more enjoyable, relevant, interactive and memorable. For a start it was important that information was up to date and not ‘stuck in the

80s'. Greater use of real-life case studies and stories, active teaching methods to get people involved and the use of HIV positive speakers were recommended. Young people wanted opportunities for safe discussions and being able to express opinions. One young person advised that teachers should find out what pupils already know about HIV and AIDS before the lesson.

## 4. Start earlier

*"Tell us at a younger age"*

Several comments related to teaching about HIV and AIDS beginning too late. For example, one young person had only learnt about HIV and AIDS at college and felt that information should have been provided in both primary and secondary school. Another young person described their learning as a one-off lesson provided too late:

*"We covered it for an hour, in my entire school life, and that was in the last year of school when a lot of people had already had sex".*

In a previous survey young people were asked about the best age to start teaching about HIV and AIDS. Just over half (53%) felt that the best age to start teaching HIV and AIDS was between 11 & 13 years old. Just under one third (30%) answered 'between 14 & 16 years old'. Fourteen per cent thought teaching about HIV and AIDS should start in primary school (Sex Education Forum, 2008).

*"Start SRE younger: we received ours in Year 10- a girl in my class had had her 2nd abortion by this point".*

## 5. Include the social side of it

*"I think they should talk about how it affects the person, not just how it can be prevented."*

Only four in ten young people had learnt about how negative attitudes and social stigma can affect people with HIV and AIDS. Yet suggestions for improving education about HIV and AIDS showed awareness of social stigma and a belief that the social aspects of HIV and AIDS should have more attention in school education. Some young people wanted to see HIV education located in wider learning about sexual activity and relationships and warned of the risk of increasing stigma by isolating HIV as a 'special STI'. Some respondents said that learning should also include the message that it is OK to say no to sex.

*"I think HIV prevention needs to be more than just 'use a condom'. It should look at wider sexual activity, condom negotiation - and therefore how to talk to partners about sexual history, positive relationships, pressure and consent."*

## 6. Be balanced

*"Both negative and positive facts need to be spoken about".*

Some young people had taken away strong messages from their education about HIV and AIDS that they felt were value-laden or inappropriate. For example one young person said that their PSHE education was good but

that HIV and AIDS was treated like a death sentence. Young people advocated for a balanced and honest approach that explained risks and the reality of living with HIV and AIDS.

*“Explain that it is possible to live with HIV/AIDS, at the same time as saying it's still something you should do all you can to guard against - don't just try and terrify children into not having sex, because it doesn't work.”*

## 7. Challenge stereotypes

*“It needs to be made especially clear that it doesn't just affect gay men”*

Some young people had very negative experiences of HIV and AIDS education in which stereotypes were reinforced rather than challenged. For example, one young person described HIV and AIDS being framed as primarily a gay issue, and recalled that learning HIV and AIDS was the only time when any sexuality other than heterosexuality had been mentioned.

For some young people learning about HIV and AIDS was another example of SRE that failed to be inclusive and address the needs of lesbian, gay, bisexual and transgender (LGBT) young people. In an earlier survey young people who identified themselves as transgender, lesbian or gay were more likely to describe their SRE as bad or very bad (56, 55 and 54 per cent respectively). This compares with an average of 34 per cent of young people describing their SRE as bad or very bad (Sex Education Forum, 2008).

Young people also wanted school education to challenge the view that Africans and people in the Third World are the ‘only people’ who get HIV.

Many of the young people responding to the survey recognised that HIV and AIDS can affect anyone and wanted this to be a clear message from school education. Several young people expressed concern that HIV and AIDS is perceived to be rare and therefore not a priority. HIV was contrasted with Chlamydia – a sexually transmitted infection that was felt to have good public awareness.

## 8. Make SRE matter

*“It is not fair that different schools tell people different things or nothing at all!”*

Young people saw the quality of HIV and AIDS education as inextricably linked to the quality – and status - of SRE. Encouragingly, some respondents described their SRE as ‘excellent’, but recognised the variation between schools.

Good quality SRE was described as something that would happen every year, with regular lessons and systems in place to make sure pupils did not miss out on lessons due to extra curriculum classes, for example. Respondents wanted to see more accountability for what schools provide, with one young person recommending ‘check-ups with pupils to make sure schools teach it’. Making SRE a compulsory part of the curriculum and a GCSE subject were also suggested.

*“Actually give sex education lessons as priority”*



## SRE: still not getting it right

In describing their experiences of HIV and AIDS education many of the survey respondents explained that SRE in their schools was unsatisfactory and in some cases completely absent. Young people taking the survey were also asked to give a rating for the quality of their school SRE. Just under one in three young people (28 per cent) described their SRE as bad or very bad.

Think about the sex and relationships education (SRE) you have had at school. Was it...		
Answer Options	Response Percent	Response Count
very good	11.6%	92
good	21.3%	169
OK	39.0%	310
bad	15.2%	121
very bad	12.8%	102
	<b>answered question</b>	<b>794</b>
	<b>skipped question</b>	<b>27</b>

The older cohort were more likely than the younger cohort to describe their SRE as bad or very bad; 33 per cent of young people aged 16-25 compared to just 18 per cent of young people aged 11-15. This is a very encouraging trend – suggesting that the quality of SRE in schools is improving. However caution should be taken due to the small sample size. Because of the small numbers similar caution should be applied to the finding that young people educated in Wales, Scotland, Northern Ireland and outside the UK were slightly more likely to rate their SRE as bad or very bad (56%).

Comparison can also be made with the results from an identical question asked to young people in a 2008 Sex Education Forum survey, in which just over a third (34 per cent) of young people aged 16-25 rated their SRE as bad or very bad.

Learning about HIV and AIDS is specifically included in good quality SRE. There are also lots of cross-cutting elements of SRE that relate to HIV and AIDS such as knowledge about sexual health and STI prevention; skills development such as communication and decision-making; exploring and developing values and attitudes e.g. gender roles and challenging stereotypes.

## Does SRE work?

SRE aims to equip children and young people with the information, skills and values they need to have safe, fulfilling and enjoyable relationships and to take responsibility for their sexual health and well-being. SRE aims to **contribute to behaviour change**, including reducing unprotected and unwanted sex, and reducing harmful behaviour.

Research shows that young people who have taken part in a good quality SRE programme are more likely to use condoms and contraception if they do have sex (Kirby 2007). In contrast, there is good evidence that a 'just say no' or 'abstinence only' approach combined with no information (or incorrect information) about contraception is not effective in changing behaviour in the long term (Guttmacher Institute 2007). So a broad programme of SRE is absolutely essential.

Furthermore, national and international research shows that good quality SRE has a protective function as young people who have had good SRE are more likely to choose to have sex for the first time at an older age. There is

no evidence that SRE hastens the first experience of sex. These findings are confirmed by three separate evidence reviews: Kirby 2007, UNESCO 2009 and NICE 2010.

So, comprehensive SRE has an impact on young people's behaviour by increasing use of contraception and condoms, reducing the number of sexual partners and delaying the initiation of sex. This behaviour helps protect young people from HIV transmission. In order to make use of contraception young people also need access to confidential and youth-friendly sexual health services.

## Our recommendations

### To government

- Charge Ofsted with the responsibility of evaluating the provision and quality of SRE including HIV and AIDS through an enhanced focus in the forthcoming revision of the Ofsted Inspection Framework.
- New government guidance on SRE should recommend that social aspects of HIV and AIDS such as stigma and challenging stereotypes are taught in all schools.

### To school leaders and teachers

- Governors in schools have a role as a critical friend and can ask schools for evidence that they are teaching about HIV and AIDS and what exactly is covered.
- Head teachers must ensure that learning about HIV and AIDS is included in the secondary curriculum, and can initiate the use of pupil surveys to assess quality.
- Teachers must be supported to have proper training so that they can provide accurate and up-to-date information about HIV and AIDS and use active and engaging learning methods.
- Schools can ask pupils to rate the quality of their SRE and use this data as a bench-mark to track change over time.
- Schools must ensure their SRE is positively inclusive, especially in relation to sexual orientation and HIV status.

### To young people and parents and carers

- Young people can contact their school council, Head teacher, UK Youth Parliament representative, local MP or Councillors to tell them what needs to change.
- Parents and carers can request to see the school SRE policy and ask about what is taught on HIV and AIDS.

***“We should be more scared of keeping quiet than of finding out, the former saves lives the other claims them.”***

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