

Knowledge of schoolchildren about the acquired immune deficiency syndrome

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SUMMARY. Teenage schoolchildren are often sexually active and first experiments with drugs can occur at this age. A questionnaire survey of the knowledge and source of information about the acquired immune deficiency syndrome was carried out on 232 15-year-olds at a school in Fife. The results showed that this younger age group is well-informed about AIDS, particularly methods of transmission of the virus, and that the majority of information was obtained from television (95%) and leaflets (85%).

Introduction

IN 1986/87, millions of pounds of public money was spent on a campaign to educate the general public about the acquired immune deficiency syndrome (AIDS) and 1988 saw the start of another even more costly campaign. The need for evaluation of such a health campaign is well established¹ and there are several bodies working on this, both government funded and independent.

Published work has concentrated on the 18 years plus age group.²⁻⁵ However, it is important to be sure that the message is getting through to younger teenagers. Attitudes to,⁶ and often patterns of^{7,8} sexual behaviour are established at secondary school level and introduction to illegal drugs can take place at an early age.

This study was an attempt to establish the level of knowledge and sources of information about AIDS in a group of 15-year-old schoolchildren.

Method

The survey was carried out in Beath High School in Fife, a comprehensive school serving the predominantly working-class town and surrounding area. The author was allocated school teaching time as part of the guidance curriculum. A questionnaire (see Table 1) was completed by the third year pupils (mainly aged 15 years) prior to a discussion of AIDS and other health issues.

In the section on AIDS knowledge, one mark was awarded for each correct answer and no mark for 'don't know', no answer or a wrong answer. The highest possible score was 15. Pupils were also asked to identify where they had heard about AIDS and to rate that source of information as useless, quite useful or very useful.

The pupils were classified according to: sex, level of achievement in English classes (foundation, general or credit) and smoking habits.

Results and discussion

Of the 232 questionnaires that were handed out 100% were completed, but 36 of the third year pupils were not at the guidance class. There was a normal distribution of scores on AIDS

knowledge throughout the study population with a range of 6-15 around a median of 12. The percentage of correct responses to each question is shown in Table 1. The results suggest that 15-year-old schoolchildren are well informed about AIDS. The most encouraging results were the high number of correct responses to questions on transmission of the virus, particularly the finding that 99% of pupils recognize the heterosexual route of transmission. The one area of concern was the failure to understand the idea of a healthy carrier state, with only 47% of pupils recognizing that the incubation period is usually more than a year.

Table 1. Knowledge about AIDS among 15-year-old schoolchildren.

	Correct responses (%) (n = 232)
What do the initials AIDS stand for?	25
AIDS is caused by a virus/bacterium/neither of these?	71
Is there a vaccine against AIDS which works?	59
Is there a cure for AIDS?	88
Can AIDS infection spread by:	
— sexual intercourse between males and females	99
— kissing	92
— sexual intercourse between male homosexuals	96
— sharing needles and syringes in drug addicts	100
— shaking hands	96
— contact with the blood of an infected person	81
— a blood transfusion abroad	64
— living in the same house as an infected person	88
Are all blood donations in Britain tested for AIDS carriers?	74
How many cases of AIDS have there been in the UK so far? <500/500-999/1000-1500/>1500	53 ^b
How long after becoming infected do the symptoms appear? A few days/less than a year/more than a year ^a	47

^a correct response, ^b 23% underestimated, 22% overestimated.
n = total number of respondents.

Knowledge about AIDS did not vary with sex, level of achievement in English or smoking habit. It is to the advertisers' credit that the language used in the education campaign is getting through to teenagers at all levels of ability with the English language.

Table 2 summarizes the sources of information on AIDS. The number of sources of information per pupil ranged from 0-13, with a normal distribution round a median of 6. There was no correlation between the number of sources of information and AIDS knowledge. Only nine (4%) of the study population had seen none of the four sources of information that are backed by public money; the knowledge score of these nine were not different from the rest of the population.

Television is undoubtedly the most widely seen education/advertising medium in this age group — the publicly funded television adverts had reached 95% of this population and had been well received. Ninety-six per cent of this population had

Table 2. Sources of information about AIDS for 15-year-old schoolchildren.

Source	Number (%) of children identifying source (n = 232)	Rating (% of number identifying this source)		
		Useless	Quite useful	Very useful
Television advert ^a	221 (95)	10	50	40
Leaflet ^a	197 (85)	6	51	43
Television programme	187 (81)	9	39	52
Friends	138 (59)	59	32	9
Newspaper article	131 (56)	23	55	22
Newspaper advert ^a	127 (55)	33	52	15
Parents	118 (51)	13	48	39
Magazine	114 (49)	24	56	20
Radio advert ^a	89 (38)	42	45	13
Teachers	86 (37)	20	59	21
School nurse	34 (15)	44	35	21
GP	30 (13)	27	43	30
Others, including poster	7 (3)	—	—	—

^a Backed by public money. n = total number of respondents.

seen at least one of the government funded sources of information. Network television programmes had also been widely seen (80%) and well received by children, with 52% finding them to be 'very useful'. The leaflet campaign likewise has been a success — this was read by 85% and rated 'very useful' by 43% of the schoolchildren. All other sources of information fell well short of these three in terms of both the audience reached and perceived educational value.

The general practitioner input into health education on AIDS was very low, with only 13% of 15-year-olds recalling receiving advice from this source. Is this due to their lower attendance rate or our failure to raise the issue during the consultation? In our practice, we see 13–18 year olds two or three times per year on average in the surgery. It is disappointing, therefore, that general practitioners act as a source of AIDS information to these teenagers in only 13% of cases.

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WEDNESDAY 25 JANUARY 1989

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The workshop is open to general practitioners, practice managers and interested lay representatives. It is being held at Princes Gate and the fees are £35.00 per delegate (Section 63 approval is being sought).

For further details, please contact: Janet Hawkins/Simon Hope, Services to Members and Faculties Division, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 01-581 3232.

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