

HIV and AIDS in schools: compulsory miseducation?

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I write this on World AIDS Day, celebrated in schools throughout Britain, and around the world. Education about HIV and AIDS provides a revealing and perplexing case study about the workings of government in education. For, in England and Wales, all schools are compelled to teach about HIV and AIDS. Not doing so is an offence, under the 1993 Education Act. School governing bodies are required to make policies about it, and Ofsted, the government's education watchdog, has to inspect for it. However, what schools teach about HIV and AIDS is not similarly prescribed. It is the responsibility of each school itself to gather the information that it is to deliver in its programme.

What this means in practice is that schools become the target for a whole range of special-interest groups, seeing rich pickings from getting their material into the hands of children. This is a recipe for propaganda and miseducation.

First, why should HIV and AIDS education have such a privileged place in the school curriculum? To put it in perspective, in 1999, 361 people died from AIDS in the UK. More people died from falling downstairs (558) and almost as many died from choking on food (262). Yet I have never heard calls to celebrate World Choking Day in schools, nor heard demands for 'advice on avoiding death from falling downstairs' to become a compulsory part of the curriculum. And the figures are positively dwarfed by problems from other diseases. About 60,000 people die each year from pneumonia and 300,000 from cancer and heart disease.

It might be argued that such figures show that AIDS education is clearly having a positive impact, leading to young people changing their sexual behaviour; in particular, not having unprotected sexual intercourse. Unfortunately, such optimism is belied by the ever-increasing number of teenage pregnancies and increasing rates of infections from other sexually transmitted diseases.

Second, it is apparent that the special-interest groups are foisting material on unsuspecting schools that attempts to 'normalise' the disease. My researchers visited schools and found the clear message coming through, that *all* are at the same risk of HIV infection, heterosexual and homosexual, drug users and non-drug users. But again, the figures – which are not bandied about by the same interest groups – belie this too.

From the date that AIDS was first diagnosed to March 1999 there were 37,820 people diagnosed with HIV in the UK. Less than 1% – that is, only 372 cases – are thought to have become infected through heterosexual intercourse where there is no

evidence of a high-risk partner or of infection outside Europe. These facts, and any implications that might arise from them, are singularly avoided in HIV/AIDS lessons. Teachers are at pains, mainly because the material they use is similarly one-sided, to stress that all are equally at risk. And this is the message that my researchers heard coming loud-and-clear from students of all ages: 'You can get AIDS equally well from sex with men or women, or from taking drugs. Even your mum can give it to you.' The special-interest groups have reason to be well pleased.

This is a classic case of the unintended consequences of government intervention around a controversial cause. The Conservative government, after intense lobbying by special-interest groups and the Today programme, felt the need to 'do something' about AIDS and HIV. But countervailing forces, particularly in the House of Lords, reflected concerns that this would mean 'doing something' distasteful in schools. The result was the unhappy compromise that we now see: schools compelled to teach a subject, about which no content could be provided by government.

The rot started in 1991 when the National Curriculum for Science was amended for children aged 11-14 to include study of HIV and AIDS, both behavioural and biological. But some Conservative backbenchers and Lords felt that such instruction would inevitably involve the teaching of homosexual practices and activity. A pamphlet on HIV and AIDS for schools produced by the then Department for Education confirmed these suspicions: it was judged as being 'amoral' and 'judgement free' in the House of Lords, criticised for 'explicitly describing oral sex' and 'deviant sexual practices.' Thus the compromise of the 1993 Education Act. The science curriculum was amended to take out the study of HIV/AIDS 'other than biological aspects'; at the same time, sex education would have to be a compulsory part of the 'basic curriculum' to be provided by all maintained secondary schools. And sex education - the first time it had ever been defined by law - must now include education about the behavioural aspects of HIV and AIDS. Guidance would be provided, but, to satisfy the disgruntled Lords, no explicit material.

One solution which may have occurred to some readers, of course, would be not only to compel schools to teach about HIV and AIDS, but to make the *content* compulsory too. This would be a terrible outcome. The issues are far too controversial. And controversial issues make for bad state compulsion. The better way is to get government to withdraw from this area altogether.

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