



Attitudinal Survey Report on the Delivery of **HIV and Sexual Reproductive Health Education** in School Settings in **Samoa**



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Acronyms

| | |
|--------|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| FGDs | Focus Group Discussions |
| HEAPS | Health Education and Promotion Section |
| HIV | Human Immunodeficiency Virus |
| HPE | Health and Physical Education |
| MOH | Ministry of Health |
| MESC | Ministry of Education, Sports, and Culture |
| MWCSD | Ministry of Women, Community and Social Development |
| NACC | National AIDS Coordinating Committee |
| NGOs | Non-Governmental Organizations |
| PICTs | Pacific Island Countries and Territories |
| SAF | Samoa AIDS Foundation |
| SDHS | Samoa Demographic Health Survey |
| SFHA | Samoa Family Health Association |
| SGS | Second Generation Surveillance |
| SRH | Sexual and Reproductive Health |
| STI | Sexual Transmitted Infection |
| UNICEF | United Nations Children’s Fund |

Foreword

The Pacific has made important gains in reducing the incidence of new HIV infections and stemming the spread of the AIDS epidemic. New HIV infections declined by 16% in the Pacific between 2005 and 2013, in particular due to a significant decline in Papua New Guinea, the most affected country in the region. However, high rates of other sexually transmitted infections (STI), teenage pregnancies, gender-based violence and sexual abuse still poses a threat of an HIV epidemic developing in the Pacific region.

The role of education in addressing HIV as well as sexual and reproductive health (SRH) for youth is recognized by Ministries of Education in the Pacific. In 2010, Ministers at the Forum Education Ministers' Meeting (FEEdMM) endorsed an initiative presented by UNESCO on behalf of other UN agencies and regional organisations to develop HIV and AIDS education in the Pacific. Following this endorsement, UNESCO, in collaboration with the Secretariat of the Pacific Community, UNAIDS and UNFPA, held a consultation workshop with 13 Pacific Island Countries in May 2011 to discuss ways to strengthen HIV and AIDS education and SRH education in primary and secondary schools. A priority outcome was to undertake attitudinal surveys to establish key baseline information on the attitudes of principals, teachers, parents and students towards HIV and AIDS education awareness and prevention being taught in primary and secondary schools.

UNESCO conducted attitudinal surveys in Nauru, Niue, Palau and Samoa in 2012 in collaboration with country education authorities. This report presents the outcomes of the survey.

The survey found that principals, teachers, parents and students alike supported the introduction of Comprehensive Sexuality Education (CSE). CSE was viewed as important in preparing young people to make informed decisions and generate positive attitudes towards their life experiences. A preferred CSE programme would include HIV and AIDS education, gender equality, stigma and discrimination issues, self-awareness, life skills, reproductive health, sexuality, sexual orientation as well as the involvement of parents and family members.

This survey report recommends commencing appropriate CSE topics at primary level and adapting the content appropriately for primary and secondary school students, involving parents more, and integrating other topics pertinent to brain development and self-esteem such as nutrition and physical education in the four countries. A key concern for both parents and teachers was the need for teachers to be well trained in the subject areas and to have comprehensive and attractive educational resources available. The survey showed that teachers, parents, and students all believed that young people wanted and needed access to information on issues related to sexuality and SRH to ensure their wellbeing and development.

The UNESCO Office for the Pacific States is committed to collaborating with its Member States and other development partners to ensure CSE remains a priority within the education agenda. A well-planned and well-delivered CSE programme can increase knowledge, develop skills, generate positive attitudes and reduce risk-taking behavior.



Etienne Clément
Director

UNESCO Office for the Pacific States

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UNESCO would like to thank Robyn Drysdale for carrying out the survey and preparing this report.

Context

Samoa is an independent, Polynesian Pacific island country comprised of ten islands, including two relatively large islands, Upolu and Savai'i, and eight smaller islands of which three are inhabited. In the 2001 census, the population totaled 176,710. Two-fifths of the population of Samoa are children under 15 years of age (40.7 per cent) with almost half (49.8 per cent) of the population aged 0–18 years. The 2006 census reported a total population of 179,186.

HIV prevalence in Samoa is low. There are currently 21 confirmed cases of HIV in Samoa. The ratio of male to female infections is 2:1, and the most common mode of transmission is heterosexual.¹ The 2008 Second Generation Surveillance (SGS) survey also showed that Samoa – whilst experiencing a low prevalence epidemic – demonstrated biomedical and behavioral indicators of risk of HIV and other sexual and reproductive health issues.

According to the SGS, the prevalence of other sexually transmitted infections (STIs) is quite high, with Chlamydia rates of 28 per cent in a 2008 survey of pregnant women attending antenatal clinics. The Chlamydia prevalence for those women 25 years old and under was 41 per cent. Despite low reported levels of risk behaviour amongst pregnant women in Samoa, Chlamydia prevalence, particularly in the less than 25-year-old age group is very high. The 2008 SGS concluded that measures were needed to reduce the overall prevalence of STIs in the community, and to understand the risk behaviours of male partners.

Key SGS survey findings related to youth (41 per cent of the women surveyed were under 25 years) demonstrated a low level of condom use and a low level of knowledge of HIV & AIDS, especially among females. Few youth had undergone an HIV test and knew the results. The survey found an association between correct knowledge of HIV transmission and sex; females were less likely to have both correct knowledge of HIV transmission routes and prevention methods. There was also a relationship between sex and sexual behaviours; females were less likely to report having had sex in the last twelve months and less likely to report having had sex with a casual partner. The 2009 Samoa Demographic and Health Survey (SDHS) found that only 6 per cent of young men, and 3 per cent of young women aged 15–24 years, had comprehensive and correct knowledge of HIV prevention and sexual transmission (i.e. consistent use of condoms, one faithful HIV-negative partner can reduce the risk of getting HIV; that a healthy looking person can have HIV, and rejection of common misconceptions).² Teen pregnancy rates were also of concern with the SDHS showing that 9 per cent of teenagers had begun childbearing. Teenage fertility amongst 15–19 year olds in Samoa varied by location (7 per cent in urban areas compared with 10 per cent in rural areas). The proportion of unplanned births in Samoa was highest in this age group as one in four births were either mistimed (17 per cent) or unwanted altogether (8 per cent).³

The government of Samoa has adopted a multi-sectoral approach to HIV and AIDS with national efforts guided by the 2001 HIV/AIDS National Plan of Action and the more recent HIV/AIDS National Policy and Plan of Action, 2009. Within the community, education on HIV and AIDS, and other health issues, is provided through the Health Education and Health Promotion Section (HEAPS) of the Ministry of Health (MOH). HEAPS also coordinates the programmes for World

1 Samoa Ministry of Health. 2008. *Second Generation Surveillance Survey*, Samoa 2008.

2 Samoa Ministry of Health. 2009. *Samoa Demographic and Health Survey* 2009.

3 Ibid.

AIDS Day which is celebrated in Samoa every year. Other agencies that carry out HIV education programmes include: the Samoa Family Health Association (SFHA), the National AIDS Coordinating Committee (NACC), the Samoa AIDS Foundation (SAF), and the Ministry of Women, Community & Social Development (MWCSD). The director of education for the Congregational Christian Church has also incorporated information on HIV and AIDS into two church publications: Curriculum for Sunday School Teachers and Curriculum for Youth. It is up to the discretion of the Pastor what is taught from these curricula⁴

The 2009 National HIV & AIDS Policy (2011–2016) states that *The Ministry of Education, Sports and Culture (MESC), and other public and private institutions of higher learning, in collaboration with the National AIDS Council, shall develop appropriate intervention strategies to accelerate AIDS information in schools. These include the provision of non-examinable HIV/AIDS information in primary and secondary schools. HIV/AIDS information should be introduced early enough so as to protect the children who are not yet sexually active, and before they are exposed to sexual practices. This is to equip the youth with knowledge and skills to protect themselves and others from HIV transmission. Reproductive and sexual health should be incorporated into the school curricula (p.14).* The integration of HIV and sexual reproductive health (SRH) education has occurred in the secondary Health and Physical Education (HPE) curriculum. The new primary-school curriculum is in development. The MESC also approved making Health and PE a core for all students at Year 9–Year 11, but this is dependent on having teachers available who can teach the subject. Currently, the limited number of HPE teachers is restricting its full implementation in the schools. Although MESC has approved this subject as a core subject in Years 9–11, this still needs to be introduced earlier, at the primary-school level, especially for those who leave school at Year 8 or before.

The Education policy is guided by the MESC Strategic Policies and Strategies July 2006–June 2015. In this policy, there is a clear commitment to ensuring that the learning needs of all young people are met through equitable access to appropriate learning and life skills programmes.

A 2009 SPC/UNICEF report⁵ found that, overall, Samoa had a supportive policy environment for sexual and reproductive health issues of youth including: support for life skills training programmes; sexual health education in the curriculum (at the secondary level); attention to gender in the school curriculum; the provision of relevant information on HIV and AIDS; and some access to condoms. However, the challenges are in the implementation, with a lack of committed funds or resources meaning that many programmes are dependent on donor funds to support sexual reproductive health programmes for youth.

4 UNICEF Pacific Office, Fiji. 2006. *Samoa: A Situation Analysis of Children, Women and Youth*.

5 SPC, AHD and UNICEF. 2009. *Desk Review of Programs for Most at Risk Young People in Six Pacific Countries*. (draft report)

The Study: Attitudinal Survey on the delivery of HIV and Sexual and Reproductive Health Education in School Settings

Young people today are exposed to a wide range of information related to sex and sexuality, most of which is misleading and incorrect. How these issues can be resolved as part of a programme that addresses key issues facing young people, is crucial in addressing related issues such as increased numbers of sexually transmitted infections (STIs), HIV/AIDS, and teenage pregnancies.

Schools have increasingly been identified as safe and unbiased settings to address these issues as places of learning and experiencing peer influence. Although Comprehensive Sexuality Education (CSE) related programmes have been introduced into the Pacific over the years such programmes have not been consistently sustained.

This study was carried out firstly to identify the relevance of CSE programmes in PICTs by focusing on attitudes of the key stakeholders within the Education Sector including parents, and secondly to establish whether they felt CSE related programmes should be taught in primary and secondary schools, and if so how and what should be included.

The survey was implemented Nauru, Niue, Palau and Samoa in 2012 and included both focus group discussions and one on one interviews. A questionnaire (attached as Annex 1) was carried out where statistical analysis determined geographical areas and population (age group, sex, and numbers) to ensure a representation of students throughout the country.

The recommendations of this report will contribute towards the implementation of a CSE programme in Samoa.

Teacher Survey implementation

The education system in Samoa includes primary schools (Year 1 to Year 8), secondary schools (Year 9 to Year 12) and colleges⁶ (Year 9 to Year 13). In addition to government schools, there are many mission (religious) schools. There are a total of 165 primary schools with 142 government schools, 17 mission schools and 6 private schools. Also, there are six primary-secondary schools, four of which are mission schools and two are private. There are twenty-three government run secondary schools, 1 private and twelve mission secondary schools.

As there are 207 schools in Samoa, for this study a purposive sampling strategy was utilized. In consultation with the Samoa Ministry of Education, Sports, and Culture (MESCC) and UNESCO staff, sample schools were selected based on a mix of urban and rural settings, with both government and non-government schools in the sample, as well as primary and secondary schools. Based on the sampling, 17 schools participated in the teacher survey, with approximately 220 surveys distributed (see Annex 1 for a full list of participating schools). A total of 164 surveys were returned from 108 primary teachers and 56 secondary teachers throughout the country.

⁶ The National Examination at Year 8 determines entrance to secondary education. The top achievers in government schools go to Samoa College, Vaipouli College or Avele College. The rest of the students go to the secondary school or college within their district.

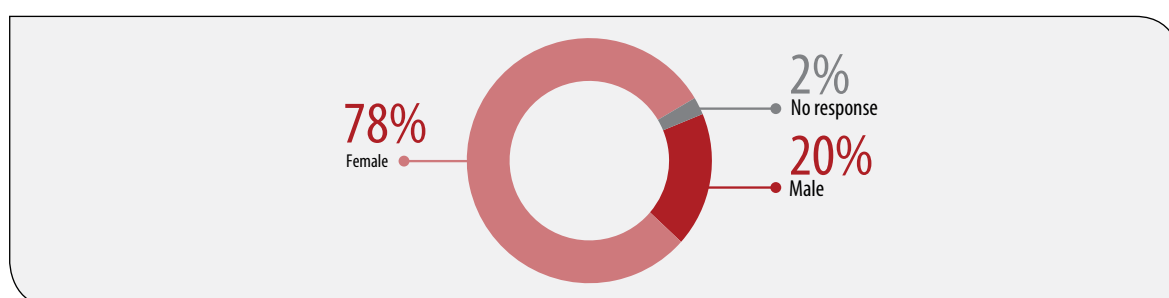
Table 1: Samoa survey respondent demographics

| Primary | Secondary | Government | Non-Government | Urban | Rural |
|-----------|-----------|------------|----------------|-----------|----------|
| 108 (65%) | 56 (35%) | 146 (89%) | 18 (11%) | 120 (73%) | 44 (27%) |

In Samoa, the survey tool was translated into Samoan by MESC. After the survey collection, a UNESCO staff member undertook translation of open-ended question responses and assisted with data entry. (See Annex 2 for the Samoan Survey tool)

Profile of respondents

The majority of survey respondents (79 per cent or 129 respondents) were women and under 45 years of age, though there were distinct differences between the primary and the secondary teachers. The secondary teacher respondents were a much younger cohort, with 64 per cent of primary teachers aged between 26–45 years old, while 81 per cent of the secondary teacher respondents were under 35 years, with many under 25 years. All teachers in the Samoan study sample were Samoan. Non-Samoan teachers are few in numbers and are mainly employed by private schools.

Figure 1: Sex of survey respondents**Table 2: Sex of respondents by school level**

| | Primary | Secondary | TOTAL |
|-------------|---------|-----------|-------|
| Male | 11 | 21 | 32 |
| Female | 95 | 34 | 129 |
| No response | 2 | 1 | 3 |

Table 3: Subject area of teachers

| School | Subject area | Number (per cent %) |
|-----------|----------------|---------------------|
| Primary | All subjects | 172 (66%) |
| Secondary | Samoan studies | 11 (7%) |
| | Science | 8 (5%) |
| | Social Studies | 7 (4%) |
| | Mathematics | 7 (4%) |
| | English | 6 (4%) |
| | Health | 6 (4%) |
| | Other | 11 (7%) |

The majority of the survey respondents to this particular question (66 per cent or 172 respondents), were primary teachers and taught across all subject areas. Of the secondary teacher respondents, there was a very broad spread across subject areas, such as Samoan studies, science, social studies, English, mathematics, health, et al (including computer studies, food & textiles, carpentry, accounting, history, etc.). It should be noted that in majority of cases teachers taught across more than one subject even at the secondary level. An issue that was raised by the MESC, and also by teachers themselves during focus group discussions (FGDs), was that there were relatively few health teachers in schools in Samoa, although the ministry is reportedly trying to address this issue.

Interviews and Focus Group Discussions

Key informant interviews and FGDs were undertaken in three schools, namely, Leifiifi College, Chanel College, (both in Apia urban area), and Sa'asa'ai Primary (in Savai'i). Interviews were also undertaken with the three school principals and follow-up (post-survey) interviews with ten teachers. A total of thirty-nine parents participated in three FGDs. A total of thirty-three students participated in five FGDs facilitated with students from Year 5 to Year 12 across the three schools.

In addition, key interviews were undertaken with staff from 5 key agencies: Ministry of Education, Sports, and Culture; Ministry of Health; Ministry of Women, Community and Social Development; the Catholic Diocese; and Samoa Family Health Association. (See Annex 1 for a full list of key informants)

Table 4: Interviews and Focus Group Discussions

| | Teachers | Parents | Students |
|-------|---|---|--|
| Samoa | 3 principals (2 female, 1 male) 10 teachers (7 female, 3 male) MESC, MOH, MWCSO, SFHA, the Catholic Diocese | 3x FGD with a total of 39 parents (21 female, 18 male) | 5x FGD with a total of 33 students (Year 5–12) (8 primary, 27 secondary) (18 female, 15 male) |

Findings

The data are addressed below under four headings

1. The current situation
2. HIV and SRH education – what, when and how much?
3. Teacher attitudes
4. Barriers and challenges

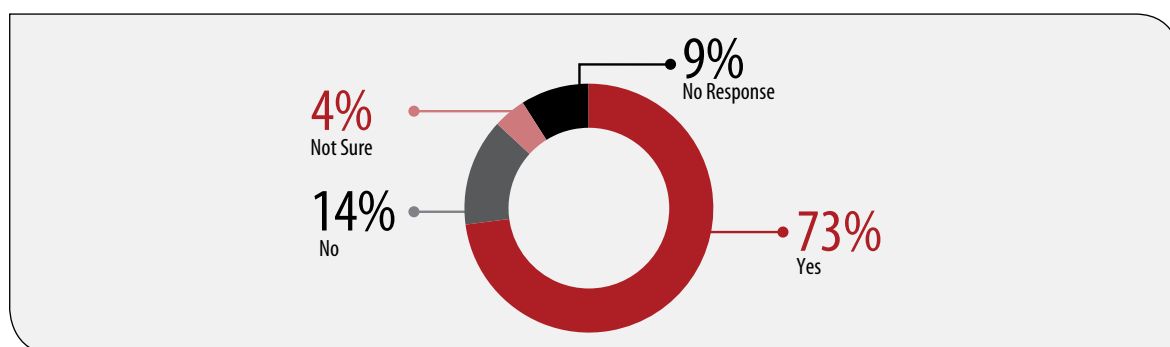
The Current Situation – HIV & SRH Education in Samoan Schools

“There is a curriculum at the secondary level. It is difficult to teach it due to the language. Culturally it is difficult to teach including parents, especially the fathers. There is a fear that if talk about it children will do it. The fact that kids are learning from the internet, etc. makes things harder to teach. Even as a teacher I get a bit shy ... even the students become shy although we know it is important to teach these things.” (Primary school teacher)

Are HIV and SRH taught in your school?

Almost three-quarters of survey respondents (73 per cent or 119 respondents) stated that HIV and SRH were taught in their school. There was no discernible difference between those from a primary school and those from a secondary school. Twenty-three respondents (14 per cent) stated that it was not taught at their school and six respondents (4 per cent) were unsure. Sixteen respondents (9 per cent) did not answer this question, which may indicate they were also uncertain.

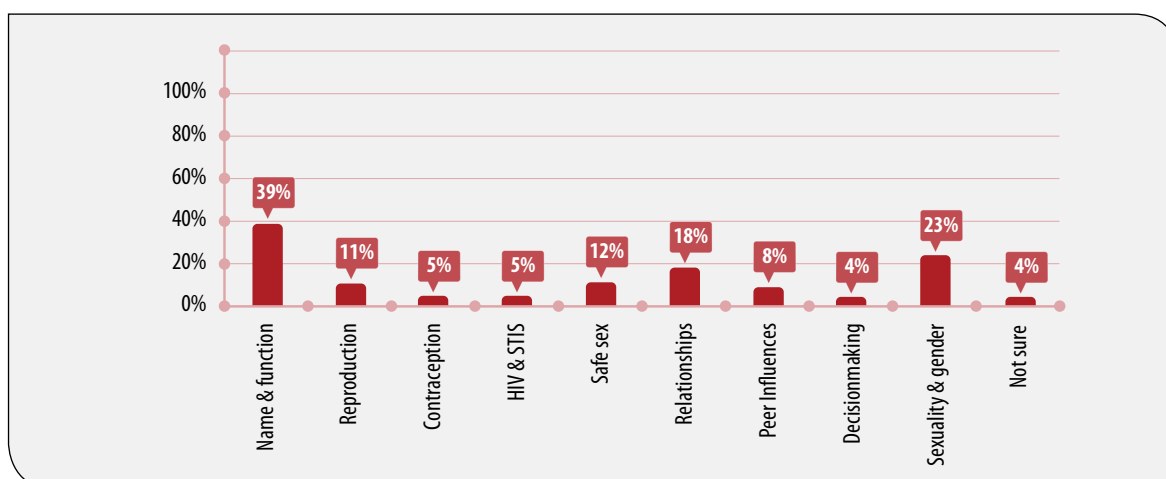
Figure 2: HIV and SRH taught in the school



What is taught in Samoan schools?

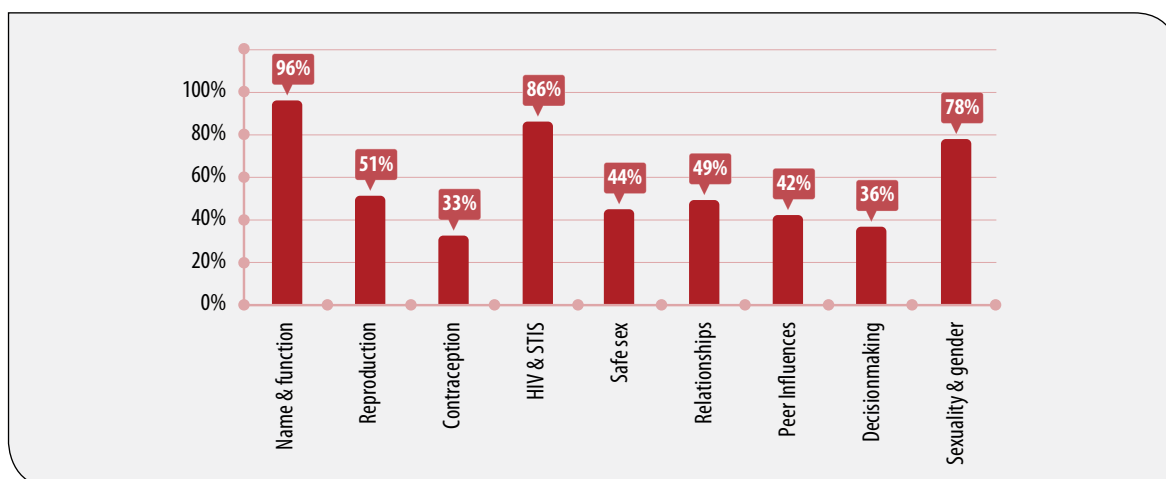
At the primary-school level, for those schools where HIV and SRH education was reportedly taught, the curriculum content was reported to be comprised predominantly of factual information, such as the name and function of sexual and reproductive body parts (39 per cent or 29 respondents). However, social aspects, such as sexuality and gender (23 per cent or 17 respondents), and relationships and feelings (18 per cent or 13 respondents) were also frequently taught. The area of 'how to manage peer influences' was only indicated as being taught by six respondents (8 per cent). And, only four respondents (5 per cent) reported that the content included HIV and STIs.

Figure 3: Taught at Primary level



At the secondary-school level, the more traditional topics, like factual SRH information, were the most reported to be taught. For example: the name and function of sexual and reproductive body parts (96 per cent or 43 respondents), HIV and STIs (86 per cent or 30 respondents) and reproduction (51 per cent or 23 respondents). However, teachers said they also taught social aspects, such as ‘sexuality and gender,’ ‘relationships and feelings,’ and ‘managing peer influences.’ Therefore, at least at the secondary-school level, school-based HIV and SRH education seems to provide some combination of the factual information and the social skills information that young people need. Despite very high rates of STIs amongst young people in Samoa, only 20 respondents (44 per cent) indicated that safe sex practices were covered in the curriculum. And, only 15 respondents (33 per cent) mentioned contraception as being part of the curriculum.

Figure 4: Taught at secondary level



Information not included

“Some topics are taught in science. In HPE, you only talk about health/sports. Nothing is taught in any subject about relationships, feelings, boyfriends/girlfriends – the things we really need to learn about... ” (Year 9 student)

Teachers mentioned a range of topics that were not included in the current HIV and SRH education curriculum that they felt students needed to know. At the primary level these areas tended to be related to skills development and the social aspects of HIV and SRH, such as decision-making, respect for each others and prevention of infection from HIV or an STI. In addition, a few teachers mentioned other areas of health, such as good hygiene and nutrition. Secondary teachers also identified a lack of focus on the social aspects of HIV and SRH, specifically mentioning the need for skills development in the areas of relationships and feelings, managing peer influences, sexual decision-making, and prevention and protection. Several teachers also mentioned the need for referral information so that students could seek assistance with issues and problems.

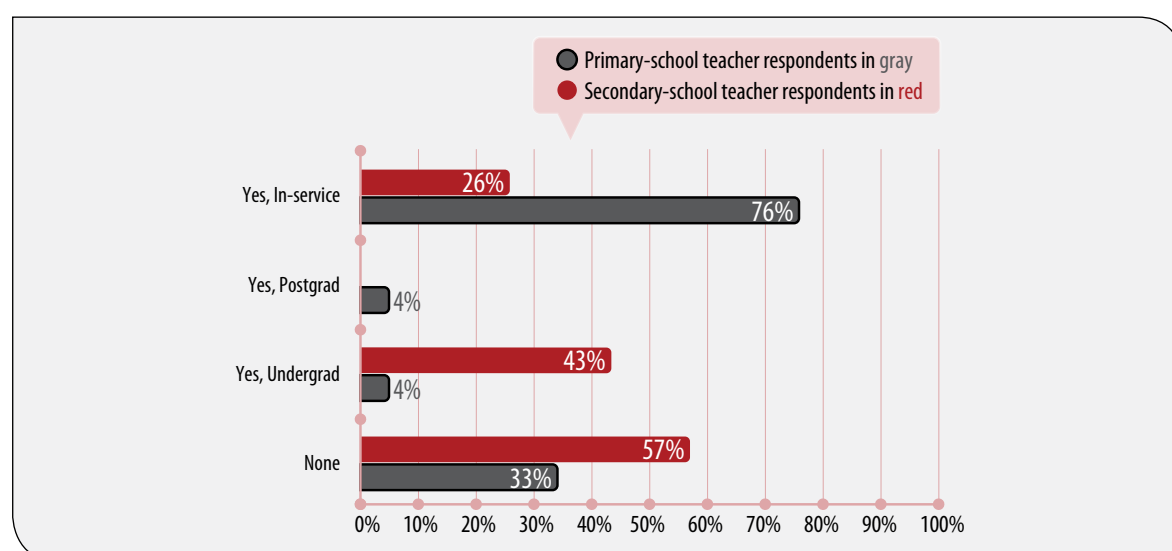
Who Teaches HIV and SRH education?

Overall, the primary-school teacher survey respondents were more likely than secondary-school teachers to report having taught some form of HIV and SRH education. Of the primary respondents (45 per cent or 49 respondents) indicated that they taught HIV and SRH education, whereas well under half of the secondary school teacher respondents (39 per cent or 22 respondents) indicated that they taught HIV and SRH education themselves.

HIV and SRH education training

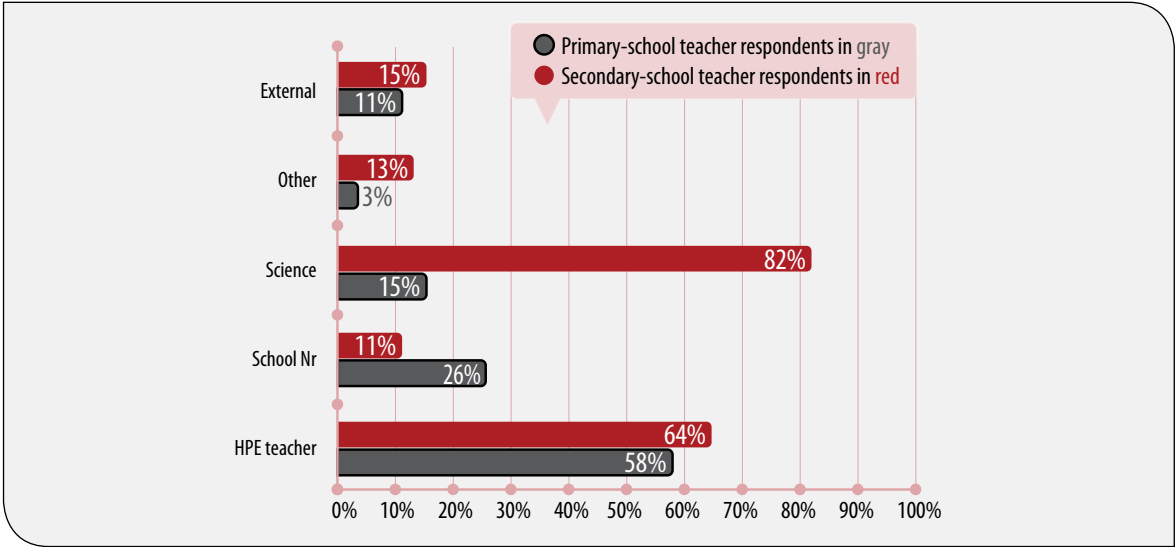
Respondents were asked whether they had completed any training related to HIV and SRH education. As shown in Figure 5, of the 95 respondents who answered this question, 60 per cent of respondents indicated they had received some training. However, 33 per cent of primary, and 57 per cent of secondary respondents had no training, indicating that these teachers would have gone into teaching HIV and SRH without having comprehensive knowledge in this area. Of the primary teachers who received training related to HIV and SRH education, most had done so through in-service training (76 per cent). In contrast, secondary teachers who had received relevant training were more likely to have had this at the undergraduate level. A range of organizations from ministries (MOH, MESC, MWCSO) to non-government organizations (Samoa Family Health, Red Cross, Kidney Foundation) were named as training partners.

Figure 5: HIV and SRH education training



When asked who else was teaching HIV and SRH education at their school (see Figure 6) primary school teacher respondents indicated that most often it was the health and physical education teachers (58 per cent), followed by a school nurse, who did the teaching. Secondary-school teacher respondents, however, strongly indicated that science teachers (82 per cent) taught SRH, education followed by health and physical education teachers (64 per cent). Religious studies teachers, food technology teachers and parents made up the 13 per cent of the 'other' category nominated by secondary-school teachers. Youth leaders, NGOs, clinicians and parents made up the 11 per cent (secondary) to 15 per cent (primary) of nominations of external providers who were involved in teaching HIV and SRH education topics.

Figure 6: Who else teaches HIV and SRH education?



Satisfaction with HIV and SRH education in their school

Overall, satisfaction levels were positive, with the majority of teachers being at least somewhat satisfied with their teaching environment. However, extreme levels of satisfaction were less common with only a few teachers indicating that they were 'very satisfied' across all areas, and a sizeable percentage of teachers who were 'unsatisfied' across most areas (Table 5). As there was no discernible difference between primary and secondary respondents, these results have been merged.

Table 5: Satisfaction with HIV and SRH education taught

| How satisfied are you with ... | Very unsatisfied | Unsatisfied | Unsure | Satisfied | Very satisfied | Median |
|---|------------------|-------------|--------|-----------|----------------|-----------|
| ...the HIV and SRH education curriculum at your school? | 2 | 10 | 7 | 43 | 8 | satisfied |
| ...the school policy on HIV and SRH education? | 3 | 7 | 15 | 46 | 10 | satisfied |
| ...the school support for the teaching of HIV and SRH education? | 2 | 10 | 9 | 45 | 15 | satisfied |
| ...the parents/community support for the teaching of HIV and SRH education? | 3 | 10 | 35 | 24 | 13 | unsure |
| ...training available to you for the teaching of HIV and SRH education? | 3 | 13 | 9 | 34 | 9 | satisfied |
| ...the resources available for the teaching of HIV and SRH education? | 5 | 14 | 15 | 24 | 10 | satisfied |
| ...the external support network available to you? | 10 | 13 | 12 | 28 | 6 | satisfied |

Note: the median is the middle value in a set of numbers arranged in increasing order.

The school environment – school policy

In Samoa, the HPE curriculum builds the foundation for schools to provide effective HIV and SRH education. It is generally up to the individual school to decide on the content and depth of its programme. To get a better understanding about the foundation and requirements for HIV and SRH at the secondary school the survey included some questions about school policy relating to this. At first, it was established whether the school followed an official policy regarding the teaching of HIV and SRH education. Of the 119 respondents who indicated that HIV and SRH education was taught in their school, 91 (76 per cent) believed that their school had a policy on HIV and SRH, 6 were unsure and 22 respondents denied that their school followed a policy for teaching HIV and SRH. According to the MESC and the school principals, there is no policy related to HIV and SRH at any of the schools.

Table 6: Does your school follow a policy on teaching HIV and SRH?

| School policy | Primary | Secondary |
|---------------|----------|-----------|
| Yes | 54 (73%) | 37 (82%) |
| No | 14 (19%) | 8 (18%) |
| Don't know | 6 (8%) | - |
| Total | 74 | 45 |

The following analysis about the requirements of school policies was based on this reduced sample of 91 respondents (those who indicated their school had a policy on HIV and SRH education). There was no discernible difference between primary and secondary respondents. A positive result was 65 respondents indicated that a whole school approach was applied for HIV and SRH education. A number of teachers were unsure regarding all aspects of the school requirements and approach to HIV and SRH education, indicating 'don't know' to each of the five questions asked.

Table 7: What does your school require when teaching HIV and SRH education?

| Does your school require that | Yes | No | Don't know |
|---|-----|----|------------|
| ...there is a whole school approach to HIV and SRH education? | 65 | 8 | 18 |
| ...you notify/inform parents about the topics that will be covered in HIV and SRH education? | 65 | 7 | 19 |
| ...you ask for parental permission for students to attend HIV and SRH education classes? | 60 | 11 | 20 |
| ...you inform parents that they have the option of removing their child from HIV and SRH education classes? | 57 | 23 | 11 |
| ...different cultural and religious backgrounds are taken into account? | 58 | 12 | 21 |

HIV and SRH Education – What, When, & How Much?

“Prevention information is important. Year 7, or 12–13-year-olds, should be taught, maybe even younger.” (Primary-school teacher)

Where and in which format HIV and SRH education should be taught

A key part of this study was to investigate the status of HIV and SRH education, where and how it should be included in the school curriculum. In this context, the survey asked teachers for their opinion on how they think HIV and SRH education should be integrated into the school curriculum. Respondents could choose multiple response options if applicable.

Overall, 279 options were selected by the 120 teachers who responded to this question. Eighty-six respondents indicated that they believed HIV and SRH education should be voluntary. Forty-seven respondents indicated that they believed HIV and SRH education should be included as part of the national curriculum at primary school, and 37 thought it should be part of the national curriculum at secondary school. Furthermore, thirty-two respondents were of the opinion that HIV and SRH education should be mandated in the health curriculum. The idea of teaching HIV and SRH education in some other subjects was less favoured, with only 15 respondents choosing this option. Almost a quarter of respondents (29) in the survey supported cross-curricular activities. Over a quarter of respondents also thought external providers should teach HIV and SRH education. A large range of external providers were mentioned including youth groups/ church youth groups, church/Sunday school, women's/village committees, the MOH, and NGOs.

Table 8: How should HIV and SRH education be integrated?

| | Yes count |
|---|-----------|
| Do you think HIV and SRH education should be voluntary for students? | 86 |
| Do you think HIV and SRH education should be part of the national curriculum at primary school? | 47 |
| Do you think HIV and SRH education should be part of the national curriculum at secondary school? | 37 |
| Do you think HIV and SRH education should be mandated in the health curriculum? | 32 |
| Do you think HIV and SRH education should be taught in a cross-curricular manner where possible? | 29 |
| Do you think HIV and SRH education should be taught in some other subjects? | 15 |
| Do you think HIV and SRH education should be taught by external providers? | 33 |
| TOTAL | 279 |

When should HIV and SRH education start?

"I've seen a situation where a 9-year-old girl had given birth. Best if it starts from Year 1 upwards." (Primary school teacher)

"It should start from primary school, Year 7 or 8 or before, because many young kids are experimenting. So that when we reach college we are prepared to protect ourselves, etc." (Year 9 student)

For a few selected HIV and SRH education topics, teachers were asked for their opinion on when these topics should be taught for the first time at school. The question included early and late primary, as well as the secondary school year levels, as response options. Respondents could also choose 'never' as a response. A small number of respondents chose this option for each of the topics listed, and this was more likely amongst the primary-school teacher respondents. Eight primary-school respondents said that HIV should never be taught, and six primary-school respondents and four secondary-school respondents said the same for safe sex practices. Topics recommended by some teachers to start teaching before secondary school are: names and functions of body parts, managing peer influences, relationships and feelings, sexuality and gender, and reproduction. The majority of teachers recommended most topics for Years 9 to 13.

Table 9: Primary teachers – when HIV and SRH education topics should be taught

| HIV and SRH topics | Yr 1–3 | Yr 4–6 | Yr 7–8 | Yr 9–10 | Yr 11–13 | Never |
|---|--------|--------|--------|---------|----------|-------|
| Names & functions of SRH body parts | 4 | 5 | 10 | 17 | 22 | 4 |
| Reproduction (babies, pregnancy and birth) | - | 2 | 12 | 10 | 36 | 3 |
| Contraception and family planning methods | - | - | 10 | 9 | 41 | 5 |
| HIV & STIs | - | 3 | 10 | 11 | 33 | 8 |
| Safe sex practices | - | 2 | 9 | 14 | 33 | 6 |
| Relationships & feelings | 4 | 2 | 6 | 18 | 27 | 3 |
| How to manage peer influences peer influences | 3 | 2 | 12 | 16 | 22 | 4 |
| Sexual decision-making | 2 | 3 | 11 | 15 | 26 | 4 |
| Sexuality & gender | 3 | 4 | 11 | 11 | 23 | 5 |

Table 10: Secondary teachers – when HIV and SRH education topics should be taught

| HIV and SRH topics | Yr 1–3 | Yr 4–6 | Yr 7–8 | Yr 9–10 | Yr 11–13 | Never |
|---|--------|--------|--------|---------|----------|-------|
| Names & functions of body parts | 2 | 5 | 13 | 21 | 14 | 1 |
| Reproduction (babies, pregnancy and birth) | - | - | 2 | 21 | 32 | 1 |
| Contraception and family planning methods | - | - | 3 | 13 | 35 | 5 |
| HIV & STIs | 2 | - | 8 | 23 | 23 | - |
| Safe sex practices | - | 2 | 4 | 15 | 28 | 4 |
| Relationships & feelings | - | 2 | 9 | 18 | 20 | 3 |
| How to manage peer influences peer influences | - | 3 | 10 | 22 | 17 | 3 |
| Sexual decision-making | - | - | 9 | 29 | 14 | 3 |
| Sexuality & gender | 3 | 2 | 11 | 23 | 15 | 1 |

Primary teachers were more likely to select later years for topics to be taught. Secondary teachers were evenly split about teaching HIV & STIs in Years 9–10 or Years 11–13. The majority of teachers thought contraception and birth control methods, as well as safe sex practices, should be taught in Years 11–13.

Parents who participated in FGDs also expressed support for education to start at an earlier age than it currently does. Many parents mentioned primary school as a good place to start.

“There is a need for this at school. Year 6 is a good age to start as some students mature early. There have even been situations here where 12 or 13-year-olds have fallen pregnant. Responsibility should also fall on the child to do the right things. There is only so much that parents can do.” (Parent of secondary student)

What should the format for HIV and SRH education be?

Teachers were also asked in what format they believed HIV and SRH education should be taught. As shown in Table 11, 107 out of 150 respondents (71 per cent) thought that HIV and SRH education should be taught as part of the school health education programme. There was also reasonably strong support for one special session or event, with 67 respondents (45 per cent) selecting this option.

Table 11: Format of HIV and SRH education

| HIV and SRH education should be taught ... | Yes Counts | Yes % |
|--|------------|-------|
| in one special session or event | 67 | 45% |
| as part of the school health education programme | 107 | 71% |
| as part of another subject | 23 | 15% |
| out of school | 17 | 11% |

Other subjects mentioned by respondents included HPE (12), science/biology (5), and religion (4). One secondary teacher commented: *“There are subjects, such as human biology in Year 9... but they need more information!” (Secondary-school teacher)*

How much HIV and SRH education?

Survey respondents were asked what they think should be the number of hours per term spent teaching HIV and SRH education at each year level. Table 12 shows the averages calculated from all responses by year levels.

Table 12: Hours for HIV and SRH education per term by year level

| Suggested numbers of hours per term | Av. hours |
|-------------------------------------|---------------|
| Year 1–3 | 1 hr 40 mins |
| Year 4–6 | 2 hr 20 mins |
| Year 7–8 | 3 hr 50 mins |
| Year 9–10 | 6 hr 40 mins |
| Year 11–13 | 15 hr 40 mins |

What should be taught?

A list of HIV and SRH health education topics were provided and survey respondents were asked what topics were appropriate to cover at which year level from Year 1 at primary level to Year 13 at secondary level.

NOTE: Unfortunately due to a translation error, two topics were missed in this question in the Samoan survey, namely: 'Sexually transmitted infections other than HIV' and 'Safe sex practices including condoms.' Translators missed these two questions, so, unlike the other three countries, there is no data as to whether teachers in Samoa believe these topics should be taught.

Table 13: Appropriate year levels to cover topics

| | Yr 1–3 | Yr 4–6 | Yr 7–8 | Yr 9–10 | Yr 11–13 |
|---|--------|--------|--------|---------|----------|
| Puberty | | 2 | 12 | 24 | 31 |
| Reproduction (babies, pregnancy and birth) | | | 6 | 26 | 34 |
| HIV & AIDS | 1 | 3 | 15 | 20 | 26 |
| Relationships and feelings | 3 | 3 | 15 | 21 | 28 |
| Body image | 1 | 2 | 10 | 29 | 30 |
| How to manage peer influences | | 2 | 20 | 22 | 26 |
| Effects of alcohol/drug use on decision-making | 1 | 5 | 18 | 33 | 28 |
| Decision-making specific to sexual activity | | | 4 | 26 | 38 |
| Abstinence from intercourse until ready | | | 6 | 30 | 34 |
| Abstinence from intercourse until married | 2 | 1 | 6 | 22 | 35 |
| Family planning methods | | | 5 | 23 | 38 |
| Emergency contraception | | | 7 | 28 | 29 |
| Dealing with emotional issues | | | 9 | 29 | 31 |
| Sexual abuse & protective behaviour | | 1 | 18 | 28 | 33 |
| Communicating with parents | | 1 | 10 | 30 | 29 |
| Communication & negotiation skills with a partner | | | 6 | 25 | 36 |
| Sexual orientation/same sex attraction | | | 5 | 26 | 35 |
| Gender roles & stereotyping | | | 9 | 17 | 34 |
| Teen parenthood | | | 7 | 30 | 30 |
| How to avoid sex | | 1 | 7 | 30 | 33 |
| How & where to find info on HIV and SRH | | 1 | 8 | 35 | 30 |
| Sexual activities other than intercourse | | | 6 | 29 | 35 |
| The pleasures of sexual behaviour/activity | | | 7 | 30 | 37 |

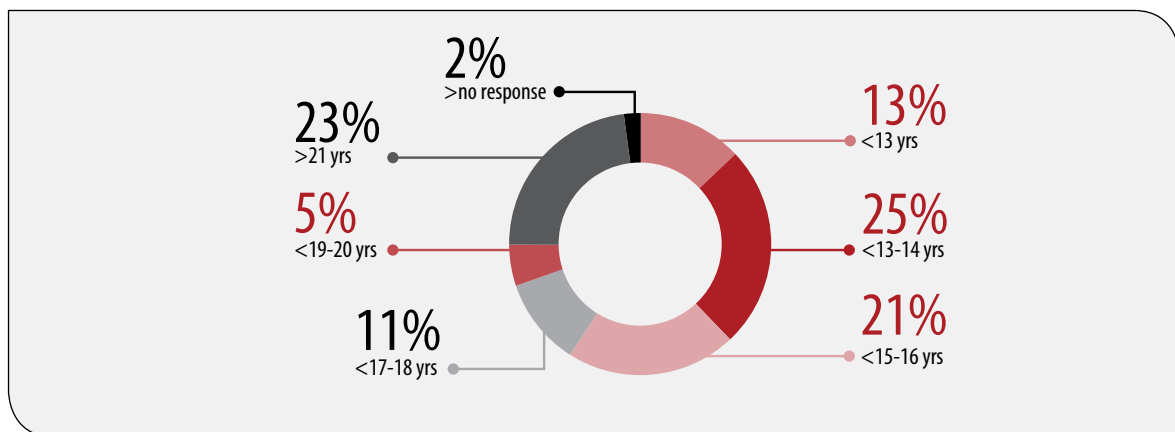
Parents were also supportive of the range of topics being taught, as summed up by a mother of secondary students:

"Everything listed is extremely important and nothing should be omitted. It should include relationships, and even sexual intercourse, as well consequences. We support this." (Secondary school parent)

Teacher Attitudes

A quarter of survey respondents (38 out of 150 respondents) believed that young people in Samoa became sexually active between the ages of 13–14 years. Thirty-five respondents (23 per cent) believed that the age for first sexual experience was over 21-years-old. This indicates a marked division amongst Samoan teachers regarding their opinions on the sexual debut of Samoan youth.

Figure 7: Average age respondents believe young people in Samoa become sexually active



Sources of information

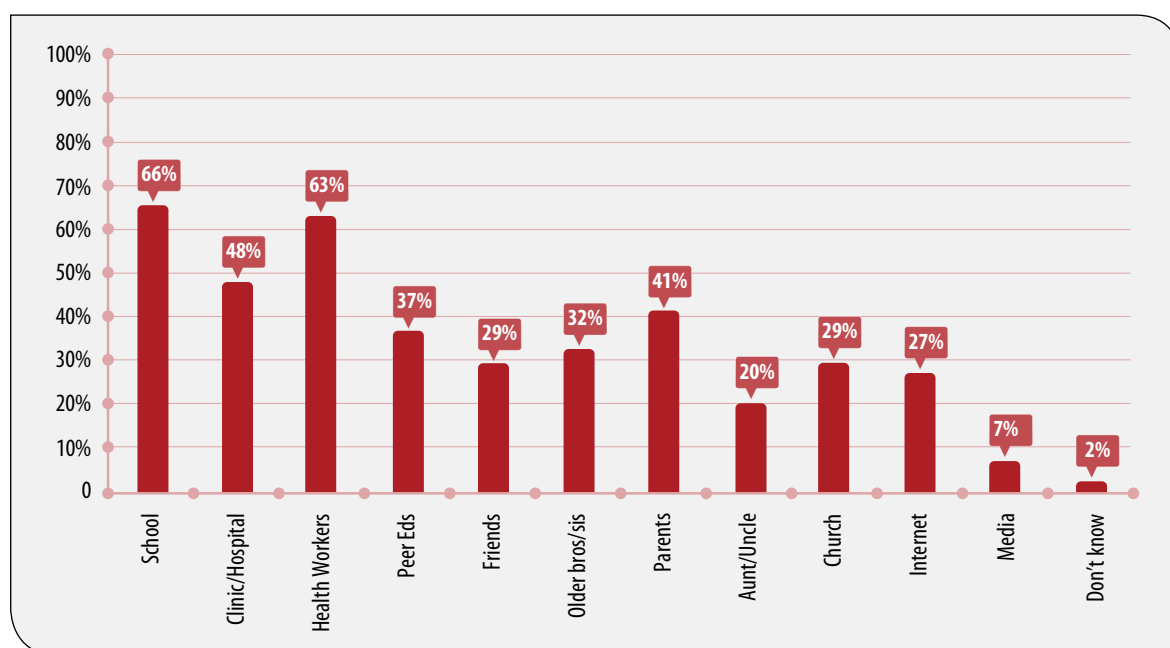
Teachers were asked what they believed were the main sources of information on HIV and SRH for young people in Samoa (Figure 8). In all, 164 respondents answered this question. Of these, 108 respondents mentioned school as a main source of information, and 103 respondents also indicated health workers. Teacher responses to this question, however, do not correspond with what students mentioned in the FGDs. Students were more likely to mention friends and family members, such as cousins, siblings, or (less often) parents. Students did not mention the hospital or health workers as main sources of information on HIV and SRH in the focus group sessions.

"We get information from family, friends, the internet, books, science, brothers, and sisters. We trust parents the most." (Year 9 female student)

Students expressed a clear desire to learn more at school though.

"The best place to learn about these things is school. Because it is here we meet with friends. We can talk freely, etc. School is also the place where we learn some things such as HIV." (Year 11 male student)

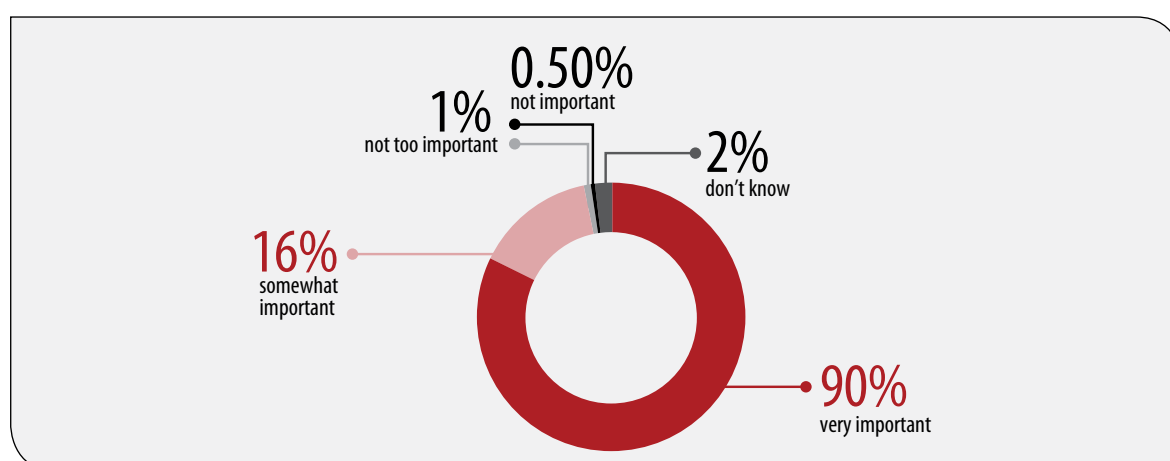
Figure 8: Main sources of information on HIV and SRH health for young people



Importance as part of school curriculum

In responding to the question, “How important do you think it is to have HIV and sexual reproductive health education as part of the school curriculum?” the vast majority of teachers (148 out of 164 respondents or 90 per cent) thought it was very important. Ten respondents (16 per cent) thought it was somewhat important, with two respondents believing it was not too important. There was no difference between the primary and secondary teachers.

Figure 9: Importance of HIV and SRH education as part of the school curriculum



Parents also agreed that HIV and SRH education was important to have as part of the school curriculum. “Parents can do their duties, but the schools must help to teach and help the children with a specific subject, maybe split the sexes when teaching this. If you put them together, the other students might be destructive. There are subjects, such as human biology in Year 9...but they need more information.” (Parent of secondary student)

Teachers' personal opinions

In order to gauge teacher attitudes on issues related to HIV and SRH education, eight statements seeking personal opinions were listed and teachers were asked to indicate their level of agreement with each on a five-point rating scale. Most teachers agree that all students were entitled to school-based HIV and SRH education, and that information about family planning and safe sex should be given whether young people were sexually active or not. Yet, most teachers agreed that providing information about family planning and safe sex encourages young people to have sex. In addition, most teachers agreed that abstinence should be taught as the only option for preventing pregnancy and sexually transmitted infections. This attitude needs further discussion and work with teachers in light of the very high prevalence of STIs in Samoa.

Table 14: Teachers' personal opinions

| Teachers personal opinion | strongly disagree | disagree | unsure | agree | strongly agree | MEDIAN |
|--|-------------------|----------|--------|-------|----------------|----------------|
| All students are entitled to school-based HIV and SRH education. | 6 | 6 | 12 | 50 | 35 | Agree |
| Providing information about family planning and safe sex encourages young people to have sex. | 14 | 17 | 11 | 39 | 34 | Agree |
| Information about family planning and safe sex should be given whether young people are sexually active or not. | 19 | 17 | 13 | 38 | 30 | Agree |
| Abstinence should be taught as the only option for preventing pregnancy and sexually transmitted infections. | 15 | 15 | 16 | 39 | 28 | Agree |
| HIV and SRH education is the responsibility of parents and should not be taught at schools at all. | 5 | 28 | 4 | 17 | 7 | Disagree |
| HIV and SRH education is a shared responsibility of parents and schools. | 11 | 15 | 6 | 41 | 46 | Strongly agree |
| Sexuality and gender should not be included in HIV and SRH education at school. | 16 | 19 | 20 | 29 | 28 | Agree |
| Teaching about feelings and relationships gives students a good foundation to manage their own sexual health and safety. | 10 | 10 | 10 | 40 | 40 | Strongly Agree |

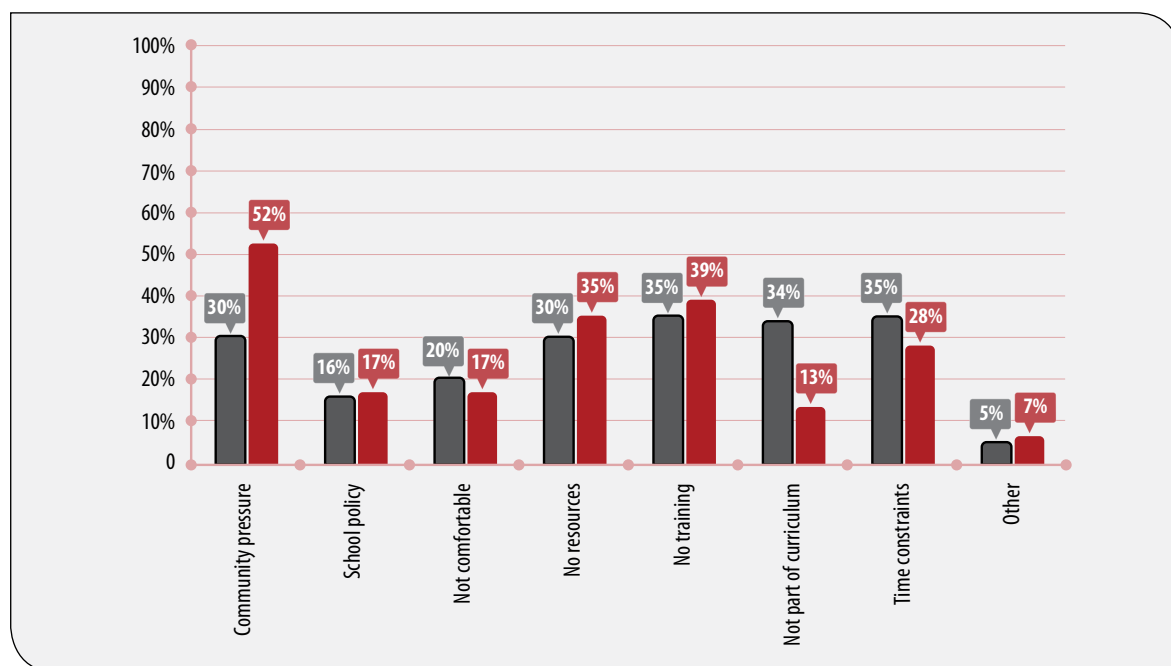
Barriers and Challenges

Reasons for not teaching certain HIV and SRH education topics

Whether, and to what extent, HIV and SRH education should be taught at a school can be influenced by many factors. In the survey, teachers were asked what their most common reasons were for not teaching certain HIV and SRH topics. In total, 152 teachers (98 primary and 54 secondary) responded to this question. The most common reason given by secondary-school respondents (28 respondents or 52 per cent) was that they were influenced by pressure from the community/parents in their decision not to teach a topic. Far fewer primary-school respondents (31 respondents or 30 per cent) indicated community pressure as a barrier. Thirty-three primary-school teacher respondents (34 per cent) indicated that HIV and SRH were not currently part of the primary-school curriculum and saw that as a barrier. Furthermore, 34 primary-school respondents and 21 secondary-school respondents indicated a lack of training and resources as a reason for not teaching certain topics. Focus group discussions with parents, however, provided evidence that parents supported HIV and SRH being taught in schools. When presented with the same list as given to teachers, they confirmed the need for all the topics to be taught.

For primary respondents there were three commonly selected reasons – that they did not have the right training, that the topic was not included in the curriculum and that there was not enough time. These responses were chosen by over 30 per cent of respondents. A smaller number of teachers revealed that they felt uncomfortable with teaching certain topics (20 per cent primary, 17 per cent secondary) and 16–17 per cent indicated that their school policy would not support teaching these topics. Other reasons specified by teachers for not teaching a topic were the belief that some topics were not appropriate for young people, only for adults, and three respondents believed that teaching about these topics would encourage children to experiment with sex.

Figure 10: Reasons for not teaching certain HIV and SRH topics



Barriers/facilitators for teaching HIV and SRH education

To investigate how teachers felt about teaching HIV and SRH education and what positive and negative forces they encountered, the survey respondents were given six statements and asked to indicate their level of agreement with each statement on a five-point rating scale. In general, teachers reported feeling supported by their school administration, (somewhat or strongly agreeing), and by parents, (somewhat or strongly agreeing), in teaching HIV and SRH education that met their students' needs. Teachers also agreed with having access to the right training in order to provide the proper HIV and SRH education needed. However, this result does not correspond with the findings of up to 39 per cent of respondents who indicated a lack of training as a reason for not teaching certain HIV and SRH education topics (see Figure 10 above). This may mean respondents misinterpreted this question. Teachers also had diverse opinions about whether students felt comfortable talking with them about HIV and SRH issues.

Table 15: Perceived forces on teaching HIV and SRH education

| Teachers' personal situation | Strongly disagree | Disagree | Unsure | Agree | Strongly agree | MEDIAN |
|---|-------------------|----------|--------|-------|----------------|--------|
| I would need to be careful what HIV and SRH topics I teach because of possible negative community reaction. | 6 | 4 | 19 | 50 | 47 | Agree |
| I would have the full support of my school to meet the HIV and SRH education needs of my students. | 7 | 8 | 15 | 46 | 43 | Agree |
| Parents would generally support my efforts to meet the HIV and SRH education needs of my students. | 6 | 8 | 21 | 37 | 47 | Agree |
| Students don't feel comfortable talking with their teacher about HIV and SRH. | 13 | 12 | 29 | 39 | 27 | Agree |
| I have access to the right training to provide the HIV and SRH education needed. | 8 | 5 | 21 | 48 | 37 | Agree |
| There is not enough time for teaching the amount of HIV and SRH education needed. | 9 | 13 | 19 | 42 | 33 | Agree |

Where teachers need assistance with topics

A question was included in the survey investigating where teachers felt they needed more assistance in order to teach specific topics effectively and confidently. The same 25 topics that were presented in Table 13 were listed again and teachers were asked to indicate whether they needed assistance with any, and, if so, what kind of assistance would be required, (factual information, teaching materials, teaching strategy, etc.). Table 16 shows the perceived level of assistance needed for each topic ordered from highest to lowest.

For a third of the topics listed, the majority of teachers said that they needed assistance. There was a strong emphasis on the need for teaching materials and teaching strategies, in particular, across the majority of topics. Sexual decision-making, sexual activities other than intercourse, abstinence until ready, STIs, dealing with emotional issues and the consequences of being sexually active were a few of the areas in which the majority of teachers indicated that they needed help. However, a significant number of respondents, more commonly primary-school teachers, also indicated that they would not teach certain topics. This is likely due in part to the fact that HIV and SRH are not currently included in the primary curriculum.

Table 16: Where teachers need assistance

| HIV and SRH topics | I would not cover this topic | I would not need help | I would need help with factual information | I would need help with teaching materials | I would need help with teaching strategies |
|---|------------------------------|-----------------------|--|---|--|
| Puberty | 23 | 11 | 28 | 36 | 40 |
| Reproduction (babies, pregnancy and birth) | 22 | 6 | 22 | 34 | 42 |
| HIV & AIDS | 19 | 5 | 35 | 38 | 42 |
| Relationships and feelings | 17 | 10 | 23 | 37 | 45 |
| Body image | 23 | 10 | 25 | 36 | 41 |
| How to manage peer influences | 17 | 11 | 23 | 43 | 36 |
| | I would not cover this topic | I would not need help | I would need help with factual information | I would need help with teaching materials | I would need help with teaching strategies |
| Effects of alcohol/drug use on decision making | 15 | 9 | 28 | 39 | 46 |
| Decision-making specific to sexual activity | 18 | 13 | 28 | 36 | 56 |
| Abstinence from intercourse until ready | 21 | 10 | 21 | 34 | 60 |
| Abstinence from intercourse until married | 21 | 11 | 18 | 30 | 45 |
| Sexually transmitted infections other than HIV | 21 | 10 | 26 | 38 | 50 |
| Safe sex practices including using condoms | 23 | 12 | 17 | 39 | 47 |
| Family planning methods, e.g. the use of contraceptives and condoms | 20 | 7 | 22 | 38 | 47 |
| Emergency contraception | 24 | 6 | 24 | 37 | 46 |
| Dealing with emotional issues and the consequences of being sexually active | 18 | 7 | 27 | 29 | 43 |
| Sexual abuse and protective behaviour | 20 | 4 | 30 | 36 | 47 |
| Communicating with parents about HIV and SRH issues | 26 | 10 | 16 | 33 | 46 |
| Communication and negotiation skills with a partner | 21 | 11 | 22 | 29 | 48 |
| Sexual orientation/same sex attraction | 21 | 6 | 28 | 34 | 49 |
| Gender roles and stereotyping | 20 | 9 | 24 | 32 | 49 |
| Teen parenthood | 20 | 8 | 26 | 37 | 47 |
| How to avoid unwanted or unplanned sex | 19 | 7 | 21 | 38 | 47 |
| How and where to find trustworthy information on HIV and SRH issues | 19 | 5 | 28 | 40 | 57 |
| Sexual activities other than intercourse | 27 | 10 | 21 | 32 | 53 |
| The pleasures of sexual behaviour/activity | 30 | 7 | 21 | 31 | 50 |

Improving delivery of HIV and SRH education

"If we could get specialist training with modules to teach it in a way where it is easier for us, it would be helpful." (Primary-school teacher)

The final question of this section asked teachers to name three things that, in their opinion, would be most helpful in improving the delivery of HIV and SRH education to secondary students. Written responses were coded and categorized into themes. Most comments could be assigned to either of two categories, namely, 'Support' and 'Resources'. Both of these two main categories were split into several sub-categories. Table 17 shows the distribution of comments by category and sub-category. The majority of comments related to improving the support for teachers and schools in teaching HIV and SRH education, while many other comments indicated improvement opportunities for resources provided to HIV and SRH education teachers.

"It should be taught by specialist teachers, or teachers that have had special training. Principals can also raise the issues during the assemblies." (Mother of secondary-school student)

Table 17: Improvement opportunities grouped by themes

| Common themes |
|--|
| Support Curriculum & Policy MOH & MESC collaboration Mandatory in the curriculum for all schools Integrate into current curriculum Youth consultation/participation Same sex classes School counselors External Gain parent support Aligned programmes for the parents/community Outreach into communities MOH support and provide guest speakers Use NGOs HIV ambassadors Training/Professional Development Qualified specialized staff Technical training for staff incl. language and teaching strategies Up to date and correct information |
| Resources Teaching materials IEC materials, e.g. posters, songs, flipcharts, models, documentaries and movies Text books Teaching strategies |

Of the comments referring to the need for improving teacher support, many relate to curriculum and policy, which makes it the largest sub-category in this area. General support by integrating HIV and SRH into the curriculum, making it mandatory and ensuring that only qualified staff teach HIV and SRH education were the most commonly mentioned areas that need improvement.

“Opportunities should be provided for this type of information to go out to the school community as well [as] to the village” (Primary-school teacher)

The second largest sub-category in this area is that of gaining external support. Many comments mentioned gaining parent support and educating parents and community members. Another area of many comments was that of utilizing external expertise, including from MOH, NGOs and other agencies outside the school. As commented by one secondary teacher *“Relevant ministries need to collaborate together in order for this to be a success.”*

A large number of comments also related to improving teacher support, and asked for professional development and teacher training.

Conclusions

This study found that, currently in Samoa, HIV and sexual reproductive health education is occurring at some level in many schools. There was a secondary level health and physical education curriculum in which HIV and SRH issues were integrated for Years 9–12. However, frequently health was an elective course, and therefore, not all students were receiving HIV and SRH education. There were also insufficient health and physical education teachers to deliver the curriculum, which meant that the majority of HIV and SRH education received by students came from science teachers. The most common sources of information on HIV and SRH reported by young people in this survey were friends and family members, such as cousins, or siblings, the internet and sometimes parents. However, students indicated that they would like to receive more of their HIV and SRH education from school, and parents also supported this.

There is some education on HIV and SRH taking place in some primary schools, focused mainly on body parts and functions. In this survey, principals, teachers, parents and students supported HIV and SRH education starting in primary school. There was no health curriculum at primary school at the time of the survey, but it was reportedly in development. Overall, teachers and principals were relatively satisfied with the current situation in their school with regards to HIV and SRH education, but were uncertain about the parent and community support for the teaching of HIV and SRH. Principals, teachers and parents reported valuing the external support from agencies, such as the Ministry of Health and NGOs, like Samoa Family Health Association, to be part of the school programme, providing expert guest speakers and sessions.

Teacher training was an issue in Samoa as many of the teachers who taught HIV and SRH in this survey indicated that they had not received any training, particularly secondary teachers indicated this. As many teachers who participated in the study believed that information about contraception and safe sex encouraged young people to have sex, and many supported an abstinence-based approach only, it is clear that much work remains on addressing prevalent misconceptions that exist in the community. This is a clear role which teacher training can fill. Lastly, a significant number of teachers believed HIV and SRH education should be voluntary.

The current issues or barriers in implementing HIV and SRH education, as identified by principals and teachers, was the lack of confidence of many teachers in teaching HIV and SRH topics, and concerns about possible negative parent and community reactions. Gaining parent support and educating parents and community members is seen as a key factor in improving the implementation of HIV and SRH education. Parents who participated in the study indicated their support for school-based education in this area, but also would like increased community outreach and education on HIV and SRH education.

Recommendations

Based on the key findings of the study in Samoa, this report recommends that:

Policy-makers

- Develop relevant and favourable policy frameworks and undertake high-level policy advocacy to sustain government support for the implementation of the curriculum.
- Clearly articulate support for school-based HIV and SRH education in the policies of both the MESC and the MOH.
- Seek direct partnerships between the MESC and the MOH to support school-based HIV and SRH education, and have this reflected in a memorandum of understanding.

Curriculum Developers

- Develop a primary HIV and SRH education curriculum which is learner-centred, thematically based and oriented towards learning outcomes which are assessable.
- Ensure important messages about HIV and other STIs transmission and prevention, and pregnancy prevention, are included in the primary and secondary curriculum, introduced at Year One level and reinforced in subsequent levels.
- Revise the existing curricula based on the above two recommendations.

Teacher Trainers

- Develop a teacher training programme that provides detailed guidance based on the national curriculum for schools and teachers on specific topics to be taught in HIV and SRH education and the amount of time required for each.
- Implement a schedule of in-service teacher training and refresher training for all involved in HIV and SRH education, including the full range of subject teachers who are to be involved in delivery (beyond HPE) and dissemination of appropriate and locally relevant resource materials.
- Introduction of teaching and learning methods and principles for classroom teaching that are appropriate for HIV and SRH education.
- Develop and implement HIV and SRH education as part of teacher pre-service training at the National University of Samoa.

Non-government and civil society organizations

- Identify community and religious leader allies at both the national and local community level willing to express public support for the teaching of the curriculum.
- Promote the participation of young people in sensitizing parents and leaders to the importance and urgency of HIV and SRH education.
- Undertake ongoing sensitization, advocacy and consensus-building activities to overcome resistance and to create and sustain support from parents and decision-makers.

Other

- Facilitate either school-based or community-based sessions on HIV and SRH education for communities to improve parent knowledge on HIV and SRH issues and strategies to improve communication on these matters with their children. Programmes should include opportunities for parents and communities to discuss the proposed school programme in which their child is to participate, the content in each year level, and what approach is to be used.
- Implement mutually reinforcing curricular and extra-curricular activities, including support from external providers and guest speakers.

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Annex 1: Survey Questionnaire

Participating schools

| | School | Status |
|-------------|------------------------|------------|
| PRIMARY | | |
| Urban Apia | Apia Primary | Government |
| | Vaivase Primary | Government |
| | Vaimoso Primary | Government |
| Rural Upolu | Lalomanu Primary | Government |
| | Saanapu Primary | Government |
| | Sa'asa'ai Primary | Government |
| Savai'i | Saleilua Primary | Government |
| | Gataivai Primary | Government |
| | Salailua Primary | Government |
| | St Theresa Primary | Mission |
| SECONDARY | | |
| Apia Urban | Leifiifi College | Government |
| | Chanel College | Mission |
| | Robert Louis Stevenson | Private |
| Rural Upolu | Aana No.2 | Government |
| | Lepa/Lotofaga | Government |
| Savai'i | Mataaevave College | Government |
| | Palauli College | Government |

Key Informants (key stakeholders)

| Ministry/Organization | Name | Designation |
|--|-----------------------|--|
| Ministry of Education, Sports, and Culture | Doreen Roebeck-Tuala | Assistant Chief Executive Officer, Curriculum Materials and Assessment Division |
| | Pasi Levi | Principal Assessment Officer, Curriculum Materials and Assessment Division |
| | Gauna Wong Yee | Principal Education Officer, Secondary Curriculum, Curriculum Materials and Assessment Division |
| | Ainslie Chu-Ling-So'o | Language Specialist, Language Unit, Curriculum Materials and Assessment Division |
| | Faaea Mulitalo | Principal Education Officer, Primary Curriculum – Curriculum Materials and Assessment Division |
| | Samasoni Moala | Senior Secondary Curriculum Officer, Health and Physical Education, Curriculum Materials and Assessment Division |

| | | |
|---|----------------------------|---|
| Ministry of Women, Community and Social Development | Seletuta Visessio-Pita | Assistant Chief Executive Officer, Division for Youth |
| | Angharad Malama Toma Saaga | Senior Youth Officer, Division for Youth |
| | Kaisarina Reupena | Youth Development Officer, Division for Youth |
| Ministry of Health | Perive Lelevaga | Principal Sexual and Reproductive Health Officer, Health Promotion and Preventive Services Division |
| | Maria Ah Dar | Adolescent Health Development Officer, Health Promotion and Preventive Services Division |
| Catholic Diocese | A'eau Chris Hazelman | Director of Catholic Education |
| Samoa Family Health Association | Lia'i Iosefa | Executive Director |
| | Manu Samuelu | Programme Coordinator |

Annex 2: SUESUEGA I LE A'OA'OINA O LE HIV/AIDS MA LE SOIFUAGA FĀNAU MANUIA (Sexual and Reproductive Health) I TOTONU O Ā'OGA

TALOFA LAVA

E momoli atu le agaga faafetai ona o lou auai i lenei suesuega mo le iloiloaina o le a'oa'oina o le fa'amai o le HIV/AIDS ma le Soifuaga Fānau Manuia i totonu o ā'oga.

O nei aso ua to'atele tupulaga talavou ua o lātou maua le anoanoa'i o fa'amatalaga ma fa'atinoga e fa'ataui i feusua'iga. O le to'atele o talavou e a'oa'o mai nei uiga ma tomamā a lātou uō, o ālaata, o le upegatafa'ilagi ma isi auala o fa'amatalaga. O le tele o nei fa'amatalaga lātou te maua e lē moni ma fa'asesēina ai i lātou. Ua māua i su'esu'ega e lēai lava se isi nofoaga e sili atu lona lelei ma vave fa'aleleia ai olaga o fānau e ala i a'oa'oga fa'alesoifuaga fānau manuia nai lo le ā'oga. Peita'i e tata lava fofo pe foia foi lu'itau e fa'ataui i vaega e ao ona a'oa'oina ai tamaiti, e fa'apefea ona a'oa'o ia vaega i tamaiti atoa ai ma i latou e talafeagai ona a'oa'oina ia matā'upu i totonu o ā'oga i le Pasefika. O le su'esu'ega lenei ua fa'amoemoe e tali ai fesili ma le fa'anaunauga 'ia tapenaina ai se auala talafeagai ma lelei i totonu o ā'oga e fa'a'au'upegaina ai le fānau i tōmai, agava'a ma tūa o le faia o filifiliga lelei i mafutaga fa'aleuō mo lo lātou olaga saogalemū ma le mānuia.

O lenei suesuega e tolusefulu (30) fesili ua vaevaeina i vaega e tolu (3);

1. O oe ma lau ā'oga
2. Soifuaga Fānau Manuia – O lea lea mea? O afea e a'oa'o ai? E faapefea na a'oa'o?
3. O se manatu o Faiāoga

Fa'aupuga Tāua

I le fa'atinoina o lenei suesuega, o le a fa'aaogāina le fa'aupuga "Soifuaga Fānau Manuia". I nisi o vaega o le Pasefika, ua fa'aupuina o A'oa'oga mo le Ola Manuia o Aiga (Family Life Education). Mo le suesuega lenei, o le Soifuaga Fānau Manuia ua fa'auigaina i so'o se vaega o le va ma isi tagata, o le suiga o lagona ma itutino o le tagata, o le faigaāiga ma fananau mai o tamaiti ma amioga fa'afaiāiga. E aofia ai i nei vaega 'autū e talanoaina ai le suiga o itutino ona ua o'o i le taimi o le soifuaga fa'aletagata ua mafai ai ona faiaāiga, o itutino o tama ma teine mo faigaāiga, maitaga ma le fanau mai o le tagata fou, tetee atu i faigaāiga, āiga fuafuaina, HIV/AIDS, o isi fa'amai pipisi e mafua mai i feusua'iga, feso'ota'iga ma tagata, auala o feso'ota'iga ma faiga filifiliga mo faigaāiga. Fa'amolemole, manatua le fa'auigaga lenei a'o tali fesili o lenei suesuega.

A iai ni fesili po o ni fa'afitauli i le fa'atumuina o lenei pepa fesili, fa'amolemole fa'afesootai mai le susuga ia Andrew Peteru o le UNESCO i le telefoni 24276 ma le 7238992 po o le imeli SRHESurvey@gmail.com

Fa'amolemole susue le itulau mo le taliina o fesili.

Vaega A: O OE MA LAU Ā'OGA

1. O oe o se tamaitai po o se alii?
 - ☐ Alii
 - ☐ Tamaitai
2. O lea le matua o lou soifua?
3. O lou tagatanuu?
4. O a ni ou fa'ailoga taualoa? (fa'amolemole fa'asao uma pusa talafeagai)
 - ☐ Tipiloma Fa'afaiā'oga
 - ☐ Fa'ailoga Muamua i se lunivesite (fa'amolemole fa'ailoa mai)
 - ☐ Fa'ailoga e maualuga atu mai se lunivesite (fa'amolemole fa'ailoa mai)
 - ☐ E leai se fa'ailoga o loo tā'ua i luga
5. O le a le ituaiga ā'oga olo'o e galue ai nei? (Fa'amolemole fa'asao uma pusa talafeagai)
 - ☐ Ā'oga Tulagalua
 - ☐ Ā'oga Maualuga
 - ☐ Ā'oga a le Mālō
 - ☐ Ā'oga Tumaoti
 - ☐ Ā'oga Ekalesia
6. O lau ā'oga
 - ☐ e na o tama
 - ☐ e na o teine
 - ☐ e iai uma tama ma teine
7. O lau ā'oga olo'o i totonu o
 - ☐ le taulaga
 - ☐ se afioaga i fafo atu o le taulaga
8. O lea lau matā'upu 'autu olo'o a'oa'oina? Fa'amolemole fa'asa'o le pusa o le matā'upu 'autu olo'o e a'oa'oina.
 - ☐ Soifua Maloloina
 - ☐ Igilisi
 - ☐ Va Fealoa'i
 - ☐ Saienisi
 - ☐ Ā'oga Tulagalua (o matā'upu uma)
 - ☐ Isi, fa'amolemole fa'ailoa mai
9. I sou taofi, o le a le tāua o le a'oa'oina o le soifuaga fanau manuia o se tasi o matā'upu a'oa'oina i totonu o ā'oga?
 - ☐ Tāua tele
 - ☐ E iai se tāua
 - ☐ E lē tāua tele
 - ☐ E lē tāua
 - ☐ Ou te lē iloa
10. O a'oa'oina le Soifuaga Fānau Manuia i totonu o lau ā'oga? (o se matā'upu tuma'oti po 'o lo'o aofia i totonu o isi matā'upu a'oa'oina)
 - ☐ Ioe → Tali le Fesili 11
 - ☐ Lēai → Tali le Vāega E
 - ☐ Lē mautinoa → Tali le Vāega E

11. O ā vāega olo’o i totonu o le matā’upu a’oa’oina (fa’asa’o tali ‘uma e talafeagai)

- ☐ Igoa ma galuega a vāega o le tino mo Soifuaga fānau manuia
- ☐ Fanafanau (pepe, ma’itaga ma le ola o le tinā ua fānau le pepe fou)
- ☐ Puipuiga mai feusua’iga ma āiga fuafuaina
- ☐ HIV/AIDS ma isi fa’ama’i pipisi e maua i feusua’iga
- ☐ ‘Auala soifua mānuia
- ☐ Va o tagata ma o lātou lagona
- ☐ Pe fa’apefea ona fa’afoe fa’aosoosoga mai uō
- ☐ Filifiliga
- ☐ Itu’āiga tagata ma le Itūpa
- ☐ Lē mautinoa

12. E iai ni isi fa’amatalaga e lē’o aofia i le a’oa’oina o Soifuaga fānau mānuia e te manatu/ lagona e tatau’ona iloa e tamaiti ā’oga?

13. E te a’oa’oina matā’upu olo’o aofia ai le Soifuaga fānau manuia?

- ☐ Ioe → tali le Fesili 14
- ☐ Lēai → tali le Fesili 15

14. Sa e iai i a’oa’oga e fa’atatau i le Soifuaga fānau manuia? (Filifili ‘uma vāega e talafeagai)

- ☐ Lēai
- ☐ Ioe, Fa’ailoga muamua
- ☐ Ioe, Fa’ailoga maualuga atu
- ☐ Ioe, mafutaga fa’alea’oa’oga mo faiā’oga. O ai na fa’afoeina le mafutaga fa’alea’oa’oga?

.....

15. O ai e a’oa’oina le Soifuaga fānau manuia i totonu o lau ā’oga? (Filifili uma tali talafeagai)

- ☐ Faiā’oga o le Soifua Mālōlōina ma Fa’amālositino
- ☐ Tausi soifua a le Ā’oga
- ☐ Faiā’oga o le Saienisi
- ☐ O isi, fa’amolemole fa’ailoa mai
- ☐ Ni isi i fafo atu o le ā’oga, fa’amolemole fa’amanino ma fa’ailoa mai

16. E mulumulita’i lau ā’oga i se faiga fa’avae mo le a’oa’oina o le Soifuaga fānau manuia?

- ☐ Ioe → tali le Fesili 17
- ☐ Lēai → tali le Fesili 18
- ☐ Lē silafia → tali le Fesili 18

17. E mo’omia e lau ā’oga le ...

| | Ioe | Lēai | Lē Silafia |
|---|-----|------|------------|
| ...iai o se polokalame mo le ā’oga ātoa i le a’oa’oina lea o le Soifuaga fānau mānuia? | | | |
| ...fa’ailoa i mātua ‘autū ole’ā aofia i le a’oa’oina o le Soifuaga fānau manuia? | | | |
| ...fesiligia ma sa’ili le fa’atagaga a mātua i le ‘auai atu o ā lātou fānau i vasega e a’oa’o ai le Soifuaga fānau manuia? | | | |
| ...fa’ailoa i matua e iai la lātou filifiliga e ‘ave’ese mai ai a lātou fānau mai vasega e a’oa’oina ai le Soifuaga fānau manuia? | | | |
| ...fa’atāua o le ‘ese’eseaga o aganu’u ma tagātānu’u o tamaiti ā’oga? | | | |

18. I lona aotelega, o le ā se telē o le fa'amalieina o 'oe i vāega nei:

| | Matuā lē fa'amalieina | Lē fa'amalieina | Lē mautinoa | Fa'amalieina | Matuā Fa'amalieina |
|---|-----------------------|-----------------|-------------|--------------|--------------------|
| ...matā'upu o le Soifuaga fānau manuia olo'o fa'atino i lau ā'oga | | | | | |
| ...faiga fa'avae a le tou ā'oga mo le a'oa'oina o le Soifuaga fānau manuia | | | | | |
| ...lagolago a le ā'oga i le a'oa'oina o le Soifuaga fānau manuia | | | | | |
| ...lagolago a mātua ma le nu'u i le a'oa'oina o le Soifuaga fānau manuia | | | | | |
| ...mafutaga fa'alea'oa'oga olo'o e maua mo le fa'alauteleina o le silafia i le a'oa'oina o le Soifuaga fānau manuia | | | | | |
| ...alagā'oa olo'o maua mo le a'oa'oina o le Soifuaga fānau manuia | | | | | |
| ...fesoasoani olo'o maua mai i fafo atu o le ā'oga olo'o mafai'ona e fa'aaogāina | | | | | |

Fa'amolemole susu'e le isi itūlau ma le Vāega E o le suesuega.

Vāega E: SOIFUAGA FĀNAU MANUIA – O LE Ā LEA MEA? O ĀFEA E A'OA'O AI, E FA'APĒFEA 'ONA A'OA'O?

19. O le ā le matua (tausaga māsani) e te silafia e tutupu ai lagona fiafaiāiga o tupulaga talavou o lou atunu'u?

- ☐ Lā'itiiti ifo i le 13 tausaga le matua
- ☐ 13–14 tausaga le matua
- ☐ 15–16 tausaga le matua
- ☐ 17–18 tausaga le matua
- ☐ 19–20 tausaga le matua
- ☐ Sili atu ma le 21 tausaga le matua

20. E te talitonu e maua mai fea fa'amatalaga ma fa'amaumauga o le Soifuaga fānau manuia mo talavou o le tou nu'u? (Fa'amolemole filifili uma tali talafeagai)

- ☐ Ā'oga
- ☐ Nofoaga e va'ai ai ma'i/falema'i
- ☐ 'Aufaigaluega a le Soifua Mālōlōina
- ☐ Faiā'oga mo talavou
- ☐ Uō
- ☐ Uso, tuagane/ tuafāfine mātutua
- ☐ Mātua
- ☐ Uso/ tuafāfine o Tamā, uso/tuagane o Tinā po'o isi o le āiga
- ☐ Lotu
- ☐ Upegatafa'ilagi
- ☐ Isi (fa'ailoa mai):
- ☐ Lē Silafia

21. O le Soifuaga fānau manuia e tatau 'ona.... (Filifili so'o se tali talafeagai)

- ☐ a'oa'oina
- ☐ o se vāega o matā'upu a'oa'oina i totonu o ā'oga tūlagalua
- ☐ o se vāega o matā'upu a'oa'oina i totonu o ā'oga mauāluluga
- ☐ fa'atūlafonoina lona a'oa'oina i totonu o le matā'upu o le Soifua Mālōlōina
- ☐ a'oa'oina i totonu o matā'upu uma pe'ā talafeagai
- ☐ a'oa'o i totonu o ni isi o matā'upu; fa'amolemole fa'ailoa mai
- ☐ a'oa'o e fa'alāpotopotoga i fafo atu o le ā'oga; fa'amolemole fa'ailoa mai

22. Ua fa'ailoa atu i lalo'autū a'oa'oina mo le Soifuaga fānau manuia. O le ā sou silafia, o ā fea e tatau 'ona tagofia ai nei autū mo le taimi muamua?

| | Year 1–3 | Year 4–6 | Year 7–8 | Year 9–10 | Year 11–13 | Lē tatau ona a'oa'oina |
|---|-------------|-------------|-------------|--------------|---------------|---------------------------|
| Igoa o itūtino sa | | | | | | |
| Fanafanau (pepe, ma'itaga ma le ola o le tinā ua fānau le pepe fou) | | | | | | |
| 'Auala e puipuia mai ai i feusua'iga ma 'āiga fuafuaina | | | | | | |
| HIV& AIDS ma isi fa'ama'i pipisi mai feusua'iga | | | | | | |
| Feusua'iga malu puipuia | | | | | | |
| Va ma tagata ma lagona | | | | | | |
| E fa'aapefa 'ona fa'afoe fa'aosoosoga mai uō | | | | | | |
| Filifiliga | | | | | | |
| Itū'āiga tagata & itupā e i ai | | | | | | |

23. O le ā se fa'atūlagaga e te manatu e tatau ona a'oa'oina ai le Soifuaga fānau manuia? (Filifili uma tali talafeagai)

- ☐ i totonu o lēsona fa'apitoa
- ☐ o se vāega o le matā'upu/polokalame o le Soifua Mālōlōina
- ☐ o se vāega o se isi matā'upu; fa'amolemole fa'ailoa mai
- ☐ fafo atu o le ā'oga; fa'amolemole fa'ailoa mai

24. I sou tāofi e fia ni itulā i le kuata e tatau ona a'oa'oina ai le Soifuaga fānau manuia? 'Āfai e te finagalo e lē tatau ona iai ni itulā fa'atūlagaina, tusi le 0.

Tausaga 1–3:

Tausaga 4–6:

Tausaga 7–8:

Tausaga 9–10:

Tausaga 11–13:.....

25. Ua fa'ailoa atu i lalo 'autū a'oa'oina mo le Soifuaga fānau manuia. Fa'amolemole fa'ailoa mai po 'o le ā le vasega e te manatu e talafeagai ona a'oa'oina ai ia matā'upu. (Filifili uma vāega talafeagai)

| 'AUTŪ | Year 1–3 | Year 4–6 | Year 7–8 | Year 9–10 | Year 11–13 |
|--|-------------|-------------|-------------|--------------|---------------|
| Taimi o le osoosoga o le olaga talavou (puberty) | | | | | |
| Fanafanau (pepe, ma'itaga ma le ola o le tinā ua fānau le pepe fou) | | | | | |
| HIV & AIDS | | | | | |
| Va o tagata ma lagona | | | | | |
| Fa'atusa o le tino | | | | | |
| E fa'apefea ona fa'afae fa'aosoosoga mai uō | | | | | |
| A'afiaga o le 'ava mālosi ma fuālā'au fa'asāina i faiga filifiliga | | | | | |
| Filifiliga e fa'atatau i feusua'iga | | | | | |
| Lē 'auai i feusua'iga se'i vaganā 'ua sāuni pe talafeagai | | | | | |
| Lē 'auai i feusua'iga sei vaganā 'ua fa'aipoipo | | | | | |
| A'afiaga mai i isi fa'ama'i pipisi e 'ese mai i le HIV | | | | | |
| Fa'atinoga o feusua'iga malu puipua e aofia ai le fa'aaogāina o pa'u mo feusua'iga | | | | | |
| 'Auala mo āiga fuafuaina f.t., fa'aaogāina o fuālā'au ma pa'u mo feusua'iga | | | | | |
| 'Auala fa'anatinati e puipua ai mai feusuaiga | | | | | |
| Feagai ma fa'afitāuli, lu'itau, lagona ma taunu'uga o mana'oga fa'afeusua'iga | | | | | |
| Sauāina ma Puipuga | | | | | |
| Talanoa ma mātua i āuga o feusua'iga ma ona taunu'uga | | | | | |
| Talanoaga ma fefa'asoa'iga ma pā'aga | | | | | |
| Tu'inanauga fa'afeusua'iga/ tōsina le mana'o i le itūpa e tasi | | | | | |
| Matāfaioi a le itūpā ma le itūvai e aofia ai | | | | | |
| Mātua talavou | | | | | |
| Tē'ena ma puipui mai i le faia o feusua'iga fa'amālōsi po'o le lē fuafuaina | | | | | |
| 'Auala ma vāega e maua mai ai fa'amaumauga 'āto'ātoa ma le sa'o e fa'atatau i le Soifuaga fānau manuia | | | | | |
| Isi fa'atinoga e 'ese mai i feusua'iga | | | | | |
| O fiafiaga e maua mai i feusua'iga | | | | | |

26. Mo 'autū ua e manatu e lē tatau ona a'oa'oina, o le ā ni mafua'aga ua e talitonu e lē tatau ai ona a'oa'oina? (Filifili uma mai tali talafeagai)

- ☐ Ūtia i fa'aseā ma faitioga a mātua ma le nu'u e mumusu e a'oa'o nei 'autū.
- ☐ E lē lagolagoina e faiga fa'avae a le mātou ā'oga le a'oa'oina o ia 'autū.
- ☐ 'Ou te lē o lagona le 'ato'atoa i le a'oa'oina o nei 'autū.
- ☐ E lēai ni alagā'oa e a'oa'oina ai nei 'autū.
- ☐ Ou te lē 'auai i ni a'oa'oga e talafeagai ma le a'oa'oina o nei 'autū.
- ☐ E lē 'oni 'autū o matā'upu a'oa'oina.
- ☐ E lē lava le taimi e a'oa'o ai.
- ☐ Isi, fa'amolemole fa'ailoa mai

Fa'amolemole susue le isi itūlau mo le Vāega I o le suesuega.

Vāega I: MANATU O FAIĀ'OGA

27. Fa'amata e te mo'omia se fesoasoani mo le a'oa'oina o ni isi o 'autū mo le Soifuaga fānau manuia? O ā itū'āiga fesoasoani e te mo'omia mo 'autū nei?

| 'AUTŪ | 'Ou te lē a'oa'oina le 'autū | 'Ou te lē mo'omia se fesoasoani | 'Ou te mo'omia le fesoasoani mo ni pine fa'amau o fa'amatalaga | 'Ou te mo'omia le fesoasoani mo alagā'oa | 'Ou te mo'omia le fesoasoani i 'auala e a'oa'o ai |
|---|------------------------------|---------------------------------|--|--|---|
| Taimi o le tauosoosoga o le olaga talavou | | | | | |
| Fanafanau (pepe, ma'itaga ma le ola o le tinā ua fānau le pepe fou) | | | | | |
| HIV & AIDS | | | | | |
| Va o tagata ma lagona | | | | | |
| Fa'atusa o le tino | | | | | |
| E fa'aapefea ona fa'afoe fa'aosoosoga mai uō | | | | | |
| A'afiaga o le 'ava mālosi ma fuālā'au fa'asāina i faiga filifiliga | | | | | |
| Filifiliga e fa'atatu i feusua'iga | | | | | |
| Lē 'auai i feusua'iga se'i vaganā ua sāuni pe talafeagai. | | | | | |
| Lē 'auai i feusua'iga sei vaganā ua fa'aipoipo | | | | | |
| A'afiaga mai i isi fa'ama'i pipisi e ese mai i le HIV | | | | | |
| Fa'atinoga o feusua'iga malu puipuia e aofia ai le fa'aaogāina o pa'u mo feusua'iga | | | | | |
| Auala mo āiga fuafuaina f.t., fa'aoagāina o fuālā'au ma pa'u mo feusua'iga | | | | | |
| Auala fa'anatinati e puipuia ai mai feusuaiga | | | | | |
| Feagai ma fa'afitāuli, lu'itau, lagona ma taunu'uga o mana'oga fa'afeusua'iga | | | | | |
| Sauāina ma Puipuiga | | | | | |
| Talanoa ma mātua i āuga o feusua'iga ma ona taunu'uga | | | | | |
| Talanoaga ma fefa'asoa'iga ma pā'aga | | | | | |
| Tu'inanauga fa'afeusua'iga/ tōsina le mana'o i le itūpa e tasi | | | | | |
| Matāfaioi a le itūpā ma le itūvai e aofia ai | | | | | |
| Mātua talavou | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| Tē'ena ma puipui mai i le faia o feusua'iga fa'amālōsi po'o le lē fuafuaina | | | | | |
| Auala ma vāega e maua mai ai fa'amaumauga 'āto'ātoa ma le sa'o e fa'atatau i le Soifuaga fānau manuia | | | | | |
| Isi fa'atinoga e ese mai i feusua'iga | | | | | |
| O fiafiaga e maua mai i feusua'iga | | | | | |

28. O fa'amatalaga olo'o fa'ailoa atu ai fa'afitāuli po o tūlaga lelei i totonu o le si'osi'omaga o lau ā'oga i le a'oa'oina o le Soifuaga fānau manuia. Fa'amolemole fa'ailoa mai le telē po o le laitiiti fo'i o lou lagolagoina o nei vāega e fuafua i lou silafia ma lou agava'a.

| O LOU TŪLAGA | Matuā lē lagolagoina | Lē lagolagoina | Lē mautinoa | Lagolagoina | Matuā lagolagoina |
|---|----------------------|----------------|-------------|-------------|-------------------|
| E tatau ona'ou iloilo ma le fa'aeteete 'autū o le Soifuaga fānau manuia e a'oa'oina ona o ni fete'ena'iga o manatu fa'alia e le nu'u | | | | | |
| Ia iai le lagolago 'ātoa a le ā'oga ina ia mafai ona fa'ataunu'uina mana'oga o la'u vasega mo le a'oa'oina o le Soifuaga fānau manuia | | | | | |
| Ia lagolago mātua i le taumafaiga ia fa'atunu'uina mana'oga o la'u vasega i le a'oa'oga o le Soifuaga fānau manuia | | | | | |
| E lē malu lelei lagona o tamaiti pe'ā fa'asoa ma le fa'iā'oga i le Soifuaga fānau manuia | | | | | |
| Ua a'oa'oina lelei a'u i a'oa'oga talafeagai mo le a'oa'oina o le Soifuaga fānau manuia | | | | | |
| E lē lava le taimi e a'oa'o ai le lautele o le Soifuaga fānau manuia | | | | | |

29. O le ā se maualuga e mafai ai e fa'amatalaga o mulimuli mai ona fa'amatala ou manatu fa'atatau i le a'oa'oina o le Soifuaga fānau manuia ma ona a'afiaga i tamaiti ā'oga? Fa'amolemole fa'ailoa mai le tūlaga o lou lagolago fa'atatau i lou lava silafia.

| O LO'U MANATU | Matuā lē lagolagoina | Lē lagolagoina | Lē mautinoa | Lagolagoina | Matuā lagolagoina |
|--|----------------------|----------------|-------------|-------------|-------------------|
| O tamaiti uma ia a'oa'oina i Faiga fa'avae a le ā'oga mo a'oa'oga o le Soifuaga fānau manuia | | | | | |
| O le fa'ailoa o fa'amatalaga i feusua'iga saogālēmū ma āiga fuafuaina e fa'atupula'ia ai le fia fa'iāiga o tupulaga talavou | | | | | |
| O fa'amatalaga i le faiga o āiga fuafuaina ma feusua'iga saogālēmū e tatau lava ona a'oa'oina tusa lava pe le'i o'o le olaga o tamaiti i le tausaga e mafai ai ona fa'iāiga. | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| E tatau ona a'oa'oina na o le pau le 'auala saogālēmū e le maua ai se tama'ita'i i le ma'itaga ma isi fa'ama'i pipisi mai i feusuaiga o le tete'e ma le lē 'auai i feusua'iga | | | | | |
| O le a'oa'oina o le Soifuaga fānau manuia o le matāfaioi lea a mātua ma e lē tatau ona a'oa'oina i totonu o ā'oga | | | | | |
| O le a'oa'oina o le Soifuaga fānau manuia o le matāfaioi fai fa'atasi a mātua ma le ā'oga | | | | | |
| O itūpa e a'afia ai le tagata ma lona itū'āiga e lē tatau ona 'a'afia i le a'oa'oina o le Soifuaga fānau manuia | | | | | |
| O le a'oa'oina o lagona ma faigāmafutaga e maua ai e tamaiti se fa'avae e fuafua ai le saogālēmū lelei o manaoga fia fa'āiga | | | | | |

30. Fa'amolemole lisi mai ni vāega se tolu(3) e te talitonu ole'ā fesoasoani i le fa'aleleia ātili o le a'oa'oina o le HIV/AIDS ma le Soifuaga fānau manuia i totonu o ā'oga. Fa'amolemole tusilima mai i avanoa olo'o i lalo au tali.

1.
2.
3.

Fesili mulimuli

A'o lei fa'afō'ia lau pepa lēnei i le UNESCO, e iai se isi vāega e toe fia fa'ailoa mai?

.....

.....

FA'AFETAI TELE MO LOU 'AUAI I LE SUESUEGA.

E te finagalo e te 'auai i se fa'atalatalanoaga tuliloa i le nei lava matā'upu?

- ☐ Ioe *Āfai e ioe, fa'amolemole fa'ailoa mai lou suafa ma lau ā'oga*
- ☐ L ēai fa'afetai

Fa'amolemole fa'afo'i ane lau pepa fa'atum u lenei i le Puleā'oga.

O le ā aoina mai e le 'aufaigālua a le UNESCO ma le Matāgaluega pepa fa'atumu 'uma mai i ā'oga i le Aso Lulu 25 o Aperila.

O le lipoti fa'ai'u o le suesuega ole'ā fa'asoa ma le Matāgaluega o Ā'oga, Ta'aloga ma Aganu'u ia Iūlai 2012 ma maua atu ai kopi mo ā'oga uma.

Survey on the Delivery of HIV and Sexual Reproductive Health Education in School Settings

Welcom

Thank you for participating in the survey on the delivery of HIV and sexual reproductive health education in school settings. The survey is anonymous so please do not write your name on it.

Today, young people are exposed to a wide range of information and attitudes in relation to sex and sexuality. Young people learn about life skills and sexuality from their friends, the television, the internet and social media. Often what is presented to them is incorrect and misleading. Research shows that the school setting is an ideal place for accurate information to be imparted, and that school-based HIV and sexual reproductive health education programmes are valuable and have a positive impact on young people's health. However, the issues of what should be delivered, how it is delivered and by whom, within Pacific Island schools need to be resolved. This survey hopes to answer these questions with the aim of developing an effective school-based strategy to enable our children to become equipped with the knowledge, skills and values to make responsible choices about their sexual and social relationships.

The survey contains 30 questions arranged in 3 sections:

1. You and your school
2. HIV and Sexual Reproductive Health (HIV and SRH) education – what, when and how?
3. Teachers' perspective

Important terminology:

In the course of this survey, we will use the term 'HIV and sexual reproductive health education' or HIV and SRH education. In some parts of the Pacific, this is called 'Family Life Education'. For this study, HIV and sexual reproductive health education is defined as any instruction about interpersonal relationships, human sexual development, the process of reproduction, or sexual behaviour. It includes a variety of topics, such as discussions of puberty, male and female reproductive systems, pregnancy and childbirth, abstinence, contraception and family planning, HIV and AIDS, sexually transmitted infections, relationships, communication, and sexual decision-making. Please keep this definition in mind when responding to the questions in this survey.

If you have any questions or experience problems completing this survey please contact

Please turn the page to continue with the survey questions.

Section A: About You and Your School

1. Are you male or female?
☐ Male
☐ Female
2. What is your age?
3. What is your nationality?
4. What are your qualifications? (Please select all relevant)

- ☐ teaching diploma
 - ☐ undergraduate degree, please specify
 - ☐ graduate degree, please specify
 - ☐ none of the above
5. What type of school do you currently work at? (Please select all relevant)
- ☐ Primary
 - ☐ Secondary
 - ☐ Government
 - ☐ Non-Government
 - ☐ Faith-based
6. Is your school
- ☐ for boys only?
 - ☐ for girls only?
 - ☐ co-educational? (for both boys and girls)
7. Is your school in a
- ☐ town centre/urban area
 - ☐ rural area/outer island
8. What is your main subject area? (Please select one of the below subject areas in which you teach most)
- ☐ Health
 - ☐ English
 - ☐ Social Studies
 - ☐ Science
 - ☐ Primary (cover all subjects)
 - ☐ Other, please specify
9. How important do you think it is to have HIV and sexual reproductive health education as part of the school curriculum?
- ☐ Very important
 - ☐ Somewhat important
 - ☐ Not too important
 - ☐ Not important at all
 - ☐ Don't know
10. Is HIV and sexual reproductive health education taught at your school (either as a special session or integrated into other areas of the curriculum)?
- ☐ Yes → go to Question 11
 - ☐ No → go to Section B
 - ☐ Not sure → go to Section B
11. What content does the curriculum cover? (select all relevant)
- ☐ Names and functions of sexual and reproductive body parts
 - ☐ Reproduction (babies, pregnancy and birth)
 - ☐ Contraception and family planning methods
 - ☐ HIV and AIDS and sexually transmitted infections
 - ☐ Safe sex practices
 - ☐ Relationships and feelings
 - ☐ How to manage peer influences
 - ☐ Sexual decision-making

- ☐ Sexuality and gender
- ☐ Not sure

12. Is there any information that is not included in your HIV and sexual and reproductive health education curriculum that you feel students need to know?

13. Do you teach HIV and sexual and reproductive health education subjects?

- ☐ Yes → go to Question 14
- ☐ No → go to Question 15

14. Have you completed any training related to HIV and sexual and reproductive health education? (Please select all relevant)

- ☐ No
- ☐ Yes, undergraduate training
- ☐ Yes, post graduate training
- ☐ Yes, in-service training. Who provided the training?

15. Who else teaches HIV and sexual reproductive health education in your school? (Please select all relevant)

- ☐ Health and physical education teacher
- ☐ School nurse
- ☐ Science teacher
- ☐ Other, please specify
- ☐ External provider, please specify

16. Does your school have a policy on teaching HIV and sexual reproductive health education?

- ☐ Yes → go to Question 17
- ☐ No → go to Question 18
- ☐ Don't know → go to Question 18

17. Does your school require that ...

| | Yes | No | Don't know |
|---|-----|----|------------|
| ...there is a whole school approach to HIV and SRH education? | | | |
| ...you notify/inform parents about the topics that will be covered in HIV and SRH education? | | | |
| ...you ask for parental permission for students to attend HIV and SRH education classes? | | | |
| ...you inform parents that they have the option of removing their child from HIV and SRH education classes? | | | |
| ...different cultural and religious backgrounds are taken into account? | | | |

18. Overall, how satisfied are you with:

| | Very dissatisfied | Unsatisfied | Unsure | Satisfied | Very satisfied |
|---|----------------------|-------------|--------|-----------|-------------------|
| ...the HIV and SRH education curriculum at your school? | | | | | |
| ...the school policy on HIV and SRH education? | | | | | |
| ...the school support for the teaching of HIV and SRH education? | | | | | |
| ...the parents/community support for the teaching of HIV and SRH education? | | | | | |
| ...training available to you for the teaching of HIV and SRH? | | | | | |
| ...the resources available for the teaching of HIV and SRH? | | | | | |
| ...the external support network available to you? | | | | | |

Please turn the page for section B of the survey

Section B: HIV and Sexual and Reproductive Health Education – What, When and How?

19. At what age (on average) do you think young people in Palau become sexually active?

- ☐ Less than 13 years old
- ☐ 13 to 14-years-old
- ☐ 15 to 16-years-old
- ☐ 17 to 18-years-old
- ☐ 19 to 20-years-old
- ☐ Over 21-years-old

20. What do you believe are the main sources of information on HIV and sexual reproductive health for young people in your community? *(Please select all relevant)*

- ☐ School
- ☐ Clinic/hospital
- ☐ Health workers
- ☐ Peer educators
- ☐ Friends
- ☐ Older brothers/ sisters
- ☐ Parents
- ☐ Aunties/uncles or other relatives
- ☐ Church
- ☐ Internet
- ☐ Other (specify):
- ☐ Don't know

21. Do you think HIV and sexual reproductive health education should...*(Choose more than one option if applicable)*

- ☐ be voluntary for students?
- ☐ be part of the national curriculum at elementary school?
- ☐ be part of the national curriculum at high school?

- ☐ be mandated in the health curriculum?
- ☐ be taught in a cross-curricular manner where possible?
- ☐ be taught in some other subjects; please specify
- ☐ be taught by external providers; please specify

22. A list of HIV and sexual reproductive health education topics is provided below. In your opinion, when should the topics listed below be covered for the **first** time?

| | Grades 1 – 3 | Grades 4 – 6 | Grades 7 – 8 | Grades 9 – 10 | Grades 11 – 12 | Never |
|--|-----------------|-----------------|-----------------|------------------|-------------------|-------|
| Names and functions of sexual body parts | | | | | | |
| Reproduction (babies, pregnancy and birth) | | | | | | |
| Contraception and family planning methods | | | | | | |
| HIV and AIDS and sexually transmitted infections | | | | | | |
| Safe sex practices | | | | | | |
| Relationships and feelings | | | | | | |
| How to manage peer influences | | | | | | |
| Sexual decision-making | | | | | | |
| Sexuality and gender | | | | | | |

23. In what format do you think HIV and sexual reproductive health education should be taught? (Choose more than one option if applicable)

- ☐ in one special session or event
- ☐ as part of the school health education programme
- ☐ as part of another subject; please specify
- ☐ out of school; please specify

24. What do you think should be the number of hours per term spent teaching HIV and sexual reproductive health education in each year level? If you think no hours, write 0

Grades 1–3:
 Grades 4–6:
 Grades 7–8:
 Grades 9–10:
 Grades 11–12:

25. A list of HIV and sexual reproductive health education topics is provided below. Please indicate in which year level you think it would be appropriate to cover these topics. (Choose more than one year level if applicable)

| TOPICS | Grades 1 – 3 | Grades 4 – 6 | Grades 7 – 8 | Grades 9 – 10 | Grades 11 – 12 | Never |
|--|-----------------|-----------------|-----------------|------------------|-------------------|-------|
| Puberty | | | | | | |
| Reproduction (babies, pregnancy and birth) | | | | | | |
| HIV and AIDS | | | | | | |
| Relationships and feelings | | | | | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| Body image | | | | | | |
| How to manage peer influences | | | | | | |
| Effects of alcohol/drug use on decision making | | | | | | |
| Decision-making specific to sexual activity | | | | | | |
| Abstinence from intercourse until ready | | | | | | |
| Abstinence from intercourse until married | | | | | | |
| Sexually transmitted infections other than HIV | | | | | | |
| Safe sex practices including using condoms | | | | | | |
| Family planning methods, e.g. use of contraceptives and condoms | | | | | | |
| Emergency contraception | | | | | | |
| Dealing with emotional issues and consequences of being sexually active | | | | | | |
| Sexual abuse and protective behaviour | | | | | | |
| Communicating with parents about HIV and SRH issues | | | | | | |
| Communication and negotiation skills with a partner | | | | | | |
| Sexual orientation/same sex attraction | | | | | | |
| Gender roles and stereotyping | | | | | | |
| Teen parenthood | | | | | | |
| How to avoid unwanted or unplanned sex | | | | | | |
| How and where to find trustworthy information on HIV and SRH issues | | | | | | |
| Sexual activities other than intercourse | | | | | | |
| The pleasures of sexual behaviour/activity | | | | | | |

26. For the topics that you have selected as NEVER to be taught, what is the reason you believe these should not be taught? (Choose more than one if applicable)

- ☐ I would feel pressured from the community/parents not to teach these topics.
- ☐ Our school policy would not support teaching these topics.
- ☐ I would not feel comfortable teaching these topics.
- ☐ I would not have the resources/funding to teach these topics.
- ☐ I would not have the right training to teach these topics appropriately.
- ☐ These topics are not part of the curriculum.
- ☐ Time constraints would not allow these topics to be included.
- ☐ Other, please specify

Please turn the page for section C of the survey

Section C: Teachers' Perspective

27. Do you feel you would need assistance with teaching some HIV and sexual reproductive health education topics? What kind of assistance, if any, would help you teach about each of the following topics?

| TOPICS | I would not cover this topic | I would not need help | I would need help with factual information | I would need help with teaching materials | I would need help with teaching strategies |
|---|------------------------------|-----------------------|--|---|--|
| Puberty | | | | | |
| Reproduction (babies, pregnancy and birth) | | | | | |
| HIV and AIDS | | | | | |
| Relationships and feelings | | | | | |
| Body image | | | | | |
| How to manage peer influences | | | | | |
| Effects of alcohol/drug use on decision-making | | | | | |
| Decision-making specific to sexual activity | | | | | |
| Abstinence from intercourse until ready | | | | | |
| Abstinence from intercourse until married | | | | | |
| Sexually transmitted infections other than HIV | | | | | |
| Safe sex practices including using condoms | | | | | |
| Family planning methods, e.g. use of contraceptives and condoms | | | | | |
| Emergency contraception | | | | | |
| Dealing with emotional issues and consequences of being sexually active | | | | | |
| Sexual abuse and protective behaviour | | | | | |
| Communicating with parents about HIV and SRH issues | | | | | |
| Communication and negotiation skills with a partner | | | | | |
| Sexual orientation/same sex attraction | | | | | |
| Gender roles and stereotyping | | | | | |
| Teen parenthood | | | | | |
| How to avoid unwanted or unplanned sex | | | | | |
| How and where to find trustworthy information on HIV and SRH issues | | | | | |
| Sexual activities other than intercourse | | | | | |
| The pleasures of sexual behaviour/activity | | | | | |

28. The statements below describe possible barriers or facilitators within your educational environment for teaching HIV and sexual and reproductive health. Please state the degree to which you agree or disagree regarding your personal situation and experience.

| YOUR PERSONAL SITUATION | Strongly disagree | Disagree | Unsure | Agree | Strongly agree |
|---|-------------------|----------|--------|-------|----------------|
| I would need to be careful what HIV and SRH topics I teach because of possible negative community reaction. | | | | | |
| I would have the full support of my school to meet the HIV and SRH education needs of my students. | | | | | |
| Parents would generally support my efforts to meet the HIV and SRH education needs of my students. | | | | | |
| Students don't feel comfortable talking with their teacher about HIV and SRH. | | | | | |
| I have access to the right training to provide the HIV and SRH education needed. | | | | | |
| There is not enough time for teaching the amount of HIV and SRH education needed. | | | | | |

29. To what extent do the following statements describe your opinion on HIV and sexual reproductive health education and its impact on students? Please state your level of agreement regarding your personal opinion.

| YOUR PERSONAL OPINION | Strongly disagree | Disagree | Unsure | Agree | Strongly agree |
|--|-------------------|----------|--------|-------|----------------|
| All students are entitled to school-based HIV and SRH education. | | | | | |
| Providing information about family planning and safe sex encourages young people to have sex. | | | | | |
| Information about family planning and safe sex should be given whether young people are sexually active or not. | | | | | |
| Abstinence should be taught as the only option for preventing pregnancy and sexually transmitted infections. | | | | | |
| HIV and SRH education is the responsibility of parents and should not be taught at schools at all. | | | | | |
| HIV and SRH education is a shared responsibility of parents and schools. | | | | | |
| Sexuality and gender should not be included in HIV and SRH education at school. | | | | | |
| Teaching about feelings and relationships gives students a good foundation to manage their own sexual health and safety. | | | | | |

30. Please list three (3) things that you believe would help most in improving the delivery of HIV and sexual reproductive health education in schools. Please write your responses on the lines below.

1.
2.
3.

Final question

Before you return your survey to the school principal is there anything else that you would like to tell us?

.....

.....

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THANK YOU FOR YOUR PARTICIPATION.

Please return your survey to the School Principal.

MOE staff will collect all surveys from your school on Thursday, May 10.

For further information please contact Andrew Peteru at UNESCO at phone 24276 or 7238992. The final report on the study will be shared with the Ministry of Education in July 2012 and schools will be able to access a copy from there.

This questionnaire has been adapted from:

Smith A., Schlichthorst M., Mitchell A., Walsh J., Lyons A., Blackman P. and Pitts M. 2011. *Sexuality Education in Australian Secondary Schools 2010, Monograph Series No. 80*, Melbourne: La Trobe University, the Australian Research Centre in Sex, Health and Society.

Adamchak, S., Bond, K., MacLaren, L., Magnani, R., Nelson, K. and Seltzer, J. 2000. *A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs*. Washington, DC. Pathfinder International.

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