



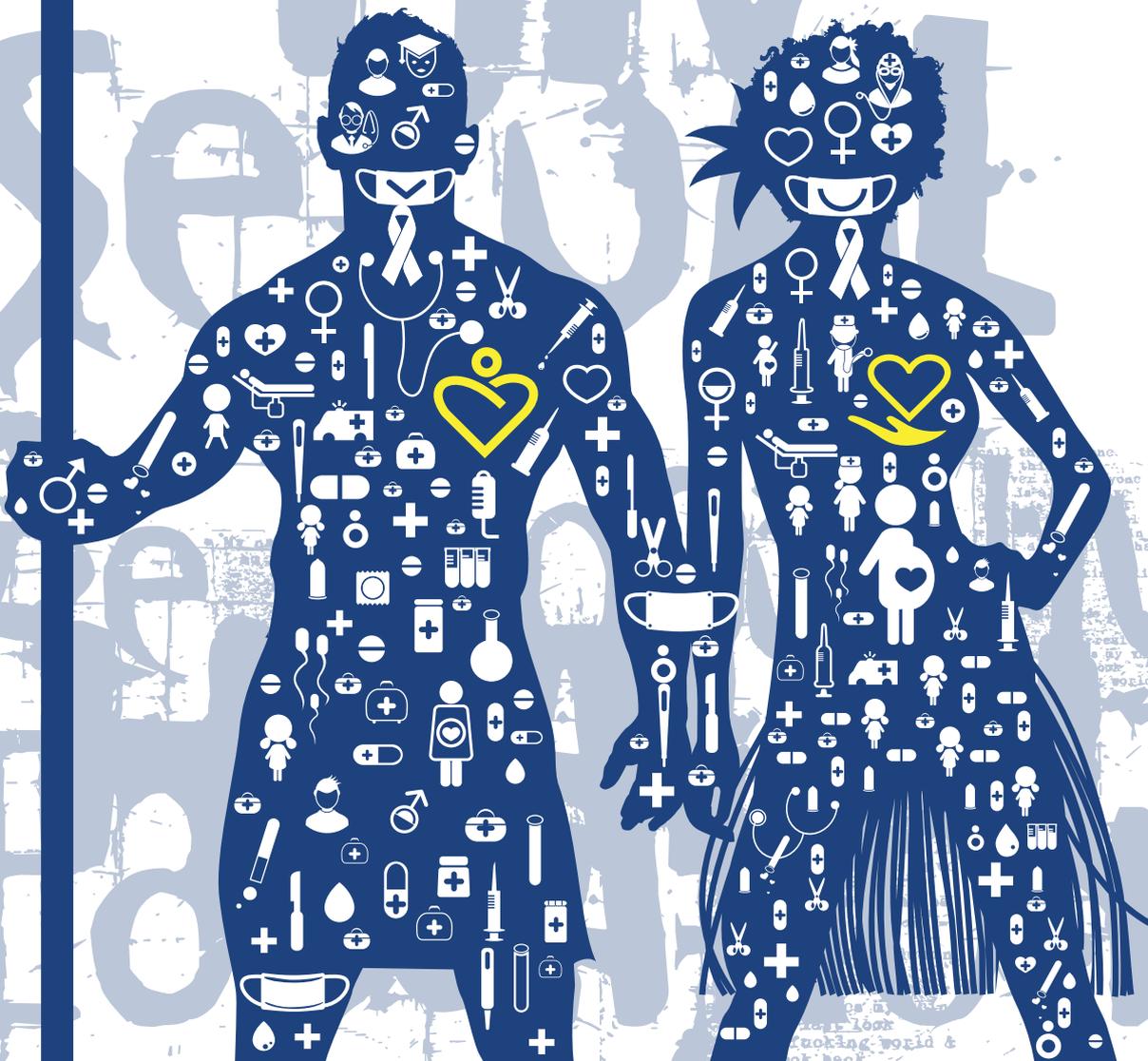
United Nations
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Office for the Pacific States



REPUBLIC OF NAURU
DEPARTMENT OF EDUCATION
"Preparing Nauru for Tomorrow"

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



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HIV and Sexual Reproductive Health Education
in School Settings in **Nauru**

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
DOE	Department of Education
FLE	Family Life Education
HIV	Human Immunodeficiency Virus
NNDHS	Nauru Demographic Health Survey
PAWS	Physical Activity and Wellness Studies
PICTs	Pacific Island Countries and Territories
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection

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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Context

Nauru is the world's smallest independent republic with a population around 10,000. During the 1970s, Nauru's extensive phosphate resources made it one of the wealthiest countries per capita in the world. The readily mined phosphate was gone by the late 1990s and Nauru became heavily indebted and reliant on foreign aid. By 2004, Nauru was in severe financial distress, and the Government of Nauru sought regional assistance from the Pacific Islands Forum. Nauru has made significant progress towards economic recovery since the regional assistance was established in 2004, but continues to face serious social, economic and environmental challenges which impact on the health and education status of Nauruans.¹

Nauru, currently, has no reported cases of HIV. Historically, it has had two cases of HIV infection, both over ten years ago. However, Nauru has high levels of sexually transmitted infections (STIs), specifically, Chlamydia, Gonorrhoea and Syphilis, so its HIV prevention efforts have been combined with programmes tackling STIs. A Chlamydia testing and treatment pilot in 2008 identified a prevalence of 32 per cent, which is considered to be at the higher end of the range reported in other Pacific Island Countries and Territories (PICTs), and the highest rates were in young people (15–19 years).² As with elsewhere in the Pacific, the high levels of STIs in young people and pregnant women highlight the critical importance of awareness and education on STIs, including HIV.³ The 2007 Nauru Demographic Health Survey (NDHS) found that young people aged 15–24 are particularly vulnerable, likely because 1) early sexual debut is common, particularly for young men; 2) there are low levels of knowledge of reliable condom sources; and, 3) there are high levels of multiple sexual partners.

Overall, levels of comprehensive knowledge of HIV and AIDS, (reducing risk through consistent use of condoms, having one uninfected faithful partner and rejecting common misperceptions about HIV transmission), are very low: 13.3 per cent of young women and only 9.6 per cent of young men aged 15–24 have comprehensive knowledge about HIV and AIDS. For the youngest cohort, (15–19 years), the levels of comprehensive knowledge are even lower, at 7.6 per cent for young women and 7.8 per cent for young men. The DHS results also highlighted the fact that misconceptions about HIV and AIDS are widespread.

The age that young people initiate sexual activity has a significant impact on their HIV exposure risk. The 2007 NDHS indicates that almost 80 per cent of men and around 65 per cent of women had sex before they turned 18. Plus, a sizeable minority of young Nauruans had their first sexual intercourse before the age of 15 (31.3 per cent and 14.8 per cent of young men and women, respectively). Condom use is low, with only eleven per cent of young women and seven per cent of young men using a condom the first time they had sex.⁴ The data indicate that condom use during last sexual intercourse among young people aged 15–24 years, with two or more partners, is low, with just 9.6 per cent of young women and 16.7 per cent young men reporting having used a condom during last sexual intercourse. The prevalence of multiple partners among young men aged 15 – 19 years is 49.5 per cent, and amongst young women it is 28.5 per cent. This wide gap between risky sexual practice and low condom use is a worrying trend for potential exposure to HIV on Nauru, especially when coupled with the very low levels of HIV knowledge.

1 UNICEF. 2005. *Nauru. A Situation Analysis of Children, Women and Youth*. UNICEF Pacific Office, Fiji, 2005

2 SPC and the Ministry of Health, Nauru. July 2008. *Evaluation of Chlamydia Testing and Treatment Pilot: Republic of Nauru*.

3 World Health Organization. 2006. *Second Generation Surveys of HIV, other STIs and risk behaviours in 6 Pacific Island Countries (2004–2005)*.

4 Nauru Bureau of Statistics SPC Statistics and Demography Programme and MACRO International. 2007. *2007 Demographic and Health Survey*.

The DHS report summary states that the results “highlighted a variety of STI, HIV and AIDS related issues that require urgent policy attention as well as a review of the effectiveness of current HIV and AIDS education, particularly with regard to behaviour change, including more tangible impacts on safe sex practices”⁵ The Nauru 2010 UNGASS report also notes that these trends highlight the need for successful prevention and awareness programmes across the whole population, with particular focus on young people⁶.

At the national level, the policy response to the challenges faced with HIV and AIDS is Nauru’s National Sustainable Development Plan (2005–2025). HIV falls within the wider strategy of strengthening responsiveness and intervention on preventative and reproductive health. The Ministry of Health primarily leads Nauru’s programmatic response to HIV. HIV prevention and awareness programmes are implemented and delivered by the Department of Public Health’s Communicable Diseases Unit. The Republic of Nauru Hospital Laboratory delivers testing for HIV. The other government department involved in HIV efforts is the Ministry of Education through its Youth Affairs Department. Youth Affairs hosts Adolescent Sexual Health and HIV education as part of its learning delivery for out-of-school youth and school leavers. There is currently limited HIV involvement by other sectors, namely non-governmental organizations, community-based organizations, churches and civil society organizations.⁷

Despite the zero per cent prevalence rate in Nauru, there is still concern about the looming threat beyond the national strategic plan for HIV/AIDS 2009–2012. The National Strategic Plan 2005–2025 highlights under “Education”, “Sexual Health Education in schools” which is currently being advocated by the Department of Education through Family Life Education (FLE) and Physical Activity and Wellness Studies (PAWS). Currently, there is little evidence of any school programmes, and the 2010 UNGASS report describes cultural sensitivity around public discussion of sex, particularly in schools, as a key challenge that has hindered the national response.⁸ There is also a National Strategic Health Plan 2010 – 2015 which has the overall strategic aim to increase HIV and AIDS awareness programmes and education on condom use (tackling STIs with a goal of 50 per cent reduction is a parallel strategic aim).

The Nauru National Youth Policy 2008–2015⁹ highlights key issues of social disadvantage challenging Nauruan youth, i.e. low education levels, high unemployment, alcohol use, single parenthood and delinquency. Sexual health is referred to under the Goal Area of Social Development with the objective to “create and support social development programmes to improve lifestyles of young people”. This objective seeks to address issues of sexual health, amongst other health and social concerns, using a number of social development programmes and states: “awareness raising programmes using peer education model is an important approach for targeting these sensitive issues at a level that is relevant and effective to the youth population”.¹⁰

A situation unique to Nauru is the number of students who have been out of school for a period of time. During the financial crisis, many students stopped attending school. There is now a re-entry programme at Nauru Secondary School to re-introduce students to the school programme after periods of months, or even one or more years, out of school. The Department of Education (DOE) Strategic Plan notes that truancy has been as high as 60 per cent for some schools, but the

5 Ibid. footnote 4. Chapter 12.

6 UNAIDS. 2010. *UNGASS Country Progress Report Nauru 2010*. Nauru UNGASS Taskforce, 2010.

7 Ibid.

8 Ibid.

9 Directorate of Youth Affairs, Department of Education. 2008. *Nauru National Youth Policy 2008–2015: A Vision for Quality of Life (Bitune Eterō dōgit Itsimor Omo)*. Republic of Nauru. Directorate of Youth Affairs, Department of Education. 2008.

10 Ibid.

overall rate is 34 per cent. In 2005, with the prevailing economic and social conditions, student non-attendance had risen to very high levels and teacher non-attendance was also on the rise.¹¹ The Year 12 enrolment had a retention rate of less than 25 per cent. This situation is gradually improving through the implementation of the new Education Strategic Plan. The qualifications of teachers is an area that has also been identified as needing major attention, with only 9 per cent of teachers having a degree, 6.4 per cent having a diploma, 50 per cent having a certificate, and 34.4 per cent having no specific qualifications for being a trainee or instructor.¹²

The 2010 UNGASS report states that there have been no school surveys or education programme reviews to determine the coverage of life skills-based HIV education in the Nauru education system. Currently, there is still no regular curriculum delivery of life skills-based HIV education in either the primary or secondary schools. There was only a one-off session of HIV/STI awareness with Year 10–12 students in Nauru’s secondary schools in 2009. This was a one-day programme delivered by the Peer Educator staff from the Department of Public Health. Today, HIV/STI education in schools is a very sensitive issue. For the 2009 session, parental permission had to be sought for each pupil to receive it. Public Health staff also ran awareness training in 2008 and 2009 with teachers from primary and secondary schools. Teacher training to deliver life skills-based HIV education is an identified gap in curriculum delivery. The report identifies the following key actions that need to be taken for education: implement delivery of life skills-based HIV education in the primary and secondary-school system, and strengthen teacher capacity to deliver life skills-based HIV education in primary and secondary schools.¹³ There is also no Health curriculum currently in the schools. A new curriculum, “Physical Activity and Wellness Studies” (PAWS), is currently in development. When implemented, it will incorporate sexual and reproductive health, including HIV and AIDS. Within the draft curriculum, these components are under the ‘Understanding Wellness’ component, or strand, and there seem to be elements of HIV & SRH education that will be offered in years 4–10. The DOE hoped to have the curriculum completed and teachers trained in its implementation by the end of the 2012 school year.

11 Department of Education and Training, Republic of Nauru. 2008. *Footpath II Education and Training Strategic Plan 2008–2013*.

12 Ibid.

13 Ibid. Footnote 4.

The Study: Attitudinal Survey on The Delivery of HIV and Sexual 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 Nauru.

Teacher Survey Implementation

The Nauru education system has ten schools in total, divided into four groups of formal education: Infants, Primary, Middle (Years 7–9), and Secondary (Years 10–12). There is also an 'Able/Disable Centre'. There are approximately 76 primary and secondary teachers. The majority of schools are government: Yaren Primary School (Years 1–3), Aiwo Primary School (Years 4–6), Nauru College (Years 7–9) and Nauru Secondary School (Years 10–12). There is one Catholic School, Kayser College, which has both primary and secondary students up to Year 8. In consultation with the Nauru Department of Education, schools selected to participate in the study were those that have senior primary students and secondary students, namely, Aiwo Primary School, Nauru College, Nauru Secondary School and Kayser College. Therefore, four schools participated in the teacher survey, with approximately 32 surveys distributed to Year 5–6 primary teachers, Year 7–8 teachers at the Catholic school (they teach across all subject areas), and the science, English and social studies teachers at the College and the secondary school. A total of 18 surveys were returned from eight primary teachers (Year 5–6) and ten secondary-school teachers (out of 27 secondary teachers).

Table 1: Survey respondent demographics

Primary	Secondary	Government	Non-Government
8	10	13	5

Note: As the respondent numbers are small in this sample, numbers have been used rather than percentages throughout this report.

In Nauru, the survey tool was adapted to the setting by removing unnecessary questions related to urban/rural areas and type of school (boys only, girls only or co-educational). As many of the teachers on the island are from countries other than Nauru, following discussions with the Nauru Department of Education it was decided that the survey would not be translated, and that it would be disseminated in English. (See Annex 1 for survey tool.)

Profile of respondents

The majority of survey respondents (13) were women. The majority of teachers were aged between 30–55 years, with an average age of 44 years. Eleven of the respondents were Nauruan with the remaining seven respondents being Fijian.

Figure 1: Sex of survey respondents

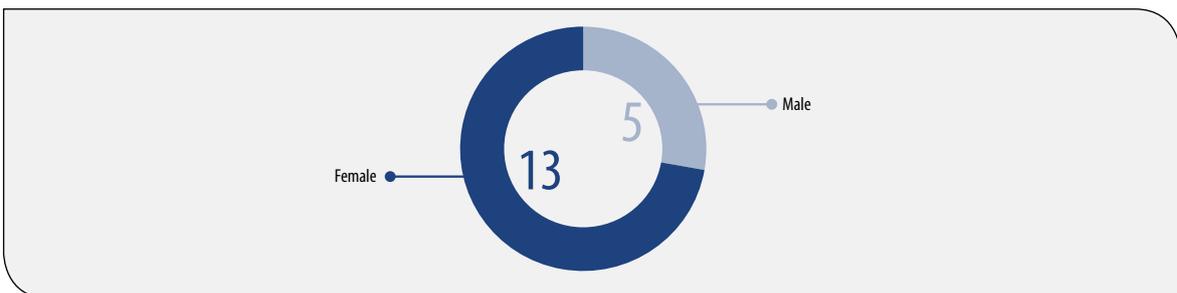


Table 2: Sex of survey respondents by school level

	Primary	Secondary	TOTAL
Male	1	4	5
Female	7	6	13

Table 3: Subject area of teachers

Level	Subject area	Number
Primary	All subjects	5
Secondary	All subjects (Yr 7–8 Kayser College)	3
	Science	9
	English	2
	Social Studies	2
	Mathematics	2
	Other	2

Table 3 shows the subject area of survey respondents. Eight teachers taught across all subject areas, however, some also indicated that they specialize in specific subjects. Of the secondary level teacher respondents, there was a broad spread across various subject areas including science, English, social studies, mathematics and other subjects (including religious studies, and the re-entry coordinator at Nauru Secondary School). It should be noted that in many cases teachers taught across more than one subject even at secondary-school level. This was particularly the case for the Kayser College teachers. Note: Five teachers in the sample had no teaching qualifications.

Interviews and Focus Group Discussions

Key informant interviews and focus group discussions were undertaken in all four schools in the study. Kayser College is a Catholic school; the other three schools are government schools. Interviews were undertaken with the four principals of the schools. Group interviews were undertaken with teachers at each of the schools. A total of 21 parents also participated in four focus group discussions. And, a total of 69 students participated in four focus group discussions facilitated with students from Year 5–Year 12 across the four schools. In addition, key informant interviews were undertaken with staff from the Department of Education, the Department of Health, church leaders, community leaders and youth representatives from eight communities. (See Annex 2 for a full list of key informants.)

Table 4: Summary of Interviews and Focus Group Discussions (FGD)

Nauru	4 principals (all female) 25 teachers (14 female, 10 male) Dept. of Education, Dept. of Health, church leaders, community leaders & youth representatives	4x FGD with a total of 21 parents (13 females, 8 males)	4x FGD with a total of 69 students: Yr 5–Yr 12 (49 secondary-school level [26 female, 23 male]; 20 primary level [16 female, 4 male]).
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Findings

The data is addressed below under four headings

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

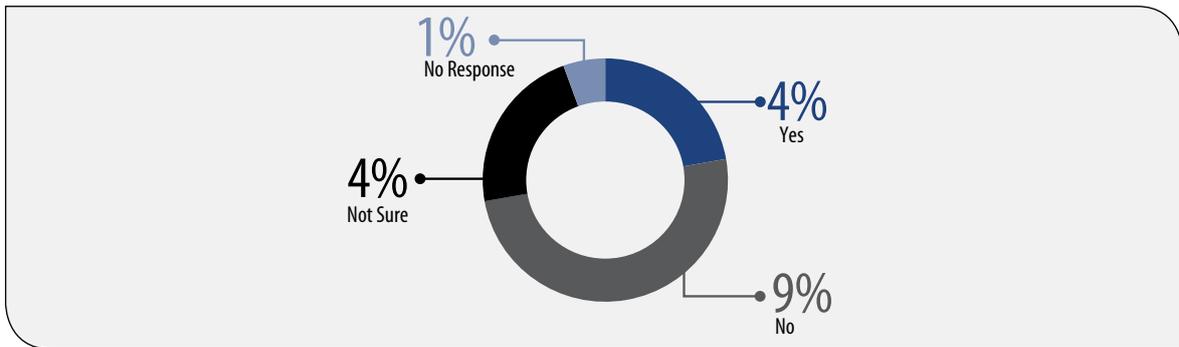
The Current Situation – HIV and SRH Education In Nauruan Schools

“There’s a big gap and a big need – there’s a big knowledge gap in terms of addressing youth needs and amongst youth issues. SRH is a big issue which is not currently being well addressed. Every child has the right to education, safety and empowerment. Education begins at home; it’s good to talk to parents and get their support. There is both an informal and formal education gap – in the schools – a gap with the teachers and students.” (Director of Public Health)

Is HIV and SRH education taught in your school?

Only four out of 18 survey respondents stated that any form of HIV and SRH education was taught in their school – three respondents from secondary schools and one from a primary school. Half the respondents (9) stated that it was not taught at their school, and four were uncertain. One respondent did not answer this question, which may indicate they were also uncertain.

Figure 2: HIV and SRH taught at the school



Students also indicated that HIV and SRH education was barely existent. *"We learn about things at school in science only sometimes."* (Year 8 student)

It seems there were previous attempts to introduce HIV and SRH education into the schools; however, these were not successful due to a lack of training of teachers, and lack of proper introduction.

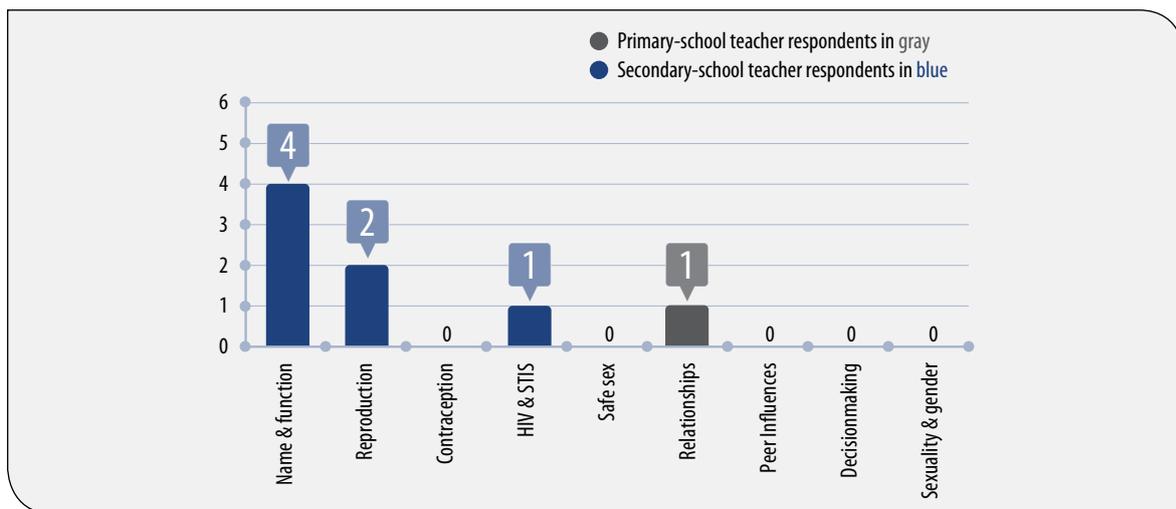
"At one time, the department tried to do it at Nauru college and all the teachers ran away from the subject when they were told that they had to do it, 'I don't know what to say – you do it' trying to get others to take it. Just a few days it happened then parents were screaming and teachers running away from it. It stopped." (Principal primary school)

What is taught in Nauruan schools?

"I don't know why it stopped, but when I was in school we had sex education. We had it when we were in primary and then it just stopped – and when it stopped that's when we started having a lot of teenage pregnancies and a lot of people doing stuff that they didn't know what they were getting themselves into." (National Youth Council member)

Figure 3 details teacher responses (7 respondents: 6 secondary teachers, 1 primary teacher) on what is taught in HIV and SRH education. At the primary-school level, for the one respondent who indicated that HIV and SRH education is taught, the curriculum content was only entitled, 'Relationships'. For those respondents at the secondary-school level who indicated that HIV and SRH education was taught, or they were unsure (6 respondents), the curriculum content was also extremely limited. The secondary level responses indicated it was comprised almost entirely of factual information, such as the name and function of sexual and reproductive body parts (4 respondents) and reproduction (2 respondents). This may be a function of it only being taught by science teachers in biology. Only one respondent mentioned 'HIV and STIs' as a content area that was being taught. In light of the high rates of STIs, early sexual debut, low levels of condom use and low levels of knowledge of HIV and AIDS amongst 15–19yr olds in Nauru, as detailed in the 2007 DHS, the lack of education in HIV and SRH is extremely concerning and likely increases youth vulnerability.

Figure 3: Taught at Primary and Secondary level



"We're basically just covering the technical aspect of it, we're not covering the emotions or the interactions of the opposite sex, so maybe that could come in as well, because they're at that stage where their emotions are very rapid and their noticing the opposite sex, so I would prefer that we include more." (Year 8 teacher)

An issue that arose amongst secondary students in the focus group sessions is that they are reportedly receiving very limited information on safe sex practices, condoms or how to prevent STIs, which the students feel is very important. Also, an issue is that there seems to be little or no education about HIV in the school setting. *"We didn't learn anything about HIV at school, only at the hospital." (Year 9 student)*

Younger students also brought up issues related to puberty and bullying, as there had been a number of incidents in the schools where students had seen teasing and bullying occurring related to body changes in some students.

Information not included

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 puberty, like, *"how to care for their bodies at puberty, what puberty means"* (Primary-school teacher). Secondary teachers identified all the listed content areas as information that students need to know but are not included in the current school programme *"all of the above except for safe sex practices at this age (Year 7–9), maybe in the upper level"* (Secondary teacher). In focus group discussions, teachers reinforced the gap in coverage of emotional issues, decision-making, peer pressure and other social aspects of HIV and SRH.

Student focus group sessions also revealed a lot of information missing, and the need that young people have in order to keep themselves safe. *"I have a 14-year-old friend who is sleeping with a boy – can she get pregnant? I don't think she knows anything about that." (Year 6 student)*

Who Teaches about HIV and SRH?

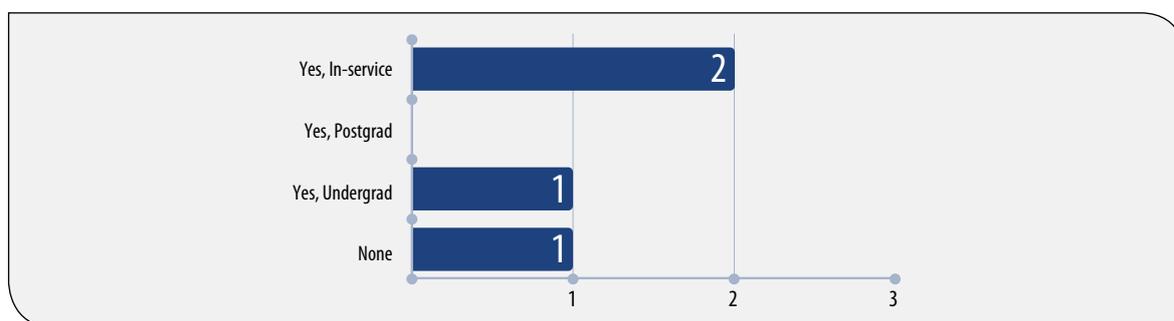
None of the primary-school teacher respondents indicated that they taught HIV and SRH education. Only three of the secondary-school respondents indicated that they taught HIV and SRH education themselves, and all of them are science teachers. Discussion with science teachers indicate that the science curriculum utilized in Nauru covers reproduction and the reproductive system, including STIs, but much of this in Year 8 and less in earlier years. When asked who else was teaching HIV and SRH education at their school, there were no primary-school teacher respondents to this question. The three secondary teacher respondents indicated that the science teachers were doing it. There were no other teachers or external providers mentioned.

"I haven't looked at the science curriculum (new science curriculum), but the teachers have told me that the curriculum does cover some on STIs, covering just a minor part of the whole thing." (Principal, college)

HIV and SRH training

Respondents were also asked whether they had completed any training related to HIV and SRH education (Figure 4). Two respondents had received training, and both were teachers from Fiji who had undergone in-service training with the Ministry of Health in Fiji. One respondent also mentioned an in-service with the Nauru health centre HIV officer, as well as training as part of their undergraduate degree. One respondent who taught HIV and SRH education indicated that they had not received any training.

Figure 4: HIV and SRH training undertaken



Satisfaction with HIV and SRH education in their school

"Health is doing some programmes in this area with re-entry students – we have to look at providing it through education in the schools. It's also in the Year 8 Science – they're doing the systems and one of the systems is the reproductive system, but not so much on HIV, etc." (DOE staff member)

Only six respondents answered this question. Overall, satisfaction levels were very low, with the majority of teachers being either 'unsatisfied' or 'very unsatisfied' with their teaching environment with respect to HIV and SRH education (Table 5). The one primary-school teacher respondent was mostly uncertain about all areas, except for the HIV and SRH education curriculum for which this respondent indicated 'unsatisfied'. Secondary level teacher respondents (5) were unsatisfied with the HIV and SRH curriculum, the school policy on HIV and SRH education, the parents/community support, the training and resources available and the external support network. There was notable uncertainty about the school support for HIV and SRH education, and half the respondents were also uncertain about the training and resources available.

Table 5: Satisfaction with HIV and SRH education taught teachers in Nauru

How satisfied are you with ...	Very unsatisfied	Unsatisfied	Unsure	Satisfied	Very satisfied
...the HIV & SRH education curriculum at your school?		4	1		
...the school policy on HIV & SRH education?	2	1	2		
...the school support for the teaching of HIV & SRH education?		2	3		
...the parents/community support for the teaching of HIV & SRH education?	1	2	2		
...training available to you for the teaching of HIV&SRH education?	2	1	3		
...the resources available for the teaching of HIV & SRH education?	2	1	3		
...the external support network available to you?	2	1	2		

The School Environment – School Policy

In Nauru, currently, there is no health curriculum to provide a foundation for HIV and SRH education. Therefore, there are no school policies in regards to HIV and SRH education and no data has been included for this question. For the five respondents who did answer this question, they all indicated 'no' (2 respondents) or 'don't know' (3 respondents) in response to the question of whether their school had a policy on HIV and SRH education.

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

"I strongly believe it is needed at primary level." (Primary-school teacher)

Integrating HIV and SRH Education in Schools

A key part of this study was to explore teacher beliefs on where and how HIV and SRH education 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, 48 options were selected by the 17 teachers who responded to this question. Of those, ten teachers voted for the inclusion of HIV and SRH education as part of the national curriculum at both the primary and secondary level. Further, 12 teachers were also of the opinion that HIV and SRH education should be mandated in the health curriculum. Six respondents favoured it being taught in a cross-curricular manner where possible. The idea of teaching HIV and SRH education in some other subjects was slightly less favoured, with four teachers choosing this option and naming science, religion, social science and physical education (PE) as options. Two secondary respondents thought HIV and SRH education should be taught by external providers and specified 'health educators', but did not indicate the source of these health educators,

though presumably this means staff from Public Health. Only four teachers believed HIV and SRH education should be voluntary.

Table 6: How should HIV and SRH education be integrated into the school?

	Yes count
Do you think HIV & SRH education should be voluntary for students?	4
Do you think HIV & SRH education should be part of the national curriculum in primary school?	10
Do you think HIV & SRH education should be part of the national curriculum in secondary school?	10
Do you think HIV & SRH education should be mandated in the health curriculum?	12
Do you think HIV & SRH education should be taught in a cross-curricular manner where possible?	6
Do you think HIV & SRH education should be taught in some other subjects?	4
Do you think HIV & SRH education should be taught by external providers?	2

“Education has to happen in the schools; we need qualified teachers to teach it. We have done awareness in communities, we invited public health to give issues on HIV/AIDS, the youth, the police. When we join together we are showing the people that there’s no taboo necessary – there should be no taboo on discussing good health. Then, we supported all this from the biblical side. Parents should be happy if it’s taught at the school because it’s for the good of the children. Through the church we can support and influence the parents.” (Church leader)

When should HIV and SRH education start?

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 (Table 7). The question included early and late primary level, as well as the secondary year levels as response options. Respondents could also choose ‘never’ as a response. Only one respondent chose ‘never’ for any of the topics listed, and this was in all instances a primary respondent. The topics indicated as never to be taught included reproduction, contraception, HIV & STIs, safe sex, sexual decision-making, and sexuality and gender. Names & functions of body parts, relationships & feelings, managing peer influences, and sexuality & gender were among the topics chosen to start in primary school by some respondents. The majority of teachers, though, recommended most topics for secondary level, from Year 7. However, there were some topics, such as contraception, HIV and STIs, and safe sex which respondents indicated Years 11–12 as being the appropriate age to first teach. The evidence of high rates of STIs, such as Chlamydia amongst 15–19yr olds in Nauru, indicate it would be advisable that education on HIV and STIs and safe sex practices should certainly commence earlier in secondary school.

Table 7: teacher opinions on what should be taught at Secondary School level

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

A teacher commented:

“Women and men should know about their sexuality due to taboo happenings in households, e.g. incest, child sexual abuse, rape and so on.” (Secondary teacher)

What should the format for HIV and SRH education be?

Teachers were also asked in what format they thought HIV and SRH education should be taught. As shown in Table 8, the majority of teacher respondents (14 out of 17 responses) thought that HIV and SRH education should be taught as part of the school health programme. There was also reasonably strong support for HIV and SRH education being taught as part of another subject (5 responses). Only 2 respondents (both primary) believed it should be taught in one special session or event.

Table 8: Preferred format of HIV and SRH education

HIV & SRH education should be taught ...	Yes counts
in one special session or event.	2
as part of the school health education programme.	14
as part of another subject.	5
out of school.	0

The respondents who indicated ‘as part of another subject’ specified the following subjects: science, social science, and religion.

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 9 shows the average calculated from all responses by years. The number of hours indicated by teachers translates to approximately two classes per term for Years 1–3, three or four classes per term for Years 4–6, one class per fortnight for Years 7–8, and for Years 9–12, one class per week.

Table 9: Suggested hours for HIV and SRH education per term by year level

Suggested number of hours per term	Av. hours
Year 1–3	1.7 hrs
Year 4–6	2.4 hrs
Year 7–8	4.3 hrs
Year 9–10	5.2 hrs
Year 11–13	6.7hrs

What should be taught?

“I agree that there should be sex education in the schools, the earlier the better, because some of them are sexually active even at Year 7 and they need to be able to know the dangers and everything connected to it” (College principal, Nauru)

A list of HIV and sexual reproductive health education topics were provided and survey respondents were asked what topics were appropriate to cover at which year level from Year 1 in primary school to Year 12 in secondary school.

Table 10: Appropriate year levels to cover topics

HIV and SRH topics	Yr 1–3	Yr 4–6	Yr 7–8	Yr 9–10	Yr 11–12	Never
Puberty		3	10	4	4	
Reproduction (babies, pregnancy and birth)		2	5	7	9	
HIV & AIDS		1	4	3	8	
Relationships and feelings		5	10	5	4	
Body image	1	5	8	7	6	
How to manage peer influences		5	13	6	5	
Effects of alcohol/drug use on decision-making		4	5	8	9	
Decision-making specific to sexual activity		2	5	6	9	
Abstinence from intercourse until ready		1	8	9	6	1
Abstinence from intercourse until married		2	9	5	6	
STIs		1	6	8	7	
Safe sex practices			4	6	10	1
Family planning methods			2	6	11	1
Emergency contraception			3	6	6	1
Dealing with emotional issues		2	8	4	8	1
Sexual abuse & protective behaviour	1	3	6	8	6	
Communicating with parents		3	8	6	6	
Communication & negotiation skills with a partner			4	5	11	1
Sexual orientation/same sex attraction		2	3	6	6	3
Gender roles & stereotyping		4	6	7	7	1
Teen parenthood	2	4	8	5	10	
How to avoid sex	1	1	9	5	9	
How and where to find info on HIV & SRH		1	9	8	8	1
Sexual activities other than intercourse		2	7	7	8	1
The pleasures of sexual behaviour/ activity		1	4	6	7	4

Two topics which a number of teachers did not think should be taught were those of 'sexual orientation/same sex attraction' and 'the pleasures of sexual behaviour'. Otherwise, each of the following topics attracted one 'never' response: safe sex, family planning, emergency contraception, dealing with emotional issues, communication & negotiation, gender roles, where to find trustworthy HIV & SRH information, and sexual activities other than intercourse. One respondent did not answer this question.

Teacher Attitudes

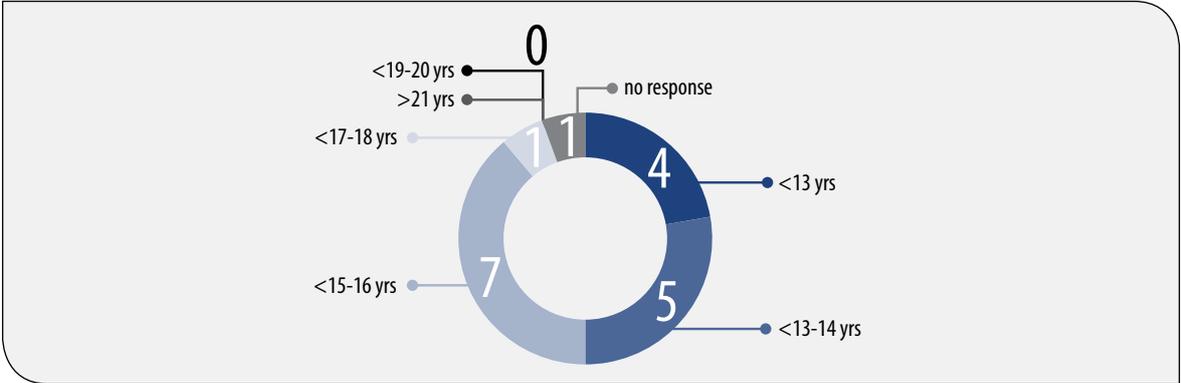
"One way or another topic NEEDS to be addressed in the life of our young ones." (Secondary teacher)

"I believe that it is very important that we include HIV and SRH education in our curriculum because now days there are a lot of teenage pregnancies in Nauru." (Primary teacher)

First sexual activity

Almost three quarters of respondents (12 out of 17 respondents) believe that young people in Nauru become sexually active between the ages of 13–16 years. Four respondents believe young people become sexually active when they are less than thirteen years of age. These beliefs are in line with the available data from demographic health surveys that indicate that many young people, especially young men, are becoming sexually active before the age of eighteen, many before the age of fifteen.

Figure 5: Average age teachers believe young people in Nauru become sexually active



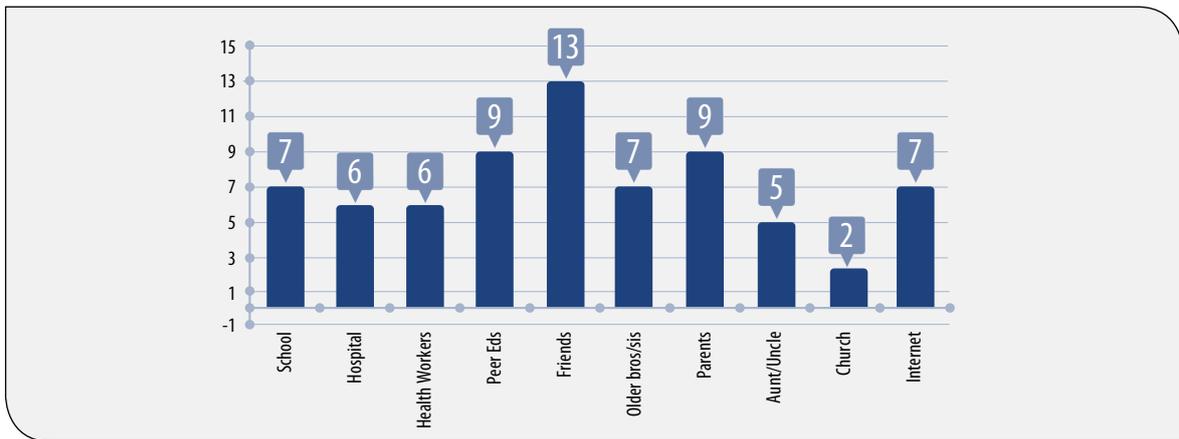
These beliefs about the average age young people in Nauru become sexually active and the data available from the Nauru Demographic Health Survey (DHS) would support the notion of implementing HIV and SRH education beginning in primary school.

Sources of information

Respondents were asked what they believed the main sources of information on HIV and sexual and reproductive health were for young people in Nauru. The results are shown in Figure 6. The majority of teachers (13 respondents) believe that friends are the key information source, followed by peer educators (9 responses), parents (9 responses), the internet, and older brothers and sisters

(7 responses each). Surprisingly, seven respondents also selected school, yet it is clear that very limited information is available to young people through school, and certainly what does exist through school science programmes could not be described as a providing a 'main source' of information on HIV and SRH. A small number of respondents selected the hospital and health workers (6 responses each), aunts/uncles (5), with only two respondents identifying the church as a source of HIV and SRH information.

Figure 6: Main sources of information on HIV and SRH for young people

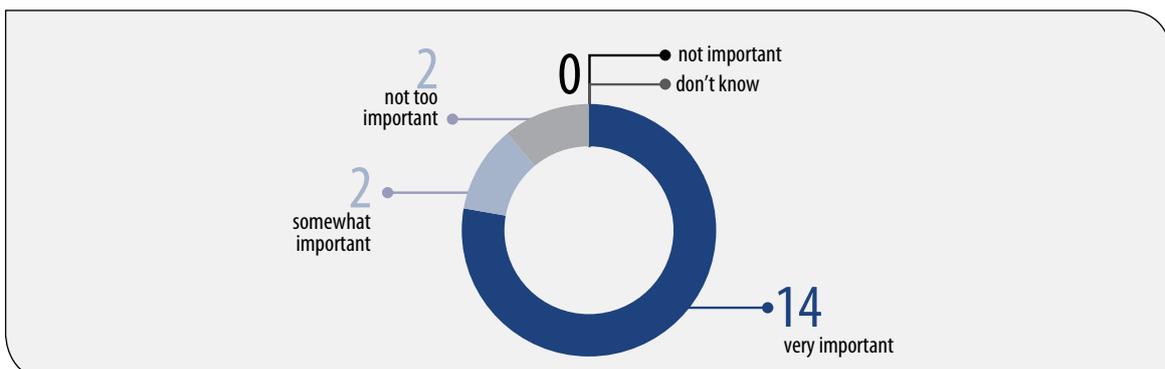


Teacher beliefs correlated quite closely with what young people said during focus group discussions. Students mentioned friends, the internet, movies/DVDs and older siblings or cousins as their key sources of information. The hospital and health workers were not mentioned as a source of information by young people in the focus group discussions: *"Nobody talks to us about these things – our parents don't want to and nothing happens at school, we just find out stuff from what our friends say."* (Year 9 student)

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 majority of teachers (14 respondents) thought it was very important. There was no difference between the primary and secondary teachers. Two respondents thought it was somewhat important (primary teachers), and two thought it was not too important (one each primary and secondary teacher).

Figure 7: Importance of HIV and SRH as part of a school curriculum



During key informant interviews, three out of four school principals also supported the inclusion of HIV and SRH education in the school curriculum. One principal (primary) was undecided, expressing concern about the message this would give to students and the community, that is, concern that it would give ‘permission’ for sexual activity amongst young people. This indicates the prevalence of the myth that talking about these issues encourages sexual activity.

Teachers’ personal opinions

“Youths at age 13 are active in sex, therefore, they should know.” (Secondary teacher)

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 5-point rating scale. The teachers’ responses tended toward the extreme end of the rating scale, indicating quite strong opinions on the topics presented. Respondents strongly agreed that all students are entitled to school-based HIV and SRH education, that HIV and SRH education is a shared responsibility of parents and the school, and teaching about feelings and relationships gives students a good foundation to manage their own sexual health and safety. Most teachers strongly disagreed that HIV and SRH education is the responsibility of parents and should not be taught at schools at all, and that sexuality and gender should not be included in HIV and SRH education at school. They also disagreed with the statement that ‘providing information about family planning and safe sex encourages young people to have sex’. Most teachers, however, strongly agreed that abstinence should be taught as the only option for preventing pregnancy and sexually transmitted infections. This indicates a need for discussion and work with teachers on this, to inform teachers of the importance of providing young people with a range of safety options. Fully educating teachers is a key to attitude change, and comprehensive training can have a positive impact in this regard. This should be taken into account by the Department of Education as they plan to introduce the newly developed Health curriculum in Nauru.

Table 11: Teachers personal opinion on HIV and SRH issues

Teachers personal opinion	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
All students are entitled to school-based HIV & SRH education.				6	8
Providing information about family planning and safe sex encourages young people to have sex.	1	7	1	2	2
Information about family planning and safe sex should be given whether young people are sexually active or not.	2	1		9	2
Abstinence should be taught as the only option for preventing pregnancy and sexually transmitted infections.		1	2	3	7
HIV & SRH education is the responsibility of parents and should not be taught at schools at all.	5	6		2	1
HIV & SRH education is a shared responsibility of parents and schools.		1		4	9
Sexuality and gender should not be included in HIV & SRH education at school.	5	6	1	2	
Teaching about feelings and relationships gives students a good foundation to manage their own sexual health and safety.	1			4	9

As commented by one teacher:

"I believe that when we teach a principle we assist these students to govern themselves. Of course, they will make wrong choices at one point, but at the end of the day you and I will ask ourselves, what did I do to help?" (Secondary-school teacher)

Barriers and Challenges

"The first barrier would be the parents and some of the cultural values and probably what religion they are." (Principal, College)

"We taboo these things (talking about, educating about), but how can we? We don't taboo our children from wandering around." (Parent & church minister)

Reasons for not teaching HIV and SRH education

Whether and to what extent HIV and SRH education is taught at school can be influenced by many factors. In Nauru, the lack of curriculum and the lack of policy support are critical issues. The following comments of survey respondents demonstrate some of the additional issues identified in this survey, including religious and cultural beliefs. *"Religious beliefs can conflict with many topics in HIV and SRH and prevent them being taught" (Primary teacher)*. Some of the comments related to specific topics as being inappropriate to the cultural context also present challenges in implementing a comprehensive HIV and SRH education programme. For example, teaching about 'outer-course' (sexual activity that does not involve penetrative sex or exchange of bodily fluids) as a risk reduction approach.

In the survey, teachers were asked what their most common reasons were for not teaching certain HIV and SRH topics. The most common reason given by respondents (8) was that they would feel pressure from the community/parents not to teach these topics. However, key informant consultations indicated that there is community support to address these issues, with both community representatives and church leaders confirming their support. *"Reproductive health is an important issue, especially that young people are facing, high rates of STIs, there's a lot of work to be done. They are like a sheep without a shepherd. I'd like to see more in the future, to address these issues." (Church leader)*

Three teachers indicated that they did not have the right training to teach these topics appropriately. Two respondents indicated that they would feel uncomfortable teaching certain topics and that they lacked the resources to be able to teach certain topics. Two respondents (both from the Catholic school) also indicated that their school policy would not support teaching these topics. As previously established, there are no school policies currently related to HIV and SRH education, so presumably these two comments refer to the Catholic ethos that may prevent education on contraception or condom use. One respondent indicated that the topics were not part of the curriculum. Other reasons specified by teachers for not teaching a topic were the belief that some topics were not culturally appropriate, and that they conflict with religious beliefs.

Nevertheless, there is support amongst church leaders for teaching topics which may be perceived as sensitive. As commented by one church leader, *"The safest thing now is these modern things – condoms – we have to use to stop the disease from spreading, and we have to emphasize our children to have self-control." (Church leader)*

During focus group discussions, almost all parents supported the provision of HIV and SRH education in schools, but on the proviso that they are informed about what would be addressed at different times in school programmes in order to be prepared. Parents were also interested in education sessions themselves as most had not received any education on these issues.

Table 12: Reasons for not teaching certain HIV and SRH topics

Reasons for topics never to be taught . . .	Yes count
I would feel pressured from the community/parents not to teach these topics.	8
Our school policy would not support teaching these topics.	2
I would not feel comfortable teaching these topics.	2
I would not have the resources/funding to teach these topics.	2
I would not have the right training to teach these topics appropriately.	3
These topics are not part of the curriculum.	1
Time constraints would not allow these topics to be included.	-

Barriers/facilitators for teaching about HIV and SRH

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. Teachers strongly agreed that they would need to be careful what HIV and SRH education topics they teach because of possible negative community reaction. Clearly this currently plays a strong role as a barrier to HIV and SRH education. Teachers were also unsure about the level of support from the parent community. Feedback from parents during focus group discussions, however, indicates parents are very supportive of HIV and SRH education being taught at school:

“It’s for the benefit for the kids for the future – its getting hard, there’s no phosphate left, they should be educated on family planning – the reality of what we’re going to do in the future. I think we should try to get the community as a whole to understand the need to do this – although some parents will say it is against culture, with good awareness this can be overcome.” (Community leader and parent)

In general, teachers felt they would have the full support of their school to meet the HIV and SRH education needs of their students. This sense of support which teachers have from school administration in terms of the upcoming introduction of a new health curriculum, which contains HIV and SRH components, indicates that, with clear leadership, HIV and SRH education could be effectively introduced into school programmes. However, there is clearly a great need for further training and professional development in this area as indicated by the strong disagreement with the statement, ‘I have access to the right training to provide the HIV and SRH education needed’. Teachers also disagree with ‘there is not enough time for HIV and SRH education’, indicating that they believe it is feasible to integrate it into the curriculum. However, teachers’ opinions were split on whether students may feel uncomfortable talking with them about HIV and SRH issues.

Table 13: Perceived forces on teaching HIV and SRH education

Teachers' personal situation	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I would need to be careful what HIV & SRH topics I teach because of possible negative community reaction.				8	6
I would have the full support of my school to meet the HIV & SRH education needs of my students.			2	5	6
Parents would generally support my efforts to meet the HIV & SRH education needs of my students.		2	8	2	1
Students don't feel comfortable talking with their teacher about HIV & SRH.		4	4		5
I have access to the right training to provide the HIV & SRH education needed.	5	3	2	2	1
There is not enough time for teaching the amount of HIV & SRH education needed.	1	6	3	1	2

Where teachers need assistance with topics

A question was included in the survey asking where teachers feel they need more assistance in order to teach specific topics effectively and confidently. The same 25 topics that were presented in Table 10 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, and teaching strategy). Table 14 shows the perceived level of assistance needed for each topic ordered from highest to lowest.

Table 14: Where teachers need assistance with HIV & SRH topics

HIV & 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		7	3	5	3
Reproduction (babies, pregnancy and birth)		7	3	3	5
HIV & AIDS	1	6	4	2	3
Relationships and feelings		5	2	3	3
Body image	1	9	2	2	3
How to manage peer influences		5	2	5	3
Effects of alcohol/drug use on decision-making		5	4	3	5
Decision-making specific to sexual activity	1	4	3	1	6
Abstinence from intercourse until ready	2	5	1		5
Abstinence from intercourse until married		5	1	1	6
Sexually transmitted infections other than HIV	1	6	3	4	3
Safe sex practices, including using condoms	1	5	3	4	4
Family planning methods, e.g. use of contraceptives and condoms	1	5	3	3	5
Emergency contraception	2	4	4	3	4
Dealing with emotional issues and consequences of being sexually active	1	4	2		5
Sexual abuse and protective behaviour	1	3	2	2	6
Communicating with parents about HIV & SRH issues		3	5	2	9
Communication and negotiation skills with a partner	3	3	4		4
Sexual orientation/same sex attraction	4	3	3		3
Gender roles and stereotyping		4	5	1	2
Teen parenthood	2	5	3	1	4
How to avoid unwanted or unplanned sex	1	6	2	2	5
How and where to find trustworthy information on HIV & SRH health issues		7	6	1	2
Sexual activities other than intercourse	5	4	1	1	1
The pleasures of sexual behaviour/activity	5	3	2		2

For most of the topics listed, the majority of teachers said that they needed some level of assistance. The most common areas of assistance identified were: help with factual information and teaching materials. In addition, the more sensitive a topic, the more often teachers indicated they would need assistance to teach it. The areas of sexual abuse and protective behaviour, sexual

orientation and same sex attraction, communicating with parents about sexuality issues, and dealing with emotional issues and consequences of being sexually active were areas in which many teachers indicated they would need help. They were much more confident in the areas of puberty, body image, peer influences and where to find information on HIV and SRH.

Improving delivery of HIV and SRH education

“Health would support training workshop for teachers – the biggest gap in Nauru is the capacity of teachers. So skilling up teachers in HIV and SRH education is a priority.” (Director of Public Health)

“If there was training then I don’t think it would be a problem, if it’s part of the curriculum and teachers are properly trained to do it, they know how to deliver it, then no problem.” (Principal, primary school)

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 students. Written responses were coded and categorized into themes. Most comments could be assigned to either of the two categories, namely, ‘Support’ and ‘Resources’. Both of the two main categories were split into several sub-categories. Table 15 shows the distribution of comments by category and sub-category.

Table 15: Areas identified for improvement

Common themes
<p><i>Curriculum & Policy Support</i></p> <ul style="list-style-type: none"> Integrated into the curriculum starting in primary school Step by step curriculum based on child development Scheduled in the school timetable
<p><i>External</i></p> <ul style="list-style-type: none"> Gain parents/community support
<p><i>Training/Professional Development</i></p> <ul style="list-style-type: none"> Proper training for teachers Information, statistics/data provided Good communication & interpersonal skills
<p>Resources</p> <p><i>Teaching materials</i></p> <ul style="list-style-type: none"> Teaching aids, lot of resources, plenty of visuals, DVDs Teachers’ note (with medical concepts, etc., to provide knowledge) Exemplary lesson on the topics <p><i>Teaching strategies</i></p> <ul style="list-style-type: none"> Gender equality trained Competent teaching skills

The majority of comments related to incorporating HIV and SRH education into the curriculum. As one teacher commented: *“SRH should be in the curriculum – introduce [in] health education classes.” (Secondary teacher)*

The second largest sub-category in this area is gaining external support. Many comments related to gaining parent support and involving them through educating parents and community members. *“Community workshop for all stakeholders – teachers, parents, students.” (Secondary teacher)*

“Community outreach (workshop) before implementation of programme – elaborate the importance of sex education.” (Primary teacher)

Training and professional development featured as a third sub category. A significant number of comments refer to the need for improving teacher training and teaching skills in order to deliver HIV and SRH education. As one primary teacher offered: *“[we need] proper training or a specialized teacher for that area.” (Primary teacher)*

The comments within ‘resources’ were grouped into two sub-categories: teaching materials and teaching strategies. Within this group of comments the main concerns were the teaching materials available for teaching HIV and SRH education. Topics raised most frequently by respondents were up to date materials, including local statistics on HIV, STIs and teen pregnancy, and improved visual and audio-visual materials for classroom use.

“An awareness programme for the parents is essential, so that they monitor their children at home as this will greatly assist the success of the programme.”(Secondary teacher)

Conclusions

This study finds that, in Nauru, HIV and sexual reproductive health education is virtually non-existent. The only coverage of any areas related to HIV and SRH education is in the science curriculum at the secondary level. Currently, the most common source of information on HIV and SRH for young people in Nauru is friends, the internet and movies. Overall, teachers and principals are very unsatisfied with the current situation and believe there is a great need for HIV and SRH education in the schools.

In Nauru, the lack of any health curriculum and the lack of policy support are key issues. On a positive note, there is support from teachers, principals, parents, and students for inclusion of HIV and SRH education as part of the curriculum at school. Most teachers and principals believe that this education should be mandated in the school curriculum.

Teacher training is a big issue in Nauru, particularly in light of the fact that Nauruan teachers have comparatively fewer teaching qualifications than their foreign teacher counterparts. There is a strong need for thorough teacher training in the area of HIV and SRH education. As many teachers who participated in the study supported an abstinence-based approach only, this training must address the current research into best practice and teachers’ own values, as well as delivery strategies for HIV and SRH education.

There are significant cultural barriers to overcome. The biggest issue or barrier in implementing HIV and SRH education identified by principals and teachers was the potentially negative community reaction. There is a critical need for parent and community education on the rationale for HIV and SRH education that addresses the prevalent myths that abound in the community. This will be critical prior to the introduction of any curriculum or school programmes. Parents, community

leaders and church leaders who participated in the study indicated their support for school-based education in this area with the proviso that there is also education for parents, and that communication between schools and parents is increased.

Recommendations

Based on the key findings of the study in Nauru, 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.
- Draw on high-level ministerial declarations (Pacific Education Development Framework, Pacific Regional HIV Strategy, etc.) in support of National HIV and sexual reproductive health education programmes.
- Clearly articulate support for school-based HIV and SRH education in the policies of both the Department of Education and the Department of Health.
- Seek direct partnerships between the Department of Education and the Department of Health to support school-based HIV and SRH education, and this should be reflected in a memorandum of understanding.

Curriculum Developers

- Prior to the introduction of the newly developed health curriculum (PAWS) in Nauru, the Department of Education should plan and implement a comprehensive training programme for teachers which covers attitudes and values, as well as curriculum content and delivery strategies.
- Ensure important messages about HIV and other STI transmission and prevention, as well as pregnancy prevention, are included in the curriculum, introduced at the Year 1 level and reinforced in subsequent levels.

Teacher Trainers

- Develop a teacher training programme that provides detailed guidance on the PAWS curriculum, especially 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 trainings for teachers which includes teaching and learning methods, as well as principles for classroom teaching that are appropriate for HIV and SRH education (active learning methods), and disseminate appropriate and locally relevant resource materials.

Other

- Identify and engage with community and religious leader allies at the national and district community levels who are willing to express public support for the teaching of the curriculum.

- Promote the participation of community youth leaders and young people in sensitizing parents, teachers and leaders on 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.
- Implementation of mutually reinforcing curricular and extra-curricular activities, including external providers and guest speakers.
- Facilitate either school-based, or community-based, sessions on HIV and SRH which includes the current local situation with regards to HIV, STIs and teen pregnancies, and the rationale for school-based HIV and SRH education. 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.
- Facilitate parent education sessions within communities to improve parent knowledge on HIV and SRH issues and strategies, and thus, improve communication on these matters between the parents and their children.

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Annex 1: Survey on the Delivery of HIV and Sexual and Reproductive Health Education in School Settings

Welcome

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 and 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

Emmaline Caleb on or email SRHESurvey@gmail.com

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 tick 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 tick all relevant)

- Primary
- Secondary
- Government
- Non-Government
- Faith-based

6. What is your main subject area? Please select one of the subject areas below that you teach the most.

- Health
- English
- Social Studies
- Science
- Primary (covers all subjects)
- Other, please specify

7. 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

8. 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 9
- No → go to Section B
- Not → sure go to Section B

9. What content does the curriculum cover? (tick all relevant boxes)

- Names and functions of sexual and reproductive body parts
- Reproduction (babies, pregnancy and birth)
- Contraception and family planning methods
- HIV & AIDS and sexually transmitted infections
- Safe sex practices
- Relationships & feelings
- How to manage peer influences
- Sexual decision-making
- Sexuality & gender
- Not sure

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

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

- Yes → go to Question 12
- No → go to Question 13

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

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

13. Who else teaches HIV and sexual reproductive health education in your school? (Please tick all relevant boxes)

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

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

- Yes → go to Question 15
- No → go to Question 16
- Don't know → go to Question 16

15. Does your school require that

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

16. Overall, how satisfied are you with:

	Very unsatisfied	Unsatisfied	Unsure	Satisfied	Very satisfied
...the HIV & SRH education curriculum at your school?					
...the school policy on HIV & SRH education?					
...the school support for the teaching of HIV & SRH education?					
...the parents/community support for the teaching of HIV & SRH education?					

...training available to you for the teaching of HIV & SRH education?					
...the resources available for the teaching of HIV & SRH education?					
...the external support network available to you?					

Please turn the page for section B of the survey

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

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

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

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

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

19. 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 primary school?
- be part of the national curriculum at secondary 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

20. 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?

	Year 1-3	Year 4-6	Year 7-8	Year 9-10	Year 11-13	Never
Names and functions of sexual body parts						
Reproduction (babies, pregnancy and birth)						
Contraception and family planning methods						
HIV& AIDS and sexually transmitted infections						
Safe sex practices						
Relationships & feelings						
How to manage peer influences						
Sexual decision making						
Sexuality & gender						

21. 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

22. 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.

Years 1-3:
 Years 4-6:
 Years 7-8:
 Years 9-10:
 Years 11-12:

23. 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	Year 1-3	Year 4-6	Year 7-8	Year 9-10	Year 11-13	Never
Puberty						
Reproduction (babies, pregnancy and birth)						
HIV & 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 & 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 & SRH issues						
Sexual activities other than intercourse						
The pleasures of sexual behaviour/activity						

24. For any 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

25. 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 & 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 & 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 & SRH issues					
Sexual activities other than intercourse					
The pleasures of sexual behaviour/activity					

26. The statements below describe possible barriers or facilitators within your educational environment for teaching HIV and sexual 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 & SRH health topics I teach because of possible negative community reaction.					
I would have the full support of my school to meet the HIV & SRH education needs of my students.					
Parents would generally support my efforts to meet the HIV & SRH education needs of my students.					
Students don't feel comfortable talking with their teacher about HIV & SRH.					
I have access to the right training to provide the HIV & SRH education needed.					
There is not enough time for teaching the amount of HIV & SRH education needed.					

27. 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 & 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 & SRH education is the responsibility of parents and should not be taught at schools at all.					
HIV & SRH education is a shared responsibility of parents and schools.					
Sexuality and gender should not be included in HIV & SRH education at school.					
Teaching about feelings and relationships gives students a good foundation to manage their own sexual health and safety.					

28. 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

29. Before you return your survey to UNESCO is there anything else that you would like to tell us?

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.....
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Thank You For Your Participation

Please return your survey to the Principal.

UNESCO staff will collect all surveys from your school on Friday 8th June.

The final report on the study will be shared with the Department of Education in July 2012, and schools will be able to access a copy from there.

This questionnaire has been adapted from:

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

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 & Society.

Annex 2: Participating Schools

PRIMARY	School	Status
	Aiwo Primary School	Government
	Kayser College	Catholic
SECONDARY		
	Nauru Secondary School	Government
	Nauru College	Government
	Kayser College	Catholic

Teacher Interviews

24 teachers (14 female, 10male) from 4 participating schools

Principal Interviews

4 Principals (all female)

Key Informant Interviews

Ministry/Organization	Name	Designation
Department of Education	Joanna Crawford-Bryde	Education Advisor, Director of Education
	Faye Itaia	Director of C.A.S.E Unit
	Corinne Joram	Director of Schools
	Sharon Buramen	Curriculum Manager for Primary Schools
	Emmaline Caleb	ECE curriculum manager & health promoting schools coordinator
Department of Health	Seta Vatucawaqa	Director of Public Health
	Min Lene	Nurse Educator
Nauru Congregational Church	Roger Mwareow	Reverend
	Stan Dabuae	Pastor
Catholic Church	Tatieru Ewenteng	Catholic Priest
Anabar community		Community leader
Uaboe community		Community leader
Ewa community		Community leader
Yaren community		Community leader
Baitsi community		Youth Representative
Buada community		Youth Representative
Anibare community		Youth Representative
Uaboe community		Youth Representative

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