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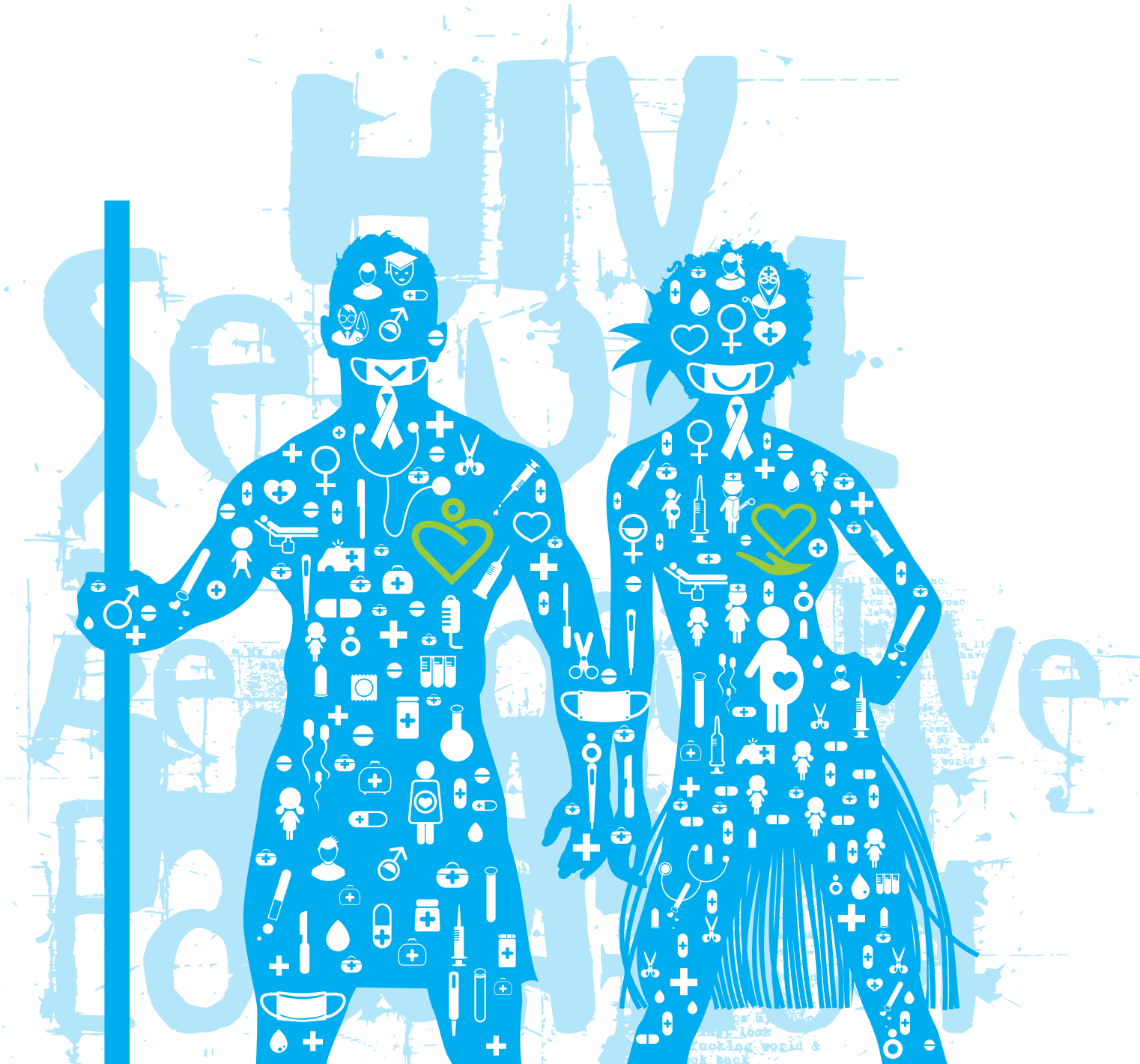
Attitudinal Survey Report on the Delivery of **HIV and Sexual Reproductive Health Education** in School Settings in **Nauru, Niue, Palau and Samoa**



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

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Acronyms

AHD	Adolescent Health and Development
AIDS	Acquired Immunodeficiency Syndrome
CDC	Center for Disease Control (United States)
DHS	Demographic Health Survey
DOCA	Department of Community Affairs
DOE	Department of Education (Nauru, Niue)
DOH	Department of Health (Nauru, Niue)
FGD	Focus Group Discussion
FLE	Family Life Education
FNCT	Food, Nutrition, Clothing and Textiles
FTT	Food, Technology and Textiles
HEAPS	Health Education and Health Promotion Section (Samoa)
HIV	Human Immunodeficiency Virus
HPE	Health and Physical Education
MDG	Millennium Development Goal
MESC	Ministry of Education, Sports and Culture (Samoa)
MOE	Ministry of Education (Palau)
MOH	Ministry of Health (Palau, Samoa)
MOU	Memorandum of Understanding
MWCSD	Ministry of Women, Community and Social Development (Samoa)
NACC	National AIDS Coordinating Committee
NGO	Non-Governmental Organization
NSP	National Strategic Plan
NZ	New Zealand
PAWS	Physical Activity and Wellness Studies (Nauru)
PE	Physical Education
PEDF	Pacific Education Development Framework
PIC	Pacific Island Countries
PICT	Pacific Island Countries and Territories
PTA	Parent Teacher Association
SAF	Samoa AIDS Foundation
SFHA	Samoa Family Health Association
SGS	Second Generation Surveillance
SPC	Secretariat of the Pacific Community
SIECUS	Sexuality Information and Education Council of the United States
SRH	Sexual and reproductive health
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
YRBS	Youth Risk Behavior Survey

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 (FEdMM) 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 is a summary of the survey reports from the four countries.

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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Our great appreciation goes to the principals, teachers, parents, and students who enriched the findings of this report, through their respective country reports.

We also acknowledge the valuable input from the UNFPA Suva Office, Secretariat of the Pacific Community, and the UNESCO Regional Bangkok Office.

We thank Robyn Drysdale who developed the research methodology, undertook the survey, and prepared this report and the four country reports during the period April to June 2012. Robyn was supported by the following country counterparts who provided invaluable assistance during her country visits: Emmaline Caleb (Nauru Department of Education), Cherie Morris-Tafatu (Niue Department of Education), Raynold Mechol and Leo Ruluked (Palau Ministry of Education), Samasoni Moala (Samoa Ministry of Education, Sports and Culture), and Ruta Tupua (UNESCO Office, Apia).

Executive Summary

"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)***

The United Nations Educational, Scientific and Cultural Organization (UNESCO) Office of the Pacific States commissioned an attitudinal survey on the delivery of Sexual and Reproductive Health (including HIV) education in schools in four Pacific Island Countries: Nauru, Niue, Palau and Samoa. This study involved 261 primary and secondary school teachers in the four countries from both government and faith-based schools. In addition, the study involved almost 350 parents, community leaders and students from across the four countries.

The objective of this survey was to gauge and assess the attitudes of key stakeholders (principals, teachers, parents/guardians and students) to school-based SRH (including HIV and AIDS) education. It aimed to review attitudes towards the:

- Need for SRH information among young people;
- Need for school-based SRH education;
- Appropriate age to initiate SRH education;
- Desired modality (e.g. curricular; co-curricular; extra-curricular);
- Required content (topics);
- Number of hours of instruction;
- Teacher preparation required to deliver SRH education; and
- Existing SRH education (if available) including: teaching/learning materials; teacher preparation; policy environment.

UNESCO hopes to collaborate with other regional partners and with participating countries to ensure the recommendations of the respective reports further strengthen current efforts in ensuring SRH Education programmes are taught in primary and secondary schools throughout the Pacific region. It is important that a concerted effort is maintained to ensure that effective and appropriate programmes improve the sexual and reproductive lives of the students.

Stakeholders and study participants in Nauru, Niue, Palau and Samoa were in clear agreement on the need for SRH information among young people. Strong support for school involvement in SRH education was also identified among principals, teachers, parents and community members in all four countries.

The current implementation of SRH education in schools varied widely across the countries. There were some aspects of SRH education embedded into health curricula where they existed. However, although there was a curriculum in place in some settings, there was evidence of lack of implementation within both the primary and secondary school health programmes.

The study found that in Samoa and Palau, SRH education was happening at some level in many schools. In Nauru and Niue, however very little was taught either at primary or secondary level, apart from limited content in secondary science classes. Factual topics (body parts, reproduction, HIV) were found to be among the most frequently taught topics in many school programmes, as most of this took place in science classes (Nauru, Niue, and Samoa). Social aspects of SRH education (such as managing peer influence, relationships and feelings, alcohol and decision-making, sexual activity and decision-making, and dealing with emotions) were less frequently taught in most school programmes in the four countries. Although bullying was not addressed

specifically in this study, it is alluded to throughout the reports, and is mentioned in connection with social media.

A large proportion of those teaching SRH education in all four study countries had no pre-service training in the area and very limited in-service training.

The current issues or barriers in implementing SRH education identified by principals and teachers who participated in this study included a lack of confidence in many teachers in teaching SRH topics, and concerns about possible negative parent and community reactions. Parents and community leaders who participated in the study, however, indicated their support for school-based education in this area, but would like improved communication between parents and schools and more education for parents on SRH.

"I don't talk to my daughters about sex. Their mother is not talking to them as well. We can't. We don't know how to. If they are taught in school, they will know what to say to their children, and how to say it. The cycle will be broken." ***(Father of secondary school student, Samoa)***

This report documents the findings from the study and identifies key barriers to the implementation of school-based SRH education in four Pacific Island countries. It provides an evidence base that will assist in the further development and progression of SRH education programmes in Pacific Island schools.

Rationale and Purpose of the Study

A regional consultation on HIV and AIDS and Reproductive Health Education hosted by the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNESCO, UNFPA and SPC held in Fiji in May, 2011 identified the need for an attitudinal study on HIV and SRH education across the Pacific. This study was to investigate the attitudes of teachers and other key stakeholders to school-based HIV and SRH and identify key barriers to implementation in four Pacific Island countries, thereby providing an evidence base to further strengthen SRH Education programmes in Pacific Island schools.

Effective HIV and sexual reproductive health education is a vital part of preventing the transmission of sexually transmitted infections (STI), including HIV, and promoting a safe and healthy transition into adulthood for adolescents and young people.[1] While it is not realistic to expect that education programmes alone can eliminate the risk of STIs, unintended pregnancy, coercive or abusive sexual activity and exploitation, properly designed and implemented programmes can reduce some of these risks and underlying vulnerabilities.[2]

Sexually active adolescents of both sexes are increasingly at high risk of contracting and transmitting STIs, including HIV. The 2009 Pacific AIDS Commission report, in reviewing the available epidemiological data, found that the majority of people diagnosed with HIV in the Pacific Islands were young people and adults aged between 15 and 34 years.[3] In Polynesia, the concentration of infection in those between 15 and 29 years was higher than in Melanesia and Micronesia.[4]

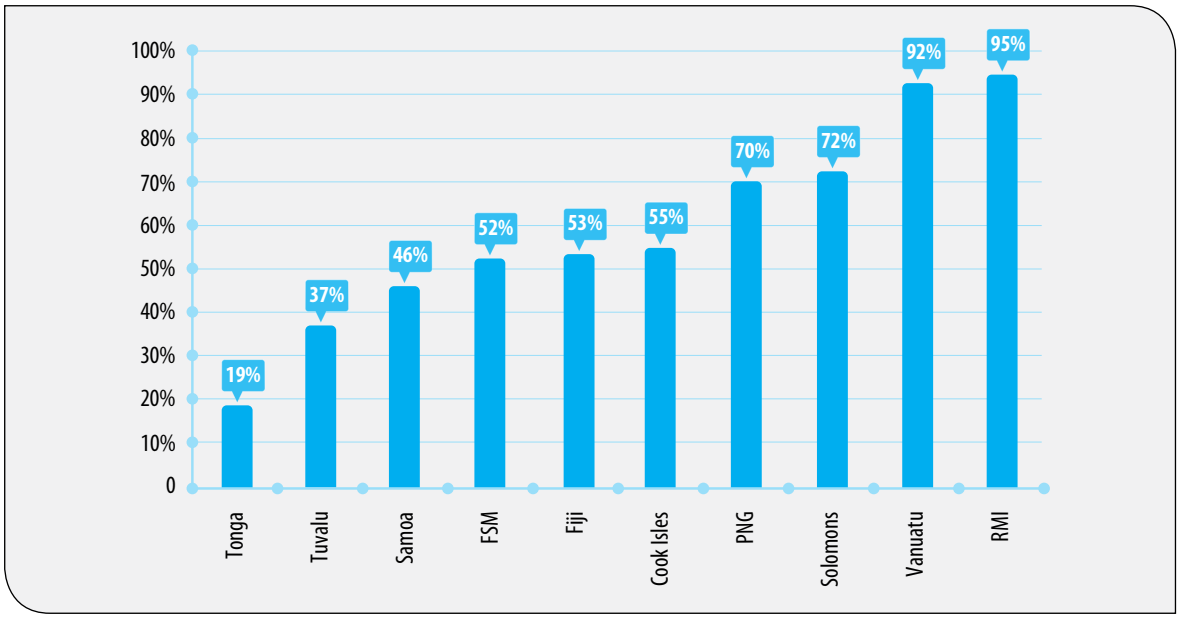
The report concluded that the proportion of HIV cases among young people (aged 15 – 24 years) in all Pacific countries, excluding Papua New Guinea, has been steadily increasing.[5]

In the Pacific Islands, data has been collected from young people relating to their sexual health through the Demographic Health Surveys (DHS) and Second Generation Surveillance (SGS) surveys at three-year intervals within the last decade. There was clear evidence from country DHS and SGS surveys that young people were engaged in sexual activities during early teenage years, even before the age of 15.[6] The surveys also provided clear evidence of high rates of STIs and unplanned pregnancies. Moreover, a recent STI Epidemiological Update for Pacific Island Countries and Territories (PICTs) provided information on the prevalence of STIs amongst young people.[7] Data showed the highest Chlamydia rate in the 15 to 19 year age group, with rates amongst males up to 27.2 per cent and females up to 35 per cent. In the case of Gonorrhea, as with Chlamydia, the younger age groups had higher rates than the older age groups, with rates for males up to 38.7 per cent and in females up to 9.9 per cent for the 15–19 year age group.

Many Pacific nations also recorded increasing rates of unplanned teenage pregnancies. In the Marshall Islands and Federated States of Micronesia unplanned teenage pregnancy accounts for almost 20 per cent of total births.[8]

1 UNAIDS Inter-Agency Task Team (IATT) on Education. 2006. *Quality Education and HIV & AIDS.* Paris: UNESCO.
2 UNESCO. 2009. *International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators.* Paris: UNESCO.
3 Commission on AIDS in the Pacific. 2009. *Turning the Tide: an OPEN Strategy for a Response to AIDS in the Pacific: report of the Commission on AIDS in the Pacific.* Suva, Fiji: UNAIDS Pacific Region.
4 Burnet Institute. 2009. *HIV in the Pacific, 1984–2007,* p 36.
5 Secretariat of the Pacific Community (SPC). 2010. *STI Epidemiological Update PICTs 2009. Suva, Fiji: HIV & STI Surveillance.* SPC.
6 Samoa Ministry of Health. 2009. *Samoa Demographic and Health Survey 2009; Centers for Disease Control and Prevention. 2011. Palau 2011 Youth Risk Behaviour Survey; Nauru Bureau of Statistics SPC Statistics and Demography Programme and MACRO International. 2007.Nauru 2007 Demographic and Health Survey.* And, World Health Organization. 2006. *Second Generation Surveys of HIV, other STIs and risk behaviours in 6 Pacific Island Countries* (2004–2005).
7 Ibid. footnote 5
8 UNICEF. 2006. *Children and AIDS in the Pacific Islands Countries. Country Report: Pacific Islands Countries.* Suva. UNICEF.

Figure 1: Teenage Fertility Rate (Number of Births per 1000 females aged 15–19 years)



Source: UNFPA, 2008[9]

The high rates of STIs and teenage pregnancies in many PICTs showed that unprotected sex was occurring in young people, which is a concern as the behaviour that places people at risk for contracting HIV is the same as that for contracting other STIs. The data from country DHS and SGS surveys also indicated that knowledge about STIs and their transmission was relatively poor amongst young people in PICTs.

In the Pacific Island region, there have been few studies conducted relating to HIV and AIDS and sexual reproductive health (HIV and SRH) among school students. The exception to this includes the Family Life Education pre-intervention study undertaken in Fiji in 2008,[10] which provided data on HIV and SRH knowledge and behaviour of 13 to 15-year-old school students, and a 2005 study from the Marshall Islands[11] undertaken with 13 to 16-year-old high school students.

The Fijian study revealed the knowledge, attitudes and behaviours of a cohort of students aged 13 – 15 years, and identified that they needed attitudinal and skills development and had a lack of awareness of sexual health risks. The results of the study indicated significant gaps in knowledge relating to reproductive issues, the legal age of consent, early signs of pregnancy, and condom use and availability.

Some respondents during interviews claimed that they had not heard of STIs and HIV infection, suggesting that for some students these issues were not well covered either in school or by their parents at home. Knowledge of the modes of transmission of HIV and other STIs was limited for both males and females, indicating a need to strengthen knowledge in this area. The Fijian study found that many students lacked even a basic awareness of issues related to sexual health, and that families had failed to provide this information to them. This study concluded that there was a need to provide information on essential life skills relating to sexual health, relationship skills, and protective behaviors for young people in a formal setting. The authors recommended sexual and

9 UNFPA. August 2008. *Briefing Notes for Pacific Parliamentarians on Population Development and Reproductive Health Issues. Suva.*

10 Seru-Puamau, E. and Roberts, G. 2009. *A pre-intervention study in the implementation of school-based family life education.* Secretariat of the Pacific Community (SPC). Suva, Fiji.

11 Suzuki K, Y Motohashi, and Y Kaneko. 2006. Factors Associated with the Reproductive Health Risk Behavior of High School Students in the Republic of the Marshall Islands. *Journal of School Health* 2006; 76(4): pp. 138–44.

reproductive health education in the formal school system as the most effective approach to its dissemination among young people.[12]

The Marshall Islands study investigated students' knowledge, attitudes and behaviour related to reproductive health, experience of sex and pregnancy. The results of the study showed that 66.7 per cent of male respondents and 43.9 per cent of female respondents had engaged in sexual activity, with boys having had a significantly higher rate of experience. Pregnancy was reported by 8.1 per cent of the females and 12.4 per cent of the males (with regard to their partner). The study concluded that an attitude of not considering personal reproductive health was associated with the risk behaviour of high school students in the Marshall Islands. The main sources of SRH education for youth were often friends or peers.[13]Those who relied on their friends for information were likely to be poorly informed, in light of the overall poor knowledge of HIV and SRH issues documented in country DHS data. Moreover, females tended to be unprepared to deal with peer pressure and lacked the social skills to refuse unwanted intimacy.

As shown in a 2005 SPC study on teenage pregnancy in Tonga, most of the teenage mothers interviewed had intended to abstain from sexual activity until marriage as they had been taught, and became pregnant because they had not anticipated the risk of becoming sexually active and were not prepared.[14] Other studies carried out in the Cook Islands, Kiribati and Samoa also found evidence of misinformation about conception and pregnancy among both boys and girls, including a belief that pregnancy could not occur at first intercourse.[15]

Many young people in the Pacific experienced their first sexual encounter through force and coercion. Surveys in the Cook Islands, Kiribati and Samoa found evidence that pressure and force was involved in the first sexual experience of many young people.[16]

Young people were also involved in higher risk practices, such as drug use, transactional sex and male-to-male sex. Many young men engaged in same-sex behavior, but did not necessarily identify as being bisexual or homosexual.[17]

Young people in the Pacific Islands faced a variety of sexual and reproductive health risks: STIs including HIV, early or unintended pregnancy, and sexual abuse and exploitation. Many adolescents lacked accurate knowledge about HIV and sexual and reproductive health matters and sexuality and did not have access to HIV and SRH information and services. This often put them in difficult situations and affected their decisions and choices on various issues. One effective way of addressing these risks is to use HIV and sexual reproductive health education to promote the adoption of safe practices and behaviours, and reduce the vulnerability of Pacific Island young people to harm. In light of this, the 2009 Pacific AIDS Commission Report urged countries to scale up their efforts to include culturally-sensitive and age-appropriate sex education in the curriculum at appropriate levels in the school system, including teacher training and improving the understanding of heads of institutions and community leaders[18].

12 Seru-Puamau, E. and Roberts, G. 2009. *A pre-intervention study in the implementation of school-based family life education.* Secretariat of the Pacific Community (SPC). Suva, Fiji.
13 Ibid.
14 Secretariat of the Pacific Community, 2005. *Teenage Pregnancy in Tonga, Noumea: Adolescent Reproductive Health Programme,* Secretariat of the Pacific Community.
15 UNFPA. 2002. Sexual Knowledge and Attitudes of Adolescents in Samoa, Cook Islands and Kiribati. *UNFPA Research Papers in Population and Reproductive Health,* No2, No3, No5, 2002.
16 Buchanan-Aruwafu, H., 2007. *An Integrated picture: HIV Risk and Vulnerability in the Pacific: Research Gaps, Priorities and Approaches.* Unpublished, Secretariat of the Pacific Community.
17 UNDP (United Nations Development Programme), 2009.*Gender and HIV in the Pacific Islands region: A literature review of evidence with recommendations.* Suva. United Nations Development Programme.
18 Ibid. footnote 3, page 8.

The Study Purpose

The United Nations Educational, Scientific and Cultural Organization (UNESCO) Office for the Pacific States in Samoa works closely with national Education Sectors and other partners to ensure that quality HIV and AIDS education is available to empower children and young people by building their knowledge and skills and by promoting values and behaviours that enable them to secure their future. UNESCO's support is undertaken through three strategies, namely, through the strengthening of policy and management systems, content, curriculum, and learning materials, and educator training and support.

Recent developments in the Pacific have led to the implementation of school-based SRH education. In 2006, the Pacific Islands Forum Secretariat agreed to work collaboratively with the United Nations Population Programme (UNFPA), and other partners, to support curriculum development on sexual and reproductive health to address the issues of sexually transmitted infections (including HIV) and teenage pregnancy. This facilitated the rollout of the Family Life Education (FLE) in the Pacific through the joint UNFPA/Secretariat of the Pacific Community (SPC)/ United Nations Children's Fund (UNICEF) Adolescent Health and Development (AHD) programme.

In October 2010, during the Pacific Islands Forum Education Ministers' Meeting in Port Moresby, Papua New Guinea, participants agreed on the development of a monitoring and evaluation framework for the implementation of the Pacific Education Development Framework (PEDF), to track the progress and achievement of the initiatives proposed. Under this framework is Cross-Cutting Theme 6: HIV and AIDS, which aims to provide a supportive environment for those affected by HIV, including teachers and students, the inclusion of HIV prevention education into the formal school curricula, and mainstreaming HIV and AIDS into Education Sector Planning and Implementation. The PEDF identified the Pacific Regional Strategy on HIV and other STIs, 2009 – 2013, as the embodiment of a regional approach where nations work together to develop more effective responses to HIV and AIDS.

Study objectives

The objective of this study was to gauge and assess the attitudes of key stakeholders (principals, teachers, parents/guardians and students) to school-based HIV and sexual and reproductive health (HIV and SRH) education in the four Pacific Island Countries.

Study questions:

- What is the need for SRH information among young people?
- What is the need for school-based SRH education?
- What is the appropriate age to initiate SRH education?
- What is the desired modality of SRH education? (e.g. curricular; co-curricular; extra-curricular)
- What should be the required content (topics)?
- What should be the number of hours of instruction?
- What teacher preparation is required to deliver SRH education?
- What is the existing SRH education (if any) within the school setting? (including: existing teaching/learning materials; teacher preparation; policy environment)
- What barriers exist in implementing SRH education?

Methods and Limitations

Procedure

The study utilized a range of data collection methodologies to achieve the study objective, including a desk review of available literature, data collection at key sites (schools within four countries), surveys with teachers, interviews with key stakeholders, principals, teachers, and focus group discussions with students and parents.

A desk review of relevant literature was undertaken initially to understand the context for the study and to establish the current situation with regards to HIV and sexual reproductive health education within Nauru, Niue, Samoa and Palau. The study methods and instruments were then developed. UNESCO selected these countries for the study so that the findings could be aligned with current work being carried out in each country and to inform future work. In addition, at the regional consultation held in Fiji in 2011, each of the four countries also expressed support for the study to take place in their setting.

Instruments

- The study data collection tools included:
- Questionnaire for teachers;
- Interview guide for key informant interviews with regional and national partners; and
- Interview guide and focus group discussion guide for principals, teachers, students and parents.

Questions asked via a survey tool and interview/focus group discussion guide questions were formulated by the consultant based on the objective of the study and the study questions. UNESCO Office for the Pacific States (UNESCO Apia) staff reviewed all data collection tools prior to implementation. In addition, the survey for teachers was piloted prior to implementation to further improve the survey design and content. Following the review and pilot project the tools were revised and refined.

Teacher Survey:

The survey tool was developed based on the study research questions and adapted from the questions and structure of a recent survey of sexual health education teachers in Australia.[19] A number of questions were also included which were adapted from Pathfinder International tools.[20] The instrument was reviewed twice. First, representatives from UNESCO Apia reviewed the design and content of the survey. Secondly, participating Pacific Island country education ministries confirmed the appropriateness of language and structure of the survey. Finally, a pilot test of the survey instrument was undertaken with three teachers from non-study countries, namely Fiji, Solomon Islands and Vanuatu. Following the review and pilot test, the survey was revised and refined. (See Annex 1 – Survey tool.)

19 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.

20 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.

The survey comprised of three sections. Section A covered demographics and school characteristics and included questions about the school approach to teaching SRH education, while Section B analyzed a series of questions about who taught HIV and SRH education at school and in what format it was taught. Respondents were encouraged to provide the most common reasons for not teaching certain HIV and SRH topics. Section B of the survey also provided a list of HIV and SRH topics and asked, if, and in which year level, these topics should be taught and how many hours should be spent on teaching HIV and SRH education. Section C consisted of questions covering teachers' views and opinions relating to teaching HIV and SRH. This included areas such as teachers' perceptions on where they needed assistance, when specific HIV and SRH topics should be taught for the first time, and what the main barriers to teaching SRH education are. On three occasions throughout the self-administered survey, respondents were given the opportunity to provide their written comments in answer to questions.

In Niue and Samoa, the teacher survey was translated into the local language by Education Department and Ministry translation staff. In Niue, teachers could choose to complete either the Niuean or English version. In Samoa, all surveys distributed were in Samoan. Following discussions with education authorities in Palau and Nauru, it was decided to distribute the teacher survey in these countries in English as teachers in these settings had undertaken their teacher training in English and many teachers in the system were from other countries.

Interviews and focus group discussions

Interviews were undertaken with principals and teachers. Focus group discussions were undertaken with students and parents separately. In order to gain insight into people's attitudes, values, and concerns with respect to HIV and SRH education, qualitative methods were also utilized in the study – namely the interviews and focus group discussions. To have a broader understanding of the issues at the regional and national level interviews were undertaken with regional partners (including UNESCO, UNFPA and SPC) and national partners (Ministries of Education, Ministries of Health, other Ministries, and relevant and key non-government organizations).

A series of themes and prompt questions were developed to guide discussions in the consultations (interviews and focus group discussions). Where possible, opportunities to follow new ideas and issues arising from the interviews were taken.

The consultant worked with local counterparts to facilitate interviews and focus group discussion sessions. Local counterparts also assisted with asking questions in local languages during sessions where required, and with translating responses. (See Annex 2– Interview guides and Focus Group Discussion guide.)

All surveys were distributed in paper form. UNESCO or Ministry of Education (MOE and MESC) staff in each country collected completed paper forms and the data was manually entered into a database for each country. The analysis of the survey was performed manually using Excel spreadsheets. Data from the consultations and interviews were thematically analyzed in order to answer the research questions and identify emerging themes. The data analysis involved a detailed description of the merged data. Data was analyzed by country, with the consultant performing a meta-analysis on the findings to identify similarities and differences.

Study sites

The study was undertaken in four Pacific Island countries: Nauru, Niue, Palau and Samoa.

Participants

Primary and secondary schools from both government and non-government systems were purposively sampled, in consultation with respective Departments or Ministries of Education and UNESCO, to ensure that a representative sample of schools from each country were involved in the study.

Purposive sampling was used as a means to ensure reaching the key subsets influencing or being influenced by the school curriculum. These subsets, or key informant groups, were principals, teachers, parents/guardians and students amongst the identified schools. Recruitment of study participants was through Ministry of Education counterparts in each setting, principals in identified schools and through parent bodies (PTA, etc.). The sample size for each respondent group within each country was finalized in conjunction with UNESCO and the respective Ministries of Education.

Local education authorities undertook to contact selected schools in each country; Education Ministry staff contacted school principals and requested their school's participation in the study. The principal was asked to forward the survey to all teachers involved in, or responsible for, SRH education at their school. To protect confidentiality of the responses, the survey was anonymous. Surveys were distributed to both primary (elementary) and secondary (high) school teachers. Specific year level teachers to target for the survey were negotiated with individual education authorities. Principals of selected schools determined which teachers would be given the surveys based on their availability and involvement in teaching related subjects. In Niue, surveys were distributed to all primary teachers, whereas in Palau, Nauru and Samoa the surveys were distributed to Year 5 and Year 6 teachers only. At the secondary level, the surveys were distributed to predominantly health/hhysical education teachers, science teachers and, in some cases, food technology teachers (FTT teachers in Samoa and FNCT teachers in Niue) – as consultations with Education Department staff indicated that these were the subject areas where it was most likely that aspects of HIV and SRH would be covered. In each country, the Education Department or Ministry facilitated the distribution of the surveys through school principals. UNESCO staff, or the consultant whilst in country, then collected the surveys.

Table 1: Survey sample size by country

Country	Total No. of Schools	Schools sampled
Palau	26	9 (7 primary; 2 secondary)
Nauru	4	4 (1 primary; 3 secondary)
Niue	2	2 (1 primary; 1 secondary)
Samoa	205	17 (11 primary; 6 secondary)
TOTAL	237	32 (20 primary; 12 secondary)

Although Samoa is over represented in the sample due to its much larger size as a country and population, and the data was analyzed by country, the Samoa sample size did not bias study findings.

Table 2 shows the sample distribution by school type and location. The majority of teachers came from government schools (89 per cent). The remaining teachers were all from faith-based schools or private schools. The majority of respondents were from schools located in the urban areas (74 per cent) whilst Palau and Samoa also included respondents from rural schools.

Table 2: Descriptive statistics for school characteristics in the sample

	Primary	Secondary	Government	Non-Government	Urban	Rural
Palau	44 (76%)	14 (24%)	53 (91%)	5 (9%)	45 (76%)	13 (24%)
Nauru	8 (44%)	10 (56%)	13 (72%)	5 (28%)	(100%)	n/a
Niue	12 (71%)	9 (29%)	21 (100%)	n/a	(100%)	n/a
Samoa	108 (65%)	56 (35%)	146 (89%)	18 (11%)	120(73%)	44 (27%)
TOTAL	172 (66%)	89 (34%)	233 (89%)	28 (11%)	165(74%)	57 (26%)

The majority of survey respondents (73 per cent) were women, which is in keeping with the demographic profile of teachers in the four countries. With the exception of the Samoa, the teacher samples included teachers of other nationalities (Australian, Fijian, Filipino, New Zealander, Papua New Guinean) who taught within the education systems of Nauru, Niue and Palau.

In each country, key interviews were undertaken with Department or Ministry of Education (DOE, MOE, MESC), Department or Ministry of Health (DOH, MOH), and other relevant stakeholders as recommended in discussions with DOE/MOE/MESC staff. In the smaller countries (Nauru and Niue), interviews and focus group discussions were undertaken at each school campus. In Samoa and Palau, where there were a large number of schools, a sample of three (Samoa) and four (Palau) schools were selected in consultation with UNESCO staff and MOE or MESC staff for face-to-face consultations with parents and students. In Palau, the MOE organized a consultation meeting for principals and a separate meeting for teachers. A greater number of principals and teachers were consulted from a larger number of schools. Table 3 provides a summary of interviews and focus group discussions (FGDs) undertaken in each country.

Table 3: Summary of Interviews and Focus Group Discussions conducted

COUNTRY	Interviews with key informants*	Parent Focus Groups	Student Focus Groups
Palau	9 principals 14 teachers MOE, MOH	4x FGD with a total of 22 parents	6x FGD with a total of 53 students (Grade 8–12)
Nauru	4 principals 24 teachers MOE, MOH, Church leaders, Community leaders and youth representatives	4x FGD with a total of 21 parents	4x FGD with a total of 69 students (Yr 5–Yr 12)
Niue	2 principals 16 teachers DOE, DOH (Public Health), DoCA	2x FGD with a total of 7 parents	6x FGD with a total of 57 students (Yr 5–Yr 12)
Samoa	3 principals 10 teachers MESC, MOH, MWCSD, Catholic Diocese, SFHA	3x FGD with a total of 39 parents	5x FGD with a total of 33 students

**See country specific reports for full details of key informant interview participants.*

Limitations

This research involved a small sample and, although urban and rural/outer island dwellers were included where possible as were private/faith-based schools, the sample was predominantly urban government schools. In addition, the small island settings where the study took place meant that confidentiality and privacy was difficult to maintain in focus group discussions. And, there was likely selection bias due to purposeful sampling. Teacher surveys were undertaken in English in Nauru and Palau, which may have led to misunderstanding or misinterpretation of questions. Manual data entry was used, leaving room for error.

The study provides a valuable snapshot of attitudes towards HIV and SRH education in four PICs, but it is important to remember that not all schools were surveyed. More research is needed to truly understand opportunities for improvement in policy and programme development. It might, for example, be beneficial to focus on evaluating the intensity and depth of teaching SRH education topics and use these results to identify gaps in the current education programmes. Also, many of the survey questions were designed to capture teachers' personal views, opinions and perceptions.

Findings

The current situation: What is the existing SRH education (if any) within the school setting?

Policy environment

Nauru and Niue Ministry of Education officials stated that they did not have any policies specific to HIV and AIDS. No such policy was found for Palau and Samoa despite 73 per cent and 82 per cent of primary and secondary school teachers, respectively, believing that there was such a policy.

All countries in the Pacific have a responsibility to develop local curriculum frameworks. Where, how and to what degree SRH education was included in the curriculum varied substantially between Pacific Island countries and territories. Niue, Palau and Samoa already have in place a health curriculum that integrates SRH Education; in Samoa this was solely for secondary schools. How these curricula were implemented, and to what degree HIV and SRH topics were taught, varied widely across the countries. While only some content appeared in the primary-school curriculum, much of the secondary-school curriculum content related explicitly to HIV and SRH. Palau had a Health Education curriculum framework for Palau public schools that covered grades 1–12. Aspects of HIV and SRH appeared variously in two topics: Growth and Development, and Prevention and Control of Disease. While Health Education was provided at every grade level, HIV and SRH were not covered in all. HIV and other STIs were covered in grades 8–12, and safe sex also in grades 8–12.

In countries where there was a health curriculum which integrated HIV and SRH, the subject was only compulsory at certain year levels, becoming an elective, particularly in the senior level of secondary school (Samoa, Niue), or in the case of Palau, compulsory only in the first year of secondary school (Grade 9, high school). In the absence of a formalized and comprehensive curriculum, SRH education was either very basic or science-based.

Table 4: Curriculum on HIV and SRH in each country

Curriculum body	Curriculum	Is it compulsory?	Where does it appear? (theme or element)
Nauru Department of Education	*None currently exists* (Physical Activity and Wellness Studies (PAWS) curriculum in development)	N/A	Element: 'Understanding Wellness'
Niue Education Department	New Zealand Health and Physical Education curriculum utilized (NB: Niue Curriculum in development)	Curriculum used as a guide only.	Personal health and physical development; Relationships with other people
Palau Ministry of Education Division of Curriculum and Instruction	Health education curriculum framework	In Grades 6, 7 8 only	Growth and development; prevention and control of diseases
Samoa Ministry of Education, Sports and Culture	Health and Physical Education (HPE) curriculum. HIV and SRH integrated into the programme from Year 9 – 13. *NB: Not all schools currently offering HPE due to shortage of teachers.*	Subject compulsory Yr 9–11. Elective subject Yrs 12 – 13. Examinable subject for school certificate.	Active Personal Health and Relationships; Active Interpersonal Family Health

Assessment of student performance in SRH was generally not monitored or collected systematically in the study countries. The exception to this was Samoa, where students are able elect to study Health and Physical Education (HPE), in which HIV and SRH was integrated, for the school certificate and it is an examinable subject. Lack of assessment was a key issue raised in Palau where health was an elective, and teachers and principals felt strongly that it should be a core subject and, therefore, be assessed.

In summary, there were some aspects of SRH education embedded into health curricula where they existed in the countries (with the exception of Nauru which had no health programme). However, although the curriculum may exist, there was evidence of a lack of implementation within both the primary and secondary health programmes in countries. A policy on HIV and sexuality education advocated by the Ministries of Education should ensure its existence in the curriculum.

What is taught?

The content of HIV and SRH in schools in Nauru, Niue, Palau and Samoa varied greatly. Factual topics (body parts, reproduction, HIV) were found to be among the most frequently taught topics in many current school programmes. This may also be an effect of teaching taking place through science classes in many instances (Nauru, Niue and Samoa). Social aspects of HIV and SRH, for example, managing peer influence, relationships and feelings, alcohol and decision-making, sexual activity and decision-making, and dealing with emotions, were less frequently taught in most school programmes in the four countries.

In Nauru, there was no health curriculum, therefore very little SRH education was being taught apart from that covered in the science curriculum (factual topics on reproductive systems and STIs). In Niue, little of the HIV and SRH education component of the health curriculum was being implemented at the secondary level, and none consistently at primary-school level. What was taught at secondary level was comprised almost entirely of factual information, such as the name and function of sexual and reproductive body parts and reproduction.

SRH education occurred predominantly in secondary schools, with the exception of Palau where the health programme had HIV and SRH integrated in primary (elementary) school. In Niue and Samoa, most of the HIV and SRH education teaching took place in the second year of secondary school, and in Palau it was taught in Grade 8, the final year of primary (elementary) school. According to the teacher survey data and interviews with teachers and focus group discussions with students, hardly any SRH education took place in the middle to senior years of secondary school in any of the study countries, although this is the age group in which many students become sexually active according to the available data on sexual debut in each country.[21]

In Palau, there was a curriculum that supported delivery of SRH education at the primary-school level (elementary school), and in the first year of secondary school (high school), but little beyond this. In Samoa, the HPE curriculum had HIV and SRH education integrated at the secondary-school level, but the limited number of HPE teachers restricted its full implementation in the schools. Only the Samoan Government secondary schools implemented this curriculum (with the exception of one Catholic school), and the primary-school curriculum was still in development.

Acquiring accurate information amongst the countries about progress in addressing HIV and AIDS and sexual reproductive health issues in their education systems proved to be difficult. It appeared from the available evidence, that some countries were delivering Family Life Education as a standalone subject (this includes Fiji, Kiribati, Solomon Islands and Vanuatu), while others were integrating elements of FLE into existing subjects.[22] A common observation in many countries was that despite the existence of modules, such as FLE or HPE, schools had not been able to teach these effectively, or in their entirety. It appears that part of the challenge lay with the moral resistance and discomfort of teachers towards the subject; however, there is limited information to verify this.

21 Ibid. footnote 3.

22 Secretariat of the Pacific Community (SPC). 2010. *Assessment Report of Adolescent Sexuality Education (or Family Life Education) in ten PICTs.* AHD section, SPC. June 28, 2010.

Who teaches HIV and SRH education in schools?

Those who taught HIV and SRH education in the four countries also varied from health and science teachers to social science, English, culture and religious studies teachers, et al. There were health teachers in Niue, Palau and Samoa, however many of those teaching HIV and SRH topics indicated they were science teachers. And, in Niue, the focus of those teachers was more on physical education. Teachers also came from the areas of social science, English, and cultural studies and food technology. The teachers delivered their own programmes with limited help from external organizations. Levels of satisfaction with the SRH education taught at their schools varied widely, from teachers being somewhat satisfied to those being quite dissatisfied with a number of aspects of their teaching environment. Teachers in Samoa (especially at secondary level) were reasonably satisfied with the HIV and SRH curriculum, the school policy on HIV and SRH, and the training and resources available on SRH education. In Palau, teachers were unsure about the HIV and SRH curriculum, the school policy on HIV and SRH, and the parents/community support. They were also dissatisfied with the training and resources available for SRH education. Teachers in Nauru and Niue indicated that SRH education was not taught in their respective countries.

Teacher preparation/teacher training

A large percentage of those teaching SRH education reported having had no pre-service training in the area and very limited in-service training; however, this varied widely between countries. Teachers in Samoa were the most likely to have had some training, with 60 per cent of those teaching HIV and SRH indicating they had received some level of training. Over half (55 per cent) of teachers surveyed in Palau had had no training to teach HIV and SRH education. In Niue, half the teachers surveyed who reported teaching some aspects of HIV and SRH education had received training. In Nauru, two science teachers who taught some HIV and SRH topics had undertaken training. These were both teachers from Fiji.

Of the teachers reporting having received training related to SRH education, most were likely to report this as having been in-service training. A range of training providers, ranging from ministries (Education or Health) to non-government organizations were named when asked who provided the training received, and this was very country-specific. Follow-up interviews with teachers indicated that the nature of this training was most commonly a workshop which varied from three hours to three days.

A significant number of teachers who taught HIV and SRH topics across the four study countries indicated that they had no training whatsoever, meaning they were teaching SRH education without comprehensive knowledge in this area. With research showing that training was a major influence on teacher's confidence in teaching the sensitive topics involved in SRH education, a lack of training would likely impact negatively on the topics that were taught and the quality of teaching.[23, 24]

23 Alldred, P., David, M.E. and Smith, P. 2003. Teachers' Views of Teaching Sex Education: Pedagogy and models of delivery. *Journal of Educational Enquiry* 2003;4(1):80–96.

24 Buston, K,, Wight, D., Hart, G. and Scott, S. 2002. Implementation of a Teacher-delivered Sex Education Program: Obstacles and facilitating factors. *Health Education Research* 2002;17(1): 59.

Attitudes toward HIV and SRH education

"I do hope that SRH Education be included in health curriculum in the true sense of the word. This kind of information s hould be disseminated to young people because they're the very first people who get hurt when they make wrong decisions on sexual activities. They always want to 'experiment' and they lose the choice to have a better and healthy life because of sexual ignorance. If sex is not taught at home, who would teach them? So they go out and ignorantly go into sex and then get STDs or become pregnant. I strongly recommend that this programme be completely taught in school." ***(Health teacher, Palau)***

What is the need for SRH information among young people?

"I believe this is very important because it's the curiosity that drives students to become sexually active. If we educate them they can make informed decisions as well as decreasing cases of STDs, etc." ***(Female high school teacher, Palau)***

There was clear agreement on the need for SRH education among young people across stakeholders and study participants in all countries. Many study participants mentioned the changing context in their countries with many challenges and influences on young people.

"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, Nauru)***

Young people expressed the need for information in order to understand their body changes and development, for protection and prevention, as well as for having the ability to develop and maintain healthy relationships in the future.

"Young people should have this information to help them and protect themselves from bad things happening to them. It's also useful information so that kids know what is happening to them as they grow older." ***(Female Year 6 student, Samoa)***

What is the need for school-based SRH education?

Overall, teachers felt that HIV and SRH education was a very important inclusion in the curriculum. According to the teacher survey results, 90 per cent of teacher respondents in Samoa, 81 per cent of teacher respondents in Niue, and 78 per cent of teacher respondents in Nauru and Palau believed that it was very important to include HIV and SRH in the school curriculum. There was no discernible difference between primary and secondary school teachers in each country.

This study also found there was a great deal of support for parents and community members to be involved in HIV and SRH education in schools in school involvement in SRH education by parents and community members in Nauru, Niue, Palau and Samoa.

"I strongly and fully support this [SRH education], it will influence them [students] in their minds, in a positive way to think about this and make decisions and see the risks and know the consequences." ***(Mother of primary and high school students, Niue)***

This parental support for school-based sexual and reproductive health education was in keeping with findings from other countries in the region:

"Last year, we did a community-based survey [in Fiji] to find out the feelings of parents. Over 90 per cent of parents responded positively to this programme [Family Life Education] being undertaken in schools. Their comfort level in talking about these issues at school was very low, so they preferred it being done in schools. So, in terms of sexual and reproductive health education, there is an overwhelming support to it happening in schools." ***(Family Life Education Coordinator, Fiji, UNFPA)***

The study found that parents wanted their children to be well-informed about HIV and sexual and reproductive health and relationships and they wanted to know what and when their children would be taught, and to be kept informed about school programmes. Parents believed schools need to take an active role in providing information sessions about what would be covered in SRH education programmes. Parents also wanted to be assured that the teachers who would be teaching their children about HIV and SRH had the skills and qualifications to do their job well, and remain sensitive to the diversity of values among their students and their families. Parents who participated in focus group discussions as part of this study in all four countries also strongly reinforced the need for HIV and SRH information themselves.

"I can tell you that no mothers are talking to their children about this which is why it is important for schools to take this initiative. I can only talk to my older children because they are adults. Parents can only talk to their children about these issues if they understand these issues as well." ***(High school parent, Samoa)***

A small number of parents in Nauru and Niue felt strongly that their family values about HIV and SRH should be conveyed first by them, at a time of their own choice, and they were worried that schools might pre-empt them. Those who expressed concerns were amenable to flexibility about school programmes if parents were provided with information about the programme and were confident that it would be taught responsibly. Parents would then be able to broach the subject with their child prior to the school programme. It would also provide opportunities for parents to engage their children in discussions about what they have learned at school, thereby facilitating improved communication.

What is the appropriate age to initiate SRH Education?

There was a mixture of responses from teachers across the countries on when SRH education should start. The greater proportion of teachers in Nauru and Palau supported starting SRH education in primary school. In Palau, 63 per cent of teachers believed it should be part of the national curriculum at primary (elementary) school, and 70 per cent of teachers believed it should be part of the national curriculum at secondary (high) school. In Nauru, 59 per cent of teachers supported it being part of the national curriculum in both primary and secondary school. In Niue, 37 per cent of teachers supported it being in primary school, with 68 per cent supporting it as part of the national curriculum at high school.

In Samoa, 39 per cent of primary teachers and 31 per cent of secondary teachers supported having HIV and SRH education in their schools. In comparison, the principals, parents and students who participated in focus group discussions in Samoa believed HIV/SRH should start at primary school.

"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… there is only so much that

parents can do." ***(Parent of secondary student, Catholic school, Samoa)*** *"I strongly believe that this can be taught to even the youngest children. It should be taught from Year 1 to Year 8 so that they can know what is right and what is wrong. Our children are already being influenced by television. We need to help them realize what their private parts are, and understand also what is appropriate and not appropriate."* ***(Primary school mother, Samoa)***

There was also support from parents in Nauru, Niue and Palau for SRH education to be introduced at the primary school level. As noted by a parent in Niue;

"I think it important that it be introduced in primary school, at perhaps Year 5 – 6. The reason I say this is because some girls have already begun to 'develop' and have already been exposed to issues pertinent to HIV/AIDS, sex on television, etc." ***(Parent of primary school student, Niue)***

School principals were supportive of SRH education starting in primary (elementary) school and continuing into high school. As noted by one principal in Palau;

"I think it should start between 4th or 5th grade [9 to 10 years old]. We need to start the discussion, but the parents need to be on board with this discussion. Then they can discuss it and they know its normal, and we want them to have open discussion with the children. So start from there, go up through elementary, and then we try to build on that as they go into high school." ***(Male elementary school principal, Palau)***

In some countries, the focus of existing HIV and SRH was at certain year levels, generally at secondary level, and tended to be 'covered' in one or two year levels, but not all. Students who participated in the study strongly felt that there was a need for HIV and SRH to be covered in every year at secondary level. As commented by one student in Palau, *'we still need it, we're growing older, things are getting more pressured, people are doing this [being sexually active] so … .'* ***(Female grade 10 student, Palau)***

What is the desired modality of SRH education?

A key part of this study was to investigate where and how SRH education should be included in the school curriculum. There was strong support across countries for SRH education to be mandated in the health curriculum and taught as part of school health programmes. In Niue, the vast majority (94 per cent) of survey respondents believed SRH education should be taught as part of the school health programme. In Palau, 86 per cent of teacher respondents thought that SRH education should be taught as part of the school health programme, but there was also reasonably strong support for SRH being taught as part of another subject (36 per cent). Similarly, in Nauru, 82 per cent of respondents believed HIV & SRH education should be taught as part of the school health programme, with some support for it being taught in another subject. In Samoa, 71 per cent of survey respondents believed HIV & SRH education should be taught as part of the school health programme, in addition to reasonably strong support (45 per cent of respondents) for one or a few special sessions or events on SRH. Seventy-two per cent of respondents also indicated that they believed HIV & SRH education should be voluntary.

In Palau and Samoa, there was also some support for external providers of HIV & SRH education (as indicated by 28 per cent of Samoa and 19 per cent of Palau survey respondents). In Samoa, principals, teachers and parents reported valuing external support from agencies such as the Ministry of Health and NGOs such as Samoa Family Health Association as part of the school programme, providing expert guest speakers and sessions. In Palau, the Ministry of Health staff from the HIV and STI programme, and nurses and doctors, were valued as guest speakers and collaborators in HIV & SRH education programmes.

What should be the required content (topics)?

Teachers, principals, students and parents across all countries support a wide range of topics being taught in a comprehensive SRH programme. Factual topics, (puberty, body parts and functions, HIV and AIDS, sexually transmitted infections, safe sex practices and reproduction), as well as social aspects, (managing peer influence, relationships and feelings, alcohol and decision-making, sexual activity and decision-making, and dealing with emotions), were among the most frequently selected topics. There was some variation in opinions with respect to teaching contraception in faith-based schools in Nauru, Palau and Samoa, where a number of teachers indicated that this would not be appropriate within the Catholic school setting. Parents did not necessarily hold this sentiment, however, as parents of Catholic school students in Palau and Samoa supported teaching a whole range of topics including contraception during focus group discussions.

"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 mothers, Catholic school, Samoa)***

Abstinence-based approaches to HIV & SRH education attracted a range of opinions across the countries. In Niue, most teachers disagreed that abstinence should be taught as the only option for preventing pregnancy and sexually transmitted infections. In Nauru and Palau, there was strong support for abstinence-based approaches. In Samoa, an abstinence-based approach as an integral part of HIV & SRH education was supported, but many teachers and parents agreed that this needed to be taught alongside other preventative options.

There was support amongst church leaders for teaching topics which may be perceived as sensitive, as commented by one church leader in Nauru: *"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)***

The most controversial or sensitive topics which some teachers in the countries did not think should be taught were those of 'sexual orientation/same sex attraction' and 'the pleasures of sexual behaviour' and 'sexual activities other than intercourse' (sometimes referred to as 'outercourse'), although there was variation between countries. A number of teachers in Nauru and Palau believed that 'sexual orientation/same sex attraction' and 'the pleasures of sexual behaviour' should not be taught. In Niue, topics which a number of teachers did not think should be taught were 'sexual activities other than intercourse', ('outercourse'), and 'the pleasures of sexual behaviour'.

What should be the number of hours of instruction per term?

The number of hours per term that should be spent teaching HIV & SRH education at each year level was investigated in the teacher survey. The results showed varying differences across some of the countries in what was perceived as the appropriate numbers of hours of instruction. In Nauru and Niue, the results suggested 2–3 classes per term for Years 1–3; approximately 4 classes per term for Years 4–6; 1 class a fortnight for Years 7–8; and almost 1 class per week for Years 9–12/13 on HIV & SRH education. The results for Samoa were similar for Year 1 to Year 10, but for Years 11–13 the results suggested approximately two classes per week. The results for Palau were the highest of all the countries, with hours suggested by teachers for HIV & SRH education equating to approximately 5–6 classes per term for Years (grades) 1–3; approximately one class per week for Years (grades) 4–6; 1–2 classes per week for Years (grades) 7–8; and two classes per week for Years (grades) 9–13.

Regardless of the differences across the countries, the results clearly indicated support from teachers for HIV & SRH education to be taught on a regular basis in both the primary and secondary school level.

What teacher preparation is required to deliver HIV & SRH education?

"For my school I feel it's the teaching and the resources. Although we have the health text book I feel we don't have enough resources that are relevant to particular grade levels, and with the teaching – the strategies, how to deliver it." ***(Elementary school principal, Palau)***

Training and professional development are key areas in ensuring the delivery of high quality and effective HIV & SRH education in schools.[25] Teachers who participated in the study indicated a range of areas in which they felt they needed assistance in order to deliver HIV & SRH education. In all countries, the areas of assistance identified were fairly evenly spread across factual information, teaching materials and teaching strategies. As topics became more personal, (e.g. discussing behaviour, emotions and feelings), teachers felt a greater need for support with teaching strategies, whereas for topics involving mostly factual information, teachers wanted more teaching materials. In particular, the topics relating to emotional issues, sexual abuse and protective behaviours, sexual orientation and same sex attraction, communicating with parents about sexuality issues, and sexual activities other than intercourse were areas in which the majority of teachers indicated they would need help. Teachers across the four countries were more confident in teaching puberty, body image, peer influences and how alcohol and drugs affect decisions.

In addition to teacher preparation covering factual information, teaching materials and teaching strategies, the results of the study were strongly indicative of the need for teacher training to address prevalent misconceptions regarding HIV & SRH education and young people. In Palau, Nauru and Samoa, many survey respondents supported abstinence being taught as the only option for preventing pregnancy and sexually transmitted infections.

In Samoa, 39 per cent of survey respondents also believed that providing information about family planning and safe sex encouraged young people to have sex. These perceptions existed in the community and these results are indicative of the need for teacher preparation to include an exploration of the teachers' own values and beliefs and the sharing of current research into best practice in HIV & SRH education.

What barriers exist in implementing HIV & SRH education?

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

Many teachers who participated in the study in Nauru, Niue, Palau and Samoa said that they were careful about the topics they taught because of possible adverse community reactions. In Niue, the potentially negative community reaction was the biggest issue or barrier in implementing HIV & SRH education. In Samoa, barriers in implementing HIV & SRH education identified by principals and teachers was the lack of confidence of many teachers in teaching SRH topics, and concerns

25 UNESCO. 2008. *Booklet 3: Educator Development and Support. Good Policy and Practice in HIV & AIDS and Education.* (booklet series). Paris, UNESCO.

about possible negative parent and community reactions. Feedback from parents during focus group discussions, however, indicated that parents were, in fact, very supportive of HIV & SRH education being taught at school.

"It would be a lot easier for parents if they taught it at school, for our customs we are taboo to talk about these things at home." ***(Parent of rural elementary school student, Palau)***

Key informant consultations also indicated that there was community support to address SRH issues in schools, with community representatives and church leaders consulted in Nauru, Niue, Palau and Samoa confirming their support.

The results indicated the importance of increasing the communication between schools, parents, and the community at large. Principals and teachers needed to know that parents and community leaders supported HIV & SRH education in schools, and parents and community leaders needed to know that teachers thought there was a low level of support.

"Parents and teachers meetings, especially when we start SRH at the school, we should have time for parents to meet and share the curriculum and what is to be taught at each level and why. Awareness of what is going on (for the parents)." ***(Department of Community Affairs staff member, Niue)***

In Nauru, the lack of both curriculum and policy support were also critical issues. This was also seen as a barrier amongst primary-school teacher respondents in Samoa where HIV & SRH education was not part of the curriculum at the primary level.

The quality and accuracy of the content in both policy development and curriculum development and implementation is dependent on the involvement of the Ministries of Health and SRH specialist NGOs.

Conclusions

SRH education is a necessary part of a students' school-based education. Research from Fiji found that Pacific Island students generally saw school programmes as an important source of information about sexual health and relationships,[26] and the findings from students in this study supported this. A critical issue was around the degree to which teachers and schools remained unsupported and untrained in the delivery of comprehensive, sequential and age-appropriate HIV & SRH education programmes.

Two of the most important barriers to teachers' willingness to teach HIV & SRH education have been identified as *anticipated* negative reactions from parents and the amount of training teachers received in sexual health education[27, 28]. The limitations in the professional skills of teachers, the lack of availability of culturally appropriate resources, and the concerns about parent and community reactions were a reflection of the quality and effectiveness of the information received by the students. However, parental and community opposition to HIV and sexuality education was lower than most teachers thought it would be, with this study finding a great deal of support for school-based HIV & SRH education.

26 Ibid. footnote 10
27 Ibid. footnote 9.
28 UNESCO. 2010. *Levers of Success: Case studies of national sexuality education programmes.* Paris, UNESCO.

The findings from this study were consistent with research in other countries. Factors which have been shown to impact on teachers' willingness and confidence to teach HIV & SRH education included the amount of teacher training, the 'fit' with existing curricula, senior management support, the status or importance of HIV & SRH education at the school, the provision of funding and teaching resources available to the teachers, and the perceived pressures caused by anxiety to teach this sensitive and sometimes controversial subject.[29] The study findings indicated that teachers did not feel adequately prepared to teach HIV & SRH education. Without the benefit of the provision of training and resources specific to more sensitive and difficult subjects, teachers limited their programmes to the 'safer' areas, such as body parts or human reproduction, both of which could be, (and frequently are), covered in science/biology programmes. This approach meant insufficient attention was paid to skills development, managing relationships, drug and alcohol use and sexual coercion, all of which are more relevant to achieving national sexual and reproductive health targets. International literature indicates that the effectiveness of school-based HIV & SRH education programmes is largely dependent on the skills, preparedness and comfort of teachers[30, 31]. It was clear however, that there are many teachers in Nauru, Niue, Palau and Samoa who feel uncertain about both the parent and community support, and about their teaching. They feel they require more assistance and support in order to deliver effective SRH education to young people.

Recommendations

The single biggest contribution to equitable provision of HIV and sexual and reproductive health education for all Pacific Island young people will potentially be made through mandated national health curricula that explicitly include SRH, implemented with sufficient teacher training and support. This was evident through the achievements to date of the FLE programme in Fiji.

"The important thing is to get it in the curriculum first. Once there is a curriculum, then the next step is to develop support resources or materials to support the curriculum, and then we take this combination of curriculum documents for in-service or pre-service. In Fiji we are still in-servicing teachers." ***(Family Life Education Coordinator, UNFPA)***

There was also support from the Minister for Education in Fiji to have the FLE programme at the Fiji National University and integrate it into teacher training. Within the study countries, this process has begun in Samoa and Palau with mandated national health curriculums that explicitly include SRH, and these should be encouraged and supported. All the recommendations below should be considered within this approach.

The following are general recommendations made across the four countries. Country specific recommendations are contained in country reports.

This report recommends that:

29 Buston, K., Wight, D., Hart, G. and Scott S. 2002. Implementation of a Teacher-delivered Sex Education Programme: obstacles and facilitating factors', *Health Education Research* 2002; Vol. 17, No. 1, p. 59–72.
30 Ibid. footnote 25.
31 UNESCO. 2011. *Good Policy and Practice in HIV & AIDS Education* (booklet series). Booklet 6: Pre-service training. Paris, UNESCO.

Policy-makers

- Develop relevant and favourable policy frameworks, including affirmative action policies which address stigma and discrimination issues, 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 & SRH education in the policies of both the Ministry of Education and the Ministry of Health.
- Seek direct partnerships between the Ministry of Education and the Ministry of Health to support school-based HIV & SRH education and reflect this in a memorandum of understanding.

Curriculum Developers

- Develop an HIV & SRH education curriculum covering primary and secondary-school levels which is learner-centred, thematically-based and oriented towards learning outcomes which are assessable.
- Ensure important messages about HIV and other STI transmission and prevention, and pregnancy prevention are included in the SRH curriculum, introduced at Year one level and reinforced in subsequent levels.
- Revise any existing curricula based on the above two recommendations.
- Carry out additional research assessing teachers' knowledge levels in HIV & SRH education and teaching strategies which could help to evaluate teachers' training needs.

Teacher Trainers

- Develop a teacher training programme (pre-service) that provides detailed training based on the national curriculum for schools and teachers on specific topics to be taught in HIV & SRH education and the amount of time required for each for level.
- Implement a schedule of in-service training for teachers and dissemination of appropriate and locally relevant resource materials.
- Introduce teaching and learning methods and principles for classroom teaching that are appropriate for HIV & SRH education.

Non-government and civil society organizations

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

Regional and technical agencies and partners

- Provide technical support in relation to: sensitization of decision-makers; training and supporting a critical mass of SRH trainers and educators; documenting and disseminating good policy and practice generated through pilot projects, such as Family Life Education.
- Assist countries in sourcing appropriate and locally relevant resource materials for HIV & SRH education.

Other

- Implementation of mutually reinforcing curricular and extra-curricular activities, including external providers and guest speakers to facilitate either school-based or community-based sessions on HIV & SRH education that include the current local situation with regards to HIV, STIs and teen pregnancies, as well as the rationale for HIV & SRH education. Sessions 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 (parents and teachers included) to improve parent knowledge on SRH issues and strategies for improving communication on these matters with their children.
- Ensure that the Ministry of Health, and any specialist SRH NGO, are involved in the development of the curriculum and policy, as well as in pre-testing the delivery of the programme.

List of stakeholders interviewed

	Name	Designation	Organization
REGIONAL AGENCIES	Isikeli Vulavou	Programme Associate	UNFPA
	Penisoni Naupoto	FLE Coordinator	UNFPA
	George Malefoasi	Regional AHD Coordinator	Secretariat of the Pacific Community
	Sue Vize	Programme Specialist (Social and Human Science)	UNESCO Pacific Office
	Andrew Peteru	National Programme Officer in HIV and AIDS Education and UNAIDS Liaison Officer	UNESCO Pacific Office
	Toshiyuki Matsumoto	Programme Specialist (Education)	UNESCO Pacific Office
NAURU	Joanna Crawford-Bryde	Education Advisor, Director of Education	Department 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 and Health Promoting Schools Coordinator	
	Seta Vatucawaqa	Director of Public Health	Department of Health
	Min Lene	Nurse Educator	
	Roger Mwareow	Reverend	Nauru Congregational Church
	Stan Dabuae	Pastor	
	Tatieru Ewenteng	Catholic Priest	Catholic Church
	Names not recorded	Community leader Community leader Community leader Community leader Youth Representative Youth Representative Youth Representative Youth Representative	Anabar community Uaboe community Ewa community Yaren community Baitsi community Buada community Anibare community Uaboe community
NIUE	Janet Sipeli-Tasmania	Director for Education, Secretary General of the Niue NatCom for UNESCO	Department of Education
	Cherie Morris-Tafatu	Manager for Human Resources and Support Services	
	Diamond Tauevihi	Acting Director Community Affairs	Department of Community Affairs
	Charlene Tukiuha	Community Development Manager, Women, Youth, Sports and Counseling Services	
	Manila Nosa	Acting Director Public Health	Department of Health
	Alicia Hipa	Health Promotion Officer	
	Grizelda Mokoia	NCD Project Coordinator/ Public Health Officer	
	Mina Pulu	Chief Public Health Nurse	
	Shield Palahetogia	President	Niue Youth Council
	Itzy Tukuitoga	Principal	Niue Primary School
	James Poihega	Principal	Niue High School

	Name	Designation	Organization
PALAU	Masa-Aki N. Emesiochl	Honourable Minister of Education	Ministry of Education
	Emery Wenty	Director of Education Administration	
	Sinton Soalablai	Chief of School Management	
	Philip Haruo	Acting Chief of Personnel Management	
	Raynold Mechol	Chief of Research and Evaluation	
	Debbie Tkel-Sbal	Director of Curriculum and Instruction	
	Deborah Ngata	Science/Health Specialist	
	Sarah Sugiyama	Science Specialist	
	Marcia Inacio	Reading Specialist	
	Linda Ngotel	Social Studies Specialist	
	Johana Ngiruchelbad	Administrator, Communicable Disease Unit	Ministry of Health
	Mesiwal Madlutk	School Nurse, Palau High School Health Clinic	
	Marla Ito	Counselor, MOH	
	Kattery Faustino	Counselor, MOH	
SAMOA	Doreen Roebeck-Tuala	Assistant Chief Executive Officer, Curriculum Materials and Assessment Division	Ministry of Education, Sports, and Culture
	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	
	Fa'aea 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	
	Seletuta Visesio-Pita	Assistant Chief Executive Officer, Division for Youth	Ministry of Women, Community and Social Development
	Angharad Malama Toma Saaga	Senior Youth Officer, Division for Youth	
	Kaisarina Reupena	Youth Development Officer, Division for Youth	
	Perive Lelevaga	Principal Sexual and Reproductive Health Officer, Health Promotion and Preventive Services Division	Ministry of Health
	Maria Ah Dar	Adolescent Health Development Officer, Health Promotion and Preventive Services Division	
	A'eau Chris Hazelman	Director of Catholic Education	Catholic Diocese
	Lia'i Iosefa	Executive Director	Samoa Family Health Association
	Manu Samuelu	Programmes Coordinator	

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Annex 1: Survey Tool

Survey on the Delivery of HIV and Sexual 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 (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 & 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 ..... at the Ministry of Education 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 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 <u>one</u> 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 reproductive health education curriculum that you feel students need to know?

13. Do you teach HIV and sexual 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 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 & 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 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?			

18. Overall, how satisfied are you with

	Very unsatisfied	Unsatisfied	Unsure	Satisfied	Very satisfied
…the SRH education curriculum at your school?					
…the school policy on HIV & SRH education?					
…the school support for the teaching of 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: SRH Education – What, When And How?

19. At what age (on average) do you think young people in this country 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 (please 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 and reproductive health education topics is provided below. In your opinion, when should the topics listed below be covered for the **first** time?

	Years 1–3	Years 4–6	Years 7–8	Years 9–10	Years 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.

- ☐ Years 1–3: .....
- ☐ Years 4–6: .....
- ☐ Years7–8: .....
- ☐ Years 9–10: .....
- ☐ Years 11–12: .....

25. A list of HIV and sexual and 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	Years 1–3	Years 4–6	Years 7–8	Years 9–10	Years 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 sexual and reproductive health 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 sexual and reproductive health 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. contraceptives and condoms					
Emergency contraception					
Dealing with emotional issues and consequences of being sexually active					
Sexual abuse and protective behaviour					
Communicating with parents about 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 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 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 SRH 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 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 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 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.					
SRH education is the responsibility of parents and should not be taught at schools at all.					

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.					

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?

.....

.....

.....

Thank You For Your Participation

Please return your survey to the School Principal.

MOE staff will collect all surveys from your school on .....

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.

Annex 2: Interview and Focus Group Guides

Key Informant Interviews

Introduction to study (background)

1. How would you describe the country's progress in addressing HIV and AIDS and sexual reproductive health (SRH) issues within the education system?
2. Comment on current status of HIV & SRH education in schools.
3. From your experience what are the reactions of teachers and parents to implementing HIV & SRH education?
4. How is the Ministry of Education supporting the implementation of HIV & SRH education in schools?
5. Barriers to implementing HIV & SRH education in schools?
6. Suggestions for overcoming these barriers?
7. Key partners to involve to help facilitate the implementation of HIV & SRH education?
8. Any other comments

Principal Interviews

Introduction to study (background)

1. How big an issue do you think HIV, STIs and unplanned pregnancy are for young people in this country?
2. Should HIV & SRH education be provided in schools? (why/why not?)
3. If yes - At which year level do you think HIV & SRH education should begin?
4. What is the current status of HIV & SRH education in your school? (what, when, who is responsible?)
   If SRH is not taught – why not? (then skip to Q.12)

If SRH taught:

5. Overall, do you think your school spends too little time, too much time, or the right amount of time to teach HIV & SRH education properly?
6. How useful do you think students find HIV & SRH education as it is taught in your school? (very useful, somewhat useful, not very useful, or not useful at all?)
7. How much attention do parents pay to HIV & SRH education and how it is taught?
8. Do you have a school policy on HIV & SRH education? (if yes – describe)
9. Do you think teachers have sufficient teacher training for implementing HIV & SRH education? What else is needed?
10. Do you think teachers have sufficient resources for implementing HIV & SRH education? What else is needed?
11. How much support does the school get from the Ministry of Education to support the implementation of HIV & SRH education in schools? What else is needed?

If SRH not taught:

12. What are the barriers to implementing HIV & SRH education in schools?
13. Suggestions for overcoming these barriers?
14. Other things you would like to comment on with respect to HIV & SRH education?

Teacher Interviews

Introduction to study (background)

1. How big an issue do you think HIV, STIs and unplanned pregnancy are for young people in this country?
2. Should HIV & SRH education be provided in school? (why/why not?)
3. At which year level do you think HIV & SRH education should begin?
4. What is the current status of HIV & SRH education in your school? (summarize – what, when, who is responsible?)
   If SRH is not taught – why not? (then skip to Q.12)

If SRH taught:

5. Overall, do you think your school spends too little time, too much time, or the right amount of time to teach HIV & SRH education properly?
6. How do students respond to HIV & SRH education classes?
7. How useful do you think students find HIV & SRH education as it is taught in your school?
8. How much attention do parents pay to HIV & SRH education and how it is taught?
9. Do you think teachers have enough teacher training for implementing HIV & SRH education? What else is needed?
10. Do you think teachers have enough resources for implementing HIV & SRH education? What else is needed?
11. How much support does the school get from the Ministry of Education to support the implementation of HIV & SRH education in schools? What else is needed?

If SRH not taught:

12. What are the barriers to implementing HIV & SRH education in schools?
13. Suggestions for overcoming these barriers?
14. Other things you would like to comment on with respect to HIV & SRH education?

Focus Group Discussion Guides

Parent Focus Group Discussions

Introduction to study and background

General issues concerning HIV & SRH education

1. How big an issue do you think HIV, STIs and unplanned pregnancy are for young people in this country?
2. Is there a need for HIV and sexual reproductive health (SRH) information among young people? What sort?
3. Who do you think should be responsible for HIV & SRH education? Parents? School (teacher/specially trained teacher/nurse/other)? Shared?
4. When should HIV & SRH education start? At home? At school?

HIV & SRH education at home

5. Have you talked about SRH issues with your child? (eg. HIV, puberty, reproduction, sexuality?)

HIV & SRH Education at school

6. Is there a need for school-based HIV & SRH education?
7. What should the content be?
8. How important is it for your child to receive SRH education on the following topics?
   - 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
9. What kind of information do you think children/ young people should be introduced to at different years?
   - in Years 1–3?
   - Years 4–6?
   - Years 7–8?
   - Years 9–10?
   - Years 11–13?
10. Do your children have HIV & SRH education at school?
11. What do you know about the programme at your child's school?
12. Are you involved? In what ways?
13. How would you like to be involved? What do you want from the school in relation to HIV & SRH education?

Student Focus Group Discussions

Introduction to study and background

General issues concerning SRH

1. Do young people need information about HIV and sexual reproductive health (SRH)? What do young people need to know?
2. Where do you young people here get information or advice about SRH?
3. What source of information do you think they would trust the most?
4. Who would you like to learn about SRH from? (parents, teachers, peers, older siblings, internet?)

HIV & SRH education at school

5. Is there a need for school-based HIV & SRH education?
6. If you were learning about these issues at school, how would you like it to be taught?
   a. in class from regular teacher?
   b. in Health/PE, special classes?
   c. external speakers? (eg. from MOH)
7. What is the best age to start HIV & SRH education at school?
8. How would you feel talking with your teacher about SRH? (comfortable/not comfortable, embarrassed/not embarrassed)
9. Do you have HIV & SRH education at school? (if yes, describe when, where, who by)
10. How useful is the HIV & SRH education you receive? How could it be improved?

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