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Office for the Pacific States



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



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

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## Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CDC	Centre for Disease Control
HIV	Human Immunodeficiency Virus
MOU	Memorandum of Understanding
MOH	Ministry of Health
MOE	Ministry of Education
NSP	National HIV/AIDS and STI Strategic Plan
PICTs	Pacific Island Countries and Territories
SGS	Second Generation Surveillance
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNESCO	United Nations Educational Scientific and Cultural Organization
YRBS	Youth Risk Behaviour 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 (FEEdMM) endorsed an initiative presented by UNESCO on behalf of other UN agencies and regional organisations to develop HIV and AIDS education in the Pacific. Following this endorsement, UNESCO, in collaboration with the Secretariat of the Pacific Community, UNAIDS and UNFPA, held a consultation workshop with 13 Pacific Island Countries in May 2011 to discuss ways to strengthen HIV and AIDS education and SRH education in primary and secondary schools. A priority outcome was to undertake attitudinal surveys to establish key baseline information on the attitudes of principals, teachers, parents and students towards HIV and AIDS education awareness and prevention being taught in primary and secondary schools.

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

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

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

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



Etienne Clément  
Director

UNESCO Office for the Pacific States

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

## Context

The Republic of Palau is comprised of the six island groups that form the westernmost cluster of the Caroline Islands chain in the North Pacific Ocean. Although there are over 300 islands, the majority of the population resides in or near the main town of Koror, (which was also the capital until late 2006), where most services – including the hospital and the largest schools – are located. The 2005 census reported a total population of 19,907, of which 74 per cent are ethnic Palauan and 26 per cent are non-Palauan.<sup>1</sup> Most non-Palauan residents are “guest workers” from the Philippines and other Asian countries. In 2005, Palau’s population included 5,753 children aged 0–17 and 6,617 youth aged 15–34 (note 15–34 is the official definition of ‘youth’ based on the Palau national Youth Policy).<sup>2</sup> Like many Pacific Island countries, Palau is in the midst of rapid social, economic, and environmental change. Palau is no longer an isolated island nation. Cable television beams dozens of foreign channels and two local channels into even remote households. The internet has arrived in most communities, and over ninety per cent of households can access fast, reliable, and relatively cheap telecommunications from their homes.

The Palau Communicable Disease Units surveillance report for 2011 found that since the introduction of HIV testing in 1989, six males and four females have tested positive for HIV in Palau.<sup>3</sup> The Palau Second Generation HIV and STI Surveillance Surveys (SGS) 2005–2006 reports the prevalence of Chlamydia was 11.3 per cent amongst pregnant women attending antenatal clinics, and 31.9 per cent of men reported having casual sexual partners outside their primary relationship. Condom use by men and women was inconsistent. This report also found that Chlamydia rates have not reduced since 2006, with 45 cases (14 per cent) among the 311 pregnant women tested. The report called for strategies to reduce risk, such as making condoms more widely available, and for designing health promotion approaches for recognizing risk and encouraging discussion of safer sex practices with partners. The report also found that while knowledge of HIV, awareness of HIV testing availability, and exposure to HIV prevention activities was quite high, myths about HIV transmission persisted and almost half of those interviewed had not previously been tested for HIV. This suggests the need to strengthen HIV and STI prevention programmes to ensure the population has accurate knowledge of HIV transmission and to increase the uptake of HIV testing.<sup>4</sup>

A key source of data on young people in Palau is the United States Center for Disease Control (CDC) supported Youth Risk Behavior Survey (YRBS), which is undertaken every two years with youth in high school in Grades 9–12 (approximately ages 14–18). The most recent YRBS in 2011 provided information about Palauan youth across a range of health and risk-taking areas including sexual behaviours. The 2011 YRBS reported that 40 per cent of students had experienced sexual intercourse (29.3 per cent females, 53 per cent males). Of these, 15.9 per cent had had four or more sexual partners (5.2 per cent females, 28.6 per cent males), and 6.4 per cent had had sex for the first time before they were 13 years old (3.3 per cent females, 10.2 per cent males). Among students who were currently sexually active, 30.4 per cent had drunk alcohol or used drugs before their last sexual intercourse, and 46.8 per cent did not use a condom during their last sexual intercourse. In terms of education, 29.9 per cent reported never having been taught in school about HIV or AIDS (23.8 per cent females, 36.1 per cent males).<sup>5</sup> In 2003, a modified version of the YRBS survey was extended to the six middle schools in Palau. The results of this survey showed

1 Office of Planning and Statistics, Republic of Palau. 2005. *2005 Census of Population and Housing of the Republic of Palau*. Koror, Palau.

2 Ibid.

3 UNAIDS. 2012. *Global AIDS Progress Report, Republic of Palau, 2012*

4 Ibid.

5 Centers for Disease Control and Prevention. 2011. *Youth Risk Behaviour Survey – Palau Results, 2011*. <http://apps.nccd.cdc.gov/youthonline>

that 15.1 per cent of middle school students (ages 12–14 years) reported they had had sex during their lifetime; however, no data on condom use was collected.<sup>6</sup> The Second Generation Survey (SGS), and Palau’s YRBS have contributed significantly to an improved understanding of the STI and HIV situation, including evidence on risk behaviour and vulnerability to HIV infection, for improved policy planning and advocacy.

The Palau National HIV and STI Strategic Plan 2009–2013 (draft) focused on youth as a key area. The National HIV and STI Strategic Plan (NSP) prevention objective is to: “reduce the number of new infections of HIV and STI by promoting safer sexual behaviours and addressing vulnerabilities” through following specific strategies and key action areas. No references can be found to programmes in schools however, although a 2006 review of the previous HIV strategy<sup>7</sup> identified three key issues and opportunities with regards to education for further consideration in the development of the succeeding Strategic Plan, namely:

#### *Partnerships with Ministry of Education to better engage youth*

- The Ministry of Education (MOE) has developed a curriculum framework for health education for Grade 6 students in public schools which includes HIV and STI information, and discusses teenage pregnancy.
- There was a need for training for public health educators and teachers to improve health education in the schools, including the expansion of opportunities to provide sex education and condom access within schools.
- Improved health education in the schools (perhaps also including parents) could also address some of the concerns voiced by parents about the perceived risk that reproductive health education and condom availability will promote promiscuity.<sup>8</sup>

Palau has a Health Education curriculum framework for public schools which covers Grades 1–12. This framework is dated 1993 (developed 1988–1992) and is in need of review. (The MOE has recognized this need.) The framework has 10 major topic areas. Aspects of HIV and SRH only appear in two topics: Growth and Development and Prevention and Control of Disease. And, while health education is provided at every grade level, HIV and SRH are not. According to the scope and sequence HIV, AIDS and STIs are to be covered in Grades 8–12, and safe sex in Grades 8–12. Relevant HIV and SRH goals stated in the Palau Health Education curriculum framework are:

#### *Knowledge and Skills Goals*

29. List and describe the different parts of the human reproductive system and their functions (Grade 7 and Grades 9–12).
30. Discuss the responsibilities and consequences of engaging in sexual relationships (Grade 8 and Grades 9–12).
41. Identify and describe AIDS and other STDs and their related illnesses (Grade 8 and Grades 9–12).
42. Describe the actions and behaviours of someone who knows how to practice ‘safe sex’ (Grade 8 and Grades 9–12).

At the elementary school level (Grades 1–8), health is a non-core subject taught once or twice a week. At the high school level (Grades 9–12), health is a required course at Grade 9 (freshman year) only, and then an elective course for Years 10–12.

<sup>6</sup> 2005 Youth Risk Behaviour Survey Results – Palau Middle School Survey Trend Analysis Report.

<sup>7</sup> Palau Ministry of Health, HIV & STI Program and the Pacific Regional HIV/AIDS Project (PRHP). 2006. *Palau HIV & STI Situation Analysis and Response Review*.

<sup>8</sup> Ibid. p. 17

Palau is also in the process of improving and expanding counseling and health services, with a pilot counseling programme taking place in a number of schools. The MOE has a memorandum of understanding (MOU) with the Ministry of Health (MOH) for closer collaboration to provide health services for students.<sup>9</sup> Students receive free health care services from a doctor, nurse, and counselors provided by the MOH.

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

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

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

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

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

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

### Teacher Survey implementation

The Palau education system is modeled on the United States system and is comprised of pre-elementary (preschools and kindergartens), elementary (grades 1–8), high school (grades 9–12) and post-secondary (vocational-technical programmes and academic degree programmes). Note that in Palau Grade 9 is the first year of high school, also known as ‘freshman year’, and the students are 14 to 15 years of age. Therefore, students at elementary school are up to 14 years of age. There are 24 elementary (primary) and high (secondary) schools in Palau, with a number on outer islands and in rural areas of Babeldaob. For the purposes of this study, a purposive sampling strategy was utilized. In total, there were 18 elementary schools (16 government, 2 private) and 7 high schools (1 government, 6 private) in Palau. Following consultation with the Palau Ministry of Education and UNESCO staff, sample schools were selected based on a mix of urban and rural

<sup>9</sup> Ministry of Education. 2006. *Education Master Plan 2006–2016*. Republic of Palau.

settings, with both government and non-government schools in the sample, as well as elementary and high schools. Based on the sampling, eight schools participated in the teacher survey, with approximately 60 surveys distributed. (See Annex 1 for a full list of participating schools.) A total of 59 surveys were returned, representing 44 elementary (primary) teachers and 15 high school (secondary) teachers (Table 1).

**Table 1: Survey respondent demographics**

Elementary	High School	Government	Non-Government	Urban	Rural
44 (75%)	14 (25%)	54 (92%)	5 (8%)	46 (78%)	13 (22%)

In Palau, the survey tool was slightly adapted to the setting by using ‘elementary’ and ‘high’ school (rather than primary and secondary). The year levels were also adapted to ‘grades’ to suit the setting. As many of the teachers in Palau undertook their teacher training in the United States (on scholarship) and all classes were taught in English, it was decided that the survey would not be translated and would be disseminated in English. There are also many non-Palauan teachers within the schools. (See Annex 2 for survey tool.)

**Profile of Respondents**

The majority of survey respondents (45 respondents or 76 per cent) were women which generally mirrors the sex ratio of teachers in Palau. There were distinct age differences between elementary and the high school teachers. The majority of elementary teachers were aged between 36 – 45 years with an average age of 41 years. The high school teacher respondents were older, with an average age of 49, and six respondents (42 per cent) were over 55-years-old. The majority of the respondents were Palauan (86 per cent) with the remaining 14 per cent comprising Filipino (6 respondents) and one teacher each from America and the Federated States of Micronesia.

**Figure 1: Sex of survey respondents**



**Table 2: Sex of respondents by school level**

	Elementary	High	TOTAL
Male	11	2	13
Female	32	12	44
No response	1	1	2

**Table 3: Subject area of teachers**

Level	Subject area	Number (per cent %)
Elementary	All subjects	44 (75%)
High School	Science	20 (34%)
	Health	12 (21%)
	English	12 (21%)
	Social Studies	11 (19%)
	Mathematics	5 (9%)
	Other	5 (9%)

Three-quarters of the survey respondents (44) were elementary teachers and taught across all subject areas. However, some indicated that they specialized in specific subjects as well. Of the high school teacher respondents, there was a very broad spread across various subject areas, such as science, health, English, social studies, mathematics and other subjects including Palauan studies, religion, and physical education (PE) – (note in Palau PE is a separate subject to health).

## Interviews and Focus Group Discussions

Key interviews and focus group discussions were undertaken in four schools: Koror Elementary, Palau High School, Mindzenty High School (all in Koror urban area) and Melekeok Elementary (on Babeldaob). Mindzenty High School is a Catholic school; the other three schools are government schools. A group interview was undertaken with each of the principals from the eight schools in the study at the MOE. And, a group interview with ten teachers from six schools at the MOE was followed by interviews with four teachers at Melekeok Elementary during the school data collection phase. A total of twenty-two parents participated in four focus group discussions, and fifty-three students participated in six focus group discussions with students from Grade 8 – Grade 12 across the four schools. In addition, key interviews were undertaken with staff from the Ministry of Education and the Ministry of Health. Note that there are very few non-government organizations in Palau, and the MOE advised that none were involved in HIV and SRH education. (See Annex 1 for a full list of key informants.)

**Table 4: Interviews and Focus group discussions**

Palau	9 principals (5 female, 4 male) 14 teachers (9 female, 5 male) Ministry of Education, Ministry of Health	4x FGD with a total of 22 parents (15 female, 7 male)	6x FGD with a total of 53 students (Grades 8–12) (28 female, 25 male)
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## Findings

The data are addressed below under four headings:

1. The Current Situation
2. HIV and SRH education – What, When and How Much?
3. Teacher Attitudes
4. Barriers and Challenges

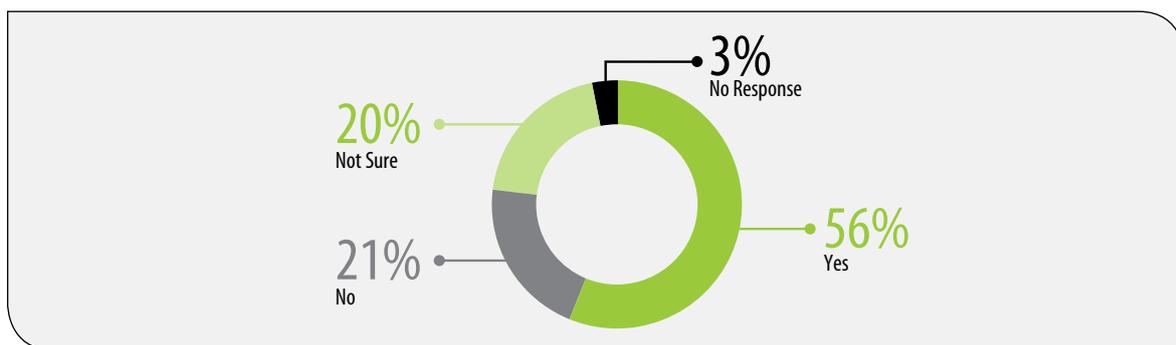
## The Current Situation – HIV & SRH Education in Palauan Schools

*"I do hope that HIV and SRH be included in health curriculum in the true sense of the word. This kind of information should 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!" (Female health teacher, elementary school)*

### Is HIV and SRH taught in your school?

Just over half (56 per cent) of survey respondents stated that HIV and SRH was taught in their school; 26 respondents from elementary schools and 7 from high schools. A total of 13 respondents (21 per cent) stated that it was not taught at their school, and 12 respondents (20 per cent) were unsure. Two respondents did not answer this question.

Figure 2: HIV and SRH taught in the school

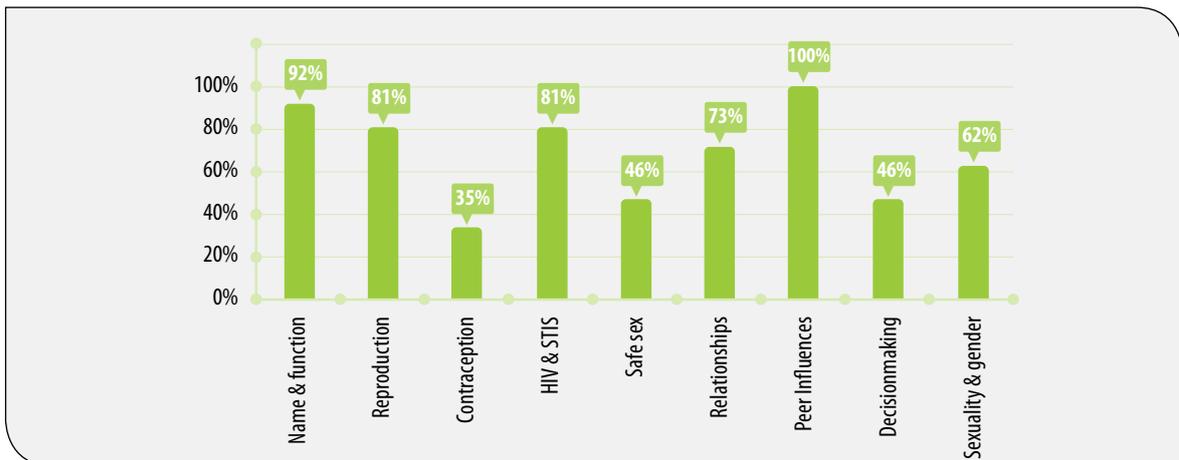


### What is taught in Palauan schools?

At the elementary level, for those schools where HIV and SRH is taught (26 respondents), curriculum content was reported to be comprised predominantly of factual information, such as the name and function of sexual and reproductive body parts (92 per cent), reproduction (81 per cent) and HIV and STIs (81 per cent). However, all respondents indicated that 'managing peer influences' was also taught, and other social aspects such as 'relationships and feelings' (73 per cent) and 'sexuality and gender' (62 per cent) were frequently taught. Safe sex, decision-making and contraception were mentioned, but by far fewer respondents.

In Palau, elementary school goes through to Grade 8 (known as 'middle school') which includes students approximately 13 years of age. The YRBS data on early sexual activity includes this age bracket. Figure 3 provides a breakdown of related areas taught at the elementary level.

Figure 3: Taught at elementary level



For the high school level, due to the small numbers represented in schools where HIV and SRH education was taught (7), numbers of responses have been used rather than percentages. One respondent was unsure what the content of the curriculum was. Figure 4 provides a breakdown of related areas taught at high school.

Figure 4: Taught at high school level



*“At the high school we have a very well developed curriculum that is required of all incoming freshman. All of our students will take the health course and that will cover the reproductive system and HIV/AIDS, and we also have guest speakers that come to the campus, and not only [for] the students, but also [to] talk to the parents. We have PTA meetings to educate our parents, and also in science it’s taught.” (High school principal)*

Among this small number of respondents there was a good range of topics taught, from factual information through to social aspects of HIV and SRH. An exception was contraception, which was identified as being taught by only three respondents. At least at the high school level, school-based HIV and SRH education seems to provide a combination of factual information and social skills that young people need, with the exception of information about contraception. Only three of the seven respondents mentioned contraception as being part of the curriculum, yet teen pregnancy rates were frequently mentioned by focus group and interview participants as an issue of concern.

An issue that arose amongst students in the focus group sessions was that health was only taught in Grade 9 (freshman) in high school (at both Palau High and Mindzenty High). From Grade 10 upwards, it is only those who major in health who get any further education in HIV and SRH.

*“When you come into the school, every freshman is admitted to a health class. But when you go onto sophomore [grade 10], the only chances we get to talk about sexual health and reproduction is only if we’re lucky enough to get the class in CD2 which is health, but if you do not get the rotation for health then you don’t get to talk about it in sophomore.” (Male Grade 10 student)*

There was a lot of concern about the lack of further education in HIV and SRH after Grade 9 amongst the students, who felt that there was a need for HIV and SRH to be covered in every year in high school. As commented by one student, *“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)*

## Information not included

Teachers mentioned a range of topics that were not included in the current HIV and SRH education curriculum that they felt students needed to know. At the elementary level, these areas tended to be related to skills development and the social aspects of HIV and SRH education, such as decision-making, sexuality and gender, and a number of teachers also mentioned contraception. In addition, a few teachers mentioned that HIV and AIDS and safe sex should be taught at the elementary level. High school teachers also identified a lack of focus on the social aspects of HIV and SRH education, with teachers mentioning the need for skills development in the areas of relationships and feelings, managing peer influences, and sexual decision-making. This was also reflected in the feedback from students.

*“If we could have more lessons on decision-making . . . like, we make a lot of mistakes so we need to learn about how to make good decisions.” (Grade 9 female student)*

## Who Teaches HIV and SRH?

Overall, the elementary school respondents were more likely to have taught some form of HIV and SRH education. Twenty-two (85 per cent) of the elementary respondents indicated that they taught HIV and SRH education, whereas only four of the seven high school respondents indicated that they taught HIV and SRH education themselves. This is in keeping with the bulk of the HIV and SRH education curriculum appearing to be taught in the elementary years, compared to for only freshman (Grade 9) at high school.

Students at the Catholic high school raised an issue in regards to the teachers at their school who taught this area. The students felt that the teachers were older and, therefore, found it difficult to relate to the students. In addition, many were related to the students which made any open discussion extremely difficult.

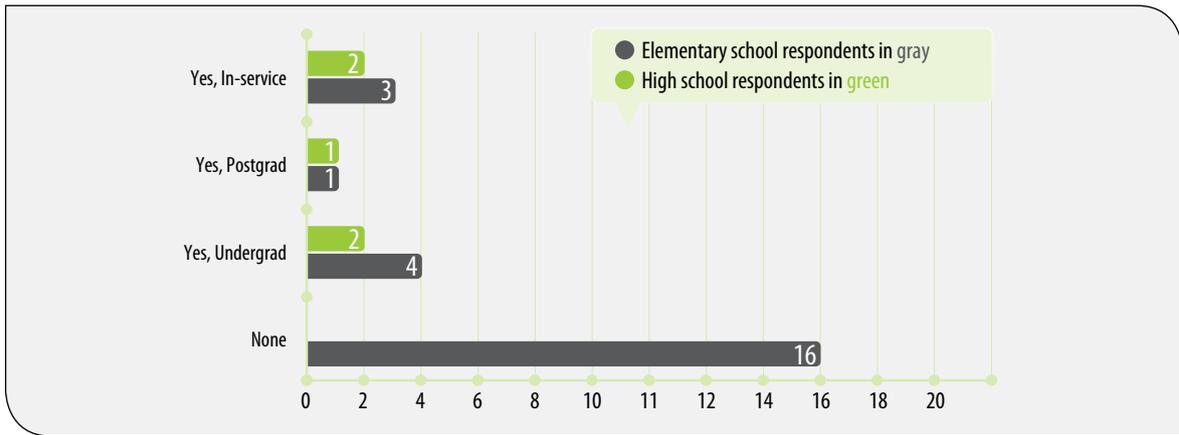
*“They’re older and a lot of them are related to our parents, you’d rather talk to someone who’s not related – then it becomes less subjective and more objective” (Male student Grade 11, Catholic school)*

## HIV and SRH training

Respondents were asked whether they had completed any training related to HIV and SRH education. Overall, the majority of elementary teachers (16 respondents or 73 per cent) who

taught HIV and SRH education indicated that they had not received any training. This means that these teachers began teaching HIV and SRH education without comprehensive knowledge in these subjects. Four elementary teachers had undertaken training in HIV and SRH education at the undergraduate level, one at postgraduate level, and three had also had in-service training from MOE and MOH. Amongst the four high school teachers who taught HIV and SRH education, two had undertaken training in HIV and SRH education at the undergraduate level and two had received in-service training in HIV and SRH, but they did not specify the provider. One teacher had undertaken post-graduate studies in public health at the Fiji School of Medicine.

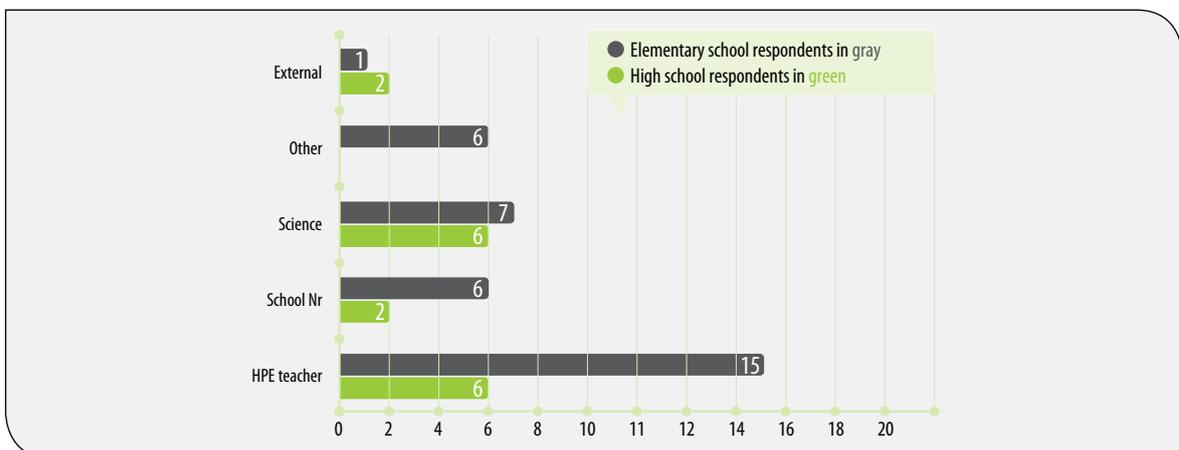
**Figure 5: HIV and SRH training**



When asked who else was teaching HIV and SRH education at their school (see Figure 6) elementary respondents most often indicated health teachers (15), followed by science teachers (7) and the school nurse (6). Nurses are not located at elementary schools, but provide health screening services to all students. Therefore, any HIV and SRH information provided by this source would be a one-off lesson during the annual health screening session. In the 'other' category, elementary teachers mentioned community nurse or medical officer, and all grade 7–8 teachers. The external provider mentioned was a workshop with a doctor.

High school respondents indicated that HIV and SRH education was taught by the health and science teachers (6 responses each) followed by the school nurse (2) and an external provider (2). The external provider nominated by both respondents was the MOH HIV programme.

**Figure 6: Who else teaches HIV and SRH?**



## Satisfaction with HIV and SRH education in their school

*“Sexual and reproductive health education is very necessary for youths in this day and age. They are learning so much from bad sources and none from their education system.” (Female elementary school teacher, rural area)*

Overall, satisfaction levels were low with the majority of teachers being either uncertain about or dissatisfied with their teaching environment (Table 5). There were two areas where teachers were somewhat satisfied – that of the school support (though almost as many respondents were unsure about this) and the external support network. Teachers were unsure about the availability of a number of measures, including an HIV and SRH education curriculum, the school policy on HIV and SRH, and the parents/community support. However, respondents were notably ‘dissatisfied’ with the training and resources available on HIV and SRH education. As there was no discernible difference between elementary and high respondents, these results have been merged.

**Table 5: Satisfaction with HIV and SRH education taught**

How satisfied are you with ...	Very dissatisfied	Dissatisfied	Unsure	Satisfied	Very satisfied	MEDIAN
...the HIV and SRH education curriculum at your school?	3	8	13	11	1	unsure
...the school policy on HIV and SRH education?	3	3	21	9		unsure
...the school support for teaching HIV and SRH education?	3	5	13	14	1	satisfied
...the parents/community support for the teaching of HIV and SRH education?	3	6	17	9	1	unsure
...training available to you for teaching of HIV and SRH education?	5	11	11	7	2	dissatisfied
...the resources available for teaching of HIV and SRH education?	3	14	8	10	1	dissatisfied
...the external support network available to you	2	9	11	13	1	satisfied

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

## The school environment – school policy

In Palau, the Health curriculum provides a foundation for schools to provide HIV and SRH education. However, it is generally up to the individual school to decide on the content and depth of its programmes. This leads to a certain degree of inconsistency in the field of HIV and SRH education. To get a better understanding about the foundation and requirements for HIV and SRH education in the schools, the survey included some questions about the school policy. The first question established whether the school followed an official policy in teaching HIV and SRH education. Of the 33 respondents in schools where HIV and SRH education is taught, only four (12 per cent) believed that their school had a policy on HIV and SRH education, seventeen (52 per cent) were unsure and twelve (36 per cent) respondents indicated that their school did not have a policy for teaching HIV and SRH education. During key interviews, school principals stated that they were unaware of any policy related to HIV and SRH education in their schools.

**Table 6: School follows a policy on teaching HIV and SRH education**

School policy	Elementary	High
Yes	3 (12%)	1 (14%)
No	10 (38%)	2 (29%)
Don't know	13 (50%)	4 (57%)
Total	26	7

The following analysis on the requirements for school policy was based on a reduced sample of four respondents (who indicated their school had a policy on HIV and SRH education). Even among this small number of respondents, little was known about any such policy, with two respondents indicating 'don't know' for each of the elements. Two of the respondents also believed that a whole school approach was applied in their school and that notification of parents about the content of HIV and SRH education was required. Two respondents indicated that their school policies did not require parental permission for a student to be allowed to participate; that parents did not have the right to remove their child from the class; and that the programme did not cater to different cultural and religious backgrounds.

**Table 7: HIV and SRH education requirements in schools**

Does your school require that	Yes	No	Don't know
...there is a whole school approach to HIV and SRH education?	2		2
...you notify/inform parents about the topics that will be covered in HIV and SRH education?	2		2
...you ask for parental permission for students to attend HIV and SRH education classes?		2	2
...you inform parents that they have the option of removing their child from HIV and SRH education classes?		2	2
...different cultural and religious backgrounds are taken into account?		2	2

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

*"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, urban area)*

### How HIV and SRH should be integrated

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

Overall, 157 options were selected by the 57 teachers who responded to this question. Of those, thirty-six teacher respondents supported the inclusion of HIV and SRH education as part of the national curriculum at elementary school, and forty thought it should be part of the national curriculum at high school. Further, thirty-five respondents thought that HIV and SRH education should be mandated in the health curriculum. The idea of teaching HIV and SRH education in some other subjects was less favoured, with only nine respondents choosing this option, naming science, biology and Palauan studies as options. Still a third of the teachers (nineteen respondents) who responded to this question in the survey supported cross-curricular activities. Eleven respondents thought HIV and SRH education should be taught by external providers, and those mentioned were all from the Ministry of Health, including HIV and STI staff, health workers, nurses and doctors. Few teachers (7) believed HIV and SRH education should be voluntary. School principals also mentioned external providers, but only as a supplement to school programmes. *“Each year we also have guest speakers come in from MOH. They come into schools and talk about HIV/ AIDS and abstinence and stuff.” (Male elementary school principal)*

*“At our school we have guest speakers with all the girls, ‘girls talk’ with a female teacher or female guest speakers, and one for the boys. And, we were surprised at some of the questions like, ‘how do I have a boyfriend?’” (Catholic high school principal)*

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

	Yes count
Do you think HIV and SRH education should be voluntary for students?	7
Do you think HIV and SRH education should be part of the national curriculum at elementary school?	36
Do you think HIV and SRH education should be part of the national curriculum at high school?	40
Do you think HIV and SRH education should be mandated in the health curriculum?	35
Do you think HIV and SRH education should be taught in a cross-curricular manner where possible?	19
Do you think HIV and SRH education should be taught in some other subjects?	9
Do you think HIV and SRH education should be taught by external providers?	11
TOTAL	279

**When should HIV and SRH education start?**

*“I was exposed to sex education in the 8th grade and it really helped me and a lot of my classmates. If it would be integrated in the curriculum it would be a great help.” (Female high school teacher, urban area Palau)*

For a few selected HIV and SRH education topics, teachers were asked for their opinion on when these topics should be taught for the first time at school. The question included early and late elementary grades, as well as the high school grade levels, as response options. Respondents could also choose ‘never’ as a response. Only a small number of respondents (1 or 2) chose this option for each of the topics listed. This was more likely the case amongst the high school respondents. One elementary teacher chose ‘never’ as a response, and this was for HIV and STIs, but no high school teacher chose ‘never’ for this topic. All topics were recommended by all respondents to start teaching before high school. The majority of teachers recommended most topics for Grades 7 to 8, although there were some topics, such as ‘contraception and family planning methods’, which respondents indicated Grades 9–10 as being the appropriate age to first teach. Few respondents said Grades 11 and 12 were the best time to start teaching any topics.

**Table 9: Elementary teachers – when should HIV and SRH education start?**

HIV and SRH topics	Gr 1–3	Gr 4–6	Gr 7–8	Gr 9–10	Gr 11–12	Never
Names and functions of reproductive body parts	8	20	10	4	2	
Reproduction (babies, pregnancy and birth)	1	15	20	6	2	
Contraception and family planning methods		7	16	16	5	
HIV and STIs	2	14	20	5	2	1
Safe sex practices		9	21	11	3	
Relationships and feelings	5	19	10	7	3	
How to manage peer influences peer influences	6	25	10	2	1	
Sexual decision-making		12	20	8	4	
Sexuality and gender	3	21	11	8	1	

**Table 10: High school teachers– when should HIV and SRH education start?**

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

**A teacher commented:**

*“Due to early or young start to sexual activity in the local community, young pregnancies and high infection rates for STDs, I believe it is important to provide students with factual, relevant sexuality education programmes from elementary school through to high school completion.” (Elementary school teacher, urban area Palau)*

School principals were very supportive of HIV and SRH education starting in elementary school and continuing into high school. They believed it should start earlier than it currently does.

*“I think it should start between 4<sup>th</sup> or 5<sup>th</sup> 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)*

During focus group discussions, students mentioned that at elementary school the HIV and SRH education, comprised mostly of information related to puberty, started in Grade 7 (aged 11–12) in health class, but many felt this was a little late – it should start sooner.

*"It should start in 4<sup>th</sup> grade, because you know how there's TV now, there's games, and a lot of it is not censored by adults, and by 4th grade they're already into these, so if you start the education at the early age, they've already started developing a sense of what's going on, they can further grow and make better judgments." (Female Grade 11 student)-*

## What should the format for HIV and SRH education be?

Teachers were also asked in what type of programme they think HIV and SRH education should be taught. As shown in Table 11, the vast majority of teacher respondents to this question (51 respondents or 86 per cent) responded that HIV and SRH education should be taught as part of the school health programme. There was also support for HIV and SRH education being taught as part of another subject (21 respondents or 36 per cent).

**Table 11: Format of HIV and SRH education**

HIV and SRH education should be taught . . .	Yes Counts	Yes %
in one special session or event.	10	17%
as part of the school health education programme.	51	86%
as part of another subject.	21	36%
out of school.	8	14%

Other subjects mentioned by respondents where HIV could be integrated included science, biology, social studies, Palauan studies and religion. Non-formal education options indicated by respondents were in homerooms, workshops in the community which students could attend with their parents, MOH workshops, at summer camp and at home. Many students mentioned an annual health conference as an opportunity to discuss HIV and SRH issues.

## How much HIV and SRH education?

Survey respondents were asked what they thought should be the number of hours per term spent teaching HIV and SRH education at each grade level. Table 12 shows the averages calculated from all responses, by grades. The number of hours indicated by teachers was quite significant and far surpassed the current situation, particularly as few high school students beyond Grade 9 received any HIV and SRH education (unless majoring in health). For Grades 7–8 this would equate to approximately 1 class per week, and for Grades 9–12 this would equate to approximately 2 classes per week on HIV and SRH education.

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

Suggested number of hours per term	Av. hours
Grade 1–3	4 hrs
Grade 4–6	9 hrs
Grade 7–8	14 hrs
Grade 9–10	28.5 hrs
Grade 11–13	29 hrs

Students also wanted to learn more about HIV and SRH more regularly, especially throughout high school years. *“We only learn it in freshman year, but juniors and seniors need it too. I think you should have regular sessions throughout each year, say every month, then it keeps students in check.”* (Grade 11 female student, Catholic school)

## What should be taught?

*“I personally believe that HIV/AIDS and sexual and reproductive health are important and should be taught in schools.”* (Male elementary school teacher, urban area)

*“Let’s educate young people so that they can make the right decision regarding any kind of sexual activities.”* (Female elementary school teacher, outer island)

A list of HIV and SRH topics were provided and survey respondents were asked what topics were appropriate to cover at which grade level from Grade 1 in elementary school to Grade 12 in high school.

**Table 13: Appropriate grade levels to cover topics**

	Gr 1–3	Gr 4–6	Gr 7–8	Gr 9–10	Gr 11–12	Never
Puberty		30	26	10	6	1
Reproduction (babies, pregnancy and birth)	2	14	31	28	16	1
HIV and AIDS	2	21	34	22	18	
Relationships and feelings	6	26	28	25	17	1
Body image	6	32	29	19	17	2
How to manage peer influences	6	36	28	21	17	1
Effects of alcohol/drug use on decision making	5	33	24	24	16	
Decision-making specific to sexual activity		14	31	25	18	1
Abstinence from intercourse until ready		13	34	28	16	3
Abstinence from intercourse until married	1	15	29	27	19	1
STIs	1	16	33	26	20	
Safe sex practices		11	29	27	19	2
Family planning methods		7	22	22	20	4
Emergency contraception	1	7	20	26	22	3
Dealing with emotional issues	2	12	28	25	19	3
Sexual abuse and protective behaviour	7	21	31	27	20	
Communicating with parents	4	21	29	29	20	2
Communication and negotiation skills with a partner	2	7	25	29	18	3
Sexual orientation/same sex attraction		12	26	26	18	5
Gender roles and stereotyping	3	19	35	23	19	2
Teen parenthood		8	28	31	22	4
How to avoid sex	1	12	32	28	19	3
How and where to find info on HIV and SRH	1	14	30	30	18	2
Sexual activities other than intercourse		11	21	29	18	7
The pleasures of sexual behaviour/ activity		7	16	30	22	7

There was a broad range of topics which attracted a 'never' response from one or two respondents, however, there were a few topics which a number of teachers thought should not be taught. Four respondents believed that 'contraception and family planning methods' should never be taught. In addition, a number of teachers believed that 'sexual orientation/same sex attraction', 'sexual activities other than intercourse' and 'the pleasures of sexual behaviour' should not be taught.

## Teacher Attitudes

*"Students these days really need to be taught these sexual and reproductive health issues before it's too late. They become sexually active at an early age." (Female elementary school teacher, urban area)*

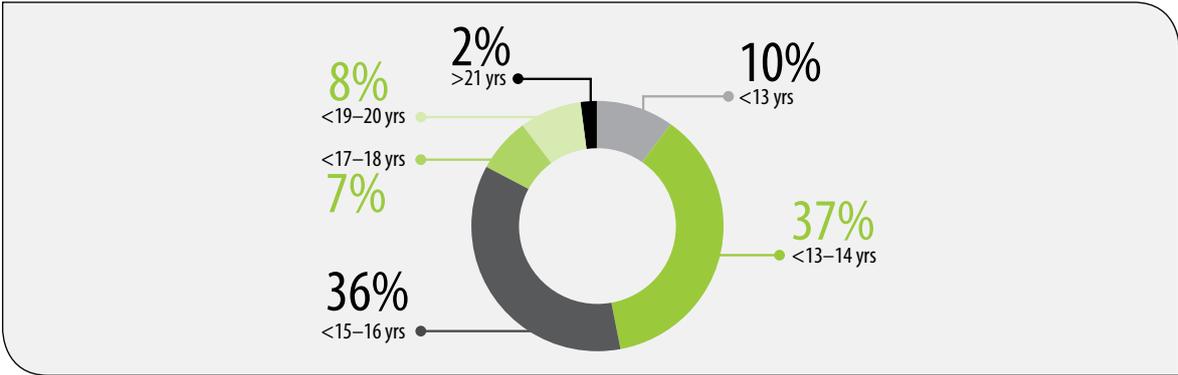
*"We are promoting responsibility in sexual decision-making and likewise we are not encouraging the student to engage in sexual activity." (High school teacher, urban area)*

### First sexual activity

Almost three-quarters of teachers (43 respondents) believed that young people in Palau become sexually active between the ages of 13 – 16 years. Ten per cent (six respondents) believed young people became sexually active at less than 13 years of age. These beliefs were consistent with the available data from the YRBS.

*"The reality is there [that some are sexually active] and we have to devise strategies to respond to that and the kids themselves they need information so they can make wise decisions. I think from them talking to them they get all these things from talking to each other that are misleading and the peer pressure that you have to have a boyfriend or girlfriend or else you'll be a misfit" (Catholic high school principal)*

**Figure 7: Average age teachers believe young people in Palau become sexually active**

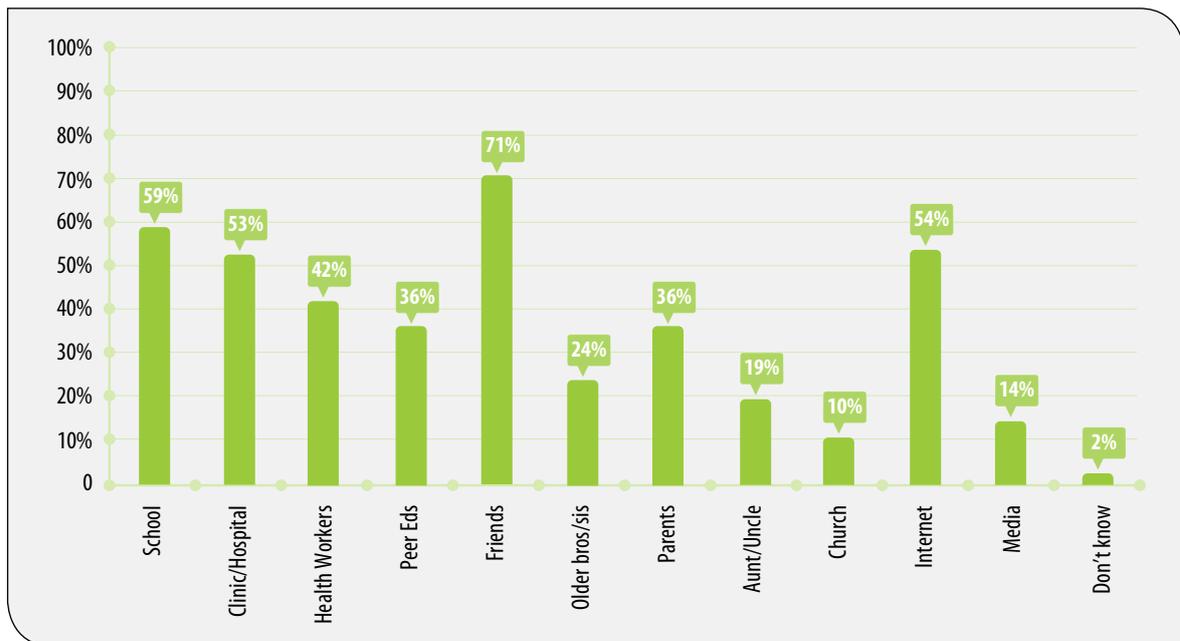


These beliefs about the average age young people in Palau became sexually active alongside the available data on sexual initiation points to the notion of commencing HIV and SRH education at a younger age, most certainly in elementary school.

## Sources of information

Respondents were asked what they believed the main sources of information on HIV and SRH were for young people in Palau. The majority of teachers believed that the main source of information was friends (42 respondents or 71 per cent), followed by school (35 respondents or 59 per cent), the internet (32 respondents or 54 per cent) and at clinics/hospitals (31 respondents or 53 per cent).

**Table 14: Main sources of information on HIV and SRH for young people**



The other sources mentioned by respondents included books and magazines, television, and community members or community activities. Teacher beliefs coincided quite closely with what young people said during focus group discussions. Students mentioned friends, school and guest speakers coming in, and older siblings as their key sources of information. Also, some said from the internet and some said from their parents. Clinics/ hospitals were not mentioned as a source of information. Students all mentioned school as the best place to learn and that it was a trusted source of information. They said they liked learning in health class and appreciated the guest speakers from MOH coming in as well.

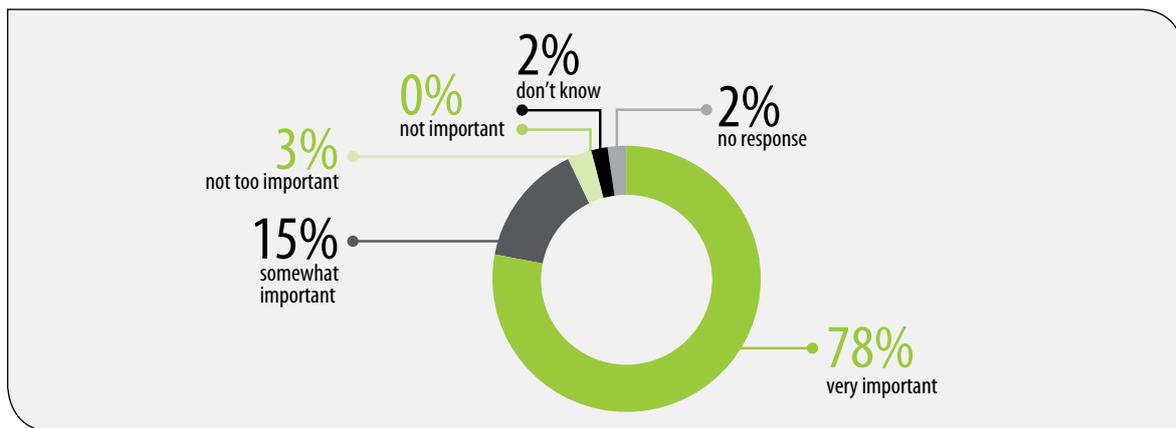
*“At school we’re learning from people that we trust and that are educated.” (Grade 8 female student)*

## Importance as part of school curriculum

*“I feel that SRH education should be provided in schools at elementary and high school, it’s a must. Not necessarily too deeply at elementary level, but just the start, some for awareness.” (Male elementary school principal)*

In responding to the question, “How important do you think it is to have HIV and SRH health education as part of the school curriculum?” the majority of teachers (78 per cent or 46 respondents) thought it was very important. There was no difference between the elementary and high school teachers.

**Figure 8: Importance of HIV and SRH as part of school curriculum**



*"Very important, but faith-based developed curriculum which takes human dignity of the person from conception to death into consideration and not only based on secular values which ignores the value of spiritual aspect of a holistic person's growth. As a Catholic institution, we encourage teaching of human sexuality which honours human dignity of a person." (High school teacher, urban area, Palau)*

Parents also felt strongly that it was an important area to be included in school programmes.

*"I think there are issues that should be addressed, whether it's at home or at school, hopefully both, but it has to be addressed properly or sequentially because it is happening, a lot of young people who engage in sexual activities that have resulted in STDs and then the issue of them going out into the bigger world where HIV is a concern, and that's another area that needs to be addressed at high school." (Father of student at Catholic high school)*

Although parents felt it was important, most of those who participated in the focus group discussions had little idea about the programme at the school and they had no involvement.

## Teachers' personal opinions

In order to gauge teacher attitudes on issues related to HIV and SRH education, eight statements seeking personal opinions were listed and teachers were asked to indicate their level of agreement with each on a 5-point rating scale. The two areas that reached the highest levels of agreement (strongly agree) were: 'HIV and SRH education is a shared responsibility of parents and school' and 'teaching about feelings and relationships give students a good foundation to manage their own sexual health and safety'. Most teachers disagreed that 'providing information about family planning and safe sex encouraged young people to have sex', that 'HIV and SRH education was the responsibility of parents and should not be taught at schools at all'. They also disagreed with the statement 'sexuality and gender should not be included in HIV and SRH education at school'. Most teachers, however, agreed that abstinence should be taught as the only option for preventing pregnancy and sexually transmitted infections.

**Table 15: Teachers' personal opinions on HIV and SRH education**

Teachers personal opinion	strongly disagree	disagree	unsure	agree	strongly agree	MEDIAN
All students are entitled to school-based HIV and SRH education.	1	2	10	31	15	Agree
Providing information about family planning and safe sex encourages young people to have sex.	11	20	10	12	6	Disagree
Information about family planning and safe sex should be given whether young people are sexually active or not.	1	2	7	33	16	Agree
Abstinence should be taught as the only option for preventing pregnancy and sexually transmitted infections.	4	10	5	25	15	Agree
HIV and SRH education is the responsibility of parents and should not be taught at schools at all.	18	27	6	4	3	Disagree
HIV and SRH education is a shared responsibility of parents and schools.			3	24	32	Strongly agree
Sexuality and gender should not be included in HIV and SRH education at school.	10	33	8	4	4	Disagree
Teaching about feelings and relationships gives students a good foundation to manage their own sexual health and safety.			4	5	27	Strongly agree

*"Because of our culture, I know that teaching of this sexual subject should not be left to parents. They (the average) parent won't be able to handle it." (Female elementary school teacher)*

*"We are promoting responsibility in sexual decision-making and likewise we are not encouraging the student to engage in sexual activity." (Female high school teacher)*

## Barriers and Challenges

### Reasons for not teaching HIV and SRH education

Whether and to what extent HIV and sexual and reproductive health was taught at a school can be influenced by many factors. The following comments of survey respondents demonstrate some of the issues identified in this survey:

*"We are struggling to develop a suitable curriculum which can help students grow and learn to understand their bodies, growth and to know and respect the value of each person. To learn to love oneself and respect oneself so that one can then love and respect others. When we do a better job at this, we believe we help the students to become loving and respectful of their bodies, and hence, they will be able to love and respect others." (Catholic high school teacher)*

*"According to our society, it's still not accepted that we talk about sex activities. Find an appropriate way to educate the communities." (High school teacher)*

In the survey, teachers were asked what their most common reasons would be for not teaching certain HIV and SRH topics. Only a small number of teachers (nine respondents) answered this question. The most common reason, given by all nine respondents, was that they would feel uncomfortable with teaching certain topics. Seven respondents indicated a perceived lack of resources to be able to teach certain topics. Six respondents indicated they would feel pressure from the community/parents not to teach a topic, and also that these topics were not part of the curriculum. Other reasons specified by teachers for not teaching a topic were the belief that some topics were not appropriate for the age group, the need for parent consent, and one respondent believed that teaching about these topics would encourage children to experiment with sex.

*“Parents should know first, give their consent, and be part of the discussion.” (Female elementary school teacher)*

During focus group discussions, parents were very supportive of the provision of HIV and SRH education in schools, but there was a sense that there was not sufficient HIV and SRH education currently occurring, or they were unsure about where, when and how it was covered.

*“It is difficult though when you look at how our culture is set up, to address it in the classroom, unless there are regular materials, not like the ones that we have now which are the materials that are given by the public health and the nurses who talk to the kids, that’s about the extent of the programme in the elementary school, but I don’t know about the high schools. It’s not regular and it’s not enough, the problem is there already.” (Father, Catholic school student)*

**Table 16: Reasons for not teaching certain HIV and SRH topics**

Reasons for topics never to be taught. . .	Yes count
I would feel pressured from the community/parents not to teach these topics.	6
Our school policy would not support teaching these topics.	5
I would not feel comfortable teaching these topics.	9
I would not have the resources/funding to teach these topics.	7
I would not have the right training to teach these topics appropriately.	1
These topics are not part of the curriculum.	6
Time constraints would not allow these topics to be included.	5
Other	5

*“I believe that these topics should no longer be taboo to talk about, but need to be addressed in order for our students to make right decisions” (Female elementary school teacher, urban area)*

**Barriers/facilitators for teaching HIV and SRH**

To investigate how teachers felt about HIV and SRH education and what positive and negative forces they encountered, the survey respondents were given six statements and asked to indicate their level of agreement with each statement on a five-point rating scale. In general, teachers felt supported by their school administration (somewhat or strongly agree) in teaching HIV and SRH education to meet students’ needs. However, they were unsure about the level of support from the parent community. Feedback from parents during focus group discussions, however, indicated that parents were, in fact, very supportive of HIV and 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 elementary school student, rural area)*

Most teachers disagreed with the statement, ‘I have access to the right training to provide the HIV and SRH education needed’, indicating the strong need for further training and professional development in this area. School principals also reinforced this.

*“With my 8<sup>th</sup> grade teacher, because she’s very young, I see she’s very uncomfortable teaching in this. She needs to do more training to feel comfortable and have more strategies for how to approach this area. And, we have so many younger teachers in the public schools these days; I think it’s all in the training” (Female elementary school principal)*

Teachers also disagreed with the statement, ‘there is not enough time for HIV and SRH education’, indicating that they believed it was feasible to integrate it more fully into the curriculum and to more comprehensively cover it. However, teachers agreed that students may feel uncomfortable talking with them about HIV and SRH issues.

**Table 17: Perceived forces on teaching HIV and SRH education**

Teachers’ personal situation	strongly disagree	disagree	unsure	agree	strongly agree	MEDIAN
I would need to be careful what HIV and SRH topics I teach because of possible negative community reaction.	2	7	8	29	13	Agree
I would have the full support of my school to meet the HIV and SRH education needs of my students.	1	4	21	17	17	Agree
Parents would generally support my efforts to meet the HIV and SRH education needs of my students.		6	32	15	7	Unsure
Students don’t feel comfortable talking with their teacher about HIV and SRH.	2	8	12	29	8	Agree
I have access to the right training to provide the HIV and SRH education needed.	1	20	14	15	9	Disagree
There is not enough time for teaching the amount of HIV and SRH education needed.	3	17	19	14	6	Disagree

Many parents participating in the focus group discussions indicated they felt there was little communication about HIV and SRH education programmes between schools and parents. Some were also interested in education sessions for themselves as most had not received any education on these issues and wanted to learn how to address them with their children.

## Where teachers need assistance with topics

A question was included in the survey investigating where teachers felt they needed more assistance in order to teach specific topics effectively and confidently. The same 25 topics that were presented in Table 13 were listed again and teachers were asked to indicate whether they needed assistance with any topic and, if so, what kind of assistance would be required (factual information, teaching materials, and teaching strategy, etc.). Table 18 shows the perceived level of assistance needed for each topic.

**Table 18: Where teachers need assistance with HIV and SRH topics**

HIV and SRH topics	I would not cover this topic	I would not need help	I would need help with factual information	I would need help with teaching materials	I would need help with teaching strategies
Puberty	5	16	23	26	16
Reproduction (babies, pregnancy and birth)	4	13	24	26	21
HIV and AIDS	4	7	37	26	17
Relationships and feelings	5	16	26	21	17
Body image	6	19	21	22	15
How to manage peer influences	4	18	26	22	17
Effects of alcohol/drug use on decision making	2	19	30	25	16
Decision-making specific to sexual activity	5	9	30	26	19
Abstinence from intercourse until ready	9	15	25	21	17
Abstinence from intercourse until married	9	15	27	18	16
Sexually transmitted infections other than HIV	5	7	35	28	18
Safe sex practices including using condoms	9	12	29	24	17
Family planning methods, e.g. use of contraceptives and condoms	10	11	29	26	18
Emergency contraception	11	8	32	26	18
Dealing with emotional issues and consequences of being sexually active	8	8	30	26	24
Sexual abuse and protective behaviour	6	5	33	27	27
Communicating with parents about HIV and SRH issues	8	7	36	21	22
Communication and negotiation skills with a partner	11	7	32	33	20
Sexual orientation/same sex attraction	12	8	36	32	22
Gender roles and stereotyping	8	11	35	24	19
Teen parenthood	9	7	33	23	17
How to avoid unwanted or unplanned sex	10	10	33	20	16
How and where to find trustworthy information on HIV and SRH issues	7	11	42	23	21
Sexual activities other than intercourse	13	8	39	20	22
The pleasures of sexual behaviour/activity	13	8	27	19	23

For most of the topics listed, the majority of teachers said that they needed some level of assistance. The areas of assistance identified were fairly evenly spread across factual information, teaching materials and teaching strategies, although the latter was slightly less emphasized. The areas of dealing with 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. The statement, 'how and where to find trustworthy information on HIV and sexual and reproductive health issues', attracted the most responses of all. Teachers reported uncertainty in this area, indicating their own lack of resources and information sources. They were, however, much more confident in the areas of puberty, body image, peer influences and how alcohol and drugs effect decisions.

## Improving delivery of HIV and SRH education

*"It should be part of the national school curriculum; part of the school policy implemented and MOH should be part of the programme (oversee the implementation)." (Male elementary school teacher, urban area)*

*"We put so much resources to the testing – should be the same thing for their health. If we want them to succeed then ok test them, but gauge their health and see how they are because we want them to exceed the benchmark in health." (Elementary school principal)*

The final question in this section asked teachers to name three things that in their opinion would be most helpful in improving the delivery of HIV and SRH education to high school students. Written responses were coded and categorized into themes. Most comments could be assigned to either of two categories, namely, 'Support' and 'Resources'. Both categories were split into several sub-categories. Table 19 shows the distribution of comments by category and sub-category. The majority of comments related to improving the support for teachers and schools in teaching HIV and SRH education, while a significant number of comments indicated more opportunities for teachers to be trained and for resources to be provided.

*"There's no assessment for health. The reason why it's not being assessed is it's not one of the core subjects, it's only elective – we want it to be part of the core subjects." (Male elementary school principal)*

Of the comments referring to the need to improve teacher support, many relate to curriculum and policy, which made it the largest sub-category in this area. The idea of integrating HIV and SRH education into the curriculum and making it an academic requirement rather than elective class at high school was strongly supported.

This was highlighted by both the teachers and the principals who felt strongly that this was an important factor in strengthening HIV and SRH education. The second largest sub-category in this area was that of gaining external support. There were many comments related to gaining parent support and involving them by offering this education to parents and community members. Another area of frequent comment was that of utilizing external support such as MOH and other agencies outside of the school.

*"I think we should have a collaboration between our schools, the hospital, the religious institutions, because there are some ways we can do the prevention. To us Christians, we believe in abstinence, and I should be talking to my children about our Christian morality, and then here comes the school and the hospital and they will take their part on the preventative measures, to me I think it's important for a child to hear from a parent, to hear from teachers and to hear from professionals on this issue." (Father of Catholic high school student)*

Training and professional development featured as a third sub-category. The comments were related to improving teacher training to ensure that there was qualified staff to teach HIV and SRH education. As commented by one female high School teacher, *“Teachers who will teach/introduce this topic must undergo training/seminar and receive teaching materials or visual aids. For my school, I feel it’s the teaching and the resources. Although we have the health textbook 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)*

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

**Table19: Improvement opportunities grouped by themes**

Common themes
<p><b>Support</b>  <i>Curriculum and Policy</i>            Integration into national curriculum from elementary through to the end of high school            Make health classes an academic requirement (core subject) not elective            Part of school policy            MOH to oversee implementation            Provide health counselors to schools</p> <p><b>External</b>            School, parents and community working together            Education sessions for parents            Community education in each state            Experts to come to schools</p> <p><b>Training/ Professional Development</b>            Technical training for staff on topics, strategies and materials            Annual training for teachers</p>
<p><b>Resources</b>  <i>Teaching materials</i>            Age appropriate materials (DVDs, brochures, posters), documentaries of PLHIV            Real life stories, guest speakers            Up to date factual information and statistics available</p> <p><b>Teaching strategies</b>            Separate boys and girls            Activity and discussion-based programme</p> <p><b>Funding</b>            Resources and funds to conduct training</p>

## Conclusions

This study found that currently in Palau, HIV and sexual reproductive health education was happening at some level in most schools. There is a health curriculum in which HIV and SRH issues are integrated at a range of grade levels commencing at Grade 7 and continuing in Grades 9–12. However, in implementing HIV and SRH education into classroom programmes, little seems to be taught beyond freshman year in high school (Grade 9) unless students take health as an elective course. HIV and SRH education, however, was relevant and important to all students at high school, not just those pursuing a career in health. Principals, teachers, parents and students also supported education starting earlier than Grade 7. Overall, teachers and principals were somewhat dissatisfied with the current situation in their school with regards to HIV and SRH education, particularly in regard to the curriculum, school policy, and training and resources available.

The most common sources of information on HIV and SRH for young people in Palau were school, friends, the internet and, for some, parents. There was strong support from teachers, principals, parents, and students for inclusion of HIV and SRH education as part of the curriculum at both elementary and high school. Principals, teachers and students valued the external support from agencies such as the Ministry of Health, in particular, as part of the school programme, providing expert guest speakers and sessions.

Teacher training was an issue in Palau with the majority of elementary teachers who taught HIV and SRH education indicating that they had not received any training. This could indicate that these teachers were teaching HIV and SRH education without comprehensive knowledge in this area, affecting both their confidence and the effectiveness of their delivery. There was a strong need for thorough teacher training in the area of HIV and SRH education for all teachers at elementary school. As many teachers who participated in the study supported an abstinence-based approach only, this training must address the current research into best practice, and teachers' own values, as well as delivery strategies for HIV and SRH education.

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

## Recommendations

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

### Policy-makers

- Clearly articulate support for school-based HIV and 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 and SRH education and have this reflected in a memorandum of understanding.

### Curriculum Developers

- Review the health curriculum and incorporate HIV and SRH issues from an earlier grade level.
- Consider establishing health as a core subject, making it an academic requirement rather than elective class at high school.

### Teacher Trainers

- Develop a teacher training programme that provides detailed guidance based on the national curriculum for schools and teachers on specific topics to be taught in HIV and SRH education and the amount of time required for each.
- Implement a schedule of in-service training for teachers and dissemination of appropriate and locally relevant resource materials.
- Introduction of teaching and learning methods and principles for classroom teaching that are appropriate for HIV and SRH education.
- Develop and implement HIV and SRH education as part of teacher pre-service training at Palau College.

### Other

- Identify community and religious leaders at both the national and local community level willing to express public support for the teaching of the curriculum.
- Promote the participation of young people in sensitizing parents and leaders to the importance and urgency of HIV and SRH education.
- Undertake ongoing sensitization, advocacy and consensus-building activities to overcome resistance, create and sustain parental support and decision-makers.
- Implementation of mutually reinforcing curricular and extra-curricular activities, including external providers and guest speakers.
- Facilitate parent education sessions within communities to improve parent knowledge on HIV and SRH issues and strategies for improving communication on these matters with their children.

## References

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- Office of Planning and Statistics. 2005. *2005 Census of Population and Housing of the Republic of Palau*. Koror, Palau. Republic of Palau.
- UNAIDS. 2012a. *Global AIDS Progress Report*. Republic of Palau.

# Annex 1: Participating schools and Informant information

## Participating Schools

TEACHER SURVEY		
Elementary	School	Status
Central schools	Koror Elementary School	Government
	Airai Elementary School	Government
	Meyuns Elementary School	Government
	GB Harris Elementary School	Government
Babeldaob schools	Melekeok Elementary School	Government
	Ngarchelong Elementary School	Government
High		
Central schools	Palau High School	Government
	Mindzenty High School	Catholic

## Teacher Interviews

14 teachers (9 female, 5 male) from 7 participating schools (NB: except Ngarchelong Elementary School due to distance)

## Principal Interviews

9 Principals (5 female, 4 male) [NB: Melekeok has 2 principals] from the 8 participating schools (6 elementary, 2 high school)

## Key Informant Interviews

Ministry/Organization	Name	Designation
Ministry of Education	Masa-Aki N. Emesiochl	Honourable Minister of Education
	Emery Wenty	Director, 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

Ministry of Health	Johana Ngiruchelbad	Administrator, Communicable Disease Unit
	Mesiwal Madlutk	School Nurse, Palau High School Health Clinic
	Marla Ito	Counselor, MOH
	Kattery Faustino	Counselor, MOH

## Annex 2: Survey Questionnaire

### 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 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 thirty questions arranged in three sections:

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

### Important terminology:

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

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

Mr Raynold Mechol or Mr Leo Ruluked Jr at the MOE at 488–2570 or email [SRHESurvey@gmail.com](mailto: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)

- Elementary
- High School
- Government
- Non-Government
- Faith-based

6. Is your school

- for boys only?
- for girls only?
- co-educational (for both boys and girls)?

7. Is your school in a

- Town centre/urban area?
- Rural area/outer island?

8. What is your main subject area? (Please select one of the below subject areas in which you teach most)

- Health
- English
- Social Studies
- Science
- Elementary (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 and SRH education?			
...you notify/inform parents about the topics that will be covered in HIV and SRH education?			
...you ask for parental permission for students to attend HIV and SRH education classes?			
...you inform parents that they have the option of removing their child from HIV and SRH education classes?			
...different cultural and religious backgrounds are taken into account?			

18. Overall, how satisfied are you with:

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

Please turn the page for section B of the survey

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

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

- Less than 13 years old
- 13–14-years-old
- 15–16-years-old
- 17–18-years-old
- 19–20-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 reproductive health education topics is provided below. In your opinion, when should the topics listed below be covered for the **first** time?

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

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

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

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

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

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

TOPICS	Grades 1 – 3	Grades 4 – 6	Grades 7 – 8	Grades 9 – 10	Grades 11 – 12	Never
Puberty						
Reproduction (babies, pregnancy and birth)						
HIV and AIDS						
Relationships and feelings						
Body image						
How to manage peer influences						
Effects of alcohol/drug use on decision making						
Decision-making specific to sexual activity						
Abstinence from intercourse until ready						
Abstinence from intercourse until married						
Sexually transmitted infections other than HIV						
Safe sex practices, including using condoms						
Family planning methods, e.g. use of contraceptives and condoms						
Emergency contraception						
Dealing with emotional issues and consequences of being sexually active						
Sexual abuse and protective behaviour						
Communicating with parents about HIV and SRH issues						
Communication and negotiation skills with a partner						
Sexual orientation/same sex attraction						
Gender roles and stereotyping						
Teen parenthood						
How to avoid unwanted or unplanned sex						
How and where to find trustworthy information on HIV and SRH issues						
Sexual activities other than intercourse						
The pleasures of sexual behaviour/activity						

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

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

Please turn the page for section C of the survey

### Section C: Teachers' Perspective

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

TOPICS	I would not cover this topic	I would not need help	I would need help with factual information	I would need help with teaching materials	I would need help with teaching strategies
Puberty					
Reproduction (babies, pregnancy and birth)					
HIV and AIDS					
Relationships and feelings					
Body image					
How to manage peer influences					
Effects of alcohol/drug use on decision making					
Decision-making specific to sexual activity					
Abstinence from intercourse until ready					
Abstinence from intercourse until married					
Sexually transmitted infections other than HIV					
Safe sex practices, including using condoms					
Family planning methods, e.g. use of contraceptives and condoms					
Emergency contraception					
Dealing with emotional issues and consequences of being sexually active					
Sexual abuse and protective behaviour					

Communicating with parents about HIV and SRH issues					
Communication and negotiation skills with a partner					
Sexual orientation/same sex attraction					
Gender roles and stereotyping					
Teen parenthood					
How to avoid unwanted or unplanned sex					
How and where to find trustworthy information on HIV and SRH issues					
Sexual activities other than intercourse					
The pleasures of sexual behaviour/activity					

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

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

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

YOUR PERSONAL OPINION	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
All students are entitled to school-based HIV and SRH education.					
Providing information about family planning and safe sex encourages young people to have sex.					
Information about family planning and safe sex should be given whether young people are sexually active or not.					

Abstinence should be taught as the only option for preventing pregnancy and sexually transmitted infections.					
HIV and SRH education is the responsibility of parents and should not be taught at schools at all.					
HIV and SRH education is a shared responsibility of parents and schools.					
Sexuality and gender should not be included in HIV and SRH education at school.					
Teaching about feelings and relationships gives students a good foundation to manage their own sexual health and safety.					

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

1. ....
2. ....
3. ....

### Final question

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

.....

.....

.....

### Thank You For Your Participation

**Please return your survey to the School Principal.**

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

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:**

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.

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.

