

**Life Skills Based Sexual and  
Reproductive Education,  
HIV/AIDS Prevention**

*Summary and Analysis of the Evaluation Survey Results*

**Riga, 2005**

This study has been prepared within the framework of cooperation between the UNICEF Regional Office for Central and Eastern Europe and Baltic States and the Government of Latvia 2002-2005. The study is an assessment of the Interagency (UNICEF, UNDP, UNFPA, WHO and UNAIDS) Project with the Ministry of Education and Science of Latvia “Coordinated Support to Young People’s Health and Development 2002-2004”.

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## BACKGROUND INFORMATION

Contemporary young people face one more problem– HIV/AIDS. Every day almost 6,000 young people throughout the world in the age group from 15 to 24 years contract HIV. HIV/AIDS affects also adolescents and children.

One of the available and most effective strategies in contemporary HIV/AIDS prevention among young people is life skills education, which is referred to also in the Declaration of UN Special General Assembly Session on HIV/AIDS (2001) (UNGASS):

*”By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; in full partnership with youth, parents, families, educators and health-care providers”.*

In Latvia, the results of the survey on the Reproductive Health of the Population (2003) show that only 30% of the surveyed young people in the age group from 15 – 24 years have been able to correctly identify all the risks of getting infected with AIDS according to the UNAIDS defined minimum level of knowledge. This finding is alarming, as data from the AIDS Prevention Centre (as of March 31, 2005) show that the total number of HIV infected cases among young people in the age group from 10 to 24 years in Latvia was 1,471, which is 46.9% of all HIV infections. The incidence and cumulative data on HIV cases in Latvia during 1998-2004 are shown in Table 1.

Even though lasting recent years we have observed a decrease in new HIV cases, we are aware that women, below the age of 20 years are at the highest risk. For every one HIV infected man there are two HIV infected young women and in most cases this infection has been transmitted sexually. This data shows us a new turning point in the spread of HIV in Latvia and it is indicative of the necessity to focus our attention on such questions as building up sexual experience, safe sexual relationships, gender roles and responsibilities.

In addition, the age of the first sexual experience has dropped in recent years and is now 17 years for both young girls and boys. Among 15-19 year old females, some 20% had had their first sexual experience while intoxicated. Although use of contraception has increased, still one fifth of births are by women younger than 20 and more than half of the pregnancies for women younger than 24 years end with an abortion. These and other worrying indicators of sexual – reproductive health found among young people in Latvia indicate the need to strengthen young people’s knowledge and to influence behaviours to better enable them to protect themselves from sexually transmitted infections (STIs), unwanted pregnancy, and at risk behaviours including substance abuse.

The World Health Organisation defines life skills as “a positive ability to behave according to the environment that allows the individual to deal with everyday demands and accept its challenges. Life skills (decision taking, relationship formation, etc.) help the individuals to increase their control over their own health and life in

general. Life skills education means not only imparting information, but also the development of the skills to apply adequately in practice the gained knowledge.” Life skills-based HIV/AIDS education focuses on relevant content and uses participatory methods to address prevention within a continuum of care and support.

The following indicators can help to determine to what extent a program corresponds to the life-skills based health education:

- It is planned around student needs
- It is gender sensitive throughout
- Behaviour change is a part of the programme goal
- Knowledge, attitudes and skills are balanced throughout the program
- Participatory methods are used for teaching
- Sensitive issues are placed in the context of other relevant and related issues.

*Table 1. New HIV cases by sex and age in Latvia, 1998-2004 (Source: AIDS Prevention Centre)*

Year	Sex	Age						Total
		0-9	10-15	16-20	21-25	>26	Age N/A	
1998	Females			6	11	22		39
	Males			9	27	88		124
1999	Females		1	12	21	29		63
	Males	1		21	39	116	1	178
2000	Females	1	2	28	39	41	1	112
	Males		1	90	82	180	1	354
2001	Females			71	46	61	2	180
	Males		14	192	191	227	3	627
2002	Females	1	2	48	54	57	1	163
	Males	1	8	80	110	180		379
2003	Females	2	1	31	45	53		132
	Males			34	79	158		271
2004	Females	2	4	28	43	37	1	115
	Males	1		18	58	130	1	208
<b>TOTAL</b>	<b>Females</b>	<b>6</b>	<b>10</b>	<b>224</b>	<b>259</b>	<b>300</b>	<b>5</b>	<b>804</b>
	<b>Males</b>	<b>3</b>	<b>23</b>	<b>444</b>	<b>586</b>	<b>1079</b>	<b>6</b>	<b>2141</b>
<b>TOTAL</b>	<b>-</b>	<b>9</b>	<b>33</b>	<b>668</b>	<b>845</b>	<b>1379</b>	<b>11</b>	<b>2945</b>

In Latvia, the learning of life-skills has already been integrated into the Cabinet of Ministers Regulations on the National Standards of Comprehensive Education and National Secondary Education and National Standards of Primary Education. However, based on a growing body of information that shows insufficient knowledge and skills among young people, the need to review and strengthen the curricula appears to require further attention. The school system in Latvia is particularly

important in the field of HIV/AIDS prevention, because almost 99% of school age children are in school between the ages of 6-16.

Starting from 1 September 2005, health education issues will be integrated into the social science curricula for primary schools (from Form 1 to 9). One of the curricula objectives is to understand the development of human intellectual and physical development, healthy ways of living and healthy life-style skills. The study course aims to raise the awareness of pupils about their own and other people's health, to see health as a value, and to promote responsible attitudes on health, safety and environmental issues.

The new social science curriculum standard anticipates that by the end of Form 9 (age 16) young people will know the importance of and choices about family planning, understand the prevention of sexually transmitted infections and HIV/AIDS, as well as the physiological changes related to puberty, the real meaning of sexuality and the value of gender equality.

### PROJECT BACKGROUND

To curb the spread of HIV/AIDS among young people, in the period from December 2001 to February, 2004, a project titled "Coordinated Support to the Health and Development of Young People in Latvia" was implemented through the Ministry of Education and Science in cooperation with UN agencies (UNDP, UNFPA, UNAIDS, UNICEF and WHO) and the overall goal of the project was to limit the spread of HIV/AIDS among young people through increased access to information and services on HIV/AIDS such as life skills-based HIV/AIDS education, peer education and youth friendly health services.

As part of this Project, with reference to "life skills education", the following activities were supported:

- A training -of-trainers program about life skills-based education was designed and 18 trainers from the WHO Health Promoting School Network were trained.
- A set of methodological materials consisting of a Handbook for Teachers on Life-Skills Based Education "For Adolescents about Intimacy" (referred in the text as "The Handbook" and a Manual (Referred in the text as The Manual) on class activities "For Adolescents about Intimacy" were prepared with extensive technical inputs from national and international experts over a 2 year period and tested among teachers of the WHO Health Promoting School Network in Latvia.
- A 3-day training seminar "Life Skills in Sexual and Reproductive Health Education, HIV/AIDS Prevention" was organised. During the Project 669 teachers from 446 schools were trained in HIV/AIDS and sexual-reproductive health life skills education.

The Handbook "For Adolescents about Intimacy" and the Manual on Class Activities "For Adolescents about Intimacy" were printed in January 2004 (2500 copies) and distributed to all teachers who participated in the training seminars. In addition, the two materials were given to other schools and teachers on request. The materials can also be downloaded from the website: [www.undp.lv](http://www.undp.lv). As of May 2005, all copies have been distributed.

The final evaluation of the Project (January-March 2004) noted that teachers did not have sufficient time to utilize the materials and therefore this component could not be assessed at that time. However, feedback from the Seminars indicated keen interest by the participating teachers about the methodology of ‘participatory learning’, although it was felt that further training in these techniques and opportunities to utilize them through classroom experience was required. In addition, this initial assessment indicated that teachers view regular and continuous in-service training on reproductive and sexual health topics, the availability of methodological materials and support from the school management as crucial components to successfully implement life-skills based health education in the school environment.

The evaluation report indicated that the three inter-related Project components: in service training, methodological materials and sensitization of school management on the importance of life skills based health education, in particular in HIV/AIDS prevention, were all required for the successful introduction of comprehensive and quality life skills based HIV/AIDS education in the schools.

In order to follow-up on the conclusions of the final Project evaluation, a survey of teachers was carried out to obtain in-depth information on the actual utilisation of the Handbook and Manual introduced by teachers participating in the original Project seminars. The survey was conducted during January - February 2005, providing the opportunity for the teachers to use the Handbook/Manual for one full year.

In addition, knowledge about HIV/AIDS and feedback on reproductive and sexual health education classes in schools was obtained from a comparative survey of Form 9 students from schools which participated in the project through the availability of a trained teachers (called ‘project schools’ in the Report) and Form 9 students in schools which did not have a teacher trained by the Project (called non-Project schools in the Report.). This material summarizes and analyses the results of both surveys, and provides further recommendations on life skills based HIV/AIDS education at schools. As there are many other activities underway in Latvia on HIV/AIDS prevention through the Health Promotion State Agency, non-governmental sector, and municipalities, it was recognized that no direct correlation would be possible between the training of the specific teachers, their use of material, and the knowledge of the pupils. The results are indicative only.

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## METHODOLOGY

From February to March, 2005 the Market and Public Opinion Research Centre *SKDS* carried out a survey to obtain information on the actual utilisation of the Handbook “For Adolescents about Intimacy” and Manual on Class Activities “For Adolescents about Intimacy” produced under the component “HIV/AIDS Life Skills Education at Schools” of the interagency (UNDP, UNICEF, UNAIDS, UNFPA, WHO) project “Coordinated Support to Young Peoples Health and Development in Latvia” in association with the Ministry of Education and Science and State Youth Initiative Center.

One part of the research focused on teachers who in 2003 participated in the seminar “Life Skills in Sexual and Reproductive Health Education, HIV/AIDS Prevention”. Specially trained interviewers from *SKDS* distributed the questionnaires to the teachers. 328 teachers from 140 Latvian schools representing all regions were randomly selected from the Project database to respond to questions of a self-administrated questionnaire. Seven percent or 26 teachers did not to respond to the survey questionnaire.

The second component of the research covered 1,083 young people, aged around 14-15, from Form 9. A total of 19 pupils did not answer. Thus 557 pupils responded to the survey questionnaires from “project schools” and 507 pupils from “non-project” schools. The young people were selected from 204 general education schools. A self – administrated questionnaire was used. Specially trained interviewers distributed the questionnaires to the schools. The anonymity of the pupils was ensured. The criteria for school selection was for “project schools” to have had at least one teacher who had participated in the 2003 Project training seminars. Non-project schools were selected on the basis of no teachers trained in these Seminars. However, as noted, the Handbook/Manual was widely distributed during 2004 and therefore the materials may have been available for all interested schools. In both groups of schools, national geographic representation was included (See table 9, page 20).

During the process of selecting the students, it was taken into account that correlations between teachers trained under the Project and students would not be undertaken. Therefore, in both school groups Form 9 students were selected taking into account that Health Education is part of the mandatory curriculum for Form 8. It must be noted that in the survey the students had to remember back over a teaching program lasting 6-8 months, and therefore the results of the study on class work in the area of sexual-reproductive health can only be considered indicative.

The aim of the student survey was to assess and compare the knowledge of and satisfaction with the life skills based health education on HIV/AIDS between schools involved and not involved in the project. These differences shall be accounted for during the analysis and interpretation of the results – no direct correlation or statistical significance can be drawn from the results of the teacher and student surveys.



## THE TEACHERS' SURVEY RESULTS

Three hundred and twenty eight teachers were randomly selected as the participants of the survey from a database containing information on all 699 teachers who in 2003 participated in the seminar “Life Skills in the Sexual and Reproductive Health Education, HIV/AIDS Prevention.” Three hundred and two teachers responded to the survey questionnaire. The socio-demographic profile of the surveyed teachers is shown in Table 2.

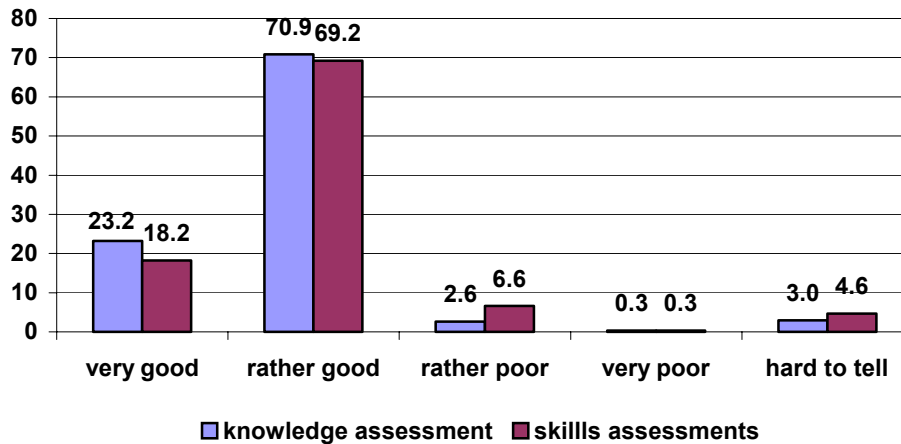
*Table 2. The social-demographic profile of the teachers*

		<b>Number of respondents</b>	<b>Percentage of respondents (%)</b>
<b>Total, teachers</b>		302	100.0%
<b>Gender</b>			
	Female	297	98.3%
	Male	4	1.3%
	NA ( <i>no data available</i> )	1	0.3%
<b>Education</b>			
	Secondary, secondary professional	8	2.6%
	Bachelor's degree	209	69.2%
	Master's degree	70	23.2%
	Ph.D.	1	0.3%
	NA	14	4.6%
<b>Length of service</b>			
	Up to 10 years	72	23.8%
	10 - 15 years	76	25.2%
	16 - 25 years	96	31.8%
	More than 25 years	55	18.2%
	NA	3	1.0%
<b>Type of school</b>			
	Primary school	129	42.7%
	Secondary school	160	53.0%
	NA	13	4.3%

### The self-assessment of the knowledge and skills related to the topics of sexual education

The research data show that the overwhelming majority of the teachers assess their knowledge (94%) and skills (87%) in conducting lessons on topics of sexual education as good (answers "very good" and "rather good") (See Figure 1).

Figure 1. The teachers' self-assessment of their knowledge and skills in conducting lessons on topics of sexual education (%), n = 302

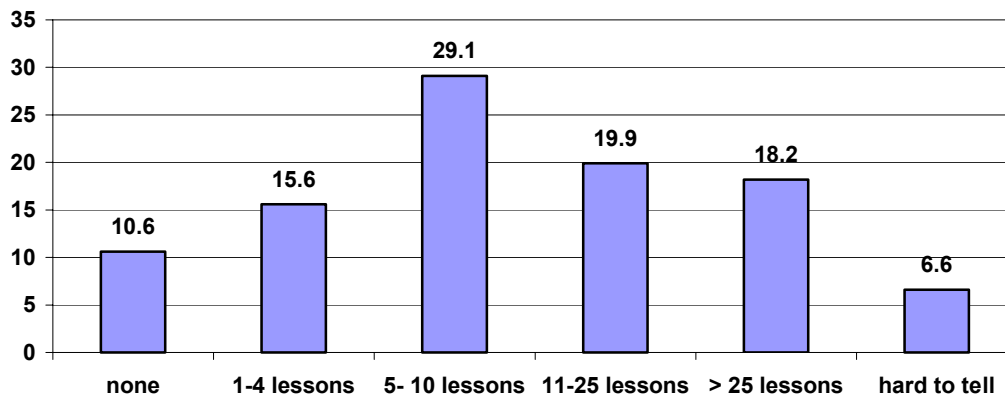


A slightly different situation in the assessment of their own knowledge and skills can be observed when questions are asked about specific topics of the subject. Thus, for example, 97% of the teachers have indicated having good knowledge on *ways of getting infected with HIV*. The teachers had also assessed themselves as having good knowledge and skills in conducting lessons with regard to such topics as *methods of contraception* (91%), and *helping young people in taking decisions* (83%), on *sexually transmitted infections* (85%), as well as *teenagers' intimate relationships* (82%). Comparatively less frequently the teachers indicated having good knowledge and skills on such topics as *helping to protect young people against sexual abuse and violence* (74%) and *reproductive and sexual rights* (73%). The least number of teachers reported having good on knowledge and skills on *the rights of people living with HIV* (69%).

### Lessons on topics of sexual education

Almost 11% of the surveyed teachers in the academic year 2003/2004 had not conducted lessons on topics of sexual education, but 18% of the teachers had conducted more than 25 lessons (See Figure 2.)

Figure 2. The number of conducted lessons on sexual education in the academic year 2003/ 2004 (% , n = 302



The research identified statistically significant differences in the way teachers assessed whether the number of lessons on issues of sexual education was sufficient in correlation to the number of lessons conducted. Thus, for example, for the teachers who in the course of the academic year had conducted 1 – 4 lessons, in 68% of the cases this was considered as being insufficient. With the increase in the number of the classes conducted the share of the teachers indicating that the number of the lessons was insufficient decreases, however on average 43% of the teachers who had conducted 11 – 25 and more lessons on issues of sexual education still considered this number of lessons as insufficient (See Table 3).

Table 3. The sufficiency of the number of sexual education lessons depending on the number of lessons conducted (%), n = 302

Lessons conducted	Sufficient	Insufficient	Hard to tell	Total
≤ 4 lessons	16.5	48.1	35.4	100.0
5-10 lessons	43.2	53.4	3.4	100.0
11-25 lessons	43.3	45.0	11.7	100.0
> 25 lessons	41.8	43.6	14.5	100.0
<b>TOTAL, n</b>	<b>107</b>	<b>141</b>	<b>54</b>	<b>100.0</b>

#### The topics covered in sexual education lessons

Out of 270 surveyed teachers who had conducted lessons on topics of sexual education, the topics that were most frequently covered in the lessons were *personal relationships* (87%), *health as a value and personal responsibility* (87%), as well as *usage of addictive substances* (87%) (See Table 4.). The topics least frequently discussed by the teachers during lessons are the ones linked to *social norms and awareness of them* (63%).

Table 4. Topics covered during sexual education classes (%), n=270<sup>1</sup>

Topics	Yes	No	Haven't taught this topic	NA	Total
Health as value and the personal responsibility for its quality	86.7	5.6	2.2	5.6	100.0
Identity and sexuality	70.0	18.9	4.4	6.7	100.0
Mood and emotions	84.8	8.5	1.1	5.6	100.0
How to protect oneself from violence	83.0	9.6	1.9	5.6	100.0
Infections	75.9	13.3	3.7	7.0	100.0
Immunity and prevention	70.4	18.1	4.4	7.0	100.0
Personal relationships and friendship	87.0	5.6	1.5	5.9	100.0
Intimacy	73.0	14.8	4.4	7.8	100.0
Teenagers' behaviour and relationships	80.0	11.1	2.6	6.3	100.0
Social norms and awareness of them	62.6	23.0	7.0	7.4	100.0
Usage of addictive substances	86.7	6.3	1.9	5.2	100.0
<b>TOTAL, n</b>	<b>270</b>				<b>100.0</b>

#### The use of materials on life skills education in sexual and reproductive health

The results of the survey indicate that 156 teachers (58%) of the trained teachers who in the academic year 2003/2004 had conducted lessons on sexual education had made full use of both the materials - the Handbook "For Adolescents on Intimacy" issued to them, as well as the separately published Manual "On Classroom Activities" - while preparing for lessons. Five percent of the trained teachers had used only either the Handbook or "Classroom Activities". Twelve percent of the teachers indicated that they had not received the materials on life skills at all, while 13% did not use them (See Table 5).

Table 5. The use of the materials on life skills prepared in the framework of the project (%), n = 270<sup>2</sup>

Materials	Users (%)
Use both the Handbook and the classroom activities	58.1
Use only the Handbook	5.2
Use only the classroom activities	5.9
Have not received the materials	12.2
Do not use the materials	13.0
Hard to tell	5.6
TOTAL, (n=270)%	100

<sup>1</sup> This question was answered only by the teachers who indicated that they have conducted lessons on sexual and reproductive health during the 2003./2004 academic year.

<sup>2</sup> This question was answered only by the teachers who indicated that they have conducted lessons on sexual and reproductive health during the 2003./2004 academic year.

Assessment of the Handbook “For Adolescents on Intimacy”

Only teachers who made some use of methodological materials developed during the project (69.2%, n=187) were asked to assess the quality and applicability of the material in the remaining questions of the survey.

Assessing the suitability of the topics included in the Handbook “For Adolescents on Intimacy” to the teachers’ needs, all the listed topics were generally ranked as suitable (See Table 6)<sup>3</sup>, with the exception of the topic on *myths, history and fairy-tales* (69%). The topic that was most frequently assessed by the teachers who have used methodological materials as generally being suitable to the needs of the lessons was on *HIV/AIDS* (91%), followed by such topics as *life skills development in health education* (88%), *sexual maturity of teenagers and young people* (88%).

Table 6. Assessment of the topics of the Handbook “For Adolescents on Intimacy” (%), n = 187<sup>4</sup>

Topics	Do not use	Very suitable	Rather suitable	Rather unsuitable	Completely unsuitable	Hard to tell	Total
Reproductive and sexual health, rights, education	7.0	48.1	39.0	1.1	-	4.8	100.0
Sexual upbringing in the family and sexual education at school	7.0	47.1	39.0	1.6	-	5.3	100.0
Life skills development in health education	4.3	56.1	32.1	1.1	-	6.4	100.0
Myths, history, fairy-tales	18.7	43.3	25.7	3.7	-	8.6	100.0
Sexual maturity of teenagers and young people, development of personality	5.9	51.9	35.8	0.5	0.5	5.3	100.0
Sexuality and starting relationships	5.9	56.7	28.3	1.6	0.5	7.0	100.0
Contraception	9.1	52.4	31.0	1.1	-	6.4	100.0
Teenage pregnancies and the related risks	8.6	52.4	27.8	2.7	-	8.6	100.0
Sexual abuse	9.1	44.4	33.2	2.1	-	11.2	100.0
STI	6.4	59.4	28.3	-	-	5.9	100.0
HIV/AIDS	4.8	71.7	19.3	-	-	4.3	100.0

<sup>3</sup> In accordance with the aim of the study, the survey asked questions about 11 out of the 12 subjects covered in the Manual.

<sup>4</sup> Only those teachers who used methodological materials (either manual or classroom activities, or both) were asked to answer these questions.

### The assessment of the Manual “Classroom Activities”

Similarly as with regard to the Handbook, the teachers had to assess the activities listed in the questionnaire, which are described in the Manual on Classroom Activities. On average 72% of the teachers who stated that they used methodological materials reported that the pupils had actively participated in all the mentioned classroom activities (See Table 7)<sup>5</sup>. The teachers were of the opinion that the pupils were most actively involved in such activities as: ”What do we know on STI and AIDS” (82%), and “How to prevent getting infected with HIV” (83%).

The teachers made least frequent use of such activities as “Can I change the course of events” and “Responsible sexual behaviour – starting sexual relationships later”, as well as “Different types of communication”, which should be taken into consideration when interpreting the results of why the share of the teachers who have noted that the pupils had actively participated in the activities is smaller.

*Table 7. The involvement of the pupils in the class activities (%), n = 187<sup>6</sup>*

Activity	Do not use this activity	Students were active	Students were not active	Hard to tell	Total
“To get to know and understand”	20.9	72.7	1.1	5.3	100.0
“Knowing and controlling one’s emotions”	16.0	78.1	-	5.9	100.0
“What do we know on STD and AIDS”	12.3	81.8	1.6	4.3	100.0
“Better understanding of HIV infection and AIDS”	14.4	78.6	2.7	4.3	100.0
„How to prevent getting infected with HIV”	10.7	83.4	1.6	4.3	100.0
„Peer group pressure”	19.8	67.9	4.8	7.5	100.0
„Saying no to sexual relationships?”	20.3	67.4	7.0	5.3	100.0
„The way we are”	19.8	70.0	3.2	7.0	100.0
„How to express one’s thoughts and act in a convincing way”	20.3	69.5	2.7	7.5	100.0
“Different types of communication”	21.9	65.2	5.3	7.5	100.0
“Can I change the course of events?”	26.2	61.0	4.8	8.0	100.0
“Responsible sexual behaviour – starting sexual relationships later”	24.1	64.7	4.2	7.0	100.0

The majority of the surveyed teachers, who used methodological materials, on average 72%, agreed that the aforementioned activities had helped the pupils learn about topics of sexual education. The most highly assessed activities were: ”How to

<sup>5</sup> For the purpose of the survey 12 activities out of the total of 37 activities were selected for the feedback.

<sup>6</sup> Only those teachers who used methodological materials (either the manual or classroom activities or both) were asked to answer these questions.

prevent getting infected with HIV” (84%), ”What do we know on STI and AIDS” and “Better understanding of HIV infection and AIDS” (81%).

The smallest percentage of teachers have felt at ease while conducting the activities “Can I change the course of events” and “Responsible sexual behaviour – starting sexual relationships later”, as well as “Different types of communication”, however, it should be taken into account that these are in general the least used activities (See Table 8). Comparing the activities that had been used in almost equal frequency, the smallest percentage of teachers who felt at ease while teaching certain activities related to the activities “How to express one’s thoughts and act in a convincing way”, “Saying ‘No’ to a sexual relationship”, as well as “Peer group pressure” and “The way we are.”

Table 8. Teachers’ feeling at ease while conducting these Class Activities (%), n = 187<sup>7</sup>

Activities	Do not use	Teachers feel at ease	Teachers did not feel at ease	Hard to tell	Total
“To get to know and understand”	20.9	73.3	-	5.9	100.0
“Knowing and controlling one’s emotions”	16.0	73.8	1.6	8.6	100.0
“What do we know on STI and AIDS”	12.3	81.8	0.5	5.3	100.0
“Better understanding of HIV infection and AIDS”	14.4	79.7	0.5	5.3	100.0
„How to prevent getting infected with HIV”	10.7	82.3	0.5	6.4	100.0
„Peer group pressure”	19.8	70.1	2.7	7.5	100.0
„Saying no to sexual relationship?”	20.3	71.1	2.2	6.4	100.0
“The way we are	19.8	70.6	1.6	8.0	100.0
„How to express one’s thoughts and act in a convincing way”	20.3	69.5	1.6	8.6	100.0
“Different types of communication”	21.9	69.0	0.5	8.6	100.0
“Can I change the course of events?”	26.2	65.2	0.5	8.0	100.0
“Responsible sexual behaviour – starting sexual relationships later.”	24.1	68.5	1.6	5.9	100.0

For each activity, the teachers were encouraged to provide the reasons why they have not conducted a particular activity in their classes. The pre-set answers for this question were “*I do not think this activity should be taught in the school*”; “*I do not have the necessary skills to conduct the activity*”, “*I do not feel comfortable conducting this activity*”, “*I do not think that this activity is suitable for sexual and reproductive health classes*”, “*Pupils do not like this activity*” and “*I do not think that the activity is suitable in the classes I teach*”.

<sup>7</sup> Only those teachers who used methodological materials (either the manual or classroom activities or both) were asked to answer these questions.

The most frequently mentioned reason for not using the activities during the lessons was the unsuitability of a specific activity to the age group, which the teachers taught. It has to be noted that with regard to the reasons for not using activities there was a comparatively large percentage of teachers who did not provide an answer.

#### The methods of assessing knowledge about HIV/AIDS

To assess the pupils' knowledge about HIV/AIDS, the teachers who conducted classes on sexual and reproductive health topics during 2003/2004 (n=270) have most frequently used discussions (70%). Case analyses (57%) and survey questionnaires (46%) have also been used comparatively frequently as methods for assessing knowledge on HIV/AIDS. Less frequently methods such as observations (21%), interviews (10%) or the teacher's own subjective feelings (9%) have been used. It is noted that the Handbook and Manual provide extensive examples for participatory assessment as a methodology.



## THE PUPILS' SURVEY RESULTS

The table below reflects the social-demographic profile of the surveyed pupils (n=1,064) in Form 9 at general education schools. The share of pupils from schools involved in the project and schools not involved in the projects is proportional. In the interpretation of the results it should be taken into consideration that the majority of the surveyed pupils were girls (61.7%). As the main criterion to select pupils was that they were in Form 9 at the schools either involved or not involved in the project, such distribution by sex occurred by chance. The objective of the survey is to assess knowledge on prevention of HIV/AIDS among the pupils in “project” and “non-project” schools.

*Table 9. The social demographic profile of the pupils*

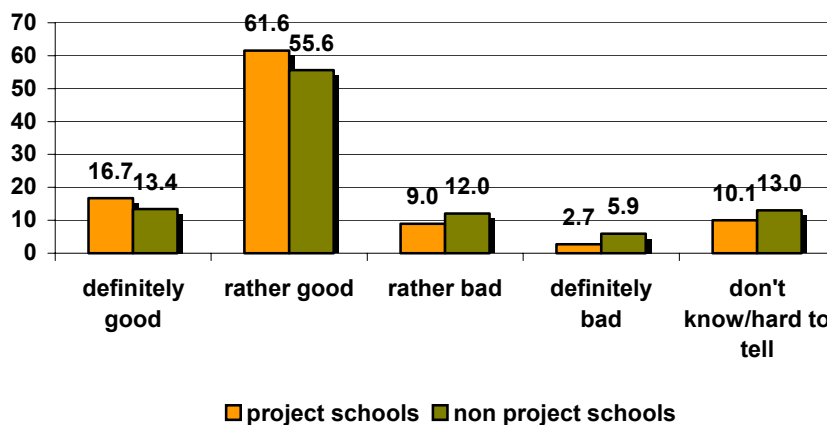
		<b>Number of respondents</b>	<b>Percentage of respondents (%)</b>
<b>Pupils, total</b>		1,064	100.0%
<b>School</b>			
	Involved in the project	557	52.3%
	Not involved in the project	507	47.7%
<b>Gender</b>			
	Boys	404	38.0%
	Girls	656	61.7%
	NA ( <i>no data available</i> )	4	0.4%
<b>Location</b>			
	Riga	84	7.9%
	Large cities	263	24.7%
	Other towns	342	32.1%
	Rural areas	375	35.2%
<b>Type of school</b>			
	Primary	357	33.6%
	Secondary	638	60.0%
	Other	69	6.5%

### Pupils' Knowledge about HIV/AIDS

The questions in the pupils' survey questionnaire included information on the utilisation of the life skills methodology during the classes and knowledge about HIV/AIDS.

The survey results show that in general the students from schools involved in the project more frequently assessed their knowledge on HIV/AIDS as good (answers "definitely good" and "rather good") (See Figure 3).

*Figure 3. The pupils' self-assessment on their HIV/AIDS knowledge (%), project schools: n = 557; non- project schools: n = 507*



78% of the pupils in the project schools and 68% of pupils in the non-project schools reported good knowledge about HIV/AIDS. In this regard statistically credible differences were identified between the schools involved and schools not involved in the project.

When answering the question what the HIV virus is, the pupils most frequently indicate that *HIV is a virus with which one can get infected during sexual intercourse if a condom is not used* (79%), as well as *a virus with which one can get infected injecting intravenous drugs (IVD) with a shared needle* (77%). The answer given the least frequently – by 57% of the pupils - was that *HIV is a virus that an infected mother can transfer to her child during pregnancy, birth or while breast-feeding* and that *HIV is a virus causing illness with AIDS* (See Table 10.).

No statistically significant difference was found in individual answers about the HIV virus between the project schools and the non – project schools.

It has to be noted that all the above-mentioned answers are correct, and the pupils were given the opportunity to mark several answers according to their own opinion. Only 33.4% of the surveyed pupils from schools involved in the project marked all the correct answers, and only 26.6% from the non-involved schools, so the difference between two groups was again statistically significant.

Table 10. Pupils' answers to the question – "What is HIV virus?"(%), n = 1,064

HIV virus is.....	Yes	No	Total
A virus causing illness with AIDS	79.0	21.0	100.0
A virus that is transferred with blood	77.4	22.6	100.0
A virus with which one can get infected during sexual intercourse if a condom is not used	66.4	33.6	100.0
A virus with which one can get infected injecting intravenous drugs with a shared needle	57.4	42.6	100.0
A virus that an infected mother can transfer to her child during pregnancy, birth or while breast-feeding	56.6	43.4	100.0
None of the above mentioned	3.0	97.0	100.0
Hard to tell	0.5	99.5	100.0

The pupils' questionnaire also contained several statements on the risks of getting infected with HIV according to UNAIDS definition for UNGASS. UNAIDS has defined the minimum level of knowledge that is necessary for everyone to protect oneself from HIV and to successfully curb the spread of HIV/AIDS in the world. Everyone should be aware that the risk of getting infected decreases if one has sex with one faithful partner, by the use of condoms, and they should also know that a healthy-looking person might be HIV infected, and the fact that HIV cannot be contracted via insect bites and daily, ordinary contacts. For each statement on the risk of getting infected with HIV, four answers were proposed: "agree", "rather agree", "rather disagree", "disagree", "hard to tell". To reflect concise information on pupils' knowledge to get infected with HIV, the answers were recoded in 3 categories: agree ("agree" + "rather agree"); disagree ("rather disagree" + "disagree"); hard to tell.

Almost all of the surveyed pupils (94 %) agreed with the statement that *the risk of getting infected with HIV/AIDS decreases if you use a condom when having sex*. A smaller percentage of pupils (81%) agreed with the statement *that the risk of getting infected with HIV/AIDS decreases if you have sex with only one faithful sexual partner*. Eighty one percent of the pupils agreed with the statement that *the risk of getting infected with HIV decreases if you never use intravenous drugs*. 22% of the pupils agreed that *the risk of getting infected with HIV/AIDS decreases if you avoid having injections at health-care institutions*. 20% of the students noted that it is possible to *get infected with HIV/AIDS from a mosquito bite*. 40% of the students consider that the risk of getting infected with HIV decreases *if you avoid HIV/AIDS infected people at school and in society*. 73% of the surveyed pupils agreed with the statement that *a person infected with HIV might look healthy*.

No statistical differences in the answers given by pupils from the project schools and non-project schools were observed. Thus the myths about the risk of getting infected with HIV are equally widespread in the schools involved and not involved in the project (see Table 11).

Table 11. The pupils answers to the UNAIDS specified indicator questions on young people's knowledge and attitudes on HIV, n=1,064 (%)

Statement	Agree		Disagree		Hard to tell		Not available	Total, %	
	Project schools	Non – project schools	Project schools	Non – project schools	Project schools	Non – project schools	Project schools	Non – project schools	
The risk of getting infected decreases if one avoids HIV infected people at school and in society	40.2	40.8	<b>53.0</b>	<b>49.9</b>	6.6	8.9	0.2	0.4	100.0
It is possible to get infected from a mosquito bite	19.2	19.9	<b>62.5</b>	<b>62.5</b>	17.8	17.6	0.5	-	100.0
The risk of getting infected decreases having sex with one faithful partner;	<b>79.2</b>	<b>81.9</b>	12.0	11.0	8.6	6.5	0.2	0.6	100.0
The risk of getting infected decreases one can decrease the risk if use a condom	<b>92.3</b>	<b>95.3</b>	3.8	1.8	3.8	2.6	0.2	0.4	100.0
HIV/AIDS positive person can look healthy	<b>73.4</b>	<b>72.2</b>	12.2	12.0	13.8	15.6	0.5	0.2	100.0

As the results of this survey shows, only 24.4% of all surveyed pupils are able to identify correctly all the aforementioned risks according to UNAIDS indicator questions (the project schools– 23.9%; non-project schools – 25,0%).<sup>8,9</sup>

<sup>8</sup> In this survey a standard question from UNGASS monitoring “Can you contract HIV if you have a meal together with a person living with HIV?” was rephrased as “Can you contract HIV being in daily contact with an HIV infected person in a school?”

<sup>9</sup> The correct answers are in bold.

The data from this research study generally confirms the results found from *the Survey of the Reproductive Health of the Population* (2003) on young people's (15 to 24 years old) knowledge about HIV. In the 2003 survey, the share of young people reporting that it is possible to get infected from an insect bite was even larger – 55%. 37% of the surveyed young people in *the Survey of the Reproductive Health of the Population* thought that it was possible to contract HIV by sharing a meal with a person living with HIV. 90% of young people surveyed in the same Survey indicated that using a condom during sexual intercourse could decrease the risk of getting infected with HIV. In comparison, the later study showed that 94% of pupils agreed with this statement. 91% of young people in 2003 thought that it is possible to decrease the risk of getting infected with HIV by having sex only with one faithful and not infected partner; of the newly surveyed pupils only 81% agreed with the statement. In the 2003 survey, a larger percentage of young respondents (82%) compared with this study (73%) agreed that a healthy looking person might be HIV infected.

This data suggests that young people in Latvia have quite good knowledge on how one can get infected with HIV, but at the same time there is a significant proportion of young people with misconceptions about the transmission of HIV, thus fostering stigmatizing and discriminatory attitudes towards people affected by HIV/AIDS. It should be added that the young people's knowledge is well below the 90% target to be achieved by 2005 as per the goal set in the UNGASS on HIV/AIDS Declaration of Commitment (2001).

#### The application of the methodology of the Manual “For Adolescents on Intimacy”

In order to identify whether during the classes held on the themes of sexual education and HIV/AIDS a life skills approach was used corresponding to the methodology suggested in the Manual on Class Activities in the activities and methods, the pupils were asked to comment on their recollection of the activities.

Only 9% of the students indicated that they had participated in classes during which an activity described in the questionnaire had been conducted fully in accordance with the topic “*What do we know about STI and AIDS*” (See Table 12). This methodology has been fully<sup>10</sup> used more frequently in the project schools (12%) than in the non-project schools (4%). Discussion was part of the teaching activity described in the questionnaire on the topic “*What do we know about STI and AIDS*”. It should be noted that discussions were more frequently used in the project schools.

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<sup>10</sup> The activities were described as in the manual. Most of the activities include several parts: discussion; group works; homeworks etc. Therefore the pupils were requested to evaluate, whether the activity they participated in corresponded fully to the described activity, or – teachers used only some elements of the activity. The questionnaires were pre-tested among the pupils before the survey and the pupils understood the essence of the questions.

Table 12. The use of the activity “What do we know about STI and AIDS” during lessons (%)

“What do we know about STI and AIDS”	Project schools (n = 557)		Non-project schools (n = 507)	
	%	n	%	n
Was used in full	12.4	69	4.1	21
There were only discussions in class	32.1	179	23.1	117
There was only a home assignment	0.5	3	1.6	8
There was a similar discussion on STI and AIDS	23.2	129	20.1	102
Such activity was not conducted	14.5	81	24.1	122
Does not remember	11.0	61	20.7	105
Hard to tell	6.3	35	6.3	32
<b>TOTAL</b>	<b>100.0</b>	<b>557</b>	<b>100.0</b>	<b>507</b>

On the topic “How to prevent contracting HIV” 24% of all pupils indicated they had participated in lessons during which the teacher had used in full the activity described in the questionnaire according to the activity description (See Table 13). 15% of the pupils from the project schools and 9% of the pupils from non-project schools had participated in such a lesson.

Table 13. The use of the activity “How to prevent contracting HIV infection” during lessons (%)

“How to prevent contracting HIV”	Project schools (n = 557)		Non-project schools (n = 507)	
	%	n	%	n
Was used in full	14.9	83	8.9	45
There were only discussions during the lesson	22.8	127	18.1	92
Informative materials were handed out	3.2	18	2.4	12
There was a similar discussion on HIV/AIDS	20.8	116	15.6	79
There was no such activity	20.5	114	29.0	147
Does not remember	12.6	70	18.7	95
Hard to tell	5.2	29	7.3	37
<b>TOTAL</b>	<b>100.0</b>	<b>557</b>	<b>100.0</b>	<b>507</b>

With regard to the learning activity described in the Manual on Class Activities “For Adolescents on Intimacy” for the topic “How to say “No” to sexual relationship”, 21% of the pupils recalled that an activity of this kind had been used during a class (See Table 14). More frequently (26%) this topic was studied in the way envisaged by the Manual by the pupils from the project schools (non-project schools - 17%). The pupils from the project schools more frequently mentioned that the activity had been used while only partially fitting the description provided or that a similar discussion on sexual relationships had been conducted.

Table 14. The use of the activity “How to say “No” to a sexual relationship” during lessons (%)

“How to say “No” to a sexual relationship”	Project schools (n = 557)		Non-project schools (n = 507)	
	%	n	%	n
Was used in full	25.7	143	16.8	85
Partially	22.6	126	20.1	102
There was a similar discussion on sexual relationship	25.0	139	18.1	92
There was no such activity	12.9	72	24.9	126
Does not remember	11.0	61	14.2	72
Hard to tell	2.8	16	5.9	30
<b>TOTAL</b>	<b>100.0</b>	<b>557</b>	<b>100.0</b>	<b>507</b>

For the topic “Responsible sexual behaviour – starting sexual relationships later”, corresponding to the methodology of the manual “For Adolescents on Intimacy” 23% of the surveyed pupils indicated that they have participated in a lesson with the full components. (See Table 15). The activity was more frequently used at the project schools (17%) than at the non-project schools (7%).

Table 15. The use of the activity “Responsible sexual behaviour – starting sexual relationships later” during lessons (%)

“How to say “No” to a sexual relationship”	Project schools (n = 557)		Non-project schools (n = 507)	
	%	n	%	n
Was used in full	17.1	95	7.1	36
Partially	25.0	139	18.1	92
There was a similar discussion on sexual relationships	20.8	116	19.5	99
There was no such activity	18.9	105	32.3	164
Does not remember	13.6	76	17.0	86
Hard to tell	4.6	26	5.9	30
<b>TOTAL</b>	<b>100.0</b>	<b>557</b>	<b>100.0</b>	<b>507</b>

#### Lessons on HIV/AIDS issues

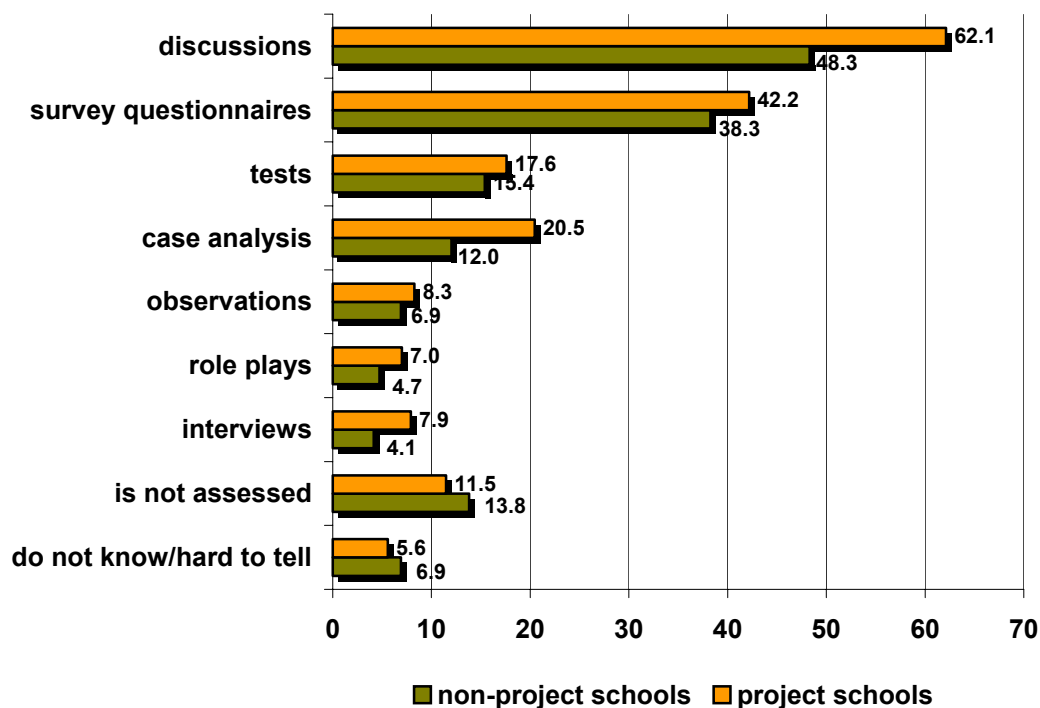
The students were asked about the number of lessons during the school year in which HIV/AIDS issues were taught. It has to be noted that no significant differences were observed when comparing the number of lessons during which HIV/AIDS issues were taught in the academic years 2003/04 and 2004/05 between the schools from which the teachers had attended the seminars on life skills in HIV/AIDS prevention (the project schools) and the non-project schools. 19% of the pupils from the project and the non-project schools alike admitted that in the academic year 2003/04 there had not been a single lesson during which HIV/AIDS related issues had been taught. With regard to the academic year 2004/05, the figures were 56% of the pupils from the project schools and 54% from the non-project schools. The difference in answers with regard to the years 2003/04 and 2004/05 may be explained by the fact the survey was carried out in the middle of the academic year 2004/05 and that by the end of the school years the lessons on HIV/AIDS issues could have been planned and conducted.

### Methods of assessing the knowledge about HIV/AIDS

The pupils from the project schools indicated that most frequently their knowledge about HIV/AIDS related topics is assessed by discussions (62%) (See Figure 4). This is also the most frequent method in the non-project schools, but with 48 % noting this response. The second most frequently mentioned method of assessment in both groups of schools was the use of survey questionnaires. Pupils' knowledge on HIV/AIDS topics at the project schools was assessed more often by case analyses or tests. It should be noted that statistically significant differences were found between the project and the non-project schools with regard to the usage of discussions and case analyses in the assessment of HIV/ AIDS knowledge.

Other methods for evaluating knowledge (role plays, observations, interviews) were mentioned less frequently. 12% of the pupils from the schools involved in the project and 14% of the pupils from the non-project schools answered that their knowledge on HIV/AIDS was not assessed at all.

*Figure 4. Methods used to assess pupils' knowledge on HIV/AIDS (%), project school: n = 557; non - project school: n = 507*



The information on HIV/AIDS taught at schools seemed understandable to 84% of the surveyed pupils. 83% of the surveyed pupils have noted that schools should provide more information on topics related to HIV/AIDS issues. The largest share of pupils who want to have more information on HIV/AIDS was observed in schools outside Riga. Differences with regard to the comprehensibility and the necessity of HIV/AIDS related information between the project and the non-project schools were not observed.



### Assessment of the risk of getting infected with HIV

The questionnaire assessed what was in to the pupils' own opinion their personal risk of getting infected with HIV. Thirty one percent of all pupils stated, "I cannot get infected with HIV/AIDS, because I have not started sexual relationships" However, the pupils from the project schools more often indicated their personal risk of getting infected with HIV (answers "definitely there is such a risk" and "probably there is such a risk") (38%) compared to the schools involved in the project (34%). (See Table 16).

Table 16. The assessment of the personal risk of getting infected with HIV (%)

Assessment of the personal risk of getting infected with HIV	Project schools (n=557)		Non-project schools (n=507)	
	%	n	%	n
I cannot get infected with HIV/AIDS, because I have not started sexual relationships	33.0	184	30.0	152
Definitely there is such a risk	17.4	97	22.5	114
Probably there is such a risk	16.2	90	15.6	79
Probably there is no such risk	16.7	93	10.8	55
Definitely there is no such risk	5.4	30	6.7	34
Hard to tell	11.3	63	14.4	73
<b>TOTAL</b>	<b>100.0</b>	<b>557</b>	<b>100.0</b>	<b>507</b>

64% of the students noted that the group most at risk of getting infected with HIV is intravenous drug users. The pupils from the project schools were of this opinion more frequently (67%) than the pupils from the non-project schools (60%). The second most frequently mentioned risk group was young people aged 15 – 18 years (55% - of the project schools; 54% - of the non-project schools), to which the majority of the surveyed pupils belong. 48% of the all surveyed pupils noted that all people are at risk of getting infected with HIV. A slightly smaller number of all surveyed pupils (44%) indicated that young people in the age group 19 to 24 years are at greater risk of getting infected with HIV. The other possible risk groups were mentioned less frequently: 25% - homosexual men; 10% - age group from 25 to 30 years, and 4% - older than 31 years.

Common trends in the teachers' and students' surveys of the project schools

- Both the teachers' survey and pupils' survey indicate that classes on HIV/AIDS were not held during the 2003/04 academic year. The numbers differ slightly, which may be due to recall or other factors (19% of students from the project schools said that they had not had a single lesson on HIV/AIDS in the school year 2003/04. 11% of teachers trained in life skills education had not conducted any lesson on sexual – reproductive health in 2003/04.)
- Approximately 18% of students from the project schools noted that four activities out of those mentioned in the questionnaire had been used in full during classroom lessons on sexual – reproductive health. Almost 17% of students from the project schools involved in the project noted that they had not participated at all in the mentioned activities, either in full or partially. There is a correlation with the teachers' survey – approximately 17% of teachers had not used the activities from the Manual on Class Activities “For Adolescents on Intimacy” during their lessons.
- Teachers as well as students said that discussion were the most frequently used method for assessing the students' knowledge about HIV/AIDS.

## CONCLUSIONS

### Pupils

1. The majority of the pupils in both project and non-project schools have evaluated their own knowledge on measures to prevent HIV/AIDS as good, although the project schools considered their knowledge to be slightly higher.
2. The pupils of both project and non-project schools indicated most frequently that HIV is a virus that a person can contract during sexual intercourse if a condom is not used (79%), and also that HIV is a virus that a person can contract by injecting drugs intravenously and sharing a needle (74%), which are the two most common forms of transmission in Latvia.
3. Although the vast majority of students indicated their knowledge on HIV/AIDS is good, only 24% of all surveyed pupils were able to identify all the risks defined by the United Nations as the minimum level of knowledge (the target for 2005 is 90%). In addition, only 30% of the pupils named all possible HIV transmission routes. The pupils from the project schools more frequently identified all HIV transmission routes than the pupils from the non-project schools.
4. Both among the pupils of the project schools and pupils of the non-project schools, the level of misconceptions on how HIV is spread is high; for example on average 40.5% agreed that the risk of getting infected with HIV decreases if “one avoids people living with HIV at school and in society” and on average 19.5% agreed that “it is possible to get infected from a mosquito bite”.
5. On average 19% of students (19.2% - in the project schools; 18.9% - non-project schools) indicated they had had no lessons on HIV prevention during school year 2003/2004.
6. Considering the time gap between the survey and the classroom work, it is significant that students recollected the subject matter. While on average only 14% of the pupils mentioned that they had participated in a lesson during which the four topics mentioned in the questionnaire had been taught completely according to the methodology described in the manual on classroom activities “For Adolescents on Intimacy”, for one modules e.g. How to say No, 25 % of pupils in the project schools indicated full use. More surprisingly, 17% of pupils in non-project schools reported full use of the module as well.
7. To the majority of pupils the information on HIV/AIDS that is taught at schools seemed understandable.
8. The pupils indicated that the most popular type of assessment of their knowledge on HIV/AIDS used at schools is discussions. The pupils mentioned case analyses and survey questionnaires slightly less frequently. Discussions and case analyses were used more often at the project schools involved than at the non-project schools.

The least frequently used forms in both groups of schools were role-plays, interviews and observations. On average 13% of the students noted that their knowledge on HIV/AIDS is not assessed at all.

9. The results of the survey show the pupils' assessment of their own risk of becoming infected with HIV: over 50% felt that they had high risk of infection; around 40% felt they are not in the risk category at all.

10. Considering the questions included in the survey, no significant differences were observed between the knowledge about or attitude towards HIV/AIDS between the pupils from the project and non-project schools. No statistically significant differences were identified with regard to the number of lessons during which HIV/AIDS issues are taught. The percentage of pupils who had participated in lessons during which the topics indicated in the questionnaire had been in full or partially taught according to the methodology of the manual "For Adolescents on Intimacy" is not large. Nevertheless, the activities were more frequently used in the project schools.

11. The fact that in the majority of cases the differences in response between project and non-project schools was minimal may be explained by a number of hypotheses. The project materials, the Handbook and Manual (or similar material), might have been used in non-project schools, as copies were widely distributed to teachers and schools not formally involved in the project. In addition, the standardised study program for health education, a standard number of lessons for health-education, similar workloads of the teachers, etc. may also have contributed to the similarity of the results

## Teachers

1. The majority of the teachers trained for life skills in sexual and reproductive health education and HIV/AIDS issues assessed their own knowledge and skills as good.
2. The teachers considered that the number of lessons on sexual education was insufficient.
3. In total, 69% of teachers who attended the training reported that they had used the methodological materials developed during the project. 12% of the teachers indicated that they had not received the materials on life skills at all.
4. The most frequently used topics during the sexual education lessons are: "Personal relationships", "Health as value and personal responsibility", and "Usage of addictive substances".
5. The teachers evaluated the topics included in the Handbook "For Adolescents on Intimacy" as being generally suitable to their teaching needs.
6. The majority of the teachers indicated that the pupils actively participated in all the activities used from the Manual on Classroom Activities, likewise the majority agreed that the mentioned activities had helped to teach the issues of sexual education better.
7. The teachers admitted most frequently to not feeling at ease while conducting activities such as: "Can I change the course of events" and "Responsible sexual behaviour – starting sexual relationships later", as well as "Different types of communication". These were also the activities during which the pupils' involvement was assessed as the lowest. However, it should be taken into consideration that these are also the least frequently used activities during the lessons on sexual education. It is possible that the teachers *a priori*, while acquainting themselves with these activities felt too ill at ease or insecure to conduct them during the lessons.
8. The teachers indicated discussions as the most frequently used method for evaluating the pupils' knowledge about HIV/AIDS, followed by case analyses and survey questionnaires.

## RECOMMENDATIONS FOR CONSIDERATION BY THE MINISTRY OF EDUCATION AND SCIENCE<sup>11</sup>

Most, if not all countries, including Latvia, have accelerated measures to reduce the spread of HIV/AIDS since the UN General Assembly Special Session on HIV in 2002 (UNGASS). The progress will be reported upon in 2006 at the UN General Assembly. Among the components of the Declaration, and the Millennium Development Goals, which is relevant in this report, is:

*“By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; in full partnership with youth, parents, families, educators and health-care providers”.*

This goal breaks down into measurable indicators, such as that by end of 2005 90% of young people aged 15-24 know all the correct measures to prevent HIV. Based on this survey and other information available in Latvia, it is evident that this target is a significant challenge in Latvia. And beyond HIV, young people in Latvia continue to be at risk with still-high rates of adolescent's pregnancy, abortions among adolescents, and abuse of drugs and other substances.

As a high percentage of young people are enrolled and regularly attend school up to the compulsory age of 17, the role of the Ministry and the education system in contributing to reaching this goal - which is in the best interests of children and young people - is critical.

It is in this context, the following recommendations are proposed to the Ministry of Education and Science for consideration:

- Taking into consideration the HIV epidemiology in Latvia and pupils' knowledge about HIV, there is a need to identify clear and understandable requirements in the content of the social science thematic programme for evaluation of pupils' knowledge about HIV/AIDS prevention. This programme has to define clearly the life-skills that should be developed among pupils.
- That the Ministry of Education and Science should provide to all schools for Forms 8 – 12 curricula guidelines for HIV education by using simple and specific lesson plans. The content of the lesson plan should in full or in part contain the questions analysed in this report and taken from the Handbook and Manual. Materials which address young children in Forms 1-7, in an age appropriate manner and which systematically develop thinking and learning process on the

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<sup>11</sup> A meeting was held on 2 June 2005 to review this report and the findings with representatives of the Curricula Development and Examinations Center of the Ministry of Education and Science, representatives of the Ministry of Health, WHO Health Promotion School Network, UNDP and UNICEF. Among the points discussed in the context of the steady increase in HIV infections among young people was the need for additional materials to support the implementation of the new social science curricula, the possibility to include examination questions related to HIV prevention, and the importance of ensuring all children in school are better informed about HIV prevention, building on the extensive school system which reaches 99% of young people below age 16. These ideas are incorporated, together with others, in these recommendations.

issues which relate to decision-making, peer pressure, HIV and substance abuse prevention are also recommended to be considered as part of the national curricula.

- A clearly defined pedagogical framework for learning and teaching sexual and reproductive health, using a life-skills approach is recommended as this approach has been seen as an effective methodology to interest young people in the learning process on these issues. It is important to identify which skills should be taught in life skills based sexual – reproductive health education, the reasons for choosing these skills, and how they should be taught.
- As the Handbook and Manual produced through the project and widely used in the schools, albeit in different ways, has been reported to be understandable and useful during the health education classes, it is recommended that these materials be recommended for use in all schools. This would entail reproduction of the materials in printed and/or web accessible formats. The Handbook and Manual should be provided to all teachers of new social science curricula.
- That the Handbook and Manual, currently available on the web site [www.undp.lv](http://www.undp.lv), should be expanded to other websites and the information made available to teachers. This includes web pages at:
  - The Centre for Curriculum Development and Examination web page;
  - The AIDS Prevention Centre web page;
  - The Centre for Curriculum Development and Examination newsletter in August.
- That the UNAIDS indicator questions be considered in the development of standard examination questions at the appropriate levels to examine pupils knowledge and attitudes. Evaluation of pupils' knowledge and skills can be carried out by integrating new questions into already existing centralised exams, as well as in the National Survey on Health Behaviour of School Children administered by the Health Promotion State Agency every four years.
- That teachers evaluate the knowledge gained during classroom activities, and also assesses the skills of proper condom use, approaches to decision-making etc.
- That in-service training of social science teachers should focus not only upon the improvement of the teachers' knowledge and skills e.g. HIV prevention measures, communications with young people, and others as noted in this report, but also upon motivation building, and increasing the awareness of the significance and the usefulness of the life skills approach in the sexual-reproductive health education of the pupils. Since life skills education makes use of interactive methods, the training of teachers during the continuous education seminars should use practical examples of interactive classroom activities to support the teachers obtained skills in this approach.
- That the Ministry of Education and Science include in the quality monitoring system of education content specific chapters on how to evaluate implementation and application on life skills based HIV/AIDS education in schools. In particular it is important since the life-skills based HIV/AIDS education will be integrated in social science contest from the September 1st, 2005.
- The Ministry of Education and Science should manage the use of different resources for pupils completely to acquire life skills and information. Besides that it should promote implementation of qualitative peer education in schools, involvement of health specialist's in study process and access to modern information sources for teachers and pupils (for example – [www.jaunc.lv](http://www.jaunc.lv), [www.gov.aids.lv](http://www.gov.aids.lv)).

- The Ministry should assess knowledge on HIV prevention among children in schools who are also especially vulnerable, including students in other types of schools such as boarding-schools, detention schools, vocational schools, schools for children with disabilities etc. These young people are considered to be particularly at risk.
- The cooperation between schools in promoting the life skills approach in health education should be facilitated, through supporting joint initiatives of the schools. The exchange of experience of the teachers is essential; a shared system of recording and collecting information should be developed.
- The importance of life skills education has been directly and indirectly emphasized in a number of internationally significant documents (The Convention on the Rights of the Child, the International strategy to put the Dakar Framework for Action on *Education for All* into operation), and the importance of the life skills approach in HIV/AIDS prevention has also been mentioned in the UNGASS Declaration. The learning of life skills in Latvia affirms the aims and objectives which have already been put into the Law on Education, the Cabinet of Ministers Regulations on the National Standards of Comprehensive Education and National Secondary Education, as well as in the National Standard of Primary Education. Therefore all the preconditions have been introduced on the political level to promote and monitor life skills education at schools, however further development of the monitoring and evaluation system is necessary to obtain information regularly and in a timely way on the application of life skills based education and its results.



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## EXECUTIVE SUMMARY

**Title:** Life Skills Based Sexual and Reproductive Education, HIV/AIDS Prevention—  
Summary and Analysis of the Evaluation Survey Results

**Author:** Jece I., Health Promotion State Agency

**Implementing Institution:** Education Contents and Examination Centre, Ministry of  
Education and Science

**Year of Publication:** 2005

**Region:** Baltic States

**Country:** Latvia

**Type:** Project evaluation

**Topic:** HIV/AIDS prevention among young people

**Partner Organizations:** Ministry of Education and Science, UNICEF, UNDP

**Languages:** Latvian and English

### **Background Information on the Project**

To curb the spread of HIV/AIDS among young people, in the period from December 2001 to February 2004, the project “Coordinated Support to the Health and Development of Young People in Latvia” was implemented by the Ministry of Education and Science and UN agencies (UNAIDS, UNICEF, UNDP, UNFPA and WHO) and the overall goal of the project was to limit spread of HIV/AIDS among young people through increased access to information and services on HIV/AIDS such as life skills based HIV/AIDS education, peer education and youth friendly health services. Within the framework of the life skills education component a training of trainers program on life skills based education was designed and 18 trainers from the Health Promoting Schools Network were trained; the following methodological materials for teachers were prepared: “For Adolescents on Intimacy. Teachers’ Manual” and “For Adolescents on Intimacy. Classroom Activities”. The methodology was introduced in 3-day training seminars for teachers – “Life Skills in Sexual and Reproductive Health Education, HIV/AIDS Prevention”. A total of 669 teachers from 446 schools were trained in these.

The final assessment of the project (January – March, 2004) revealed that many of the teachers did not have enough time to use the developed methodological materials; thus this the component could not be assessed in full. The findings also showed that teacher training, availability of the methodological materials and school administration support were significant in ensuring implementation of high quality life skills based HIV/AIDS education in schools. On the basis of the recommendations provided in the project final evaluation report and in order to gain an insight on the ways the teachers had actually used the methodological materials that were presented to them during the seminars of the project, a survey was carried out in schools which had a teacher(s) that participated in the training and are called “project schools” during the first quarter-2005. This provided the teachers with the possibility to use the methodological materials and other teaching aids in practice at least for one year. Information was also collected from children in Form 9 both in the “project schools” and schools not included in the original project termed “non-project schools.”

### **Objective**

To obtain feed-back from the teachers trained as part of the project on the suitability of the methodological materials to the study process and to obtain a comparative assessment of Form 9 pupils' knowledge on HIV/AIDS prevention and the quality of classes on the topics of sexual-reproductive health in the project schools and the non-project schools

### **Methodology**

The survey was carried out by the Market and Public Opinion Research Centre *SKDS* in February- March, 2005. The survey included 302 teachers randomly selected from 140 Latvian schools who had participated in the seminars. A self-administrated questionnaire was used, with 93% response rate. Parallel to this, 557 pupils of Form 9 from the project schools and 507 from schools not involved in the project were surveyed, using a self-administered questionnaire. The response was 98%. The decisive factor for selecting the schools involved in the project – at least one teacher had been trained in the life skills education training seminar in 2003. No teacher from the non-project schools had participated in this training seminar.

### **Findings and Conclusions**

The pupils and the teachers of all schools included in the survey evaluate their knowledge on HIV/AIDS prevention as good.

In general 69% of the teachers who had participated in the training had used the methodological materials developed during the project. Twelve percent of the teachers had indicated that they had not received materials on life skills. The teachers had evaluated the topics included in the Handbook “For Adolescents on Intimacy” as being in general suitable to their teaching needs. The sexual education topics most frequently taught were: “Prevention of HIV/AIDS,” “Personal Relationships”, “Health as value and the personal responsibility for its quality”, “Use of Addictive Substances”. The majority of teachers indicated that the pupils had actively participated in all activities from the Manual “For Adolescents on Intimacy. Classroom Activities”.

Among the students surveyed, the majority of the students know the main HIV transmission routes (HIV as a virus that a person can get infected with during sexual intercourse if a condom is not used – 79%; HIV – a virus that a person can get infected with by injecting drugs intravenously –74%), with slightly higher correct responses from the students from the project schools. However, only 24% of all students surveyed were able to identify all risk factors of getting infected with HIV according to the minimum level of knowledge defined by the *United Nations*. In both groups of schools the misconceptions on how HIV is spread is high – the risk of getting infected with HIV decreases if one avoids HIV positive persons at school and in society (40.5%); and it is possible to get infected with HIV from a mosquito bite (19.5%).

Almost 20% of Form 9 students reported that no HIV prevention lessons were held the previous year—to their recollection. In the project schools, among teachers surveyed, 11% reported that no lesson on HIV prevention had been held.

In general no significant differences were found between the project schools and the non-project schools. This could be caused by various factors. The methodological materials of the project (or similar materials) have been available also to the non-project schools.

### **Recommendations**

The recommendations are based upon the discussion held on June 2, 2005 on the survey results with representatives of the Ministry of Education and Science, Education Curriculum and Examination Centre, Ministry of Health, WHO Health Promoting School Network, UNDP and UNICEF.

The following recommendations are proposed to the Ministry of Education and Science for consideration:

- That 46% of new infections since 2004 are among young people below age 24 and that most young people in Latvia are not adequately aware of the methods of HIV prevention there is a need to identify clear and understandable requirements in the content of the social science thematic programme for evaluation of pupils' knowledge about HIV/AIDS prevention. This programme has to define clearly the life-skills that should be developed among pupils;
- That the Ministry of Education and Science should provide to all schools for Forms 8 – 12 curricula guidelines for HIV education by using simple and specific lesson plans. The content of the lesson plan should in full or in part contain the questions analysed in this report and taken from the Handbook and Manual. Materials which address young children in Forms 1-7, in an age appropriate manner and which systematically develop thinking and learning process on the issues which relate to decision-making, peer pressure, HIV and substance abuse prevention are also recommended to be considered as part of the national curricula.
- A clearly defined pedagogical framework for learning and teaching sexual and reproductive health, using a life-skills approach is recommended as this approach has been seen as an effective methodology to interest young people in the learning process on these issues. It is important to identify which skills should be taught in life skills based sexual – reproductive health education, the reasons for choosing these skills, and how they should be taught.
- As the Handbook and Manual produced through the project and widely used in the schools, albeit in different ways, has been reported to be understandable and useful during the health education classes, it is recommended that these materials be recommended for use in all schools. This would entail reproduction of the materials in printed and/or web accessible formats. The Handbook and Manual should be provided to all teachers of new social science curricula.
- That the Handbook and Manual, currently available on the web site [www.undp.lv](http://www.undp.lv), should be expanded to other websites and the information made available to teachers. This includes web pages at:
  - The Centre for Curriculum Development and Examination web page
  - The AIDS Prevention Centre web page
  - The Centre for Curriculum Development and Examination newsletter in August

- That the UNAIDS indicator questions be considered in the development of standard examination questions at the appropriate levels to examine pupils knowledge and attitudes. Evaluation of pupils' knowledge and skills can be carried out by integrating new questions into already existing centralised exams, as well as in the National Survey on Health Behaviour of School Children administered by the Health Promotion State Agency every four years.
- That teachers evaluate the knowledge gained during classroom activities, and also assesses the skills of proper condom use, approaches to decision-making etc.
- That in-service training of social science teachers should focus not only upon the improvement of the teachers' knowledge and skills e.g. HIV prevention measures, communications with young people, and others as noted in this report, and/as well as motivation building, and increasing the awareness of the significance and the usefulness of the life skills approach in the sexual-reproductive health education of the pupils. Since life skills education makes use of interactive methods, the training of teachers during the continuous education seminars should use practical examples of interactive classroom activities to support the teachers obtained skills in this approach.
- That the Ministry of Education and Science also includes in the quality monitoring system of education content specific chapters on how to evaluate implementation and application on life skills based HIV/AIDS education in schools. In particular it is important since the life-skills based HIV/AIDS education will be integrated in social science contest from the September 1st, 2005.
- The Ministry of Education and Science should manage the use of different resources for pupils completely to acquire life skills and information. Besides that it should promote implementation of qualitative peer education in schools, involvement of health specialist's in study process and access to modern information sources for teachers and pupils (for example – [www.jaunc.lv](http://www.jaunc.lv), [www.gov.aids.lv](http://www.gov.aids.lv)).
- The Ministry should assess knowledge on HIV prevention among children in schools who are also especially vulnerable, including students in other types of schools such as boarding-schools, detention schools, vocational schools, schools for children with disabilities etc. These young people are considered to be particularly at risk.
- The cooperation between schools in promoting the life skills approach in health education should be facilitated, through supporting joint initiatives of the schools. The exchange of experience of the teachers is essential; a shared system of recording and collecting information should be developed.

The importance of life skills education has been directly and indirectly emphasized in a number of internationally significant documents (The Convention on the Rights of the Child, the International strategy to put the Dakar Framework for Action on *Education for All* into operation), and the importance of the life skills approach in HIV/AIDS prevention has also been mentioned in the UNGASS Declaration. The learning of life skills in Latvia affirms the aims and objectives which have already

been put into the Law on Education, the Cabinet of Ministers Regulations on the National Standards of Comprehensive Education and National Secondary Education, as well as in the National Standard of Primary Education. Therefore all the preconditions have been introduced on the political level to promote and monitor life skills education at schools, however further development of the monitoring and evaluation system is necessary to obtain information regularly and in a timely way on the application of life skills based education and its results.