

Fact sheet on Survey of Life Skills-based Education on HIV/AIDS at Junior Level of Secondary Schools in Hong Kong

Background

Life skills-based education (LSBE) on HIV/AIDS¹ is recommended by the World Health Organization to promote sexual and reproductive health among youth. Providing LSBE on HIV/AIDS to at least 50% of students aged 15 or below is an important target of the Recommended HIV/AIDS Strategies for Hong Kong 2012 – 2016². However, there was inadequate understanding on its implementation at junior level of secondary schools in Hong Kong.

Objectives of the survey

To provide a situational analysis of LSBE on AIDS and sex at junior level of local secondary schools in 2011/12 school year, and make recommendations on the necessary enhancement.

Methods

Four hundred and forty-three (443) Government, aided, Direct Subsidy Scheme and caput schools with junior secondary level were invited. A self-administered bilingual questionnaire was designed based on the information provided by stakeholders in health, education and social service sectors and results of a pilot survey conducted in November 2012. The questionnaire was completed by the principal or his/her delegate in 134 responding schools (response rate 30%) between December 2012 and April 2013. The 309 non-responding schools were invited to complete an abridged version through phone interviews. Schools were requested to provide the information based on their experience in the past school year (i.e. 2011/12 school year).

¹ Life skills-based HIV/AIDS education is regarded by the World Health Organization as an important way to foster an environment which supports safer sex, protects sexual and reproductive health and promotes acceptance of populations most vulnerable to HIV/AIDS. Adapted from World Health Organization's Information Series on School Health, Document 9: Skills for Health: Skills-based health education including life skills: An important component of a Child-Friendly/Health-Promoting School.
http://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf

² Hong Kong Advisory Council on AIDS (ACA). Recommended HIV/AIDS Strategies for Hong Kong 2012-2016. 2012.
<http://www.aca.gov.hk/publication/g253.pdf>

Major findings

Among 134 schools which completed the full questionnaire, 77% were aided schools, 87% were co-educational and 56% had religious backgrounds. Thirty-six (36) (27%) of them supported mandatory AIDS education in schools, while 25 schools (19%) did not support. There was 31% of schools regarded AIDS education of moderate priority while 81% regarded sex education of moderate to high priority. Ranking AIDS and sex education specifically through LSBE as moderate to high priority was given by 29% and 56% of schools respectively. One-fourths of schools reported documented policy on AIDS or sex education, and 66% had relevant school plan in 2011/12 school year.

Of the 134 schools, 96 (72%) provided LSBE on AIDS or sex in 2011/12 school year. External parties were commonly involved, with 56 (58%) schools adopted the P.A.T.H.S. programme, 64 (67%) schools invited non-governmental organizations (NGOs) and 44 (46%) schools invited Department of Health (DH) to provide topical programmes on sex education. Despite that, 39 (41%) schools also involved their own teachers or personnel in providing the education. The average number of school hours spent on the LSBE on HIV/AIDS or sex provided by the other organization/individuals ranged from 1 to 13 hours in junior secondary level, with an average of around 3 hours for each year level.

Apart from LSBE, 115 (86%) schools provided AIDS or sex education through Key Learning Areas (KLAs)/subjects, and 38 (28%) schools through life wide learning (LWL). The average number of school hours spent on HIV/AIDS or sex education through these two means were around 4 and 3 hours respectively.

About the content, 70% to 80% of the schools have mentioned "condom use" through KLAs/subjects, LSBE on HIV/AIDS or sex, and/or LWL, and 37% to 57.4% of the schools have mentioned "how to prevent HIV". About half of the schools (41% to 57%) had feedback mechanisms on their teaching on these topics. Over two thirds of the schools deployed internal funding to support education on AIDS or sex other than KLAs/subjects.

Among the 134 schools, 89 (66%) schools had their teachers received training on AIDS, sex or LSBE, provided mainly by the Education Bureau such as professional development programmes (PDPs), or by other means such as NGO, DH or online materials. A mean of 4.1 teachers³ had attended relevant PDPs since they had been working in the schools. Among

³ n=83 after excluding the 4 schools which reported that they did not have any school teachers who attended the PDPs for HIV/AIDS or sex education and 2 schools which did not know the number of their schools teachers who attended such PDPs.

these trained teachers, an average of 2.1 taught relevant topics in the last school year. However, it is also found that a mean of 4.9 teachers⁴ who did not ever attend any PDPs taught relevant topics in the last school year.

It is found that the implementation of LSBE on AIDS or sex was mainly associated with the presence of relevant school policy and development plan, relevant planning of PDPs, time and resources for teaching/learning. On the other hand, no statistical significant association was found between either the religious background or financial type of schools on the stance of supporting mandatory AIDS education, delivery of LSBE and message on condom use.

Limitations

The response rate of the survey was 30%. Efforts were made to ascertain the characteristics of the 309 non-responding schools via telephone interviews, and 226 schools were successfully contacted. Compared with the 134 responding counterparts, the 226 schools were less supportive for mandatory AIDS education in schools (28% vs 19%), but more likely to have relevant documented policy (25% vs 47%) and annual school plan (66% vs 74%), to adopt different learning modes (86% vs 95% on KLAS/subjects, 72% vs 86% on LSBE, 28% vs 48% on LWL) and to have teachers received relevant PDPs (66% vs 92%).

The mean time spent on different modes of learning is an approximation. LSBE on other relevant subjects covering common generic skills which could be applied to AIDS prevention may not be included in this survey. Detailed information on the learning content, availability of non school-based LSBE, acquisition of life skills by students and professional sharing among teachers was not available in this survey.

Observations

Sustainability of LSBE on AIDS or sex is a concern, as a considerable number of schools in paper questionnaire said that the barriers in providing effective HIV/AIDS or sex education were too busy and no time (52%), regarded this as a low priority (50% and 25% for HIV/AIDS education and sex education respectively), did not treat it as an explicit learning objective (50%), lacked documented policy (75%), teachers were not well equipped to teach HIV/AIDS or sex education (74%) and lacked learning and teaching resources. There were about 20% of schools never mentioned use of condom, which is the most effective way of preventing HIV infection, during HIV/AIDS education or sex education.

⁴ n=87 after excluding the 2 schools which did not know the number of their schools teachers who attended such PDPs