

# ASSESSMENT Life-Skills Based Curriculum Project in Lao PDR



Scaling Up the Response for Children



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**ASSESSMENT**  
**Life-Skills Based Curriculum**  
**Project in Lao PDR**



Scaling Up the Response for Children



## **An Assessment of the Life-Skills Based Curriculum Project in Lao PDR**

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The original document was called: Life skills based curricula project evaluation: Knowledge, attitudes and HIV/AIDS/STIs, reproductive health and drug use among 11th graders in Lao PDR.

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# Acronyms

AIDS	Acquired immunodeficiency syndrome
ADRA	Adventist Development and Relief Agency
APSSC	Asia-Pacific Shared Services Center
EAPRO	East Asia and Pacific Regional Office
HIV	Human immunodeficiency virus
LSBE	Life skills based education
LYAP	Lao Youth Action for AIDS Programme
MDG	Millennium Development Goals
MoE	Ministry of Education
NGO	Non-governmental organisation
PSI	Population Service International
STI	Sexually transmitted infections
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

# Foreword

## Ministry of Education

Lao PDR is an overwhelmingly youthful nation undergoing rapid development and transformation in a region in which new political, trade, economic and business connections are being forged on a daily basis. At almost every level of society, in the towns and in the countryside, change is underway. Traditional lifestyles, attitudes and values are being challenged as never before with enormous implications and potential for the children and young people of Lao who make up some 50 per cent of the population.

While, the greater majority of young people are not considered at high risk to HIV infection and Lao remains one of the few countries in the Greater Mekong Region to maintain a low HIV prevalence of 0.2 per cent, their lives are subject to currents and forces very different from those experienced by their parents. New opportunities are opening up in profusion – but so are a number of risks and dangers that can threaten their well-being.

This assessment commissioned by the Ministry of Education and UNICEF in 2010 has provided a valuable opportunity to assess the knowledge, attitudes and behaviours of 860 pupils in 29 schools in the north, central and southern provinces of Lao PDR on reproductive health, HIV and AIDS, sexually transmitted infections (STIs) and drugs. This assessment describes what these young people know and makes clear recommendations to the Ministry of Education on our role in the years to come.

We are proud to have supported this initiative in partnership with UNICEF and are committed to consider the assessments findings and recommendations as we support the national response on HIV & AIDS and STIs.

### **Ly Foung**

Director General Department of Secondary Education  
Vientiane Capital, Lao PDR

# Executive summary

According to the 2010 UNGASS Country Progress Report, Lao PDR is the only country in the Greater Mekong Region with a continuing low HIV prevalence. However, the report makes it clear that the country is “continuously vulnerable to an expanding epidemic” and that a key reason for this is increasing high-risk behaviour among the youth, in particular the use of drugs and alcohol.

To build knowledge and encourage risk avoidance in relation to HIV and AIDS, reproductive health, STIs and drugs, the government introduced a life-skills curriculum to selected primary, lower and secondary schools in seven target provinces in 2003. By 2010, 74 per cent of the nation’s secondary schools, located in 11 of its 17 provinces, had followed suit.

In 2006, UNICEF conducted a baseline survey of the programme, and in 2009 conducted a follow-up assessment in 20 schools in six provinces. Students in another nine schools in three provinces, which had not yet been exposed to the life-skills curriculum, were interviewed as a control group.

The assessment made use of a questionnaire and in-depth interviews to explore Grade 11 students’ knowledge of HIV and AIDS, STIs, reproductive health, alcohol and drugs. The sample of 860 both boys and girls were also asked about their risk-taking behaviours and their sources of information, while teachers and parents were asked for their views on the curriculum.

## HIV and AIDS

The assessment found that nearly all students had heard of HIV and AIDS and knew it could be transmitted by unprotected sex with an infected person. Most could name at least two other forms of transmission. Boys and girls had approximately the same knowledge of HIV and AIDS, as did students in the control group. However students in non-curriculum schools were more likely to believe that sharing a meal or clothes could transmit the virus.

When asked about methods of HIV prevention, about 95 per cent of boys and 75 per cent of girls mentioned condoms. The number of students who said they received information about condoms in school was higher among those exposed to the life-skills curriculum.

An average of 95 per cent of students in curriculum schools said they learned about HIV and AIDS, STIs, reproductive health and drug abuse in school, compared to 77 per cent in non-curriculum schools. Students in curriculum schools were far more likely to discuss the risks of HIV and methods of HIV prevention with a teacher than were students in non-curriculum schools.

## Sexual activity

Around half the boys and 60 per cent of the girls said they were romantically involved with someone. In schools that did not offer the curriculum, a larger proportion of boys said they had a girlfriend and that they drank alcohol with their girlfriend. They said that they would have sex with their girlfriend if offered.

Boys in curriculum schools were a little less likely to be sexually experienced than their counterparts in non-curriculum schools. The average age of first sex among boys was a little over 15. Five girls out of 432 said they had slept with their boyfriend, and the same number said they had ever had sex.

Of the 90 boys who said they had ever had sex, 64 said they had used a condom during their most recent encounter, and 43 said they had more than one sexual partner during the previous 12 months. There was no significant difference among boys in non-curriculum schools. Of the girls who reported sexual activity, four out of five said their last sexual encounter was without a condom. Fewer girls in non-curriculum schools saw the need for their boyfriends to use a condom.

Students who said their last sexual act was unprotected felt twice as vulnerable to infection as those who used a condom. Fourteen per cent of boys and 26 per cent of girls said they felt at risk of contracting HIV, even though only 1 per cent of girls admitted to being sexually active. Students in curriculum schools felt slightly more at risk than those in non-curriculum schools.

Friends were the biggest source of information on sex for boys, although girls were more likely to turn to teachers.

## Drugs and alcohol

Nearly all students knew the names of drugs like Ya Baa (methamphetamine) and marijuana. Four per cent of boys in curriculum schools and 7 per cent of boys in non-curriculum schools said they had taken drugs, mainly Ya Baa. None of the girls made a similar admission.

Around 2 per cent of students said they would accept drugs if they were offered. This proportion was higher in non-curriculum schools, at 5 per cent for boys and 7 per cent for girls. Just under half of the students said they knew at least one person who used drugs in their community. Students who knew more than three people using drugs were more likely to try drugs themselves.

Across Lao PDR, drinking alcohol is associated with social occasions and, in some communities, tradition compels young girls to drink with guests. The assessment found that nearly 90 per cent of the students had consumed alcohol at some time, and that 53 per cent of boys and 16 per cent of girls had been drunk at least once in the past six months. In terms of drunkenness among boys, there was no significant difference between curriculum and non-curriculum schools, but girls in non-curriculum schools were somewhat more likely to admit to having been drunk.

Researchers were surprised to find that girls enjoyed drinking even more than boys. The average age at which young people started drinking was a little over 13 years, with no significant difference between boys and girls, or urban and rural areas. Parents of girls were concerned about drinking, but were more worried about unwanted pregnancies. Parents of boys were also concerned about alcohol consumption, and that their sons may be involved in road accidents or get a girl pregnant.

Questions about alcohol, drugs, pregnancy or relationships were most often directed to friends of the same gender. Boys were often consulted by girls, but seldom the other way around. The differences between curriculum and non-curriculum schools were marginal.

## The curriculum

Teachers expressed a number of concerns relating to their training and their capacity to effectively deliver the life-skills curriculum. In general, they saw a need for more training and support, better educational materials, and textbooks that were more relevant and accessible to students.

For their part, students said the most difficult subject was reproductive health, because there were many lessons and the content was lengthy, while the easiest was drug awareness because they had heard a lot about this elsewhere. The issue of textbooks – which contained too much writing but no pictures, and which had to be handed in when the class finished – came up repeatedly.

## Recommendations

Recommendations listed at the end of this report focus on integrating life-skills education into national core curricula, and ensuring that teachers and schools are empowered to deliver measurable results. The content should be less theoretical and more relevant to the real world.

The findings point to the need to improve the quality of both in-service and pre-service teachers' training, provide more supervision for teachers in school, and review the quality and availability of books and other educational materials.

The life-skills programme should coordinate with external organizations pursuing the same goals to create synergy, and should ensure the curriculum is reinforced outside the classroom and be positioned within cultural norms by involving parents and community groups.

There is a need to improve monitoring at all levels – including regular assessments of young people's risk taking; the sources of information to which they are exposed; and the impact of those messages on their behaviour – to ensure the continuing relevance of the life-skills programme.

Finally, the assessment recommends that stigma and discrimination should be actively addressed in schools by involving people living with HIV, and ensuring that children and young people affected by AIDS are able to participate in school activities and learning opportunities.

# 1. Introduction

Adult HIV prevalence in Lao PDR is low, at 0.2 per cent in 2009<sup>1</sup>. However the nation borders on four countries with more serious epidemics<sup>2</sup>. By 2009, nearly 8,000 people were believed to be living with the virus, while more than 1,000 had died of AIDS<sup>3</sup>. The main mode of HIV transmission is through heterosexual contact (87 per cent). This has led the government and International non-governmental organizations to focus their efforts on improved sex education for young people<sup>4</sup>.

In 2003, the Government of Lao PDR introduced a life-skills curriculum to selected primary, lower and secondary schools in seven target provinces. Life-skills education was promoted as a teaching approach to address HIV and AIDS, reproductive health, STIs and drugs. By 2010, the programme had been implemented in 74 per cent of the nation's secondary schools, located in 11 of its 17 provinces, with support from UNFPA and UNICEF. Their initiative was informed by the country's National Growth and Poverty Eradication Strategy, as well as the United Nations Millennium Development Goals (MDGs).

The Ministry of Education (MoE) life-skills curriculum incorporated modules on HIV and AIDS, STIs, reproductive health and drug use into core curricula subjects such as natural science, biology and geography, and co-curricula subjects such as civics education and population studies. Relevant information was added to textbooks and teachers' manuals, supported by training for teachers in schools and in teachers' training colleges. The modules were taught in the second semesters of Grade 8 and Grade 11. From 2003 to 2009, the project reached all secondary schools in the 11 target provinces, with more than 100,000 students participating each year.

In 2006, three years into the project, UNICEF conducted a baseline survey of 1,207 Grade 8 pupils in 41 schools in eight provinces, as a first step to measuring the impact of the programme. The respondents were between 12 and 20 years old, with an average age of 14. The assessment focused on knowledge, attitudes and behaviour regarding HIV and AIDS, STIs, reproductive health and substance abuse. At the time 181,799 students in 382 schools – or 25 per cent of primary and 70 per cent of lower to upper secondary schools – had been reached by the life-skills curriculum in the 11 target provinces.

In 2009, UNICEF conducted a follow-up study among Grade 11 students to assess the long-term impact of the programme. Some 860 pupils, averaging 17 years old, were interviewed in 29 schools in nine provinces across the three regions of Lao PDR. Of these 29 schools, 20 in six provinces were delivering the curriculum and were among the 41 schools that participated in the baseline study. In three other provinces, students were interviewed as a control group in nine schools, which did not yet offer the life-skills curriculum.

Both the baseline and follow-up assessments explored:

- Knowledge regarding HIV and AIDS, STIs, reproductive health, alcohol and drugs
- Practice with regard to risk-taking behaviours
- Sources of information on these topics
- Skills in identifying and communicating about their problems.

Both assessments collected data using a questionnaire and through in-depth interviews with students, teachers, school principals and parents.

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<sup>1</sup> Lao PDR UNGASS Country Progress Report 2010, National Committee for the Control of AIDS/UNAIDS.

<sup>2</sup> Thailand 1.4%, Cambodia 0.8%, Myanmar 0.7%, Viet Nam 0.5% – [www.unaids.org](http://www.unaids.org)

<sup>3</sup> Lao PDR UNGASS Country Progress Report 2010, National Committee for the Control of AIDS/UNAIDS.

<sup>4</sup> Introducing Governance into HIV/AIDS Programmes, UNDP, 2002.

## 2. Methodology



The research method for the 2009 assessment was kept as close as possible to the 2006 baseline survey. The MoE selected schools in both urban and rural areas. In each school, 30 pupils were selected at random from class lists. Where the research team was unable to achieve gender parity due to the lower enrolment of girls in some districts, more girls were interviewed in other schools. The majority of the respondents were ethnic Lao, although the random selection process ensured that pupils of smaller ethnic groups were also interviewed.

The assessment was carried out by a small team of interviewers, recruited for their ability to interview young people on sensitive topics. A questionnaire was developed in collaboration with UNICEF to collect quantitative and qualitative information. In addition, the follow-up assessment included in-depth interviews with pupils, teachers and parents.

In both assessments, a regional coordinator was provided by the Provincial Bureau of Education to act as mediator between the schools and the research team. They accompanied the team for the duration of the assessment in the province. Interviewers obtained oral informed consent and all pupils were interviewed by someone of their own gender. The respondents were assured their responses would remain anonymous.

Most of the schools were district-level schools. Those on asphalt roads were considered urban, while those on dirt roads were considered rural. The percentage of students from rural areas was higher among non-curriculum schools and, correspondingly, there were fewer ethnic Lao pupils in that sample. Forty-four per cent of respondents said their parents were farmers, while 28 per cent of parents were in civil service (government, army/police, education and health work).

### Constraints

Due to funding constraints and delays in recruiting the consultants, the follow-up assessment was conducted in the first semester of Grade 11 in 2009, rather than the last semester of 2008. As a result the respondents had not yet received the second module of the life-skills curriculum. Their responses therefore reflect their level of retained knowledge, attitudes and behaviour after the first module, which they received in Grade 8.

In both surveys, interviews lasted between 20 and 45 minutes, which did not always allow interviewers to establish rapport with their respondents. Sensitive topics such as sexual behaviour or drug use are not usually discussed with strangers in Lao PDR, so it is likely that some students did not feel sufficiently at ease to respond candidly. Some respondents – especially girls – appeared to be afraid the team would share information collected from them with the school authorities.

In some schools, students were told in advance that the team was assessing the life-skills curriculum, and it is possible that some offered answers intended to please the interviewers. Similarly, on a couple of occasions it was noted that textbooks were circulated to students immediately before the interviews, possibly because the evaluation was seen as an examination. However, the consultants felt it was unlikely that, within such a short timeframe, sufficient information would have been retained to significantly influence knowledge, attitudes or behaviour.

## 3. Assessment findings

### 3.1 HIV and AIDS

Nearly all students had heard of HIV and AIDS and knew it could be transmitted by having unprotected sex with an infected person. Most Grade 11 students could name at least two other forms of transmission – one more than their Grade 8 counterparts. Boys and girls had approximately the same knowledge of HIV and AIDS, as did students who had received the life-skills curriculum and those who had not.



Fewer than two out of ten students expressed reluctance to share a meal, sit near, or shake hands with a person living with HIV. This was a substantial improvement from the baseline study, when roughly twice as many students expressed the same reservations, and somewhat better than in non-curriculum schools.

Around 40 per cent of students in curriculum and non-curriculum schools believed HIV could be transmitted by mosquito bites. However this was an improvement over the baseline survey, where 57 percent of Grade 8 students suffered the same misconception. Students in non-curriculum schools were more likely to believe that sharing a meal or clothes could transmit HIV.

#### 3.1.1 Condom awareness

When asked about methods of HIV prevention, about 95 per cent of boys and 75 per cent of girls mentioned condoms. One in three said that not sharing needles could prevent infection, but sexual abstinence was mentioned by fewer than one in five. In 2006, almost all the Grade 8 students identified condoms and monogamy as methods of prevention.

The number of students who said they received information about condoms in school was higher among those exposed to the life-skills curriculum, at around 25 per cent, compare to 9 per cent in non-curriculum schools. However, almost half the students said they received information about condoms from friends. Around 90 per cent of boys and girls had actually seen a condom – a significant increase from the baseline study, which recorded 83 and 74 per cent respectively.

#### 3.1.2 Sexually transmitted infections (STIs)

More students were able to identify HIV as a sexually transmitted infection than any other disease. The older students interviewed in 2009 were more aware of other STIs, such as gonorrhoea or genital warts, than their younger counterparts in 2006.

The ability to name various STIs was similar among Grade 11 students in curriculum and non-curriculum schools. However, when it came to identifying the symptoms of STIs, students in non-curriculum schools were noticeably more knowledgeable.

### 3.1.3 Sources of information on HIV and AIDS

An average of 95 per cent of students in curriculum schools said they learned about HIV and AIDS, STIs, reproductive health and drug abuse in school, compared to 77 per cent in non-curriculum schools. However schools were not alone in presenting reproductive health information to this age group, with the Adventist Development and Relief Agency (ADRA), Red Cross, United Nations Development Programme (UNDP), Lao Youth Action for AIDS Programme (LYAP), Population Services International (PSI) and community health centres being mentioned in interviews.

Friends were the second most commonly mentioned provider of HIV and AIDS information, with boys getting more information about sex from their peers than from girls. In discussion some boys said they learned more about sex outside of school, from peers and male-oriented entertainment.

The researchers found that students in curriculum schools were far more likely to discuss the risks of HIV and methods of HIV prevention with their teacher than were students in non-curriculum schools.

Students in curriculum schools said they had participated in topic-related learning activities in class, at school, or in community health centres to a much greater degree than their peers in non-curriculum schools (+40 per cent for boys, +14 per cent for girls).

### 3.1.4 Perceptions of risk

Fourteen per cent of boys and 26 per cent of girls said they felt at risk of contracting HIV. Interestingly, this was significantly down from the baseline study, in which more than 30 per cent of Grade 8 boys and 40 per cent of girls felt at risk, although the reasons for this are unclear. Students in curriculum schools felt slightly more at risk than those in non-curriculum schools.

It is noteworthy that a quarter of the girls said they felt at risk, even though only 1 per cent said they had engaged in sexual activity. Among the boys, fewer than one in seven felt they were at risk, even though more than one in five claimed sexual experience.

Male and female students agreed the greatest risk for HIV and AIDS lay in having sex without a condom, and sharing a needle. Students who said their last sexual act was unprotected felt twice as vulnerable to infection as those who had sex using a condom.

### 3.1.5 Sexual attitudes

Around half the boys and 60 per cent of the girls said they were romantically involved with someone – nearly twice as many as in the baseline study. In schools that did not offer the curriculum, a larger proportion of boys said they had a girlfriend, said they drank alcohol with their girlfriend, and said they would have sex with their girlfriend if offered.

Sixty-three per cent of boys would say “yes” if their partner wanted to have sex, while fewer than 4 per cent of girls would say the same. However only 73 per cent of girls and 19 per cent of boys said they would say “no” if asked, suggesting that about 20 per cent of boys and girls were undecided. In the baseline study the number of Grade 8 girls willing to have sex with their partner was about the same, at 3 per cent, while 45 per cent of Grade 8 boys would say “yes”.

### 3.1.6 Sexual experience

Ten per cent of boys said they had sex with their girlfriends. However, 21 per cent said they had had sex at some time in their lives. The researchers believed the difference might be because some had engaged in sex with partners who were not girlfriends. Boys in curriculum schools were a little less likely to be sexually experienced than their counterparts in non-curriculum schools. In the baseline study, 6 per cent of Grade 8 boys said they were sexually experienced. Five girls out of 432 said they had slept with their boyfriend, and the same number said they had ever had sex. Since schoolgirls in the 11th grade were known to be falling pregnant, the research team suspected the interview format did not encourage the sharing of intimate feelings, especially by girls. Among Grade 8 girls interviewed in 2006, three said they had sex with their boyfriends, and the same number said they had sex.

The average age of first sex among boys was a little over 15, in a sample that averaged 17 years of age. Seventeen out of 471 romantically involved students – fewer than 4 per cent – said the object of their affection was the same gender as they were. Three years earlier, a similar proportion of Grade 8 students had same-sex relationships, with an equal split between boys and girls. Two Grade 11 boys had their first sexual experience with another male.

### 3.1.7 Condom use

Of the 90 boys who said they had ever had sex, 64 said they used a condom during their most recent encounter, and 43 said they'd had more than one sexual partner during the previous 12 months. There was no significant difference among boys at schools with or without the curriculum.

While the number of girls who reported sexual activity was small, four out of five said their last sexual encounter was without a condom. In the baseline study, 26 per cent of girls said they would not use a condom with someone they loved, while three years later only 15 per cent of girls said there was no need to use a condom with a boyfriend.

There was a slight shift from the baseline study in students' attitude as to who was responsible for taking precautions against STIs and pregnancy, with more boys and girls in the Grade 11 saying both partners were responsible. As in the baseline survey, most Grade 11 boys still said males were in charge, but a larger number of girls said women should take equal responsibility.

When it came to sexual activity and attitudes among boys, there was no significant difference between curriculum and non-curriculum schools. However fewer girls in non-curriculum schools saw the need for their boyfriends to use a condom.

### 3.1.8 Teenage pregnancies

More than one third of students said they knew a girl their age who had fallen pregnant in the past 12 months. While some girls were believed by classmates to have dropped out of school due to family poverty, others were known to have left due to pregnancy and/or marriage.

More girls in non-curriculum schools were said to have been married in the past year than in curriculum schools. This could be due to the greater number of non-ethnic Lao, who traditionally marry at an earlier age than ethnic Lao.

### 3.1.9 Sources of information about sex

Friends were the biggest source of information on sex for boys, although girls were more likely to turn to teachers. This was a shift from the Grade 8, when both girls and boys were more likely to learn about sex from their friends than from anyone else.

Boys were popular as a source of information on sex – more than a quarter of the girls turned to boys, although almost no boys turned to girls. Girls in curriculum schools listed boys as a major source of information on sex more often than girls in non-curriculum schools.

While teachers of both genders were consulted about school issues, students felt more at ease discussing sexual matters and HIV and AIDS with a teacher of the same sex.

In the baseline study, family was consulted for information on sex by 43 per cent of girls and 26 per cent of boys. However, by 2009, family had fallen out of favour, being mentioned by only 17 per cent of girls and nine per cent of boys. TV showed a similar decline as a source of information on sex, from around 20 per cent for both boys and girls in 2006 to less than 10 per cent in 2009.

Regarding advice on sexual matters, about a quarter of both boys and girls said they would turn to nobody, but more than twice as many said they would turn to a friend of the same gender. As for advice about when to have sex for the first time, one third of respondents said they would ask a teacher, or a friend of the same gender, but nearly as many said they would not ask advice from anyone. The answers to this question did not vary significantly between curriculum and non-curriculum schools.

## 3.2 Substance abuse

### 3.2.1 Drugs

Nearly all students knew the names of drugs like Ya Baa (methamphetamine) and marijuana. Girls in the Grade 11 were a little less likely to recognize “glue” as a drug than their younger counterparts (75 per cent in 2009 versus 87 per cent in 2006) but were just as likely to know someone using Ya Baa as boys. Knowledge of drugs was similar in non-curriculum schools.

Thirteen boys in curriculum schools (4 per cent) and nine boys in non-curriculum schools (7 per cent) said they had taken drugs, mainly amphetamines. None of the girls made a similar admission. In 2006 none of the Grade 8 students admitted to using drugs.

Around 2 per cent of students said they would accept if they were offered drugs. This proportion was higher in non-curriculum schools, at 5 per cent for boys and 7 per cent for girls. The proportion of students who would say “no” to drugs was higher in curriculum schools, at 10 per cent, against 5 per cent of students in non-curriculum schools.

Knowledge of some consequences of drug use seems to have declined since the baseline study. For example, “poor health” was identified by 71 per cent of Grade 8 students, against 57 per cent in Grade 11. The number identifying “violence” declined from 40 to 23 per cent. However, older students were more likely to identify “forgetfulness” or “wasting time and money”. The research team speculated that these changes may reflect students’ own observations, rather than what they heard in class. The answers were similar in curriculum and non-curriculum schools.

Just under half of the students in curriculum schools said they knew at least one person who used drugs in their community, although in non-curriculum schools only 34 per cent knew drug users. In 2006, 42 per cent of Grade 8 students said they knew a drug user.

When asked if they knew anyone in their school who had used drugs, about a quarter of the students said they did. The research team noted that students who knew more than three people using drugs were more likely to try drugs themselves, at 11 per cent versus 2 per cent of those who did not know any users. Among male respondents, 17 per cent of those who knew drug users had used drugs themselves, against only 1 per cent who did not know any drug users.

Parents of boys indicated they were most concerned about drugs. They expressed frustration in being unable to monitor their sons' whereabouts because they had mobile phones and motorbikes, and parents worried they could fall prey to drugs sellers.

### 3.2.2 Alcohol

In villages throughout Lao PDR, drinking alcohol is traditionally associated with celebrations and social occasions such as festivals and parties. In some communities tradition compels young girls to drink with guests, so it is not surprising that the general attitude of young people towards alcohol consumption contrasts significantly with their attitude towards drugs.

Nearly 90 per cent of the students said they had consumed alcohol at some time. In addition, 53 per cent of boys and 16 per cent of girls said they'd been drunk at least once in the past six months. Strangely, even more of the Grade 8 students in the baseline study – 66 per cent – said they'd been drunk in the past six months. The research team speculated that older respondents were more able to manage their drinking, socially or physiologically.

In terms of drunkenness, there was no significant difference between boys in curriculum and non-curriculum schools, but girls in non-curriculum schools were somewhat more likely to admit to having been drunk. Comparing the baseline with the 2009 assessment, there was a significant increase in the number of girls who said they enjoyed drinking alcohol, from 64 to 80 per cent. Researchers were surprised to find that girls enjoyed drinking even more than boys their age – a reversal of the situation in the baseline study.

When asked whether they would accept a drink if offered by friends, around two thirds of the students said they would. Older students were more receptive to alcohol – over the three years since the baseline study, the number of pupils who would refuse to drink with friends dropped from 56 per cent to 35 per cent.

The average age at which young people started drinking was a little over 13 years, with no significant difference between boys and girls, or urban and rural areas. Boys were more aware than girls (60 per cent versus 40 per cent) of the health risks associated with drinking.

Parents of girls were concerned about alcohol consumption, but were more worried about unwanted pregnancies. Parents of boys were also concerned about alcohol consumption because of changing social patterns that included more leisure time, more social occasions around holidays and festivals, and the lure of beer shops. Rural parents were less concerned about how their children spent their leisure time because they were more involved in household chores. Parents of boys also worried their sons may be harmed by road accidents or get a girl pregnant.

### 3.2.3 Sources of information

When it came to questions about alcohol, students turned mainly to friends of the same gender. Girls were more likely to ask boys than their parents for advice. In curriculum schools, 24 per cent of students said they would ask teachers, against 16 per cent in non-curriculum schools.

Regarding questions about the effects of drugs, boys were most likely to seek advice from their male friends, while girls turned first to their teachers, and second to boys. Twenty per cent of boys would talk to nobody – up from six per cent among Grade 8 boys – but very few girls kept their questions to themselves.

Advice about preventing pregnancy was generally sought from friends of the same gender, parents (more for girls than boys) and teachers. In this area, girls did not turn to boys for advice.

When they had problems with friends, family members, studies or teachers, two thirds of students said their main source of support was friends of the same gender. Their secondary sources of support were parents, relatives and teachers, each at around 20 per cent, although parents play a greater role for girls than boys.

Once again, girls often turned to boys, while boys seldom turned to girls. Boyfriends and girlfriends were not a source of information for their partners. About 30 per cent of boys and 15 per cent of girls said they would ask nobody. There was no significant difference between curriculum and non-curriculum schools.

On social issues, parents voiced concern about their children's use of mobile phones and time spent playing games on the Internet and games such as snooker and pool. They said their own access to information on social issues came from talking to peers, from attending village meetings, from radio and TV news, and from gossip.

## 3.3 The life-skills curriculum

Teachers, parents and students were asked for their views on the life-skills curriculum.

Among the concerns expressed by teachers were that not all teachers who taught the curriculum were trained for it, while some who were trained were assigned other subjects. Some said no reporting system was in place to measure or assess their teaching, or that there was very limited follow-up, support or supervision. A coordinator was needed at school level to provide this.

Some teachers said the training period of five days was too short – two weeks would be more appropriate. Also the training location should be tied to their location, as rural trainees preferred to be trained in rural areas. They said the teacher in charge of the topics should get at least two sessions of training, and core trainers should assess the impact of their teaching on the trainees.

Some teachers did not use the life-skills method to teach the curriculum, and were still using read-out methods without student participation. Pupils' initial interest decreased rapidly when the information became repetitive. There were few posters about project topics, and those they had had to compete with other programmes. There was also a lack of materials such as markers and large-size paper to create activities for pupils. Small classrooms with too many pupils made effective group work difficult.

Another theme to emerge from the teacher interviews was that project textbooks were too wordy for pupils whose reading capacity was limited. On the other hand, teachers' knowledge was often limited to what was in the textbook and manuals. Some thought the information needed to be updated, and teaching methods invigorated. Access to project textbooks was not universal, and bigger schools had to use their books sparingly. At some schools, textbooks were in poor condition or had been destroyed by mould.

Some principals reported that unmarried teachers were not confident enough to openly discuss issues relating to reproductive health, drugs and alcohol with pupils. Pupils expected teachers to teach but they did not necessarily expect them to offer counselling on personal issues.

### 3.3.1 Parents' opinions

Parents were largely unaware of the subjects being taught within the life-skills curriculum, but when the objectives of the curriculum were explained they were supportive of the concept. None had talked about curriculum topics with their children, but they heard their children talking about these issues with their friends. Most said their children spent more time with friends than family.

### 3.3.2 Students' opinions

Several students said the most difficult subject was reproductive health, because there were many lessons and the content was lengthy. Most said they found that lessons related to sex matters were interesting but the effectiveness of the presentation depended on the teacher's attitude. The easiest topic for them was drugs awareness because they had heard a lot about this from TV, from people in the village, and from their parents.

In terms of positive feedback, some students said they had learned information that they could share with friends who did not have the opportunity to go to school. Others said they found the curriculum helpful to avoid risky situations and "doing wrong". Some mentioned the free textbooks, which had to be returned at the end of the year, while others appreciated group work and role-play.

In terms of negatives, they said the textbooks were not interesting because there was too much writing and explanation, and no pictures. For some, the books were used only during the class and had to be returned when the class finished. "The topics were taught through lecture with no pictures," said one. "I could only understand 30 per cent from listening to the teacher talk. I took notes but I never read them outside class."

Another student said he would like to know if a virgin girl can get pregnant the first time. "I don't dare ask this question to a teacher."

## 4. Discussion



This assessment confirms what many studies of life-skills based education (LSBE) programmes around the world have found – positive influences on knowledge, attitudes, intentions, skills and abilities, but limited changes in behaviour.<sup>5</sup> Nevertheless, many researchers are convinced that increased knowledge and greater self-efficacy are the basis of long-term behavioural change. The bigger question, perhaps, is what can be done to improve the curriculum, so that students have the strongest possible foundation for a healthy and productive life.



The present assessment investigated the knowledge, attitudes and behaviour of students exposed to the life-skills curriculum, but not the methods or materials used to teach it. However in 2008 the United Nations Population Fund commissioned an assessment of the same programme<sup>6</sup> which concluded that pre- and in-service training for teachers, while providing knowledge, did not develop the necessary skills to deliver the curriculum effectively in the classroom. They also found the concept of life-skills was unclear to many teachers, and that additional support materials – beyond the textbooks – were needed.

Their findings were consistent with other studies. A 2004 assessment of Myanmar's School-based Healthy Living and HIV/AIDS Prevention Education programme<sup>7</sup> found that teacher-training workshops of four to six days were not enough for teachers to internalize new information and methods, and recommended that district support teams be put in place to support them. The report observed that programme development should be ongoing, and feedback from the field was needed to guide it.

A paper by Michael Kelly published by Columbia University<sup>8</sup> pointed out that teachers in African countries often had “resistance concerns” as to whether sex education, the formation of appropriate sexual attitudes, and the transmission of specific behavioural guidelines should be part of their work, when their training and orientation were directed towards academic areas. He also found the majority of programmes were targeting pupils aged nine and older, when they should be reaching them from the day they entered school.

Kelly noted that programme delivery was almost exclusively in the hands of teachers, with minimal involvement of parents and young people. This meant that life-skills education was assimilated into curriculum areas that often had little relevance outside the classroom. Consequently, although programmes provided young people with factual information, they did not lead to behaviour change.

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<sup>5</sup> Effects and Effectiveness of Life Skills Education for HIV prevention in Young People. Ekua Yankah and Peter Aggleton. (2008) *AIDS Education and Prevention*, 20(6), 465-485

<sup>6</sup> UNFPA (2008) *Rapid Assessment of the Quality of Implementation of Reproductive Health/HIV/AIDS/STI Drugs Education Life-Skills-Based Education Curriculum*.

<sup>7</sup> UNICEF (2001). *Skills-based health education and Life-Skills – The Myanmar Experience*. <http://www.unicef.org/lifeskills/files/myanmar2001report.pdf>

<sup>8</sup> Columbia University (2002). *Standing Education on its Head: Aspects of Schooling in a World with HIV/AIDS* by Michael J. Kelly. <http://www.tc.edu/CICE/Archives/3.1/31kelly.pdf>

In their assessment of LSBE, Save the Children and ActionAid International<sup>9</sup> recommended that more resources should be used to develop highly skilled and motivated teachers with a deep understanding of their subject, and to support them in their work. They said more emphasis should be placed on participatory approaches, and warned that “the successful implementation of such approaches in schools requires far more effort than has currently been provided.”

The subject of student participation comes up often in the literature. A South African study<sup>10</sup> found that teachers of life skills needed to acquire the ability, skills, and confidence to move away from fact-based information giving, and towards methods that engage students in discussion, role-play and active participation.

In a review of the global literature on LSBE, Yankah and Aggleton<sup>11</sup> point to the importance of interactive, non-didactic teaching methods that involve students, and also to the value of peer-educator programmes to reinforce classroom teaching. “Ideally, life-skills programmes should be designed incorporating the perspectives and needs of young people and allowing them equal participation in the learning process.”

By way of positive example, a study in China<sup>12</sup> found student participation in active learning strengthened student-teacher relationships, improved the classroom climate, accommodated a variety of learning styles, and provided alternative methods for teaching. This study found the life-skills programme increased students’ communication skills, which enabled nearly half of them to convey what they had learned to others in their community.

As for the teachers themselves, a Mexican study<sup>13</sup> found that, when provided with appropriate training, they tended to become more flexible and fair with classroom rules, their relationships with students improved, violent behaviour and attitudes toward students decreased, communication in the classroom and with parents improved, they became more receptive to different teaching methods, and they were more motivated as educators and more confident in the classroom.

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<sup>9</sup> Save the Children/Action aid International (2009) UK Working Group on Education and HIV/AIDS: Life-Skills-based education for HIV/AIDS Policy and Research Issue 3.

<sup>10</sup> The Impact of an HIV and AIDS Life Skills Program on Secondary School Students in KwaZulu-Natal, South Africa. Shamagonam James et al. (2006) AIDS Education and Prevention, 18(4), 281-294

<sup>11</sup> Effects and Effectiveness of Life Skills Education for HIV prevention in Young People. Ekuia Yankah and Peter Aggleton. (2008) AIDS Education and Prevention, 20(6), 465-485

<sup>12</sup> Effectiveness of a School-Based AIDS Education Program among Rural Students in HIV High Epidemic Area of China Yan Cheng, et al. (2006) Society for Adolescent Medicine.

<sup>13</sup> Communication as a Protective Factor: Evaluation of a Life Skills HIV/AIDS Prevention Program for Mexican Elementary School Students. Susan Pick et al. (2007) AIDS Education and Prevention, 19(5), 408-421

# 5. Recommendations

## National curriculum:

- Integrate life-skills education into national core curricula, to ensure information is delivered consistently to all primary and secondary school students nationwide, and that teachers and schools are accountable for measurable results.
- Revise the manual to address the needs of pupils who are already aware of, and possibly exposed to the risks described. Make the information less theoretical and more relevant to the real world.
- Ask school principals to monitor and supervise the use of textbooks by teachers and students to ensure the learning materials are available for use both in class and after hours.

## Teacher training and support:

- Improve the quality of both in-service and pre-service teacher training. Place more focus on a student-centred approach to life-skills education.
- Support teachers in charge of the curriculum by, for example, providing supervision by core trainers and principals, and channels of communication between teachers and pupils.
- Review the quality and availability of books and other educational materials.

## Synergy with external programmes:

- Coordinate with partner organizations pursuing the same goals to create synergy.
- Ensure that school programmes reflect community traditions. Position the curriculum with respect to cultural norms. Involve parents and community groups.
- Provide same-gender classes to give students greater freedom to express their feelings and ask difficult questions.

## Monitoring and evaluation:

- Improve monitoring of the project at all levels, from the classroom to the provincial department of education. Develop monitoring tools and build the capacity of staff to use them. Incorporate indicators on life-skills education in the Education Management Information System.
- Regularly assess the behaviour of young people with respect to risk taking. Meet regularly with teachers and pupils to assess pupil satisfaction and interest levels. Ensure teaching methods and content are constantly updated to reflect the real life experience of pupils.
- Regularly assess the sources of information to which students are exposed, and the impact on their behaviour of the messages they are receiving, to ensure the relevance of the information being delivered to the students already engaged in higher risk behaviour.
- Learn more about the situation of school dropouts and their knowledge and behaviour, and compare that to their peers who remain in school. Assess the situation of pregnant pupils and review opportunities to further their studies.

## Stigma and discrimination:

- Actively address stigma and discrimination in schools and learning institutions against people living with HIV.
- Involve people living with HIV in the delivery of life-skills education and raising awareness.
- Ensure that children and young people affected by AIDS are able to access and participate in school activities and learning opportunities without discrimination.



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