Declaration of Interest

Project funded by ViiV
If you could change one thing....?
Teachers’ awareness of HIV and the needs of children affected by HIV

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To tell and not to tell

Submitted by Paul Dele on Sun, 31/07/2011

It is good to consider telling the school your child attends about HIV in your family. There are definitely advantages as well as disadvantages.

Advantages
If your child does not have HIV, the school may still help you when you are not feeling well. If the school knows, they will be able to support your child and be understanding when you are ill or in hospital. It may be that your child misses school, or doesn't complete their homework because of how HIV is affecting your family, and this may worry them at times. The school that knows could be more supportive and understanding.

Schools can work with families to try and ensure that children don't miss out on their education. Many schools have experience of supporting children whose parents have a long-term health condition and can be flexible to ensure that children don't miss out.

If your child has HIV, the school will be able to support them if they have poor health, and give them any additional support they may need. Your child may benefit from having someone else outside their family who they can talk to when they need to. Teachers can be very important people in children's lives.

If the school knows your child is living with HIV and is taking treatments, they will be able to manage this properly on school trips. This could mean your child can go on trips and holidays, whereas if the school doesn't know, you may feel this is too difficult for your child to manage (see School trips).

There are approximately 30,000 children living in a family where there is HIV in the UK. They know about these children, where they are and what kind of support they need, the best care possible.
Study context

Sample and methodology

Market: UK

Methodology: online, 15 minute survey

Target group and sample size: n=500 secondary school teachers

Fieldwork dates: 26th September - 20th October

Recruitment criteria:
• Full time teacher working in a secondary school
• Not taken part in market research in past 2 weeks

Further details can be found in the appendix, click here

Study objective
To generate robust statistical evidence to support communication messages around improving awareness and management of children with or affected by HIV in schools
Fewer than 1 in 8 teachers are aware of having taught a student who has or is affected by HIV.

To their knowledge, 6% have taught a student who is HIV positive.

65% have never taught a student who is HIV positive.

29% don’t know if they have ever taught a student who is HIV positive.

To their knowledge, 12% have taught a student who is affected by HIV.

53% have never taught a student who is affected by HIV.

35% don’t know if they have ever taught a student who is affected by HIV.

Significantly more in comprehensive schools have taught a student who is affected by HIV (16%).

Q2. To your knowledge, have you ever taught a student who is HIV positive? Q3. To your knowledge, have you ever taught a student who is affected by HIV? Base: all respondents (500).
39% of teachers have **never taught a lesson** that covers HIV. **One quarter** have but **did not consider** whether any of their students might have or be affected by HIV.

Q4. When teaching a lesson that mentions HIV have you ever considered whether a student in your class might have HIV or be affected by HIV? Base: all respondents (500).

**39%**

have never taught a lesson that mentioned HIV

**Of the 61% taught a lesson that mentioned HIV:**

**34%** considered whether a student in their class might have HIV or be affected by HIV

**24%** did not

**3%** DK
Three-quarters of teachers say the subject of HIV is taught in PSHE (Personal, Social, Health and Economic) classes

- **73%** HIV is taught in PSHE class
- **24%** HIV is taught in sex & relationships education
- **27%** HIV is taught in science class
- **11%** HIV is not taught at all
- **5%** Other

**Q1. How is the subject of HIV taught within your school, if at all? Base: all respondents (500). [Multicode question]**

Significantly more in independent schools say HIV is taught in science class (39%)
Over 50% of teachers mistakenly believe that HIV can be transmitted through sharing a razor or via spitting/biting.

Q16. Please indicate whether or not you believe that HIV can be transmitted in the following ways? Base: all respondents (500).

### Sources of HIV transmission
- Sexual intercourse: 99%
- Injecting drug users/sharing injecting equipment: 98%
- Contaminated blood products: 96%
- Mother-child transmission: 87%
- Breast feeding: 37%

### Non-sources of HIV transmission
- Sharing a razor: 58%
- Spitting/biting: 52%
- Kissing: 18%
- Sitting on a toilet: 2%
- Sharing bath/swimming pool: 2%
- Hugging/holding hands: 1%
Misunderstanding of risk of HIV transmission via spitting / biting and kissing is higher amongst teachers who have been in the role the longest.

Q16. Please indicate whether or not you believe that HIV can be transmitted in the following ways? Base: all respondents (500).

<table>
<thead>
<tr>
<th>Non-sources of HIV transmission</th>
<th>Years working as a secondary school teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-6 (n=110)</td>
</tr>
<tr>
<td>Sharing a razor</td>
<td>65%</td>
</tr>
<tr>
<td>Spitting / biting</td>
<td>49%</td>
</tr>
<tr>
<td>Kissing</td>
<td>14%</td>
</tr>
</tbody>
</table>

Ipsos Healthcare
Fewer than 50% of respondents are aware that mother to child transmission is the main route of HIV transmission to children.

Of the ways that respondents’ think HIV can be transmitted, respondents’ perceptions of the most common way that children/young people become infected with HIV (% ranking each in first place):

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother-child transmission</td>
<td>45%</td>
</tr>
<tr>
<td>Sexual intercourse</td>
<td>29%</td>
</tr>
<tr>
<td>Injecting drug use/sharing needles</td>
<td>18%</td>
</tr>
<tr>
<td>Contaminated blood products</td>
<td>5%</td>
</tr>
<tr>
<td>Breast feeding</td>
<td>4%</td>
</tr>
<tr>
<td>Spitting/biting</td>
<td>3%</td>
</tr>
<tr>
<td>Kissing</td>
<td>2%</td>
</tr>
</tbody>
</table>

Q16a. In the UK, what would you say are the most common ways that children and young people (i.e. under the age of 16) become infected with HIV? Base: varies according to how many respondents chose each at Q16.
43% of respondents are **unaware of whether their school has policies** in place to help manage students with/affected by HIV.

**43% don’t know** if their school has any policies in place that provide guidance on how to manage the needs of students with/affected by HIV.

**36% say their school does not** have policies in place.

**21% say their school does have** policies in place.

Q6. Does your school have any policies in place that provide guidance about how to manage the needs of students with or affected by HIV? Base: all respondents (500). Q6a. Which of your school’s policies provide guidance on the management of the needs of students with or affected by HIV? Base: all respondents who answered yes at Q6 (105). [Multicode question]

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**School policies that provide guidance on management of students with/affected by HIV**

- Health and Safety: 59%
- Medical Conditions: 59%
- First Aid: 49%
- Inclusion: 49%
- Medications: 42%
- Anti bullying: 38%
- General Policy: 35%
- SRE: 18%
- Other (please specify): 2%

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*Ipsos Healthcare*
Two-fifths of respondents are unsure about confidentiality of HIV status; 1 in 10 does not believe there are any confidentiality requirements for HIV.

**Teachers’ knowledge about confidentiality regarding students with/ affected by HIV**

- Would never share information about someone's HIV status: 37%
- Would seek permission from parent/ student to share with named individuals: 29%
- I am unsure about the requirements regarding confidentiality of HIV status: 22%
- No specific confidentiality requirements for HIV; same as other medical conditions: 11%
- Other: 2%

**Individual that teachers would share information with**

- Headteacher: 68%
- School nurse: 63%
- Members of SLT: 47%
- Other: 18%

Q15. What approach would you take with regards to the confidentiality of a student’s HIV status? Base: all respondents (500). Q15a. You indicated in the previous question that you would seek permission from the parent/ student about HIV status to share with named individuals. Please specify who you would want to share this information with. Base: all respondents who would seek permission at Q15 (146). [Multicode question]
More experienced teachers are more likely to seek permission to disclose students’ HIV status to named individuals

Teachers’ knowledge about confidentiality regarding students with/affected by HIV

- Would never share information about someone's HIV status: 37%
- Would seek permission from parent/student to share with named individuals: 29%
- I am unsure about the requirements regarding confidentiality of HIV status: 22%
- No specific confidentiality requirements for HIV; same as other medical conditions: 11%
- Other: 2%

<table>
<thead>
<tr>
<th>Years in secondary school teaching</th>
<th>0-6 (n=110)</th>
<th>7-14 (n=162)</th>
<th>15-22 (n=94)</th>
<th>23+ (n=134)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would never share information about someone's HIV status</td>
<td>37%</td>
<td>41%</td>
<td>35%</td>
<td>31%</td>
</tr>
<tr>
<td>Would seek permission from parent/student to share with named individuals</td>
<td>25%</td>
<td>25%</td>
<td>31%</td>
<td>36%</td>
</tr>
<tr>
<td>I am unsure about the requirements regarding confidentiality of HIV status</td>
<td>21%</td>
<td>22%</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>No specific confidentiality requirements for HIV; same as other medical conditions</td>
<td>15%</td>
<td>10%</td>
<td>10%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Q15. What approach would you take with regards to the confidentiality of a student’s HIV status? Base: all respondents (500).
Three-quarters believe that all members of staff are responsible for the pastoral needs of students with/affected by HIV.

Who is responsible for the pastoral needs of students with/affected by HIV?

- **All members of staff (75%)**
- **School nurse (29%)**
- **Classroom teacher (17%)**
- **Headteacher (17%)**
- **School support staff (12%)**
- **School pastor (11%)**
- **Other (7%)**

Q5. In schools, who would you say should be responsible for the pastoral needs of students with or affected by HIV? Base: all respondents (500). [Multicode question]
For over 80% of teachers, if they found out a student was HIV+, they would be concerned about the student’s **pastoral needs** e.g. preventing bullying, support.

Specific concerns teachers would have if they found out a student was HIV+

<table>
<thead>
<tr>
<th>Concern</th>
<th>Not at all concerned</th>
<th>Not very concerned</th>
<th>Fairly concerned</th>
<th>Very concerned</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention of bullying</td>
<td>3%</td>
<td>7%</td>
<td>32%</td>
<td>54%</td>
<td></td>
</tr>
<tr>
<td>Care/ support needs of the student</td>
<td>5%</td>
<td>8%</td>
<td>41%</td>
<td>42%</td>
<td></td>
</tr>
<tr>
<td>Treatment needs of the student</td>
<td>6%</td>
<td>17%</td>
<td>38%</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>My role in helping student manage their condition</td>
<td>7%</td>
<td>19%</td>
<td>44%</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Specific education needs of student who is HIV+</td>
<td>7%</td>
<td>21%</td>
<td>42%</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>My general knowledge of HIV</td>
<td>13%</td>
<td>28%</td>
<td>39%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Risks of transmission to other students</td>
<td>12%</td>
<td>29%</td>
<td>31%</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Risks of transmission to self/ other teachers</td>
<td>20%</td>
<td>31%</td>
<td>25%</td>
<td>19%</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL concerned**

- Prevention of bullying: 86%
- Care/ support needs of the student: 83%
- Treatment needs of the student: 73%
- My role in helping student manage their condition: 68%
- Specific education needs of student who is HIV+: 67%
- My general knowledge of HIV: 55%
- Risks of transmission to other students: 53%
- Risks of transmission to self/ other teachers: 44%

Q9. More specifically, if you found out that one of your students was HIV positive, how concerned would you be about each of the following? Base: all respondents (500).
Q12. Would you like to receive further information about the needs of children or young people with or affected by HIV? Base: all respondents (500).

29% said they **would like** to receive more information about the needs of children/young people with or affected by HIV.

54% said they **would not like** to receive more information about the needs of children/young people with or affected by HIV.

17% said don’t know.

Significantly more in independent schools say no (67%).

Significantly more in senior leadership team say no (64%).

Reasons for this shown on next slide.
Q12. Would you like to receive further information about the needs of children or young people with or affected by HIV? Base: all respondents (500).

Teachers who have had **longer careers** are **less likely** to be receptive to receiving further information on the needs of children or young people with or affected by HIV.

- **0-6 yrs (n=110)**: 34% Yes, 47% No
- **7-14 yrs (n=162)**: 32% Yes, 48% No
- **15-22 yrs (n=94)**: 23% Yes, 62% No
- **23+ yrs (n=134)**: 25% Yes, 63% No
For 60% of those who do not want more information, it is either because they feel they know enough or don’t think they’ll teach a student with HIV in the future.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel I know enough</td>
<td>32%</td>
</tr>
<tr>
<td>Don’t think I’ll have to teach student with HIV in future</td>
<td>28%</td>
</tr>
<tr>
<td>Not my responsibility to have detailed knowledge on this topic</td>
<td>18%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
</tr>
<tr>
<td>Don’t have time to read</td>
<td>6%</td>
</tr>
<tr>
<td>Know someone with HIV and have good knowledge of HIV</td>
<td>5%</td>
</tr>
<tr>
<td>Not interested in this topic</td>
<td>1%</td>
</tr>
<tr>
<td>Students with/ affected by HIV don’t need special consideration</td>
<td>1%</td>
</tr>
</tbody>
</table>

Q13. If you would not like to receive information about the needs of children or young people with or affected by HIV, why is this? Base: respondents who said they did not want to receive more information at Q12 (271).

Includes:
- Would research when/ if needed: 3%
- Would receive information from school: 1%
- Would receive information from pastoral team: 1%
Teachers with fewer years in teaching are more likely to not want further information due to believing they will not teach a student with HIV or that it is not their responsibility.

Q13. If you would **not** like to receive information about the needs of children or young people with or affected by HIV, why is this? Base: respondents who said they did not want to receive more information at Q12 (271).

<table>
<thead>
<tr>
<th>Reasons given for not wanting more information about HIV</th>
<th>Years in secondary school teaching</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-6 (n=52)</td>
</tr>
<tr>
<td>Feel I know enough</td>
<td>23%</td>
</tr>
<tr>
<td>Don't think I'll have to teach student with HIV in future</td>
<td>35%</td>
</tr>
<tr>
<td>Not my responsibility to have detailed knowledge on this topic</td>
<td>23%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
<tr>
<td>Don't have time to read</td>
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<tr>
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</tbody>
</table>
Conclusions and recommendations

Given the knowledge gaps illustrated in this report there is an opportunity to improve teachers’ ability and confidence to effectively manage and support students with or affected by HIV.

The majority of teachers are keen to support their students. However, because they are not often presented with a student who has/ is affected by HIV, the challenge may be to engage them in this topic → they may have to be persuaded of the relevance of this topic to them.

The research demonstrates the importance of increasing knowledge, as misinformation exists, and any individual teacher presented with a student who has/ is affected by HIV may not have the requisite knowledge to support their student effectively.

Because the school is the first port of call for teachers who need information about HIV, it is important that resources are available and that teachers are able to support and advise each other on supporting children with/ affected by HIV.
S9. Are you [Male/ female]?
S7. For how long have you been working as a secondary school teacher?
S4. Please can you tell me which of the following **best** describes your current professional role? Base: all respondents (500).

**Sample details**

- **Female**: 58%
- **Male**: 42%

**Number of years in teaching**
- 0 to 5 yrs: 19%
- 6 to 10 yrs: 21%
- 11 to 20 yrs: 30%
- 21 to 30 yrs: 16%
- 31+ yrs: 14%

Mean of 16 years working as secondary school teacher

**Current professional role**
- Classroom teacher: 42%
- Head of dept/ subject: 34%
- Deputy/ assistant head of dept/subject: 6%
- Head of year or of key stage: 7%
- Assistant head teacher: 6%
- Deputy/ assistant head of year/ key stage: 7%
S6. If you consider yourself to have a subject or curriculum specialism, could you please tell me what it is? S5. Are you a member of the senior leadership team at your school? S10. In which area do you teach? Base: all respondents (500).
S8. What type of school do you teach in? Base: all respondents (500).
For those who are aware of guidance for teachers, their main source of information is the internet.

Details about the guidance/ materials teachers are aware of on how to manage students with/ affected by HIV:

Q7a. Can you give some details about this guidance / materials (e.g. content, how you became aware of it)? Base: all respondents who are aware of guidance/ materials for teachers on how to manage students with/ affected by HIV (98).
Where teachers would go in first instance if they found out student was HIV+/ affected by HIV: sub-group differences

Q10. If you found out that one of your students was HIV positive, where would you go in the first instance for advice and/or support? Q11. If you found out that one of your students was affected by HIV, where would you go in the first instance for advice and/or support? Base: all respondents (500).

Regional differences

More in NI/ Scotland/ Wales would speak to head teacher: student HIV+, 37%; affected by HIV, 35%

More in Rest of England would speak to head teacher: student HIV+, 24%

More in London would speak to school nurse: student HIV+, 25%; affected by HIV, 22%

More in Rest of England would speak to school nurse: student affected by HIV, 19%

More in NI/ Scotland/ Wales would speak to a colleague: student HIV+, 25%

More in secondary comprehensive would speak to a colleague: student affected by HIV, 26%

More in independent secondary would speak to head teacher: student affected by HIV, 31%

School type differences

Management differences

More not in SLT would speak to a colleague: student HIV+, 22%; affected by HIV, 26%

More in SLT would speak to a HCP: student HIV+, 26%; affected by HIV, 19%

More in Rest of England would speak to head teacher: student affected by HIV, 26%