

# FOREIGN LANGUAGE SCHOOLS IN CAMBRIDGE

*A report into the provision  
of sexual health  
information by Foreign  
Language Schools*

**Produced by DHIVERSE**  
*Action for Sexual Health and HIV*

**With funding from Cambridge  
Action For Sexual Health (CASH)**



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## **Executive Summary**

This report was commissioned by the Cambridge Action for Sexual Health (CASH) group in response to anecdotal evidence of higher than expected levels of sexually transmitted infections and requests for termination of pregnancy by foreign language schools students in Cambridge.

The aims of the report and the research conducted were to gather information as to the demography of the foreign language school student population; to assess current provision within the language schools of sexual health information, services and resources; and to identify appropriate networks and mechanisms for the development of sexual health promoting activities in partnership with the schools in Cambridge.

The background research for the project identified that beyond the anecdotal evidence of sexual health service providers there was little research or other information as to the language schools and the students that they teach.

This report and the recommendations can only represent a first step in developing a programme of work with the language schools. This report does not represent a needs assessment, as research was not conducted directly with the students, but rather with the institutions providing the tuition. The report includes a recommendation to consider a more detailed needs analysis project as the links with the language schools develop to enable this.

The methodology was to send a questionnaire requesting details of demographics, current provision and opportunities for future work to the twenty-five identified language schools. Interviews were then conducted with language schools who responded to the questionnaire, in order to add qualitative information to the questionnaire data.

A relatively low response rate was obtained, with eleven language schools returning questionnaires. It is notable however that those language schools who did respond included the larger language schools, thus the data are likely to represent the majority of language students in Cambridge. Those language schools that did not respond were contacted by telephone and in some cases identified that sexual health issues were not a concern for their students – this may be indicative of unidentified or unmet need within schools not participating in the research.

The results show that the highest nationality intake of the schools surveyed is Chinese /Taiwanese (18%) with this also being the most common language spoken (22.2%). German is also a common first language amongst the sample (22%). This indicates that leaflets in these languages would be beneficial and cover a large amount of the population.

The age of most language students falls within the 19-21 (33.7%) or 16-18 (30.8%) age ranges with the older age groups staying longer than 3 months and the younger staying 2-3 weeks.

Only 4 of the schools surveyed currently provide any specific sexual health information and this information is usually only available on request. There is no specific sexual health programme in place at any of the language schools represented in this report.

Within the limitations of the project design it is clear that when compared with sexual health provision within other educational institutions within the City – the provision within language schools is clearly less developed and less well integrated into statutory and voluntary sector provision.

A full list of recommendations are included at the end of this report – however priorities are the development of a network amongst the foreign language schools to facilitate the development of future work and the identification of best practice; the development of a specific printed information resource, translated into appropriate languages, as a partnership project between the schools and local health and youth agencies; and the development of other interventions including targeted sexual health outreach and peer education programmes.

## **Background**

Cambridge has a large migrant population due to its location and the economic climate. In-migrants and mobile populations are annually equal in size to the resident population. Along with the populations of the two Universities, there is also a significant population of language school students. There are numerous centres in Cambridge offering courses to students from overseas but there seems to be no governing body that could provide an accurate figure or addresses. Twenty five centres were identified using the information available (Cambridge Constabulary and County Library figures).

As with the language centres themselves, there is no figure of how many foreign language students there are in Cambridge, the only figure that could be found was from the Cambridge Evening News (1998) that estimated that there was 'more than 20,000'. Despite this high estimate of overseas students amongst the populace of Cambridge, there appears to be little special provision made to promote and support their sexual health.

Anecdotal evidence from sexual health practitioners would suggest those students staying longer within Cambridge are more likely to mix and socialise with other non-overseas students and with the resident population. Also, it is reported that those students staying for longer than three months are more likely to enquire about emergency contraception and abortion services.

There is evidence from local health providers that has suggested that there has been an increase in the level of service access from overseas students in Cambridge and an increase in the instance of overseas students presenting symptoms of STIs as well as unwanted pregnancies.

DeBell (2002) highlighted in 'Sexual Health and HIV Baseline Review/Cambridgeshire', that young people in general and language school students in particular are not having their sexual health needs catered for and there is very little evidence, research or health promotion strategy in this area:

*"Major public health service gaps for the whole population of the County occur at the post-16 level. For example, there is no sexual health promotion or information strategy in any of the County's further education colleges or in the language schools for overseas students."*

The report clearly recommends that provision of these essential services be developed.

This is important as national figures have shown that there is a higher incidence of HIV diagnosis in the UK than ever before. This can also be seen in Cambridgeshire as the table below illustrates (Cambridge City NHS Annual Report, Gregson, 2002).

Table 1: *New Diagnoses of gonorrhoea, Chlamydia, syphilis, & HIV 1997-2001, Cambridgeshire GUM Clinics*

	1997	1998	1999	2000	2001	%Change over past 5 years	1 year
Syphilis	8	6	24	28	21	163%	- 25%
Gonorrhoea	123	120	106	114	128	4%	12%
Chlamydia	771	941	931	1021	1162	51%	14%
HIV	25	30	19	32	53	112%	66%

Source: KC60 Database where diagnosis is A 142, A3, A4A5A6, A7, A8, & A9 for Syphilis, B1B2, B3, B4, & B5 for Gonorrhoea, C4AC4C, C4B, C4D & C4E for Chlamydia & E1A & E3A for HIV

These figures not only show an increase in HIV diagnoses, but all STI diagnoses. These data follow the National trend that shows a decline in sexual health and increase in sexually transmitted infections (National Strategy, Department of Health, 2003)

This is supported by statistics from the Public Health Laboratory Service (PHLS). According to these statistics, the number of new Chlamydia diagnoses increased by 108% in the period between 1996 and 2001 and in the same period, cases of gonorrhoea increased by 87%. The highest number of cases for both infections were recorded in males aged 20-24 and females aged 16-19.

Dr. Fenton from the HIV/STI division of the PHLS Communicable Disease Surveillance Centre has said that these statistics reflect the changes in sexual attitudes and behaviour over the last ten years. During this period, an increase of risky sexual behaviour has been observed along with people having sex at a younger age and reporting a larger number of sexual partners.

Although this data is from the UK, there is also evidence (Nicoll & Hamers, 2002) that infection rates for gonorrhoea, syphilis and HIV have increased in a number of countries in Europe. Research has also shown that countries such as Portugal, Spain and Italy have higher rates of infection than the UK (Feijoo & Alford, 2001, Eurostat, 2002). There is also evidence of a decline of the age of first sexual experience in many European countries (Bozon & Kontula, 1997). This would seem to suggest that the decline in sexual health is not just happening in the UK but in other European countries as well.

## **Aims of this Report**

1. To gain better information as to the demography of the mobile foreign student population in Cambridge and to map the educational providers that offer courses to them.
2. To identify what mechanisms are in place within language schools in Cambridge for the provision of sexual health education or information.
3. To identify opportunities to develop this capacity within those institutions based on the needs identified.
4. To provide an evidence base for agencies working with language schools to both inform practice and secure funding for further research or interventions.

## **Method**

### **1. Questionnaire Survey of Language Schools.**

A 15 question questionnaire was developed and sent out to 25 providers of language courses to overseas students. This asked about the demographics of their student populations, what current provisions they made for sexual health education/information giving, what issues had arisen from this and what support would enable them to develop and improve their services (See appendix 1). Of the 25 sent out, 11 were returned (44% of the potential sample). The questionnaire was developed in consultation with CASH member organisations including Clinic 1A and the Family Planning Service.

### **2. Questionnaire to Health Providers.**

A questionnaire directed at health professionals was designed in an attempt to also glean information from them about the target group. However, the bodies involved were unable to provide any meaningful data. It was suggested to us by agencies that they would not be able to answer any of the questions due to either regulations placed on them, or because their monitoring would not show any difference between short term or long term students or between people living and working in Cambridge and those visiting from overseas. This led to the carrying out of paper research and the Director of Public Health for Cambridge's annual report which covered issues surrounding sexual health.

### **3. Interviews.**

Interviews of either the school principal, welfare officer or another member of staff representing the language school were conducted with the schools that responded to the questionnaire. These largely took place by phone. The representatives of the language school were encouraged to share with us the benefit of their experience of working with language students and give their opinions on the problems as they perceive them and the best way we can serve the students in their care. They were encouraged in particular to

elaborate on factors they believed we should be taking into consideration when providing information about services to students.

The results that were obtained from the questionnaire were entered on to SPSS and analyzed together with comments that had been written on the questionnaire and made during the interview. These comments were important as they often provide the context in which the answers on the questionnaire were made and provide additional information that is beyond the scope of the questionnaire. It also allowed clarification of any answers on the questionnaire that were unclear.

## **Results**

### **Sample**

From the Cambridgeshire Constabulary and the County Library it was possible to identify twenty-five language schools offering courses to foreign students in Cambridge of which eleven responded to the questionnaire. This study, although having a less than 50% return rate, actually covers most of the larger language schools in Cambridge. Despite 2 of the schools being unable to provide figures on student numbers, it is reasonable to assume, based on their sizes, that this report covers a considerable proportion of the target population (sample >10,000, Cambridge Evening News, 1998 quotes 'more than 20,000'). However, the schools that did not respond and did not agree to a telephone interview are where the students with the greatest need are likely to be. Although most of the schools were helpful, comments from the interviews showed a general negative trend as shown by the example below:

*"We do not see that the research relates to us"*

*(We don't provide any sexual health information) '..in fact I don't think that any language school would'.*

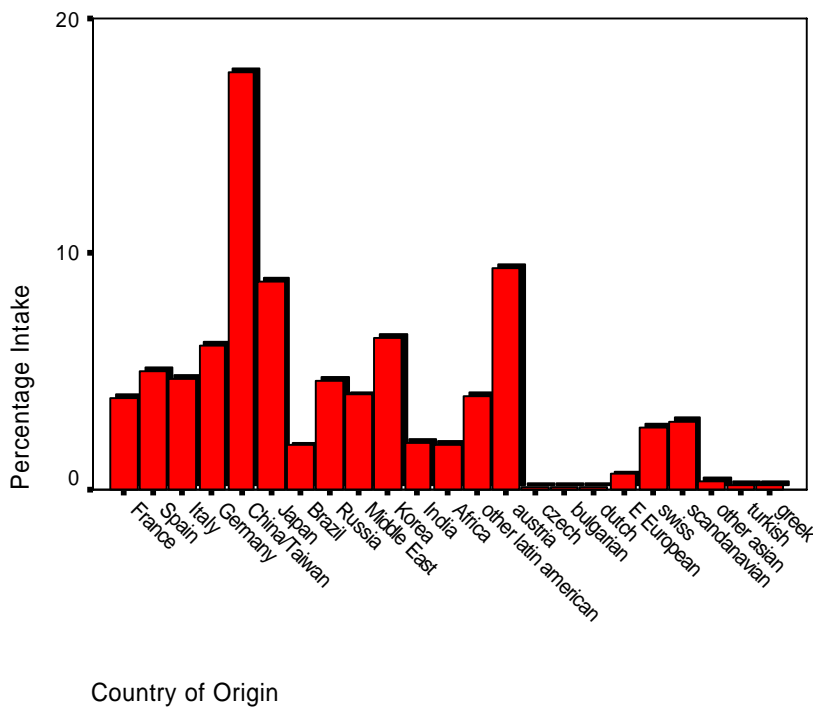
However, it would seem that the research does relate to them as one school disclosed during an interview that during the summer, they had a situation with a girl who had an unwanted pregnancy. This provides evidence that students coming to the Cambridge language schools are sexually active and so need appropriate services to cater for their sexual health needs.

### **Demographics**

#### *Country of Origin*

According to the data collected and analysed in this study, the foreign language student population is made up of a fairly wide variety of nationalities. The data suggest that the highest nationality intake of the schools surveyed is Chinese /Taiwanese (18%) with other prevalent nationalities being Japanese (9%), Austria (9%), German (6%) and Korean (6%) (Figure1). The nationality would also seem differ depending on the time of year. Most schools took a higher percentage of European students during the summer months and a higher percentage of Chinese/Taiwanese students during the academic year.

Figure 1: *Percentage intake of Students from Each Country*

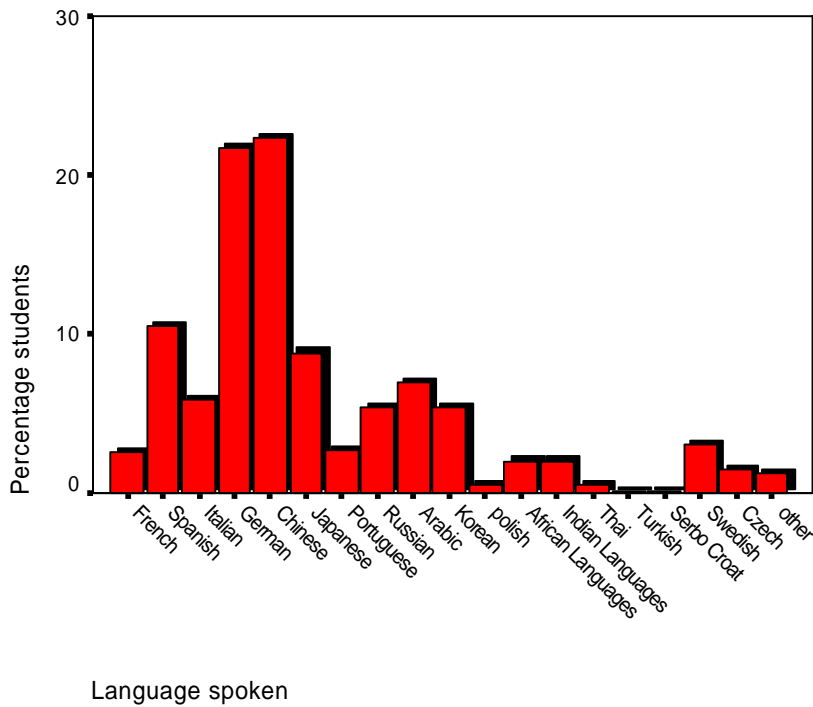


*First languages of Students*

The most common country of origin is reflected in the most common language spoken amongst students (Chinese 22.2%, the official language of both China and Taiwan being Mandarin Chinese). However, the data shows that the second most common language spoken by overseas students is German (22%).

This can be accounted for as other countries in Europe also use German as their native language. Some of the schools surveyed had a high intake of Swiss students (3%), the majority of whom come from German speaking areas, and students from Austria, (9%) where German is the native tongue (one school interviewed only took Austrian students). It may therefore be worth producing material in this language. The data also show that other frequently spoken languages are Spanish (11%) and Japanese (9%).

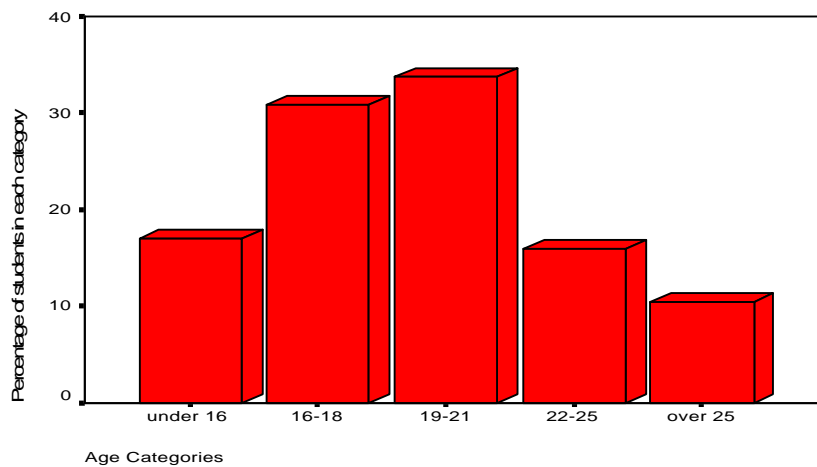
Figure 2: *Languages Spoken by Students coming to Cambridge.*



*Ages of the Student population*

The students ages range from 16 to 60, but the age of most language students coming to Cambridge falls within the 19-21 (33.7%) or 16-18 (30.8%) age ranges with the over 25 category having the lowest percentage (10.5%). From information gathered through interviews, it would appear that students in the younger age range attend language schools in the summer months, whereas during the academic year, the average age is slightly older.

Figure 3: *Percentage of Language Students in each age category staying in Cambridge.*



### *Types of Accommodation*

The data show that the most common type of accommodation in which language students' stay is with host families (68.1%). This tends to be the younger, short staying summer population with the older population staying in other types of accommodation (though some also stay with host families).

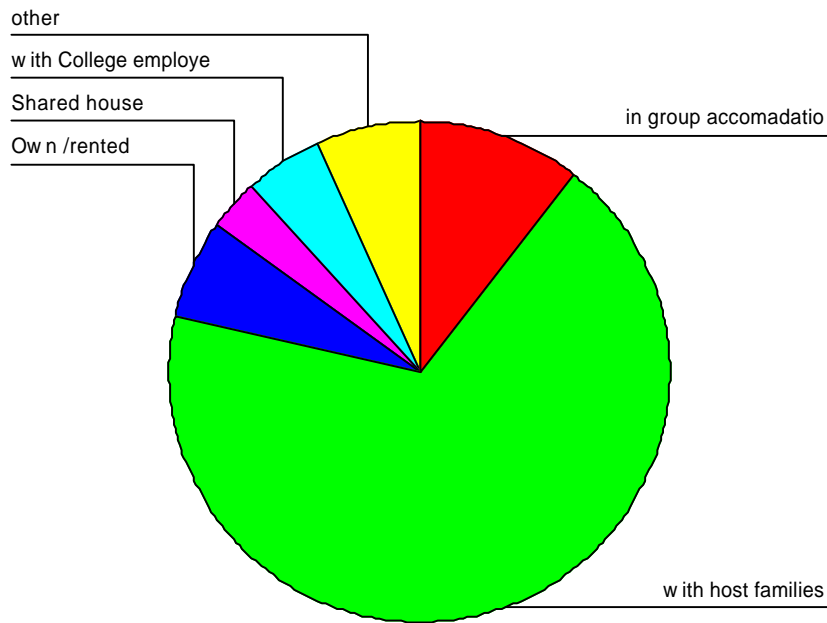
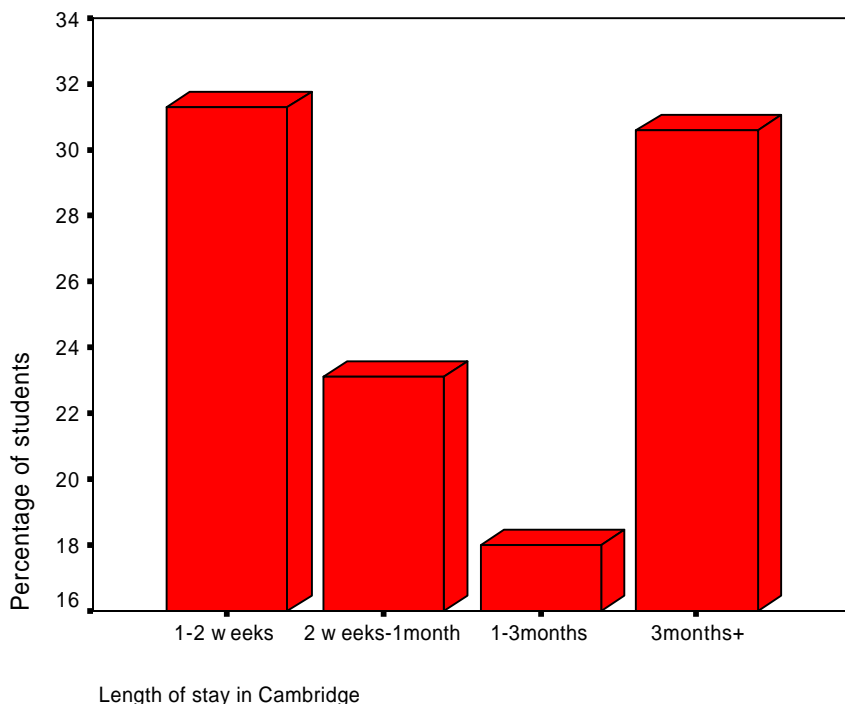


Figure 4: *Types of Accommodation in which Foreign Language Student Stay.*

### *Length of Stay in Cambridge*

From figure 5, it can be seen that most foreign language students stay either 1-2 weeks (31%) or 3 months or longer (31%). This reflects the 2 intakes that the schools have; the younger pupils that attend in the summer tend to stay shorter times whereas the older students that attend at other times tend to stay longer periods.

Figure 5: *The length of stay of language students*



*Note: The percentages of the data sometimes total over 100% as the schools provided estimates as they were unable to provide exact data as specific records are not kept.*

### **Current Provision of Information**

It seems clear from the data that there is no specific sexual health programme in place at any of the language schools. From figure 6, it can be seen that of the schools surveyed, 64% do not provide any direct sexual health education for students. Of the schools surveyed, 1 provided information on arrival, 2 had information on public display and 3 had information on request, (table 2). 3 of the schools surveyed provided students information on where they can go for confidential STI and HIV tests. Of these three, 2 provided the information in 'welcome packs' on the students' arrival, while the other provided the information on request from the staff. One of the schools 'welcome packs' contained a page of medical health information including the number for DHIVERSE (listed as Cambridge AIDS Action).

The lack of provided sexual health information seems strange as of the 11 schools that responded, 7 rated sexual health information as fairly important and 4 rated it as very important.

A general trend is that if students require information on where they can obtain free contraceptives or confidential testing for STIs or pregnancy they

must request it from the school. In addition, many of the schools surveyed (72.7%) do not have such information but instead tend to redirect the students to other sources.

Figure 6: *Number of Language Schools that provide Information on Sexual Health*

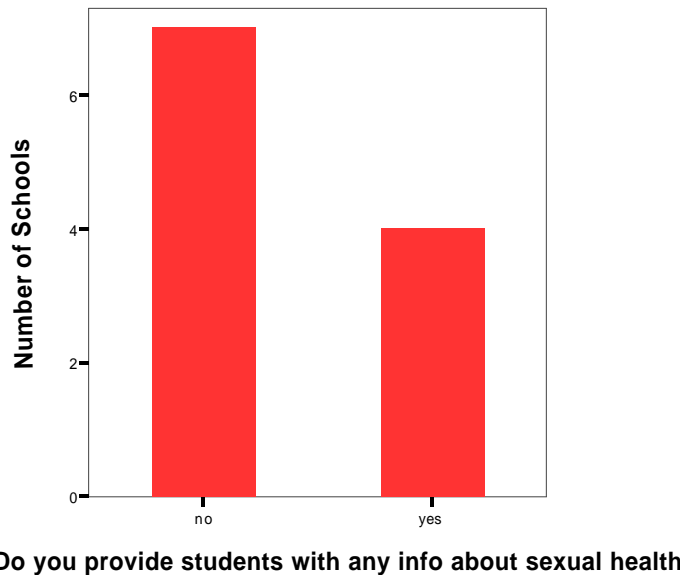
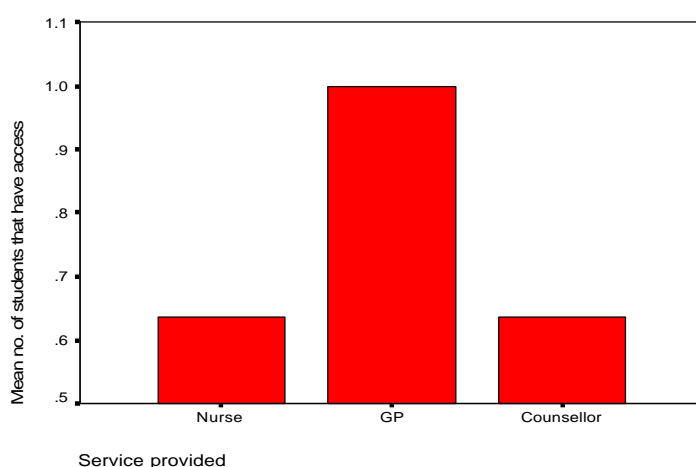


Table 2: *Number of language schools that provide information and methods of doing so (n=11).*

	Arrival	Public display	Request
Number of Language schools that provide information on:	1	2	3

All of the language schools said that they make sure that their students have access to a GP and some of them also have access to a nurse and/or a counsellor (See figure 7) (in one of the schools, the principle was a trained counsellor). From this data, it would seem that students are in a position to get all the advice they need about sexual health, although, almost exclusively, this information can only be obtained on request from the school. This may represent a barrier to accessing services as many students may have serious anxieties about having their confidentiality broken or about being judged (London Brook & RWFHA, 2000).

Figure7: *Services that Students have Access to.*



From comments on the questionnaires, it would seem that in most of the schools where sexual health information is made available, it is in the form of phone numbers of other agencies such as GPs, nurses, or counselling services with no direct information being provided by the school itself. A common reason for this was that the school did not want to be seen to be encouraging sexual behaviour amongst their students. However, Kirby *et al* (1995) have reliably shown that this is not the case and sex education does not increase sexual activity and that school sex education programmes can be effective for reducing (amongst other things) teenage pregnancies (NHS Centre for Reviews and Dissemination, 1997).

Only one of the schools surveyed said they had free condoms available to their students and these were only available on request from the principle.

Note: *Clarification of question 9.*

*The language schools were asked in the questionnaire (Question 9, see appendix 1) about the provision of information on sexual health. A distinction has been made between unsolicited education on sexual health provided directly by the school and information provided as to where students might obtain sexual health advice and services, that is, specialist helpline numbers and contact details of relevant organisations. The first part of the question, "Do you provide your students with any information about sexual health at present?" asks about the provision of sexual education which is directly administered by the school and excludes information given by GPs/nurses/counsellors (asked in question 8). The rest of the question relates to the provision by the school of specialist helpline numbers etc. Schools were asked to clarify their answers in the interviews as this question was noticed to be quite ambiguous in what it was asking.*

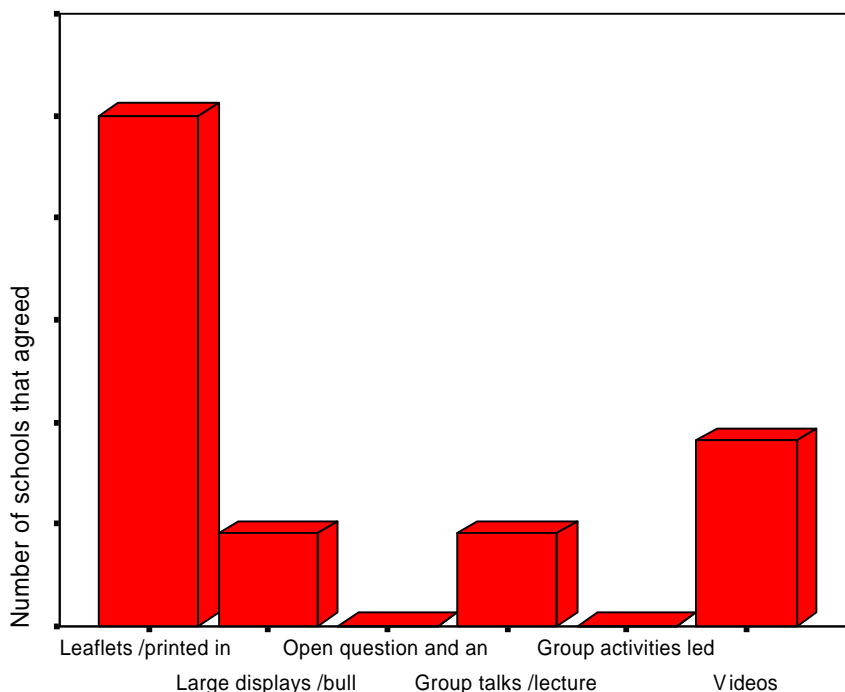
## Future Education

The responses to question 11, which asks opinions of the most effective ways to educate foreign students about sexual health, show that most schools thought that leaflets/ printed information would be the most effective method. Of the language schools interviewed, all but one welcomed the idea of leaflets/printed information. The reason that was given in the interview with the school in question was:

*“We tend to overload our students with information when they arrive so it’s not an effective way”*

It would also seem that from comments written on the questionnaires, any English materials that are made available to students should be written in plain English and should take into consideration cultural and religious issues of the students. To cater for students below that level, versions in translation would have to be provided. From the data on the languages spoken by overseas students, it would seem that it would be beneficial to translate materials in the most frequently spoken languages. After discussion with the CASH group, it was thought that it would be useful to try and ascertain the nationality of the students accessing services before deciding the most appropriate language to produce materials in.

Figure 8: *What Language Schools consider would be the most Effective Methods to Educate Students in Future Sexual Health Campaigns.*



Regarding other methods by which students could be informed; none of the

schools surveyed thought that open question and answer sessions or group activities/games would be appropriate, despite the Department of Health (2003) highlighting group work as an effective method of sexual health promotion. This may be because they are methods which the staff are not used to, or that the staff feel they do not have the knowledge or confidence to run such sessions. This is supported by qualitative data collected from the 2 schools who expressed an interest in group talks or lectures led by DHIVERSE. Both schools thought that talks for staff training would be beneficial as highlighted by the statements:

*“It would be worth putting in the info we send that we would provide free consultation for any teacher”*

*“We are always looking to train and improve welfare in the school, so would be very interested in a visit from DHIVERSE to give a talk to inform the staff. Our staff would be very keen to listen to such talks or information.”*

This lack of knowledge and staff training maybe why most of the schools do not provide direct information to students but refer them to outside agencies for information. One school said that they held induction weeks for the arriving students and that this could be a good time for Sexual Health Providers to give a talks directly to their students.

A third of the schools interviewed said that they would prefer information be passed through the welfare staff or teachers, feeling that if the students had to go through them for help, the school would be better able to monitor their welfare. This is further supported by the qualitative data:

*“We want them to come to us, We want a kind of overseeing”*

2 schools showed an interest in displays on large display boards or bulletin boards.

With reference to planning future education campaigns, the schools surveyed rated the language barrier and the religious backgrounds of the students as the most important factors to be taken into consideration. Appropriateness of materials and ignorance of sexual health issues were also rated as important (table 3).

Table 3: *Factors to be Considered when Planning Future Education Campaigns (n=11)*

	Language barrier	Religious Background	Appropriateness of material	Ignorance of sexual health	Parental consent	Pitch of information
Number of schools that agreed	6	6	4	4	1	1

## **Recommendations**

### **Infrastructure**

To build relationships with the language schools with the aim of developing a network to support staff within the language schools in meeting the sexual health needs of students

To develop pilot projects initially with one or two schools and promote these as examples of best practice through any network, ensuring that success is recognised through the Council, media etc.

### **Printed resources**

To provide appropriate printed information about sexual health and local health and youth services. The data from this research would suggest Chinese, German and Spanish as being key languages. This information should also be available in English. An appropriate format for this material might be a 'Welcome to Cambridge' style leaflet.

### **Other interventions**

To conduct sexual health outreach work in venues such as nightclubs that are accessed by foreign language students within the city. (Specific nights are held at a number of clubs.)

To investigate the implementation of peer education initiatives, in language schools where Cambridge students are used as group leaders.

To work with the language schools to educate them as to the importance of condom availability. To identify opportunities with the schools for the provision of free condoms.

To develop a lesson plan for delivering information to a) students and b) language school staff. The material should include sexual health information and details of local services.

### **Evidence base**

To continue to gather information as to the needs of students. This will be facilitated through the development of relationships with language schools and through the conduct of outreach events in nightclubs and social venues.

To encourage health and other service providers to monitor and record enquiries from language school students, wherever possible, in order to inform the evidence base.

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**Embassy CES**  
**English Institute**  
**Eurocentres**  
**New School**  
**Stafford House Study Holidays**  
**Studio School of English**

**Appendix 1**

**Questionnaire**

(Please note: all information given will be treated as confidential and will only be quoted in a non attributable form)

1. Approximately how many students do you teach per year? \_\_\_\_\_
2. Approximately how many of your students come from?

- France \_\_\_\_\_
- Spain \_\_\_\_\_
- Italy \_\_\_\_\_
- Germany \_\_\_\_\_
- China/Taiwan \_\_\_\_\_
- Japan \_\_\_\_\_
- Brazil \_\_\_\_\_
- Russia \_\_\_\_\_
- Middle East \_\_\_\_\_
- Korea \_\_\_\_\_
- India \_\_\_\_\_
- Africa \_\_\_\_\_
- Other Latin America \_\_\_\_\_
- Other (please specify): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. Approximately how many of your students speak as their first language?

- French \_\_\_\_\_
- Spanish \_\_\_\_\_
- Italian \_\_\_\_\_
- German \_\_\_\_\_
- Chinese \_\_\_\_\_
- Japanese \_\_\_\_\_
- Portuguese \_\_\_\_\_
- Russian \_\_\_\_\_
- Arabic \_\_\_\_\_
- Korean \_\_\_\_\_
- Other (please specify): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

(NB This information will be used for determining the necessity for multi-lingual translations during future campaigns so accuracy is very important.

Please use the additional comments section at the end if there is anything else we should know about the languages spoken by your students.)

4. Please give the approximate percentages of your students who fit into the following age ranges:

Under 16	_____ %
16 – 18	_____ %
19 – 21	_____ %
22 – 25	_____ %
Over 25	_____ %

5. Approximately what percentage of your students stay in Cambridge for?

1 – 2 weeks	_____ %
2 weeks – 1 month	_____ %
1 – 3 months	_____ %
3 months +	_____ %

6. Approximately what percentage of the students stay?

In group accommodation (eg YMCA) \_\_\_\_\_ %  
With host families \_\_\_\_\_ %  
Other (please specify \_\_\_\_\_) \_\_\_\_\_ %

7. How important do you think it is to provide accurate and detailed sexual health information to foreign students?

Very important \_\_\_\_\_  
Fairly important \_\_\_\_\_  
Not very important \_\_\_\_\_  
Not at all important \_\_\_\_\_  
Not Sure \_\_\_\_\_

8. Do your students have access to?

- a) a nurse YES\_\_\_ NO\_\_\_  
b) a GP YES\_\_\_ NO\_\_\_  
c) confidential counselling/advice YES\_\_\_ NO\_\_\_

Who do you refer students to for advice/counselling:

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How are these services made available to your students, please provide brief details: \_\_\_\_\_

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9. Do you provide your students with any information about sexual health at present? YES\_\_\_ NO\_\_\_

If yes, is this:

Information included in welcome packs upon arrival? YES\_\_\_ NO\_\_\_  
Information leaflets on public display? YES\_\_\_ NO\_\_\_  
Information provided on request? YES\_\_\_ NO\_\_\_

10. Are students advised where they can have confidential tests for HIV and other sexually transmitted infections carried out free of charge? YES\_\_\_ NO\_\_\_

a) If YES, where are they advised to go? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Which of the following do you think would be the most effective means for us to educate foreign students about sexual health in future campaigns? (please tick as many as is appropriate)

Leaflets/printed information \_\_\_\_\_  
Large displays/bulletins \_\_\_\_\_  
Open question and answer sessions \_\_\_\_\_  
Group talks/lectures led by us \_\_\_\_\_  
Group activities/games \_\_\_\_\_  
Videos \_\_\_\_\_  
Other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Should we be particularly aware of any of the following when planning future education campaigns within language schools?

Language barrier \_\_\_\_\_  
Religious backgrounds of students \_\_\_\_\_  
Appropriateness of material \_\_\_\_\_  
Ignorance of sexual health issues \_\_\_\_\_  
Other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Please use this space to provide us with any additional information

which may be helpful to us in planning future education campaigns in language schools:

14. Please write the name of your school/institution here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Please write the name of a contact (preferably the person who has filled in this questionnaire) here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to fill in this questionnaire. We are very grateful for your help.

Together we can help stop the spread of HIV/AIDS and other sexually transmitted infections.