



**Empowered Teens
(eTeens)
STI (Sexually Transmitted Infection) /HIV (Human Immunodeficiency Virus)
Prevention Programme**

Dear Sir/ Madam

1. HPB, in collaboration with the Ministry of Health (MOH) and the Ministry of Education (MOE), will be conducting a programme titled Empowered Teens (*eTeens*) to educate JC/CI students about preventing STIs/HIV. The programme provides accurate information to help students make good life choices by raising awareness about how STIs/HIV are prevented to discourage risky sexual behaviours.
2. The following topics are taught:
 - a) Infectious diseases (STIs and HIV);
 - b) Modes of transmission for STIs and HIV;
 - c) Modes of protection against infection, specifically abstinence and the correct and consistent use of condoms;
 - d) Consequences and impact STIs/HIV;
 - e) Ways of managing the impact of STIs
3. The programme is delivered through a 1-hour talk. A video and presentation are used to convey key learning points. The programme depicts the health, social and financial implications of STIs/HIV on an individual and the family if he/she gets infected with STIs/HIV and emphasises the importance of responsible decision-making and knowing where to seek help. Presenters are engaged by the Health Promotion Board (HPB) and follow a guide approved by MOE.
3. Additional information is available on the MOE website¹.
4. If you do not wish your child/ward to attend this programme, please opt out. For further clarifications about this programme, please email us at hpb_yhp@hpb.gov.sg.

Yours sincerely

A handwritten signature in black ink, appearing to read "Ann Low".

Ann Low (Ms)
Covering Director, Preventive Health Programmes Division
Health Promotion Board

¹ <https://www.moe.gov.sg/programmes/sexuality-education/scope-and-teaching-approach>

eTeens Opt-out Form

Please complete this section if you DO NOT wish your child to attend the eTeens Programme and return it to the school.

I, (name) _____, do not wish my son/daughter/ward*,
(name) _____ of class _____, to attend the
eTeens STIs/HIV Prevention Programme conducted by the Health Promotion Board.

My reason(s) for opting out:

- ☐ My child is too young
- ☐ I would like to personally educate my child
- ☐ I am not comfortable with the topics/content to be covered
- ☐ Religious reasons
- ☐ I have previously taught my child the topics/content to be covered
- ☐ I do not think it is necessary for my child to attend
- ☐ Others (please state): _____

Signature of Parent/Guardian

Date