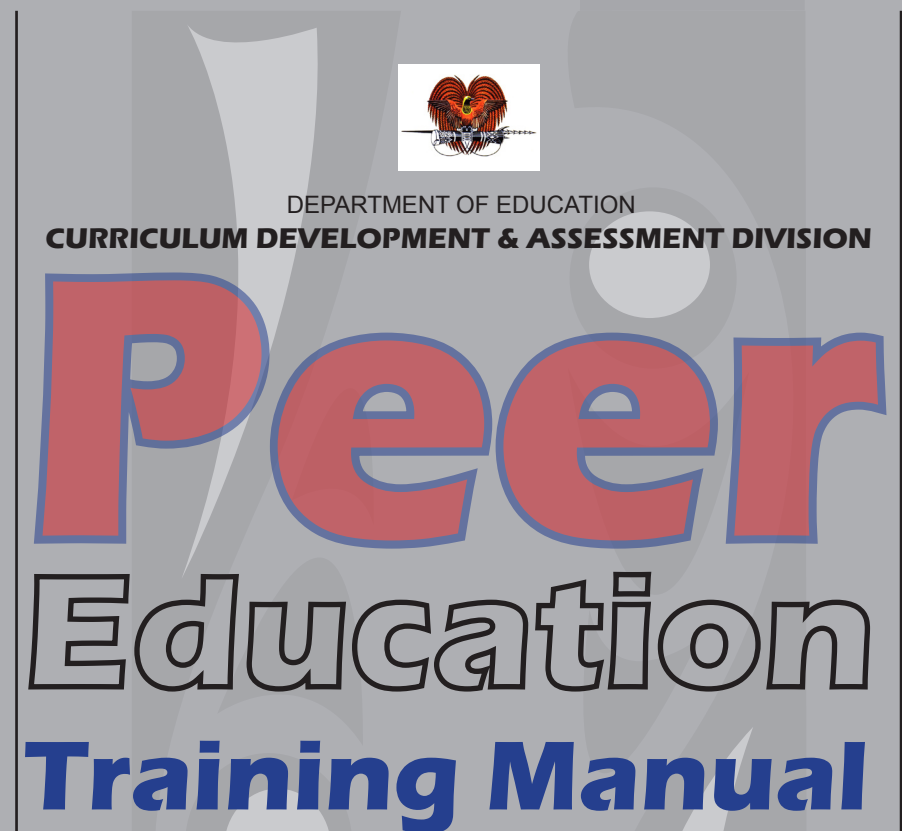




For the training of Peer Educators and
Peer Education Advisers in
Secondary Schools





Issued free to all secondary schools by the Department of Education, Papua New Guinea with assistance from the United Nations Population Fund (UNFPA) through the Population Education Project.

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Selected teachers and students who were trained as Peer Educators (PEs) and Peer Education Advisors (PEAs) during the trial and piloting of this training package in the four regions of the country helped in refining this document. Pilot schools representing the regions were:

- Badihagwa Secondary School & Laloki High School- **NCD/Central**
- Bugandi, Bumayong, & Busu Secondary Schools - **Morobe**
- George Brown Secondary, Kokopo Secondary, Malabunga Secondary & Malaguna Technical High School - **ENBP**
- Mt. Hagen Secondary, Fatima Secondary School & Millep High School – **WHP**
- Tusbab Secondary, Malala Secondary & Good Shepherd High School - **Madang**

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References

Dept of Education HIV&AIDS & Reproductive Health course for pre-service teachers

HIV&AIDS & Reproductive Health Student Teacher Course Book & Lecturer’s Guide, PNG Department of Education, 2006

HIV/AIDS Management & Prevention Act: A User’s Guide, National AIDS Council, 2004
Peer Education Manual (7 Modules), National AIDS Council, 2006

HIV/AIDS Policy for the National Education System, PNG Department of Education, 2005

HIV/AIDS/STI Implementation Plan 2007-2012, PNG Department of Education, 2007

Life Skills Manual, Peace Corps, 2001

Lower Secondary Personal Development Syllabus, PNG Department of Education, 2007

Peer Education Volunteer Training Manual Book1 & 2, Save the Children in PNG, 2006

Monitoring & evaluation

Monitoring and evaluation activities will be conducted by peer educators, peer education advisers, Population Education Project staff or any external officers

Three forms of evaluations should be conducted when assessing the Peer Education Program.

1. Process Evaluations must be conducted while the program is running to determine if the program has achieved its aims. This process will critically analyse the processes during the program implementation, identify problems, and note outside influences, so that better implementation strategies can be put in place. Tools to conduct this may consist mainly of progress reports. Peer educators must be guided to keep journals to record their work so that they are able to report to the peer education advisers during their team meetings.

2. Outcome Evaluations may be conducted to measure the peer educators’ and peer education advisers’ short- term knowledge gain, and the program’s effects on young people in secondary schools. These could be measured in terms of the number of peer educators and peer education advisers trained, and the increase or decrease of a particular behaviour or attitude as compared to the baseline survey data taken at the start of the program.

3. Impact Evaluations measure the long term (1 – 5 years) effects of the peer education program. These will be conducted to determine whether implementation of the program has met the set goals and will include the conducting of attitude surveys and other longitudinal studies. Normally these type of surveys are carried out by external evaluators.

DAY THREE

55

- Session 1: Devotion, review and warm up game
- Session 2: Gender issues for young men and women
- Session 3: Sex and young people
- Session 4: Parenthood snd family planning
- Session 5: Rape, abuse and harressment
- Session 6: Drugs and alcohol issues
- Session 7: Life skills - communication
- Session 8: Life skills - decision making

DAY FOUR

78

- Session 1: Devotion, review and warm up game
- Session 2: Sexually Transmitted Infections (STI)
- Session 3: HIV & AIDS - basic facts
- Session 4: HIV and young people
- Session 5: Risky and safe sex
- Session 6: Fighting stigma and discrimination
- Session 7: VCT, Positive living & care and support
- Session 8: Life skills - negotiating

DAY FIVE

106

- Session 1: Devotion, review and warm up game
- Session 2: Challenging questions
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- Session 5: Reporting your work
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Services and people who can help

There are many organisations in PNG that provide services for young people. They have many resources that they can share with you. They are ready and willing to listen and help. The Provincial AIDS Committee will also be able to tell you where to go for a confidential HIV blood test. They also have free posters, leaflets and condoms.

National AIDS Council
323-6161
NCD

Provincial AIDS Committees

Bougainville (Buka) 973-9191	Morobe (Lae) 472-8676
Central (Konedoub) 321-6032	NCD (Port Moresby) 323-0166
East Sepik (Wewak) 856-1844	Oro (Popondetta) 329-7782
East New Britain (Rabaul) 982-8677	Sandaun (Vanimo) 857-1404
Eastern Highlands (Goroka) 732-2199	Simbu (Kundiawa) 735-1203
Enga (Wabag) 547-1141	Southern Highlands (Mendi) 549-1710
Gulf (Kerema) 648-1285	West New Britain (Kimbe) 983-5492
Madang (Madang) 852-3422	Western (Daru) 645-9090
Manus (Lorengau) 470-9643	Western Highlands (Hagen) 542-3835
Milne Bay (Alotau) 641-0433	

Other organisations working with teachers and young people

Department of Education Population Education (UNFPA)
Curriculum Development & Assessment Division, P. O. Box 446, Waigani, NCD
Phone :3246487 / 3257555/ 3113062 Fax : 3112931

All teachers colleges, University of Goroka, PAU and PNGEI

PNG Family Health Association, Lae 472-6523

Anglicare StopAIDS 325 1855

All Church Education Offices

VSO Tokaut AIDS 852 3385

Save the Children PNG 732 1825

UNICEF 321 3000

Department of Education HIV/AIDS Desk
HIV/AIDS Desk
Department of Education
3rd Floor, A wing, Fincorp Haus
PO Box 446, Waigani, NCD
(t) 301 3394 (f) 301 3398

Good website: www.avert.org

6. What questions do you have about drugs?

7. What questions do you have about alcohol?

8. What questions do you have about gender issues?

9. What questions do you have about rape, harassment and violence?

10. Who do you ask when you want to know about the above issues?

First person I would ask

Second person I would ask

Third person I would ask

11. Where would you find these services in or near your school?

a) Counselling _____

b) Family planning _____

c) HIV testing _____

d) STI testing _____

12. What other issues are important to you as a young person?

Thank you for your time. This information will help the peer education team help you.

Secretary’s Message

PNG has the highest rate of sexually transmitted infections (STIs) in the Asia Pacific region and the highest rate of HIV/AIDS in the Pacific so there is an urgent need to address this and other related issues in our school system. The need for accurate reproductive and sexual health information and life skills education is critical in our country with the onslaught of HIV/AIDS.

Young people face many challenges in their lives. There are many cultural, social, traditional and modern pressures, especially concerning sexuality, reproductive and sexual health and relationships. However, cultural and religious taboos may mean parents and teachers feel inhibited from preparing young people to make healthy choices regarding their reproductive and sexual health. Widespread lack of knowledge of basic reproductive health and life skills challenge the health and well being of many of our young people. Gender inequality, alcohol and drug abuse, crime, abusive behaviour and violence threaten the health and happiness of young women, young men, their families and their communities.

Peer education is being introduced in our secondary schools as a behaviour change strategy in which students will be trained as peer educators to model and teach other young people important life skills and information. This national peer education program is designed to complement the Personal Development subject in secondary schools.

Peer education complements this teaching by allowing students to educate other young people outside of the formal school lessons: in the dormitories, in youth groups, in church, during sporting events and whenever young people spend time together. Peer education supports both young people and the mission of schools to educate and develop the skills and knowledge of their students.

Volunteering to be a peer educator is an immense challenge and I commend our peer educators and their advisers for their effort and commitment.

I approve this peer education training package for use in secondary schools and encourage all schools, teachers and students who are involved in this program to work together to improve the health and life skills of our young men and women.



Dr. Joseph Pagelio
Secretary for Education

Introduction

What is peer education?

As young people reach adolescence and start the crucial journey into adulthood, they reach a time when they choose their own friends and peer groups. At this stage, young people are strongly influenced by their peer groups and therefore their likes and dislikes, their behaviour and choices, are shaped by these friends.

Peer education uses the positive aspects of adolescent peer groups by helping young men and women learn life skills and gain accurate information about issues affecting them from each other.

Peer education recognizes the rights and responsibilities of students in secondary schools to acquire the knowledge, skills and attitudes to enable them to make informed and responsible choices and decisions affecting their lives.

Why do we need peer education?

Peer education is a powerful strategy to promote positive behaviour change and improve the life skills of young people for the following reasons:

- A well supported peer education program improves the health and behaviour of young people, reducing the risks of unplanned pregnancy, violence, abuse, HIV/AIDS and STIs
- Young people may not be able to ask their teacher, pastor, parent or counsellor about sex, sexuality, drugs, alcohol, reproductive health, HIV/AIDS, STIs, violence or abuse. They usually feel more confident asking a respected and knowledgeable friend first. This one-to-one discussion is an important part of a peer educator’s role.
- Young people need to have positive role models for behaviour; on how to resist the pressure to have sex for example, or how to act in an appropriate manner towards others. Peer educators are selected and trained as role models for their friends.
- Peer education reinforces the Personal Development syllabus.
- Young people spend a large amount of their time outside of normal lessons so trained peer educators can work with them in the evenings, weekends, and during the school holidays.
- Peer educators build their own skills, self esteem, confidence and knowledge through this program empowering them to be better citizens.
- Peer education advisers will develop new skills and knowledge which will enhance their own professional development and career prospects.

Baseline survey for students

Peer Education Baseline survey for students

The purpose of this research is to investigate what you would like to know about issues that affect young people. Thank you for taking part in this research. The results are anonymous and no participant will be referred to by name in any published material.

Male
Female

Grade 9
Grade 10

Have you studied Personal Development?

Yes
No

1. What questions do you have about HIV/AIDS?

2. What questions do you have about Sexually Transmitted Infections (STIs)?

3. What questions do you have about sex?

4. What questions do you have about family planning?

5. What questions do you have about relationships and marriage?

Peer Education Parental Consent Letter



DEPARTMENT OF EDUCATION
Peer Education Program

We, Mr. & Mrs. _____ parents/ guardians of _____
_____ (student) at _____ (name of school) hereby
give consent for our son/ daughter to attend training and participate in the Peer Education
Program. We understand this is an approved Department of Education program.

We understand that the program will enable our son/ daughter to build their own knowledge,
skills and attitudes to deal with their everyday social issues as well as assist other students to
achieve the same.

We will try our best to encourage our son/ daughter to model positive behaviour and attitude
to reflect the peer education program and support them in their work as peer educators.

We also understand that we have right to have them withdraw from the program at any time.

Parent name Signature Date

How does this peer education program link to Personal Development?

This peer education program builds upon the concepts and life skills first introduced in
the Upper Primary Personal Development syllabus. It reinforces and deepens the learning
outcomes in Lower Secondary Personal Development.

The learning outcomes that the peer education training builds on are:

Grade 8
8.1.1 Describe standards of behaviour that are important to their communities and to families and groups to which they belong
8.1.2 Examine the rights of individuals in different forms of relationships
8.1.4 Outline their current roles and consider how positive role models can affect how they carry out these roles
8.1.5 Describe ways in which relationships form, develop, adapt and end
8.3.2 Compare a range of lifestyles and outline elements of a lifestyle they would prefer in the future
8.4.1 Identify and describe behaviour that promotes growth and development, taking into account heredity and environment
8.4.3 Identify different cultural beliefs and values about sexuality
8.4.6 Outline health issues that are of concern to young people
8.4.7 Discuss safe sexual behaviour and sexual responsibilities
8.4.8 Develop strategies to respond to unsafe or risky situations
8.4.11 Evaluate the effects of drug use on the community
8.5.2 Make decisions about school and classroom issues

Grade 9

- 9.1.1 Identify factors that determine self concept and self esteem
- 9.1.2 Explain how their values and attitudes can contribute towards a positive community
- 9.1.3 Demonstrate skills for establishing and maintaining positive relationships.
- 9.2.1 Describe the major body systems and explain their functions during physical activity
- 9.3.1 Identify relevant health and hygiene issues in their community
- 9.3.2 Describe ways to deal with sexual health during adolescence safely including avoiding HIV/AIDS.
- 9.3.3 Explain and demonstrate strategies in dealing with a relevant health issue safely.
- 9.4.2 Analyse the traditional beliefs and practices that are good or harmful to Papua New Guinea identity in the changing world.
- 9.4.2 Analyse conflict solving and demonstrate skills to solve conflicts.

Grade 10

- 10.1.1 Explain the functions of the male and female reproductive anatomy with respect to conception and pregnancy
- 10.1.2 Explain the relationship between family size and family welfare
- 10.1.3 Compare and contrast the effectiveness of a range of decision making skills and conflict resolution skills in regard to sexual issues.
- 10.2.1 Explain the importance of peaceful and healthy family values
- 10.2.2 Identify characteristics of positive peer groups that contribute to class and school spirit.
- 10.3.1 Describe and explain how universal values are applicable to PNG and the world
- 10.3.2 Identify a range of role models and their common characteristics
- 10.3.3 Clarify personal values and recognise factors that influence them

Parental consent letter

DEPARTMENT OF EDUCATION
Peer Education Program

Dear Parents or Guardians,

Congratulations. Your son/daughter _____ has been selected to be a peer educator in their school. This is an approved Department of Education program.

This is a challenging but rewarding role. Their responsibilities include:

- Being a good role model and demonstrating a healthy responsible lifestyle
- Treating peers and adults with respect, tolerance and understanding
- Sharing accurate information about reproductive health, gender equity, HIV/AIDS & STIs, life skills, violence, drugs and alcohol
- Being a good listener, a good communicator and an effective facilitator
- Completing 5 days of basic training and actively developing their own skills and knowledge
- Facilitating regular peer education activities out of the classroom (e.g. movie nights, one-to-one chats, small group discussions)
- Reporting regularly on these activities to their fellow peer educators and their advisers
- Referring any serious problems or issues to advisers or school counsellors
- Supporting fellow peer educators
- Maintaining confidentiality
- Linking peers to services, resources and further help when needed
- Abiding by the peer educator code of conduct

Please complete the Parental Consent form below and return it to the school. If you have any questions please contact the school.

Yours sincerely,

Peer education adviser at the school

Date

Reference letter for peer educators



DEPARTMENT OF EDUCATION
Peer Education Program

TO WHOM IT MAY CONCERN

I have known _____ since _____. Therefore it gives me great pleasure in writing this reference for him/ her. During their term as a student at _____ they have been selected and involved as a Peer Educator in the peer education program run at the school.

This student attended a week-long training during which skills developed included communication skills, assertiveness skills and facilitation skills. Attitudes stressed during this training included respecting the rights of themselves as well as those of others, showing integrity and leadership in the school and wider community, showing empathy, caring and thoughtfulness in relationships and being a good role model. Their duties in this role included conducting of both one-to-one and small group discussion.

This was a challenging role. Their responsibilities included:

- being a good role model and demonstrating a healthy responsible lifestyle
- treating peers and adults with respect, tolerance and understanding
- sharing accurate information about reproductive health, gender equity, HIV/AIDS & STIs, life skills, violence, drugs and alcohol
- being a good listener, a good communicator and an effective facilitator
- facilitating regular peer education activities out of the classroom (e.g. movie nights, one-to-one chats, small group discussions)
- reporting regularly on these activities to their fellow peer educators and their advisers
- referring any serious problems or issues to advisers or school counsellors
- supporting fellow peer educators
- maintaining confidentiality
- linking peers to services, resources and further help when needed
- abiding by the peer educator code of conduct

If you have any further questions about this student please contact me:

School address: _____

Phone numbers: _____ Fax number: _____

Yours truly,

Peer education adviser

Date

Establishing your peer education program

Aims of the peer education program in your school

This peer education program aims to;

- reduce students’ risk-taking behaviour and improve positive behaviour;
- provide students with facts about sexual and reproductive health, STIs and HIV/AIDS, drugs and alcohol, and gender issues;
- equip students with the values and life skills to make well-informed and healthy choices about their behaviour;
- to improve the decision-making and negotiating skills of students so that they may be able to deal with issues such as negative peer pressure and early sexual debut, and;
- improve the communication skills of students so that they may be able to interact positively in different situations.

How will the peer education program work in your school?

Peer education will work within the existing school rules, and behaviour policy.

Peer educators will be selected from Grade 9 and Grade 10 because these students will have maximum opportunity to run peer education activities in their time at the school. Peer educators will mostly be boarding students.

Initially peer educators will be recruited and trained with the support of approved external trainers from the Department of Education. Later peer education advisers will be able to manage recruitment and training on their own.

The number of peer educators and advisers depends on the size of the school.

Peer education is **not** a replacement for good teachers teaching Personal Development. Peer educators are not, and should not be used as, teachers. Their work will be outside of lessons in informal settings.

The peer education program process

Welcome meeting between Department of Education approved peer education trainers and school management (Half day)	
Student behaviour survey (Half day) <i>Includes anonymous student poll</i>	
Selection of peer education advisers - PD teachers, interested teachers, counsellors, pastors or deans - Gender balanced & voluntary	
Selection of peer educators from Grade 9 and Grade 10 <i>Schools use both pathways for selection (1 day)</i>	
Volunteers apply - posters around school - application forms	From the anonymous student poll - all students asked which three same sex peers would they go to for advice - most frequently named are asked if they would like to volunteer
Shortlist of peer educators <i>(volunteers plus poll choices)</i>	
Staff select final list of peer educators and thank the “reserve list” - Gender balanced and age balanced; mostly boarding students - Selected students sign a peer education code of conduct	
Training for peer educators and advisers 5 days in-depth training <i>Peer educators are given the Peer Education Resource Book</i> <i>Peer educator advisers are given the Training Manual and the Resource Book</i>	
Peer educators start work <i>Supported by their advisers and reporting activities</i> <i>Peer educators and advisers have resources, leaflets and posters</i>	
Termly follow-up, resource delivery and refresher training provided by approved DoE trainers	
Schools eventually manage their own peer educator recruitment and training	

Peer educators code of conduct



DEPARTMENT OF EDUCATION
Peer Education Program

Peer Education Code of Conduct

I _____ (name of peer educator) understand that I have the important task of creating positive behaviour change among my peers through one-to-one and small group discussions on issues ranging from positive self esteem, drugs and alcohol, to reproductive sexual health and HIV/AIDS. Therefore, I will try my utmost best to be a positive role model and live up to the following:

- Be responsible, mature and reliable at all time
- Work hard to maintain good academic and behavioural record at the school
- Refrain from chewing betel nut, smoking and drinking alcohol
- Uphold the school rules at all times
- Conduct myself in a manner that is expected of a peer educator
- Engage in appropriate social relationships with different people
- Cooperate with my fellow peer educators and peer education advisers
- Maintain confidentiality and help others
- Be an active member of the peer education team
- Carry out and report on peer education activities each week in my school community
- Be an active learner and improve my own knowledge and skills
- Show gender equity and respect for others at all times
- Inform the peer education advisers if I wish to leave the program

Signature of peer educator

Date

Signature of peer education adviser

Date

Peer education training certificate



United Nations Population Fund

CURRICULUM DEVELOPMENT & ASSESSMENT DIVISION



Department of Education

Peer Education

Certificate of Recognition

This certificate is awarded to

Etosha Geti Victoria

Of

Tokarara High School

in recognition for involvement and training as a Peer Educator

from the

01st –05th August

Assistant Secretary—CDAD

School Principal

How to select the peer educators (PEs)

Peer educators (PEs) are students from the school who are selected and trained to become peer educators. An equal number of male and female peer educators (PEs) should be recruited from Grade 9 and Grade 10. They should be screened by the school staff according to these criteria.

Peer educators must be;

- volunteers who want to help improve the lives of others;
- role models for their peers;
- confident and clear speakers;
- responsible, mature and reliable;
- willing to sign the peer educator code of conduct; and
- possess a good academic and behavioural record at the school

The number of students who will be trained as peer educators depends on the size of the school. For example, about five Grade 9 males, five Grade 9 females, five Grade 10 males and five Grade 10 females would be selected for a school of 500 students.

How to select the peer education advisers (PEAs)

Peer education advisers (PEAs) are adults from the school community who will be trained to support the peer education program. PEAs can be school counsellors, teachers of Personal Development, teachers from other subject areas, pastors or deans. Their involvement is crucial for the success of the program. They must therefore be given support and time from the school management for the program to be successful.

It is very important that peer education advisers are volunteers. They could, of course, still be rewarded for their work by the school (for example, by extra non- teaching time). An equal number of male and female peer education advisers should be recruited.

Peer education advisers must be:

- Volunteers
- Open-minded and understanding of issues affecting young people
- Passionate about improving the life skills and reproductive sexual health of young people
- Committed to gender equity
- A good communicator with young people
- Confident to discuss sexual issues
- Able to give enough time to the program
- Liked and respected by the majority of students
- A good role model in their own lifestyle and behaviour
- Discrete and able to maintain confidentiality
- Competent to refer serious cases to appropriate services

Responsibilities of peer educators

The challenges and responsibilities of being PEs are addressed during the training program. Their responsibilities include:

- Being a good role model and demonstrating a healthy responsible lifestyle
- Treating peers and adults with respect, tolerance and understanding
- Sharing accurate information about reproductive health, gender equity, HIV/AIDS & STIs, life skills, violence, drugs and alcohol
- Being a good listener, a good communicator and an effective facilitator
- Completing 5 days of basic training and actively developing their own skills and knowledge
- Facilitating regular peer education activities out of the classroom (e.g. movie nights, one-to-one chats, small group discussions)
- Reporting regularly on these activities to their fellow peer educators and their advisers
- Referring any serious problems or issues to advisers or school counsellors
- Supporting fellow peer educators
- Maintaining confidentiality
- Linking peers to services, resources and further help when needed
- Abiding by the peer educator code of conduct

Responsibilities of the peer education advisers

The PEAs monitor, support and advise the peer educators. Their responsibilities are developed further in the training package. These responsibilities include:

- Being a role model and mentor for the young people by demonstrating a healthy lifestyle and positive behaviour
- Supporting the peer educators and their work
- Participating in training and completing 5 days of basic training
- Collating peer educator reports in a regular meeting with PEs and reporting to school management and Department of Education
- Assisting peer educators make links with services and resources
- Raising awareness of the program and its benefits in the school and community
- Helping peer educators monitor and evaluate the program
- Selecting students to be trained as peer educators
- Dealing with emergency situations and referrals in a calm and sensible manner
- Maintaining confidentiality unless a student is at risk of harm

All situations dealing with suicidal, abused or “at risk” students must be referred immediately to the trained school counsellor and, if necessary, to school management. There may also be a need for students to be referred for confidential health services such as pregnancy testing, HIV and STI testing. The peer education advisers and peer educators will be trained in these referrals and how to access these services.

Peer educator nomination form

Name: _____

I am male ☐ female ☐

I am in Grade ☐

I think these three peers from my same grade level would be good peer educators. They meet the following selection criteria.

- volunteers who want to help improve the lives of others;
- role models for their peers;
- confident and clear speakers;
- responsible, mature and reliable;
- possess a good academic and behavioural record at the school

These students are:

1. Name _____ Sex: _____ Class (if known) _____

2. Name _____ Sex: _____ Class (if known) _____

3. Name _____ Sex: _____ Class (if known) _____

Please put this form in the box provided. Thank you for your participation

Forms, certificates & letters

I think I meet the criteria for becoming a peer educator.

Name: _____

Sex: _____

Grade: _____

Class: _____

Peer educators must be;

- volunteers who want to help improve the lives of others;
- role models for their peers;
- confident and clear speakers;
- responsible, mature and reliable;
- willing to sign the peer educator code of conduct; and
- possess a good academic and behavioural record at the school

I think I should be a peer educator because:

1) _____

2) _____

3) _____

Signed: _____ Date: _____

Please put this form in the box provided. Thank you for your participation. We will let you know whether you have been selected shortly.

Who can support the program?

1. School administration

The success of any school-based program depends on the support of the school administration.

The school administration can provide support to the peer education program in many different ways (for example, helping the peer education team to set up and organise activities such as video shows or providing a resource storage room or giving time for PEAs to work with their PE). Further support could involve promoting the benefits of the program with staff, Board of Management and students.

2. Governing council

The Governing council plays a very vital role in the overall running of the school. Providing to the council a detailed background and benefits of the peer education program will enable the council to gain support from the parents as well as the community. The council may offer support through the school administration in terms of additional resources and widespread advocacy.

3. School counsellors

All secondary schools should have both a trained male and female school counsellor able to deliver confidential counselling services in the school. Peer educators and advisers can refer “at risk” students to the school counsellors who can also offer advice and support to peer educators themselves. The school counsellor is a key person who could work alongside the peer education advisor to conduct and provide this training.

The school counsellor together with the peer education advisor should therefore lead in-service and advocacy on student welfare issues among the teachers and school community.

4. School chaplain or pastor

Many chaplains and pastors are already trained in youth work and counselling so they have an important role to play in supporting the program. The school chaplain or pastor should be an active participant in the program by providing pastoral support for the PE and PEAs and by promoting the value of life skills training. They can contribute to training in life skills such as values and conflict resolution.

5. School health worker

The school health worker is a crucial part of the program and can provide medical referrals and specific health training such as First Aid.

6. Parents

For young people to effectively take on the task of being peer educators, it is encouraging for them to know their parents are behind them to support them. Before recruiting peer educators, schools are advised to obtain consent from parents of the students. The consent forms should

clearly outline the aims of the program, the training content that the peer educators will receive as well as the peer educators’ roles and responsibilities.

7. Student Representative Council (SRC)

It is very likely that there will be several SRC members selected as PEs. The SRC can help conduct the student poll, provide a resource space and advocate for the peer education program.

Peer Education Training Overview

PEs and PEAs will have a comprehensive five-day training before they begin their work. This section of the training manual contains activities for the training of student peer educators and peer education advisors. The training will initially be facilitated by approved Department of Education trainers. PEAs can lead training in their own schools to train additional or replacement PEs using this Training Manual. Training may be conducted on five consecutive days or arranged over a period of time. It is important however to note that the training content has been designed to progress from one session to the next and from one day to the next.

The training activities in the five-day training can be supplemented by other activities that the trainer feels are appropriate in achieving the desired session outcomes. Good trainers are always adapting and improving their activities.

Further training may be provided in the school at later dates depending on the needs of the peer educators and the students in the school. Training topics can be selected from a list provided on page 115 of this training manual.

Knowledge, life skills & attitudes to be developed in the training

At the end of the five-day training PEs and PEAs can:

Knowledge

- Understand what peer education is and its effectiveness

Including: peer education theory, what it means to be a volunteer PE and PEA, how this program will work, how PEs will be supported, planning and reporting activities, rights and responsibilities, the importance of role models and what to do if there is a problem

- Identify how young people are vulnerable to risks

Including: how adolescence leads to increased risk taking, risky situations, times and people

- Explain what sex and sexuality are

Including: sexuality, love, lust, developing healthy relationships, marriage and expressing sexuality

- Explain reproductive and sexual health

Including: male and female reproductive organs, health of the reproductive system, sexual intercourse, conception, fertility and family planning

Sadness, anxiety, anger, fear, grief, joy, love, passion, pain, lust, confusion, depression, rage, jealousy, annoyance, misery, regret, guilt, disappointment, happiness, laughter

sadness	anger	fear	grief
anxiety	joy	love	passion
pain	confusion	depression	rage
jealousy	annoyance	misery	regret
guilt	disappointment	happiness	laughter

12. Vote with your feet

Teacher prepares three statements on the floor: I AGREE, I DISAGREE, I AM NOT SURE. Teacher then reads out prepared values statements and the students move to the right place. Students can explain their decisions and move if they are persuaded by the teacher. 6 statements is a good number.

Good questions for the teacher to ask include: “why did you choose to stand there?”, “What would it take for you to change your mind?”, “How do you know you are right?” Here are some example statements to vote on...

Condoms should always be used when having sex
You can contract HIV through someone coughing or sneezing on you
People living with HIV should be treated equally
Primary school is too soon to teach about sex
Parents expect teachers to teach their children about HIV&AIDS
Everyone should be forced to be tested for HIV
If you have HIV you must have been a sinful person
Women are more vulnerable to HIV than men
Men are the big problem with the epidemic

13. What I have learnt

Self reflection where the students list more than 5 things they learnt in the last lesson. Teachers may ask them to sort these into knowledge, skills and attitudes. An extension is for students to list who helped them learn these things.

14. Problem posing

In pairs students write questions for another pair. This is excellent for doing a check on knowledge acquisition.

Some possible cards...

Action words; holding hands, sex, being faithful, saying no, going for a blood test etc

Naming words: condom, virus, woman, teenager, homebrew, teacher, STI, pubic hair etc

Emotional words: love, caring, lust, Christian, sadness, hope, dreaming etc

7. Name 10....

In two minutes individual participants have to brainstorm 10...

...ways for a person who has HIV to keep healthy (Positive Living) . Then feedback onto the board listing as many ways as possible. Fast and furious and works well as revision in primary schools. Always play it again the next day to reinforce the 10 list.

Here are some others for you to use with your group...

- 10 ways to look after a pregnant mother
- 10 steps to correctly using a condom
- 10 ways to fight stigma and discrimination
- 10 signs of a strong healthy marriage
- 10 stories from the Bible to fight stigma and discrimination
- 10 safe sexual behaviours
- 10 risky sexual behaviours
- 10 ways to say no to sex
- 10 ways to persuade your partner to use a condom
- 10 reasons not to drink home brew
- 10 role models in their life
- 10 things they like about themselves
- 10 successes you are proud of in your life

8. Reflection questions

The teacher places 3 questions on the board to stimulate the students (e.g. “Do young men respect young women? Why? Why not?”). Students reflect on this individually and then discuss with a partner. Then they can be asked to report their partner’s views.

9. Yes! No! game

In pairs the students face each other. One can only say “yes!” and the other can only say “no!”. Using only these words they have to persuade their friend to change their word....by begging, shouting, cajoling. Excellent for voice skills.

10. My Bilum

Everyone has a bilum. In the bilum write pieces of 10 paper with People who are precious to me. With a partner students explain why they put that name in the bilum
Other things that could go in your bilum (e.g. things I am proud of...My strengths...5 things I have done this week for others...10 things that help me relax). Excellent for self esteem.
People can also add things to your bilum (e.g. how you helped me this week)

11. Oh Henry! (or, Oh Henrietta!)

Students stand in a circle of 6. In turns they step forward and say “Oh Henry!” in a different voice (e.g. angry, sad, depressed, worried, caring). The other students have to guess which voice they are using. Excellent again for communication skills.

• Understand the HIV/AIDS epidemic in PNG

Including: how HIV is transmitted and not transmitted, who is vulnerable to HIV/AIDS, the HIV/AIDS Management & Prevention Act (HAMP Act) and human rights, the DoE HIV/AIDS Policy, stigma and discrimination, safe and risky sex, resisting pressure to have sex, correct use of male and female condom, anti-retroviral therapy (ART) and Positive Living

• Identify Sexually Transmitted Infections (STIs)

Including: symptoms, causes and treatments of common STIs, preventing STI transmission, STIs and risks of HIV

• Explore issues around drug and alcohol abuse

Including: how to resist drinking alcohol, taking drugs, smoking and chewing betelnut, and the effects of these drugs on the body

• Discuss gender roles and identify gender issues in PNG society

Including: what it means to be a man or a woman, gender inequalities and strategies for overcoming these and how to act towards a member of the opposite sex

• Explore issues around violence & abuse

Including: causes, the law, sexual abuse and power relationships, conflict resolution and people who can help

Life skills

These life skills will be developed, demonstrated and practiced throughout the training program.

- Communication
- Conflict resolution & managing emotions
- Assertiveness
- Resisting negative peer pressure
- Decision making,
- Problem solving
- Critical thinking
- Team building, facilitation & leadership
- Negotiating safer sex, faithfulness and abstinence
- Goal setting & forward planning
- Correct use of male and female condom

Attitudes and values

Participants will explore, discuss and develop positive values and attitudes as part of their training.

- Respecting their body & expressing their sexuality in a healthy way
- Respecting the rights and sexuality of others
- Showing integrity and leadership in the school and wider community
- Showing empathy, caring and thoughtfulness in relationships
- Being a good role model and being able to identify role models
- Being supportive of others and willing to help others
- Enthusiastic about changing behaviour in their community and willing to get involved in awareness programs

- Being responsible, reliable and trustworthy
- Demonstrating positive attitudes towards gender issues and wanting to improve the position of women and girls in society
- Being able to communicate appropriately and confidently with both sexes
- Reflecting on their own strengths and weaknesses and planning to improve these

Notes for facilitators/trainers

1. Teaching and learning

All the learning and teaching strategies employed in this training are designed to ensure maximum participation. These include small group and paired discussions, brainstorming and concept-mapping exercises, problem tree analysis and body mapping. Employ all these strategies to ensure that effective teaching and learning takes place.

2. Language

Express ideas in language as “normal” as possible, so that the peer educators do not sound too different from their peers. Correct and accurate English scientific terms must be used for sensitive words like penis or vagina. Allow students to express themselves in Tok Pisin or any vernacular that everyone understands so that they may be able to freely express themselves.

3. Setting and organisation

The setting should be relaxed but organised. Training is not the same as being in a classroom. For example, participants should be arranged to sit in groups and not in rows. Group size should not exceed a maximum of four (4) participants to ensure maximum participation by all members.

The training program should remain one which the students are comfortable with. Sometimes peer educators and peer education advisers will work in separate groups and other times they will need to work together. Other sessions will require the participants to work in same sex groups, while in others, mixed sex groups will be recommended.

4. Ensure that for all group activities,

Groups must select a discussion leader, time keeper/recorder and a presenter. All participants must turn take turns at these different role. This will enable them to have equitable access to participation in all aspects of the teaching and learning process, regardless of gender, ethnicity, ability or disability.

5. Planning ahead

Read the session and activity plans in advance and prepare for the numbers of participants you have. Some sessions require resources to be prepared beforehand. This is particularly for those activities that involve sorting cards or matching exercises or displays that need to be pre-written on butcher paper. Organise well before the sessions.

6. Resources

Most of the resources needed for this training will consist of butcher paper, markers, sticky tape or blu tack; and the Peer Education Resource Book. Handouts that need to be photocopied must be prepared before the sessions. Every participant should have a Peer Education Resource Book and every PEA should also have this Training Manual.

Icebreakers & energizers

1. Things We Share

Stand or sit in a circle. One person stands in the middle. The people in the circle stand on a leaf or thong or piece of paper or sit on a chair. The person in the middle calls out something about themselves and people have to change places if that is shared by them. Last person to stand on a spot must go in the middle and call out something about themselves.

e.g. “I have no children”, “I like dogs” “I know how to use a condom” “I am a Blues supporter” “I was born in January” “I am not wearing a meri blouse” “I don’t like tinned fish” etc

2. Pukpuk, Man, Meri (a variation on Paper, Stone, Scissors)

Stand the participants in two rows facing each other. Show them the symbols for pukpuk (Snap!), man (Muscles!) and meri (Hips!).

The man will beat the pukpuk. The meri will beat the man. The pukpuk will eat the meri.

Count 1,2,3 and they have to make their symbol and see who wins. Play offs and finals are optional. Good for building self confidence and team work.

3. Three truths and a lie

Each person writes 4 sentences on a piece of paper about themselves. 3 must be true and one must be a lie. They then walk around and introduce themselves to other people, share their sentences and the other person has to guess which one is the lie. After 5 minutes, each person stands up and reads out their sentences and tells everyone which one was the lie. Excellent for communication skills.

4. Body writing

Great physical warm up. Choose a name from the group and ask the participants to stand up and write this name with...an arm, their head, a leg, their whole body! Excellent for self confidence and building self esteem.

5. Remember Me

Choose a suitable diagram or picture from a textbook/your own work. Put the participants in teams. One member of each team runs to the front and has 30 seconds to look at the picture/diagram. Then they run back and their team has to draw the diagram. After 1 minute the next person runs up for a 30 second look and back to their team to improve the picture. And so on...then show the picture and judge the best team. Excellent for team work and communication skills.

6. Pictionary

Sort the participants into teams. You will need a blackboard. Call up one member of each team. You will show them a card with a word or phrase on. They have to draw this on the board (no words allowed!) and their team have to shout out their guesses. First team to call out the right word wins a point.

Follow up Training Options (separate training manual)

Choose one (1) topic training session for each term follow up visits. Based on the participants choices, the trainer or facilitator should organise for 4 topics to be selected from the list below and organise for each of these topics to be covered per term.

1. Conflict resolution
2. Gender Equity advanced
3. Public speaking
4. The law on Gender related violence
5. Study skills & time management
6. Drama and role play
7. Goal setting
8. Applying for work – resume and application letters
9. Pregnancy, birth and baby
10. Relationships and marriage advanced
11. Human rights and responsibilities

7. Energizers

Energizers are provided in the Appendix section of this manual for participant motivation should they start showing signs of boredom or fatigue. Select any that you are comfortable with or as appropriate to the context of training.

8. Timing

Each session should be between 1-2 hours. A sample five day training program is on *page 13*.

9. Baseline Survey

This survey should be conducted with a sample of grade nine and grade ten students (at least one quarter of the total target population) at least a month before the training to allow for the results to be analysed. The analysed results can be made known to the entire target population and the grade nine and ten teachers.

The result of the survey maybe used to further improve certain sessions in this manual by ensuring that the peer educators are equipped with necessary knowledge and skills to respond and address their peers’ questions.

Sample training program

TIME	Day 1	Day 2	Day 3	Day 4	Day 5
8:00 - 10:30am	Welcome to your training 45 mins Issues and challenges faced by young people	Devotion, review & warm up The challenges of being peer educators & advisers	Devotion, review & warm up Gender issues for young men and women	Devotion, review & warm up Sexually Transmitted Infections (STIs)	Devotion, review & warm up Challenging questions
	Morning tea				
10:45 - 12:15	What is peer education? What makes a successful peer education program?	Understanding myself What is sexuality?	Sex and young people Parenthood and Family planning	HIV/ AIDS – Basic Facts HIV and young people	Facilitating small group discussions Getting help and helping others – referrals & services
12:45 - 1:00pm	Lunch				
1:00 - 3:15pm	Working together – peer educators and advisors Supporting each other and dealing with problems	Understanding relationships Love & lust	Rape, abuse and harassment Drugs and alcohol issues	Risky and safe Sex Fighting Stigma and Discrimination	Reporting your work Assessment
3:15 - 3:30pm	Afternoon tea				
3:30 - 5:00pm	Life skills – assertiveness	The language of sex Girlfriend/boyfriend/husband/wife	Life skills - Communication	VCT, Positive Living & Care and Support for PLWHAs	CLOSING OF WORKSHOP
	Evening meal				
7:00 - 8:30pm	Life skill – resisting negative peer pressure	Life skill – values & attitudes	Life skill – Decision making	Life skills - Negotiating	

10. Closing ceremony

This should include:

- bung kai
- press release and publicity
- t-shirts and caps
- a resource kit (male and female condoms, posters, leaflets) for each peer educator and adviser
- a facilitator kit for each trained facilitator
- certificate for each participant
- lots of praise and thanks
- a prayer and dedication
- a chance for peer educators and advisers to share their thoughts and wishes for the future

- *Is it OK to have sex without a condom if my partner looks healthy?*
- *If my boyfriend/girlfriend and I both test negative for HIV, do we need to use condoms?*
- *Condoms are never around when I need them. What should I do?*
- *I think that someone in my family might have HIV/AIDS. What should I do?*
- *I am too afraid to get an HIV test. Isn't it better not to know?*
- *Why is drinking home brew bad for me?*
- *Why is smoking marijuana bad for me?*
- *What family planning methods are effective?*
- *Show me how to use a male condoms (have a wooden penis available for this)*
- *Show me how to use a female condom? (have a wooden penis available for this)*
- *I think I am pregnant. What should I do?*
- *I think I might be homosexual. Is this immoral?*
- *My boyfriend has beaten me. What should I do?*
- *I don't think men and women are equal – are men are more important?*
- *Tell me the names of my reproductive system and what they do*
- *Why is joining a cult dangerous?*
- *An older person wants to marry me. Is this risky?*

You can change these as needed depending on the group. There should be enough to cover both activities.

4. After all of the peer educators have had the chance to answers the questions, they should swap over and change roles. Again, give them all the chance to answer the new questions.

5. Assess each peer educator paying attention to their confidence, their skills (e.g. questioning) and the accuracy of their answers. You may get teachers to help you with this but it is also valuable teachers have a chance to be assessed and be given feedback.

6. Receive feedback from the group on what they think they need further training for or in. Book this training for their first termly visit (one- day visit).

Day One

Session 1: Welcome to your training

Time: 1 hour

Organisation: Whole group

Resources: Learning outcomes on display, butcher paper and markers, Question Wall or Question Box with scrap paper available

Activity 1: Welcome

1. Prayer. This could be led by the school chaplain or a student. A good reading about love for others is Galatians 1:1-2

2. National anthem & pledge

3. Facilitators and host school Principal welcome the participants and thank them for volunteering to be part of the program. Welcome speech should stress the challenges of being peer educators and peer education advisers and the rewards and opportunities of being a volunteer. They have been specially selected for their positive attitudes and behaviour.

4. Say where the toilets are, when and where lunch, morning tea and afternoon tea are and ask everyone to sign the register. They must also know who to speak to in case of emergency or needs.

5. Remind them that each day's sessions will be evaluated at the start of next day by them to help improve the training.

6. Display the learning outcomes (to be written before hand) for the workshop and participants are asked if they understand and if they have any questions.

By the end of this workshop student peer educators can...

- confidently train and educate their peers in HIV/AIDS/STIs, reproductive health, conflict resolution, gender equity and other related issues
- explain the role of peer education, its challenges and its rewards.
- demonstrate a range of life skills
- plan and report on peer education activities and know how to solve problems and refer peers for more support.

By the end of this workshop peer education advisers can...

- confidently support their peer educators in a range of issues
- demonstrate an understanding of the level of knowledge, attitudes and behaviours of the students in their school
- explain the role of peer education, its challenges and its rewards.
- plan and report on peer education activities and know how to solve problems and refer peers for more support:

Activity 2. Icebreaker game (Name Game)

Trainers' Note:

(Knowing each participant's background and religion will allow for certain issues to be approached appropriately. Respect should be maintained for the game names made up by the participants. Everybody should make an attempt to address each other by their game names at all times irrespective of position or title.

1. Starting with the facilitators/trainers, everyone is to introduce themselves, their place of origin, religion; and then suggest a 'game name'. For example, William, "Willing Willy"; Dorothy, "Dancing Dorothy"; Patricia, "Pretty Patty"; etc. to be used for the whole duration of the workshop during both official and unofficial times.
2. Get another facilitator to scribe everyone's game names onto butcher paper to be put up on the wall for reference through out the course of the week.
3. Alternatively, get participants to pair up with someone they do not know personally and allow everyone 5 minutes to find out as much as possible about their partner including one thing they have in common with each other. After the set time is up, let the partners introduce each other to the whole class.

Activity 3: Ground Rules

1. Tell the group you will introduce an activity that will enable them to know each other better. Tell them you want them to think of a secret about themselves, something they've never told anyone. It can be something they have done or they may have thought.
2. Give them a two minutes to think about what they want to talk about. After this time is up, announce you are not going to ask them to talk about their personal secret after all. Explain to them that this activity was to remind them how vulnerable (nervous and unsure) people are when they have to reveal something personal. This experience will help them look at what they need from this group before they will feel comfortable in sharing personal information or opinions with everyone.
3. On the board, write the word "FEELINGS". Ask the participants to identify the feelings they experienced when they were asked to talk about their personal secret. Make a list of their responses on the board (for example, nervousness, shame, worry). Point out that their responses are natural ones and are the same responses all people have when revealing themselves to others.
4. Write the word "NEEDS" on the board. Ask the participants to identify what they need from this group before they will feel safe in talking about anything as personal as a secret. Make a list of their responses. After everyone has had an opportunity to respond, cross out the word "NEEDS" and write the word "RULES" in its place.
5. Ask if everyone can accept as a rule every behaviour on the list. If there is disagreement, change words or phrases until there is consensus.

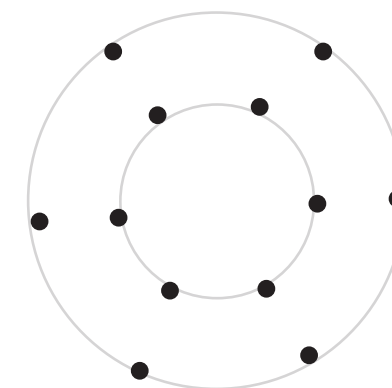
This is not to decide whether peer educators take part in the program but to check key knowledge is correct and they can confidently talk about issues that affect young people.

Key concepts:

- Assessment of each participant enables the training facilitators to test if participants have acquired the required skills and concepts passed on during the training.
- Each participant should confidently and effectively practise and present the scenarios tasked to them
- Participants must present accurate information required of them while at the same time display appropriate skills learnt at this training.

Activity 1:

1. Sort the participants into two large groups of students (one for each facilitator). The teachers will also take part in this because they also need to be confident about talking about these issues. They will have a separate group.
2. Each group will be set up like this:



The inner circle will be participants pretending to be young people with issues to discuss with the peer educators (those in the outer circle).

The outer circle will be participants acting as peer educators.

The inner circle will each have a different problem to discuss with their peer educator. The facilitators listen and observe the peer educator responses, especially their confidence and the accuracy of the answers.

3. After 3-4 minutes call "stop!" and the peer educators move anticlockwise to the next peer problem.

These are the problem cards:

- *If I had an STI, what symptoms would I have?*
- *If I had HIV, what symptoms would I have?*
- *How is HIV transmitted?*

Support

Support may be given by the peer education program coordinators in terms of:

- Conducting additional training sessions per term so skills and knowledge are built on and further strengthened.
- Facilitating debriefing sessions so you can regularly discuss how you are feeling about what you are doing.
- Male and female condoms and Information, Education, and Communication (IEC) materials to distribute.
- Providing any other additional support in becoming good peer educators and in dealing with any difficult situations that might come up.

4. Answer any questions the peer educators have. Now is a good time to set dates for the termly meetings for the next 12 months. Show them the training schedule for the follow up sessions and ask schools to decide which ones they will choose.

Activity 2

1. Ask groups to list the DO's and the DON'Ts of reporting. Brainstorm these and record them on butcher paper. Ask groups to feedback to you.

For example,

When reporting do...	When reporting don't
• List the sex of the people you worked with • List the stories and outcomes of the activity • List the ages and grades of the people you worked with etc	• Write too much waffle • Break confidences – use codes for names (e.g. male Grade12 student) • Forget the little times such as one-to-one chats etc

Session conclusion

Go through the key concepts again with the students and answer any questions or queries they may have in relation to the different forms that they have to fill.

Session 6: Assessment

Session outcomes: Participants can...

- *demonstrate peer education one-to-one skills confidently and competently.*

Time: 45 mins

Trainer's Note:

6. Brainstorm any missing group rules. One facilitator scribes these onto the butcher paper. Make sure none of these is missed out: treat men and women equally, confidentiality, note making, asking questions, helping each other, full participation, respecting the views of others, punctuality etc.

7. Display the rules in a prominent place for the entire training period and refer to them when needed in the training.

8. **Question wall/question box** – now is a good time to show participants the Question Wall or Question Box if they have any questions they would like answered. These can be answered at the end of the day, start of the sessions or by writing the answers by the questions.

*You may also like to have a **Comment Wall** for comments people have. This is useful if participants interrupt the sessions repeatedly – instead they can write their comment down and stick it on the wall. (Make available sticky tape/blu tack and little notes before hand).*

Session 2: Issues and challenges faced by young people

Session outcome: Participants can...

- identify issues and challenges that young women and young men face in their lives

Time: 45 minutes

Organisation: Mixed sex groups, separate teachers and students

Resources: Butcher paper for each group, enough markers for 1 between 2, summary of each school's behavioural survey (if available).

Key concepts

- Identifying issues and challenges faced by young people is the first step in trying to address these.
- Peer educators need to first have a clear idea of what is going on amongst themselves and their peers so that they can start to brainstorm what and how they will be helping their peers in their roles as peer educators.
- Issues and challenges include examples such as dealing with negative peer pressure, handling boyfriend/girlfriend relationships, indulging in smoking and drinking alcohol; etc.

Activity 1

1) Divide the student peer educators into mixed sex groups of 2-4 and get them to discuss the issues that young women and young men face. Discussion points should be recorded on butcher paper. At the same time ask the teachers to also discuss what they think are the issues and challenges faced by their students and other young people. *(Some of their responses might be different from those of the students).*

e.g.

Issues/challenges that are faced by young women	Issues/challenges that are faced by young men
Unplanned pregnancy Boyfriend/girlfriend HIV/AIDS Threat of rape School fees Drinking and smoking Finding a husband	Pressure to drink and fight Girlfriends and sex HIV/AIDS Pressure to join cult groups School fees Smoking marijuana Finding a girlfriend/wife

2. Ask two student groups and a teacher group to present their discussion results to the whole class. Highlight the differences and similarities between the issues faces by males and females; as well as those between the students and teachers.

3. Ask them to discuss with a partner about why there should be differences.

If you have a large group one facilitator could scribe ideas from each group or you could ask only random groups to present.

Activity 2: Results of the baseline survey: (If the results are available).

After summarizing activity 2, share the results of the school baseline survey with the group. Which issues are of the most importance to male and female students at the school?

Session conclusion

Identifying the issues and challenges young people face in today’s world can provide a better understanding of how best we can help these young people face these issues and challenges in a positive way. Peer educators and teachers should know the worries and concerns of the young people they are working with.

Session 3: What is peer education?

Session outcomes: Participants can...

- explain the concept of peer education and how this will work in their school
- define the roles and responsibilities of the peer educators and the peer education advisors

Time: 1 hour and 15 mins

Organisation: Paired, groups of 4

Resources: Butcher paper for each group, 1 marker between two, Resource book for each participant, handout containing flow chart for peer education program

3 Ask the participants to list down their first five proposed activities with their peers. Get them to start planning realistically how they will achieve these activities.

Monitoring and evaluation

There will also be times when the peer education advisers and/or the peer education program coordinators of the NDOE will need to get information from them about what they have been doing as peer educators.

This can be done by having weekly or fortnightly meetings between the peer educators and adviser team. At these meetings you can list any problems, plan ahead and report on your activities.

Each peer educator should be given a note pad which the students should treat as a journal or record book to keep track of their activities. This may also be referred to as an ‘Activity Reporting Form’.

It should look something like this:

Date	Peer/group	Task carried out	Topic /Issue discussed	Desired Outcome	Changes noted (if any)	Additional comments

3. Show them an example of a completed row of the activity reporting form.

Date	Peer/ group	Task carried out	Topic /Issue discussed	Desired Outcome	Changes noted (if any)	Additional comments
15 th /07/2009	Female classmate	One-to- one discussion	Sex and teenage pregnancy	Delay first experience with sexual intercourse until matured enough	Is assertive with boys and demonstrates positive self esteem.	Jane* used to be shy but now she seems to be more confident of herself etc.,

*Made up name for this example.

4. Inform the participants that the peer education program coordinators from the National Department of Education (NDOE) will have meetings with them at least once every term. These meetings will have three parts: a group debriefing session, a monitoring and evaluation session and a training session,

In the debriefing session, they will be asked to give information about what has been done, how many young people they have done outreach with and what has happened with the peer education program in their school. This is so there can be a record of how many young people have been reached; if what is being done is the right thing to do and if desired outcomes are being achieved. It means that we can learn from what we are doing to make sure we are always getting better.

Session 5: Reporting your work

Session outcomes: Participants can...

- explain the need to report and monitor their work
- appropriately use the reporting forms for activities

Time: 1 hour

Organisation: Mixed student/teacher groups of 4 (same school)

Resources: Butcher paper, markers, enough copies of the activity form for 10 for each person and one example sheet already completed, question on the board,

Key concepts

- Reporting is an important component of any program for the following reasons.
- Reporting is done to keep track of what activities are being done
- Reporting shows that something is actually being done
- For those funding the program, reporting is done to see that their money has not being wasted in terms of funding training, etc.
- Reporting is a task that is carried out by all the parties involved in the implementation of the peer education program.

Activity 1:

1. Put this question up on the board and ask participants to discuss it in pairs before feeding back to the group.

Why do we need to report what we do?

Examples may include:

- To keep track of what activities are being done
- To show that something is actually being done
- For those funding the program to see that their money has not being wasted in terms of funding training, etc.

2. Explain the planning and reporting process to the group:

Planning

Explain to the participants that when they are doing outreach activities, there will sometimes be assistance that they will need to make things happen. This may be in terms of using school facilities, help of other students, networking with local health services, etc.

If you are thinking of doing an organised session as part of your outreach (for example, a movie night with a question-and-answer session afterwards) you will need to be clear from the beginning about what you are aiming to do and what messages you most want to get across. This is why good planning is important. Planning ahead will also let you know anything you might need financial support for.

Key concepts

- A **peer** is a person who belongs to the same social group (peer groups) as another person. This peer group may be based on age, sex, occupation, and other factors
- In the context of this peer education program, a **peer educator** is a specially trained young person who is able to pass on accurate information on issues such as sexual and reproductive health, drugs and alcohol etc; and in the process help their peers develop important life skills such as negotiating skills so as to create positive behaviour change and enable young people to make informed and responsible choices and decisions regarding their daily lives.
- A **peer education adviser** is an adult in the school community (teacher of Personal Development, a school counsellor etc) who has undergone the same kind of training as the peer educators to enabled them to provide support to the peer educators as well as to provide a link with the peer educators and service providers or the school community of adults.

Activity 1

1. Ask the whole group to brainstorm and list on the board individuals to whom they would go when they want to share a problem. Make a tally. (*Expect responses such as mother, sister brother, best friend, teacher etc.*) Many participants will give 'best friend' as their answer.

2. Ask the participants what they notice? Continue to lead the participants to brainstorm the reasons why they would first go to a peer to share problems or get advice than an adult? Possible reasons would include: understand my situation, maintain confidentiality, easier to talk to; etc.

3. In pairs participants brainstorm definitions for the terms peer and peer education, and then together develop the following definitions on the board.

A **peer** is someone who belongs to the same social group as another person or group. The peer group may be based on age, sex, occupation and other factors.

Peer education is where trained and motivated young people (*for this particular program*) undertake informal educational activities with their peers (those similar to them in sex, age, background or interest). These activities are aimed at developing in young people, appropriate knowledge, attitudes and skills to enable them to make informed and responsible choices and decisions affecting their lives.

Activity 2

1. Ask participants to look at the flow chart (from resource book or handout) for the peer education program. Work in pairs to write questions which the trainers can answer relating to the program.

Frequently asked questions

- Do peer educators get paid?
- What happens if I want to leave the program?
- My parents would not like me to be a peer educator. What should I do?
- My beliefs might conflict with the program. What should I do?
- I don't know what activities to do!
- How do I report on my work?
- How do I get more training?

- How will being a peer educator help my career?
- What happens if my peers don’t want me to be a peer educator?

Activity 3

1. Organise the peer educators and advisers into separate mixed sex groups of 4.
2. Students brainstorm what a peer educator does and does not do. Teachers brainstorm what a peer education adviser does and does not do. All responses are to be recorded on butcher paper for presentation.

For example,

What a peer educator does....	What a peer educator doesn’t do...
Listen Answer questions Arrange informal activities and training Plan and report Help others Ask for more training and help if needed Recruit new peer educators Evaluate the activities etc	Preach Teach Judge others Discipline others Select new peer educators Get paid Replace the school counsellor or SRC etc

What a peer educator adviser does...	What a peer educator adviser doesn’t do...
Support their peer educators Monitor peer education program for problems or need for more training Communicate with NDOE Select peer educators Communicate and liaise with BOM and school management etc	Get paid Work outside the normal school rules Replace the school counsellor Moralise or impose their values Break confidentiality unless life is at risk Be the peer educator/take part in activities without being invited etc

3. Ask at least three student groups and one teacher group to present their points on the board and explain their decisions. Remind them of any missing “do’s” and “don’ts”.
4. Give the participants the handout on the selection criteria and responsibilities of both peer educators and peer education advisers.

Session conclusion

Tell the participants that peer education is a powerful strategy for changing behaviour so people can live healthier, happier and more responsible lives. Over the week they will learn how to be better peer educators and advisers so they can help the young men and women in their schools and their communities.

Case study 6

Your friend keeps playing music loudly late at night so others cannot sleep properly.

Case study 7

Your friend wants access to family planning and there are none at the school.

Case study 8

Your peer is very unhappy, drinking and smoking heavily and not attending class.

Case study 9

Your friend isn’t going to church anymore. Instead they are playing sport.

Case study 10

Your peer has been wrongly accused of stealing and suspended. He says he will pay back the teacher at the weekend.

Case study 11

A peer says they are under pressure to join a naming cult in their school.

Case study 12

A female peer tells you that an older male teacher has tried to seduce her

Case study 13

A peer is upset because their family is forcing them to marry someone they don’t really know

Case study 14

A student comes to you after a school dance. They are very upset and say they have been raped

4. Hear feedback on these case studies and then discuss them in light of the rules suggested in activity 1. There are many situations when a peer might need help and you may not be able to give it to them. The school will support you.

Finally ask groups to brainstorm 3 more case studies in which you would refer peers to other services.

Schools can choose to put their school logos at the top of the forms.

Peer education advisors should also number the different referrals done so it is easy to keep a record of how many referrals are being done.

3. Now ask the groups to discuss what they think should be the rules for making referrals.

Brainstorm at least five of these.

Examples may include:

- Do no harm or make the situation worse
- Ask for help from other peer educators and peer educator advisers
- Always maintain confidentiality unless there is a risk of death or serious harm
- Know the services available and make sure they know you
- Support your peer – you are not a health worker or counsellor

4. Collect feedback and create a list of these rules on a chart or butcher paper. Stress the “do no harm”, “ask for help” and “confidentiality” rules. Remind the participants that confidentiality from services and peer educators is important or peers will distrust you not come to you for help.

Activity 3:

1. Depending on the number of participants, get the participants to get into mixed sex groups of four to discuss one of the following referral case studies. (Group leaders could choose which case study their group can work on by picking out of a hat. For each case study, the groups should answer these questions:

- Should the peer educator refer the person to a service? Why/why not?
- If yes, which service?

Case study 1

A peer confesses to having beaten his girlfriend when he was drunk.

Case study 2

A peer is scared they might have contracted HIV because they had sex without a condom.

Case study 3

A friend keeps losing their temper and arguing with mates.

Case study 4

Your peer thinks they might be pregnant.

Case study 5

It is almost graduation and your friend does not know what to do next with their life. It is worrying them.

Session 4: What makes a successful peer education program?

Session outcomes: Participants can....

- describe factors which will lead to a successful peer education program in their school
- identify activities that could be called peer education
- identify possible barriers to the success of peer education and develop possible strategies for dealing with these barriers.

Time: 1 hour and 45 minutes

Organisation: Mixed sex groups of 4 participants

Resources: Butcher paper, markers, peer education activity sorting cards (1 set per group)

Key concepts

- A successful peer education program is one that takes into consideration the factors pertaining to the four categories outlined in activity 1.
- In the same way, the program needs to follow some basic principles so that it is a guided intervention and not one that is all over the place. Activity 2 points out some examples of these guiding principles.

Activity 1: Factors leading to a successful peer education program

Before this activity, draw up four columns on a butcher paper.

1. Ask participants to think about factors that would make the peer education program successful in their school. They should brainstorm these for 10 minutes and then you should collect feedback.

2. The participants are still not aware of the identification of the columns, but you should record their responses on the butcher paper according to where they belong in the following four categories.

- Providing information
- Creating motivation
- Building behavioural skills
- Referring and having appropriate resources.

3. It is best not to name the categories beforehand, but to list the participant's suggestions in the untitled columns. Once all the responses have been included, the four categories can be identified and the participants' responses discussed within that context.

For example,

Providing information	Creating motivation	Demonstration of positive behavioural life skills	Appropriate resources
- Effectiveness of outreach activities, such as one- to – one discussions, small group focus discussions, role plays etc. - Availability of relevant and sufficient background resources (books, visuals etc).	- Recognition of some sort (certificates, badges, caps etc), for Peer Educators and Peer Education Advisors. - Providing of incentives for PEs and PEAs.	- Peer educators and peer education advisors display positive role modelling. - There is noticeable (even if very little) change among the targeted audience.	- Support from School admin and staff. - Provision of a resource room with appropriate support resources (books, etc).

Activity 2

1. Ask participants to brainstorm from the definitions of peer and peer education, possible guiding principles for the peer education program to be run in their schools.
2. Ask for feedback and go through the following desired guiding principles of peer education.
 - Outside of the classroom
 - Usually with the same sex and same age group
 - Activities do not put the peer educator at risk
 - Information sharing, support and role modelling.

Activity 3

1. Remind the participants that peer educators talk to fellow students about a range of topics including HIV/AIDS and other sexually transmitted infections, gender, behaviour, safe sex, pregnancy, how to use condoms, how to get tested for HIV and STIs, how to support people living with HIV/AIDS, how to resolve conflicts and other topics.

Therefore peer educators have to find ways of talking to young people about these topics. Sometimes you will be able to ‘piggy-back’ your outreach onto other activities happening in the school or you will see a chance to talk to other young people and be able to take it.

2. Spending a few minutes on each question, ask the small groups to discuss the following points:
 - **When the opportunities to talk to their peers might come up.** (Some suggestions might include: sport groups, one to one discussions after class or in the dormitory, travelling to town etc.)
 - **How they can use these opportunities to talk to other young people about issues.** (Suggestions might include: drama and role plays, coffee or Milo nights, movie shows, sitting with a friend while waiting for the bus, bringing groups of young people together for information sessions, poster displays etc.)

Activity 1:

1. Ask the participants groups to map the services available around their school that young men and women could access.

On the map they should show the distance and colour code the type of services (Use different coloured biro ink as appropriate).

For example:

- Red** = health services
- Blue** = spiritual guidance services
- Green** = academic support services

2. Display the maps and compare. Have they included the school counsellor? Ask participants these questions for when they evaluate the maps:
 - Are these services prepared for young people and young people’s issues/problems?
 - Can male students get help at all these places?
 - Can female students get help at all these places?
 - What will the peer education advisers need to do before young people from the school can use these services?
 - Who will the student need to speak to before they access these services?

Activity 2:

1. Explain the steps for referral to the participants. These steps may include the following:
 - a) Know there is a
2. Show the participants a copy of the referral form below. (Also available in the Resource Book) and show them an example of one filled in.

Peer education Referral Form

Referral No: 12

Date: ____30th August, 2009

Name of Peer: _Jenny Smith

Referral service required: Counselling

Comments by peer educator:
Jenny discussed with me her intentions to do something bad to herself as she feels that life is totally hopeless now that she has lost both her parents in a car accident.
Nothing I have said to her will change her mind.

Name of peer educator: Sheena David

Signature:

Case study 9

A dorm mate storms into your cubicle and waves a condom in your face and says they are immoral. What would you say?

Case study 10

Your friend comes back one night smelling of cigarettes. You haven't seen them smoke before. What would you say...?

2. Remind them that they will learn and develop many skills through the program. If they have any questions or need help they can ask you or their fellow peer educators.

Session 4: Getting help and helping others – referrals & services

Session outcomes: Participants can...

- map the services available for young people in their school area and community
- identify situations that may need referral and refer their peers to these services appropriately.

Time: 1 hour

Organisation: Mixed sex and mixed student/teacher groups of 4

Resources: Referral forms (at least 5 copies each), butcher paper, markers, referral case studies (enough for one set for each group)

Key concepts

- Sometimes there may be issues that peer educators and peer education advisors may not be able to address appropriately. Making referrals to available services enables young people to receive specialized assistance which peer educators may not be able to provide.
- It is important that there be a good working relationship established between the peer education program in schools and available referral services such as the school counsellor or the local hospital or clinic.
- Identifying cases that need to be referred is a skill that both peer educators and peer education advisors need to develop.
- Referral services include access to a trained counsellor, STI clinics or other health services that are youth friendly, HIV testing sites etc.
- Having a standard referral form makes the referral process easier as well as provides referral services to conduct follow up on each case.
- Cases that must be referred include those that a peer educator cannot address properly such as a peer letting on that she is pregnant; a peer wanting to test if they are HIV positive or not; a person thinking about committing suicide, etc.

- **What activities they expect to be doing as a peer educators.** (Suggestions might include: passing on information, giving advice, providing support and basic counselling, distributing condoms, directing and going with young people to health services etc.).

3. Bring everyone back together and ask each group to present their groups' answers to the three points discussed. Add to their answers yourself, especially the third question so the peer educators get a good idea of what will be expected of them.

Activity 4: Peer education activities

1. In groups of 4, participants sort the activities on the cards into **peer education** and **not peer education** columns.

a. Talking to your soccer team about the risk of HIV/AIDS – Yes	k. Intervening in a fight between two older boys – No
b. Standing up in your Church and talking about gender equity – No	. Leading the school assembly and talking about caring for people sick with HIV/AIDS – No
c. Listening to a friend's worries about bullying – Yes	m. Always working in a mixed sex group in class- No
d. Talking to your younger Grade 6 sister about where babies come from – No	n. Going with a classmate who has been called to the Headteacher for discipline problems – Yes
e. Running a video show in your dormitory and having a question and answer session – Yes if everyone is in the same age range as you.	o. Helping a member of the opposite sex with their homework- No
f. Speaking to village elders in your community about where to get an HIV test – No	p. Chatting to a mate about their future as you walk to the store Yes
g. Teaching a short session in your Personal Development class - No	q. Escorting a dorm mate to the local clinic for an STI test- Yes
h. Pinning HIV posters up in the SRC office- Yes	r. Keeping HIV leaflets in your bilum for when people mention the subject - Yes
i. Showing your dorm mates how to use a condom – Yes if they are in the same age range as you	s. Putting up anti gender violence posters in your dorm cubicle – Yes
j. Advising a class mate to go and get a pregnancy test from the school nurse- No	t. Counselling a fellow student about their sexual behaviour No–

2. After their sorting, reinforce the guiding principles of peer education activities: Possible answers to the matching game are in italics next to each scenario.

3. Now ask them to check their answers. Which ones do they think are peer education and why? Which other activities can they think of which peer educators can do?

Session conclusion

Remind participants that a peer education program can be effective if activities are done in line with the required guiding principles while taking into consideration other factors that are necessary such as carrying out activities that are in line with the concept of peer education.

One-to-one support or small group work with the same group of young people over a long period of time is very effective peer education. While the peer educators may also do presentations to large groups of young people (on World AIDS Day, for example, or in a classroom) this is **not** the main focus of their work. Tell the group that it is good for them to come up with their own ideas and ways of doing their work.

Session 5: Working together – peer educators & advisers

Session outcomes: Participants can...

- identify ways to help each other
- identify potential problems in their program and discuss and develop ways of dealing with these problems
- plan for regular meetings and debriefing sessions

Time: 60 minutes

Organisation: Whole group, mixed sex and mixed student/teacher groups of 4

Resources: Butcher paper, markers

Key concepts

- The peer education program is one that the peer educators and their advisers will need to work very closely together.
- Team building is therefore a skill that all members of the peer education team should develop to enable them to perform effectively in their different roles.
- Like the story of the geese in activity one, peer educators must develop skills to help one another both in good and difficult time.

Activity 1

1. Now tell them this story. Before you start put these questions on the board:

How does this story relate to your work?

What lessons can you learn from this story?

Activity 4: One-to-one work

1. Give each group this set of case studies to read and discuss. Role-play what you would say and how to work with a peer. The whole group should watch some examples and discuss how to improve the discussions.

Case study 1

Your friend has been seeing a person for a short time and they feel they are in “love.” However their partner is trying to persuade them to have sex. They have tried to be persuasive and your friend has tried to resist but it is getting more difficult. Your friend comes to your dorm cubicle at the end of the day and tells you what is happening. You support their decision by saying.....

Case study 2

Your peer has been having sex with their boyfriend/girlfriend for some time. Last night they didn't have any condoms so your friend gave their partner oral sex rather than having sex without a condom. What would you say...?

Case study 3

You and your best mate have some free time. You want to go to the local store but your friend says “I've heard the shopkeeper has HIV. I'm not going there!” What would you say...?

Case study 4

A peer has been telling you they are under pressure to join a name cult in their dorm. They are very worried about it and don't know what to do. They don't want to join the cult though. What would you say to support them...?

Case study 5

A peer comes to you and complains that everyone seems to be having sex and boasting about it. They aren't impressed with their friends. What do you say to support them...?

Case study 6

You are at a dance. You notice a group pushing someone around. Getting closer you realise it is because the group are drunk and they are teasing someone who doesn't want to drink. What will you say...?

Case study 7

A friend comes to you and is worried they might have an STI. They were kissing their new boyfriend/girlfriend last week. What would you say...?

Case study 8

You notice a friend always chooses to sit with their own sex in class and is always silent when put with a classmate of the opposite sex. What would you say...?

Activity 3:

1. Ask groups of 4 to role play these scenarios. Divide them out around the whole group. One member of the group should be the peer educator. The others are the group. How will you start the discussion?
2. Perform these role plays and ask others to watch these and evaluate their work – what was good? What could they do differently?

The role play must only be 3-4 minutes long

Role play 1

Your peers are in the ablution block having a shower after sport. Start a discussion about your role.

Role play 2

You are waiting for a PMV with your peers. Start a discussion about risky behaviour.

Role play 3

Your peers are sitting around playing cards with you. Start a discussion about safe sex or drinking.

Role play 4

You are walking to the school farm with your friends. Start a discussion about healthy living

Role play 5

You are working on your Personal Development homework with a group of friends. Start a discussion about male and female condoms

Role play 6

You are waiting with your friends after Church. Start a discussion on abstinence and faithfulness

Role play 7

You have all watched a film with strong female characters. Start a discussion on gender equity

Role play 8

You are watching a sports game played by the opposite sex. Start a discussion on safe dating and relationships.

The Canadian Geese migrate from place to place each year flying in ‘V’ formation; the leading bird is in front while the rest follow behind in two diagonal lines. Scientists learnt some amazing things about why fly in such a formation:-

1. *By flying in a ‘V’ formation the birds gain 71% greater flying range than if they were to fly on their own. When the leading geese gets tired they fall back into the formation and allow another geese to lead the flock.*
2. *While the birds in front are working very hard, the geese in the back encourage them by honking. This turn to mean that “don’t worry, keep on going we’re with you”.*
3. *When a sick or wounded goose falls out formation and needs to fly to the ground, two other geese will follow to help protect it. They will stay with it until it gets better or dies. They will then join a new formation or create their own to catch up with their group. By sharing, working and learning together, we can achieve more than if we work alone. Taking turns to lead and honking encouragements to each other, staying in formation and watching out for the wounded, we could accomplish so much more then working on our own.*

2. Ask participants to answer the two questions now and share their thoughts with the whole group.
3. Organise the participants into groups of 10. They should role play this little story!

Activity 2

1. Now work in mixed groups of 4 with butcher paper. Divide the paper into two and complete this table:

How peer educators can help their advisers	How the advisers can help their peer educators

2. Hear feedback and summarise these onto the board. What are the common tasks?

Activity 3

1. Now work in same school groups together with peer educator advisers to discuss the following points.
 - How often will the team need to meet?
 - Where will the meeting be conducted (is it ok for both male and females)?
 - What time and how long will you meet for (is it ok for both male and females)?
 - How will you organise the meetings so all members are able to participate?

2. Ask one or two groups to share their plan with the others. Make sure the facilitators take note of the plans of each school for follow up visits. Remind the groups that there will be regular follow up training and visits from Population Education project staff.

Session conclusion

Remind participants that this particular model of peer education will require that student peer educators work closely with their adult peer education advisers and therefore, it is important that both groups develop ways in which they can effectively assist each other to ensure the success of the peer education program in their respective schools.

The story of the geese clearly demonstrates effective team work. A lot can be done by one person but still much more can be achieved if all individuals working towards a common goal put their brains together and work as a team as seen from the story of the geese.

Session 6: Supporting each other and dealing with problems

Session outcomes: Participants can...

- Identify potential problems in their program and discuss and develop ways of dealing with these problems

Time: 45 minutes

Organisation: Whole group, mixed sex and mixed student/teacher groups of 4

Resources: Butcher paper, markers

Key concepts

- The peer education program like all similar programs will no doubt have its share of problems. It is therefore essential that members of the peer education team be able to identify some of these potential problems and develop strategies to deal with these.
- To develop strategies to deal with potential problems during the peer education program, the team should first identify the consequences of these potential problems.
- There are important life skills that members of the peer education team need to have to be able to support each other and deal with the problems that may arise. These include communication skills and decision making skills.

Activity 1

1) Remind the participants that peer educators will encounter problems with their work and must be prepared for these. Some problems can be solved, some are more difficult. Knowing who can support you is essential as is team work.

2. Ask the group to brainstorm what problems could occur with their program. Collect these onto the board.

Activity 1:

1. In pairs participants should think about this question:

What can you do as a peer educator to make sure that young people have understood what you have said to them?

Some answers might be:

- Talk about only one topic at a time
- Don't give too much information at once – give a little bit of information and build on it over time
- Talk in simple, everyday language that young people use
- Say the most important information often and in different ways
- Ask young people to repeat what you've said so you are sure they have got the right information
- Ask young people if they have questions or things they don't understand about what you've said
- Check back to see if a young person has remembered the information hours, days or weeks later

2. Remind them that a lot of their work will be informal, one-to-one discussions with same sex peers. This is when you can talk about private questions like sex and HIV.

3. Ways we can work with peers may include organising small group activities such as Milo nights or debates. This is a more formal way of working and needs special skills. Your facilitators have been demonstrating these all week. You may need to be a **facilitator** and facilitate small group discussions.

Activity 2:

1. Give each pair a sheet of paper and ask them to draw 2 pictures of a person. On one they should body map a **good facilitator** while on the second they should do that of a **bad facilitator**.

Compare these and get the whole class to list down all key characteristics they think makes up a good facilitator.

For example,

- Well organised
- Has a clear plan and outcome for the session
- Knows their peers
- Listens well
- Asks open questions
- Seats people in a circle or in small groups not in rows
- Does not dominate discussions
- Does not preach or teach
- Maintains calm
- Tries to get everyone involved
- Knows the accurate information
- Prevents one or two people from dominating

4. After you have asked all the questions, ask the group to open their eyes. Discuss these questions:

- Which of the questions made or would make you feel uncomfortable? Would you want to answer any of them?
- What do you think a young person would do if you asked them these questions?
- Why do you think it might be difficult for a young person to answer these questions honestly?
- Would you ask the questions differently? Would talking about your own experiences help the young person talk more openly?
- Why do you think it is important to ask these questions?

It is important that we are able to talk openly and honestly about these topics. This is hard to do. And it is hard to get other young people to do it too. But if we can find out about what is happening with each young person we are talking to, this helps us to give them the information that is right.

Session 3: Facilitating small group discussions

Session outcomes: Participants can...

- identify appropriate strategies for facilitating small group discussion and demonstrate how to facilitate small group discussions.

Time: 1 hour

Organisation: Same sex student groups of 4 (same school), same sex teacher groups

Resources: Butcher paper, markers

Key concepts

- Much of the work of peer educators will employ the strategy of one – to- one and small group focus discussions. Therefore, it is vital that peer educators develop the skills to be able to facilitate these discussions effectively so that key messages and concepts can be passed across.
- Before facilitating a discussion, a peer educator must clearly know the topic of discussion, the key messages they want to get across, and the desired outcomes of the discussion.
- Knowing clearly what kind of experiences or background their audience is bringing to the discussion may help in wording the key messages appropriately to suit them.
- Besides the life skills that have been learnt during this peer education training session, there are other specific skills that are required to conduct effective one to one and small group discussions. These may include, speaking and listening skills, starting a discussion, sitting arrangements to ensure maximum participation, presentation skills, etc.,

For example,

- Peer educator wants to leave the program
- Someone wants to join the program but they are not suitable
- A peer educator is seen drunk
- A peer educator is in trouble with the school over poor behaviour
- A peer educator is caught having sex
- The school pastor objects to the safe sex message
- Some teachers are very opposed to condom distribution
- A peer educator gives the wrong information to a friend
- Peer educators are asked to do some teaching in class
- A peer educator adviser is caught misbehaving (e.g. drunk)
- The school objects to referrals for pregnancy testing
- A peer is diagnosed as HIV positive
- A peer is pregnant
- Local health services are not confidential
- A peer educator breaks confidentiality and spreads gossip
- A peer educator's grades are suffering because they are too busy
- A peer educator is involved in a naming cult
- A male peer educator is heard harassing and putting down women
- A peer educator falls out with another peer educator
- An adviser leaves for another school

Activity 2

1. In groups, participants now complete a problem solving chart like this for any three of the above problems. Work through one example on the board together (see example below):

Problem	Possible consequences of this problem...	Possible actions	Best action and why
A peer educator is caught having sex with another student	• Reflects badly on other peer educators • At risk of suspension • At risk of HIV/STI or pregnancy • Reinforces the misconception that teaching about sex encourages sex	a Normal discipline by school b. Suspend them from the program c. Expel them from the program d. Counsel them and give them a warning e. Ask them to make a public apology f. Ask them to use this as an example in their work g. Ignore it – none of your business	

2. Remind all participants of the potential problems. However no-one is perfect and these should be expected. Working as a team and communicating with the school leaders, SRC and counsellors will help. Be honest, open and calm at all times. If participants have any questions, they can put them in the Box or on the Wall.

Session conclusion

This session is closely linked to the previous session that talks about working together. If all members of the peer education team learn to help and support each other, then when problems arise, they should be able to deal with these confidently and effectively.

Session 7: Life skills – Assertiveness

Session outcomes: Participants can...

- demonstrate assertive, aggressive and passive behaviour and body language
- explain the advantages and features of assertive behaviour
- identify risk situations that may call for assertive behaviour to be demonstrated.

Time: 1 hour

Organisation: Pairs and groups of threes.

Resources: Assertiveness steps written out on butcher paper beforehand.

Key concepts

- Communicating in different situations can take on three forms. These are Passiveness, Aggressiveness and Assertiveness.
- A passive communication style is when you think about pleasing other people and place their needs over and above your own needs and wants.
- An aggressive communication style means thinking and behaving in relation only to your own needs and not taking into account other people's needs and wants.
- An assertive communication style means thinking and behaving in ways that respect your own needs as well as the needs and wants of others.
- The best style of communication that should be developed is assertiveness as it enables one to be able to make their stand clear while at the same time respecting the view of the other party.

Activity 1: Role Play- Passiveness/Aggressiveness

1. Read this case study (*adapted from Peace Corps Life Skill Manual*).

Dinau Dilemma

Aaron and Joseph are good friends. Aaron has loaned money to Joseph who needed it at that time. Two have gone by and Aaron noticed Joseph is not making any attempt in paying the money back. Aaron decides to discuss this matter with Joseph and ask him to pay the money back immediately.

2. With another facilitator, demonstrate aggressive and passive ways of asking for the money back! Ask participants what you did and why it went wrong, or right.

Passive:

Aaron (in a soft voice): "Joe, bro, remember me lending you that money 2 weeks ago, I kind of need it back if you are feeling rich a bit".

Joe: "I only brought my lunch money to school today but maybe tomorrow if I have extra, I'll pay you back".

- Who are you to be giving this information out and discussing this information in our community? What makes you an authority on this issue?

All peer educators and advisers are fully trained by Population Education Project based at the Curriculum Development and Assessment Division. The Population Education Project is based within the National Department of Education and this peer education program is part of the NDoE HIV/AIDS/STI Implementation Plan 2007-2008. All materials are approved by the Department. The school has been fully informed..

4. Remind the group that it is best to be prepared for criticism. It is important to correct wrong ideas in the community (like that young people shouldn't know about sex). But there is also no need to get into an argument. It is okay to agree to disagree! (It is also okay to tell staff and students to contact Population Education if they have a problem with what their peer educators are doing.)

Activity 2:

1. Participants should also practice and prepare for challenging questions about their own behaviour. These questions can come at any time and often feel very embarrassing and surprising. When people are surprised they sometimes say the wrong thing so it is best to be prepared.

Now I am going to read out some questions. These questions are the kind of questions a peer educator should be asking other young people. You won't be asked to share your answers to them with anyone else. Just think about how you feel about being asked these questions and what your response is. Think about how it might feel to be a young person asked or asking these questions for the first time.

2. Ask the group to close their eyes while you read out the questions. Remind them that they will not have to answer these questions when you are finished reading them. All they will need to do is think about their feelings in relation to the questions.

3. Read the questions out, leaving time in between each one so the group can think about their responses to them.

- Have you had sex?
- How many sexual partners have you had?
- Have you enjoyed sex every time you've had it?
- Have you had oral sex? Vaginal sex? Anal sex?
- What other sexual practices do you like? Masturbation?
- Do you ever use condoms?
- If not, why haven't you used them before? Do you think you should use them?
- If you have used condoms, what do you think of them? Are they difficult to use? How have they made you feel?
- Have you had unsafe sex before?
- Have you ever been tested for HIV?
- Do you know if you have had an STI before?
- Have you ever gone to a clinic for STI check or treatment?
- Have you ever smoked marijuana?
- Have you drunk alcohol? If you did, what happened afterwards?
- Have you ever hit someone?
- Are you in a cult group?

2. Ask the group to say what they think some of the criticisms may be. Record these on the board. For example,

- Young people are too young to be talking about sex.
- Talking about sex encourages young people to be promiscuous (have lots of different sexual partners).
- Talking about drugs and alcohol encourages young people to experiment
- Gender equity is not a Melanesian tradition
- Sex is a taboo in our culture
- You are taking away the teachers' jobs
- You are going against the morals of the school
- It is unchristian
- You should not be talking to young people about condoms. Condoms promote sex
- Condoms are against God and against religion. Abstinence is the only way to stop HIV
- Who are you to be giving this information out and discussing this information in our school? What makes you an authority on this issue?
- Young people should keep quiet and listen to their elders
- It is a waste of time and money
- We don't have these problems in our school

3. Divide everyone into small mixed sex groups and give each group a 'criticism'. Ask the group how they think they should respond. Bring everyone back together and have each group present their responses.

It is best that the group come up with their own suggestions to respond to these problems. However, some suggested answers might include:

- Young people are too young to be talking about sex. Talking about sex encourages young people to be promiscuous (have lots of different sexual partners).?

Research evidence from many other countries shows that having information about sex actually delays sex among young people. It is important that young people know about sex because without this information they can not stop themselves from getting HIV.

- You should not be talking to young people about condoms. Condoms promote sex. *Condoms are a good way to stop HIV transmission. What we are doing is giving people information and letting them make the decisions that are right for them.*

- Condoms are against God and against religion.

Actually there is no statement in the Bible about the use of condoms. There are many churches and church groups in PNG who are distributing condoms. Although some churches are opposed to using condoms for family planning, most churches now accept that condoms are an important way to stop HIV transmission.

- Abstinence is the only way to stop HIV.

Abstinence does work in stopping HIV transmission. But it is not the only way. It is best for people to choose the way that is best for them. Also, in countries where there has been a lot of promotion of abstinence, there have been very high rates of STIs and teenage pregnancies. With abstinence young people don't learn how to protect themselves from HIV and STIs and so when they start having sex they are not prepared.

Aggressive:

Aaron (posing in an aggressive stance, hands on hip): "Joseph! its been two weeks now and you haven't yet paid me back the money I lent you. What kind of friend are you?"

Joe (looking embarrassed): "Sorry, bro, I'll borrow some money from someone else and pay you back as soon as I can."

Aaron: 'Yeah, you'd better!'

3. Ask participants to comment on the two different ways used by Aaron to get his money paid back by Joseph. What would be the likely consequences of Aaron's actions?

4. Tell the participants that the first demonstration was of passive behaviour while the second demonstrated an aggressive approach.

Aggressive behaviour	Passive behaviour
• Expressing your feelings in a way that threatens or punishes the other person • Standing up for your own rights without thinking about the other person's feelings • Overpower others • Reaching your own goals at the expense of others • Shouting • Demanding • Not listening to others • Saying others are wrong • Sarcasm • Pointing fingers, threatening and invading other's space	• Giving in to the will of others • Hoping you will get what you want without having to say it • Leaving others to decide for you • Going along with the group • Apologising a lot • Putting others first at your own expense • Remaining silent when something bothers you • Talking quietly • Laughing nervously • Not looking someone in the eyes • Sagging shoulders and looking at the ground/hiding face • Nervous hands

5. Ask participants to discuss the signs of aggressive and passive behaviour in pairs. After the discussion, ask for volunteer pairs to give feedback. Their responses should include some of the following.

7. Provide definitions for both passiveness and aggressiveness.

Passiveness:-

A passive communication style is when you think about pleasing other people and place their needs over and above your own needs and wants.

Aggressiveness:-

An aggressive communication style means thinking and behaving in relation only to your own needs and not taking into account other people's needs and wants.

Activity 2: Role play - Assertiveness

1. Ask for a student pair volunteers to role play the Dinau Dilemma again in a way that is neither passive nor aggressive.

2. Ask what the rest of the class think and then with a fellow trainer, role play the assertive approach:

Aaron (in a calm voice): Joseph my friend, you look good today. I haven’t seen you in a while. Look, I really need to buy myself a new pair of shoes and would really appreciate it if you could pay me back the money I lent you two weeks ago.

Joseph: “Sorry I took so long to do that. Thank you for lending me the money at a time when I really needed it. Would tomorrow be okay?”

Aaron: “Sure, thank you very much”.

3. The best behaviour is *assertive behaviour* (Prepare this chart before the lesson, to be displayed on the wall at this stage). Ask participants to discuss the advantages and disadvantages of this type of behaviour in pairs. Their answers should include the following:

Assertive behaviour

Telling someone exactly what you want in a way that is not rude or threatening

Standing up for your own rights without putting down the rights of others

Respecting yourself as well as the other person

Listening and talking

Expressing positive and negative feelings clearly

Being confident but not pushy

Knowing what to say

Saying “I feel” not “I think”

Being specific and using “I”

Talking face to face

Standing your ground and looking confident

Standing tall and looking people in the eye

Smiling or relaxed

Even calm voice and tone

Asking questions

Well prepared

4. Provide the definition for assertiveness:

Assertiveness:-

An assertive communication style means thinking and behaving in ways that respect your own needs as well as the needs and wants of others.

Activity 3: Steps in demonstrating assertiveness

1. In pairs participants role play the Dinau Dilemma again using assertive behaviour and body language.
Tell the participants to try to use these steps. (To be written up on butcher paper before this activity). Get several pairs to show their role play to the whole group.

1) Explain your feelings

“I feel frustrated when...”
“I feel unhappy when...”

☺ What I learnt & what I enjoyed	☺ How we could improve Day 4

3) Warm up game. Use one of the warm up games from the Appendix to motivate the group.

Session 2: Challenging questions

Session outcomes: Participants can...

- *Demonstrate how to answer challenging questions they may be asked*

Time: 1 and ½ hours

Organisation: Same sex student groups of 4 (same school) observed by same sex teacher. Facilitator to assess participants and give feedback

Resources: None

Key concepts

- Challenging questions refer to those questions that may be personal, and therefore difficult to answer.
- Questions may also be challenging if peer educators don’t have ready answers for.
- Challenging questions are sometimes asked to put people on the spot or in an awkward position,
- Peer educators must be ready to answer challenging questions by being prepared for these type of questions that may be asked and knowing how to respond to these different questions.

Trainer’s Note:

Peer educators may sometimes be faced with people criticising their work or challenging what they are saying and doing. They should not be scared about this happening. Instead, it is better to prepare them for this by going through some of the main criticisms that are made of peer education programs and giving them some ways to respond.

Activity 1:

1. Remind the participants that as peer educators that they will be doing some great things for their peers in their school. However, sometimes people may also disagree with what you are doing or saying. It is important not to get angry when this happens, instead those people with respect. Peer educators should also not be afraid of challenging some of the things they are saying about their work.

Session conclusion”

There are 3 ways to avoid risky situations:

Refuse Say clearly and firmly, and if needed, leave

- “No, no, I really mean no”
- “No, thank you”
- “No, no – I am leaving”
- “No, you are making me upset”

Delay Put off a decision until you’ve had time to think about it carefully

- “I’m not ready yet”
- “Maybe we can talk later”
- “I’d like to talk to a friend first”
- “I need time to think. I’ll talk to you later”

Negotiate Try to make a decision that both of you can accept

- “Let’s do....instead”
- “I won’t do that, but maybe we could do...”
- “What would make both of us happy?”
- “I don’t feel like doing that now, why don’t we....?”

Negotiating is a better way as both parties can reach a common understanding and both are happy.

Day Five

Session 1: Devotion, review, and warm up game.

Time: 30 minutes

Organisation: Paired and whole group

Resources: Outcomes for the workshop on display, rules on display

Activity 1:

1. Prayer – led by a group of participants. A good reading would be one about working together with God as your guide. e.g.: Romans 12: 4 - 8

2. Trainers and group leaders welcome the participants, thank them for yesterday’s work and review the outcomes for the workshop (Question – which did we cover yesterday?), answer any questions from the Box/Wall and remind participants of the rules. In pairs, ask participants to complete a simple evaluation of Day 4.

“It hurts me when....”
“I don’t like it when...”
“I feel as if I’m being used when I lend you money and don’t get it back in reasonable time”

2. Make a request

“I would like it better if...”
“I would like you to...”
“Could you please...”
“Please don’t...”
“I would like it better if when I lend you money you would give it back as soon as possible”

3. Ask how other person feels about the request

“How do you feel about that?”
“Is that OK with you?”
“What do you think?”
“What are your ideas?”

4. Listen carefully to their answer

5. Accept their agreement with thanks.

“Thanks for understanding - let’s go and listen to some music”
“Great - I appreciate that”
“I’m happy you agree”

Session conclusion

The key components to assertiveness are:

- Knowing what you want and being clear about your wants and needs;
- Being able to say clearly what you want;
- Listening with understanding; and

Assertiveness can be seen as a middle response on a behaviour scale while aggressiveness and passiveness are at opposite ends. In being assertive, we take care of our needs and self-esteem, while recognizing that the needs of others are equally important. Refer participants to the relevant pages in the Resource Book.

Session 8: Life skills – Resisting negative peer pressure

Session outcomes: Participants can...

- identify and demonstrate strategies to resist negative pressure from peers

Time: 1 hour and 30 minutes

Organisation: Pairs and groups of threes

Resources: Handout on Peer Pressure Reversal Techniques.

Key concepts

- Negative peer pressure refers to those activities that peers might influence one to get involved in that may result in negative impact. These activities may include smoking and drinking alcohol; getting into school fights, engaging in unsafe sex because all your friends are doing it, etc.
- Many young people give in to negative peer pressure without considering the consequences of these activities and may end up in all sorts of problematic situations.
- Developing the ability to effectively resist negative peer pressure is a life skill that all young people need to be equipped with.
- Clearly and bluntly refusing, delaying making a decision, or bargaining are some of the techniques of resisting negative peer pressure.
- In resisting negative peer pressure, other life skills such as being assertive and being able to negotiate can be able to be used as well.

Activity 1

1) In pairs ask participants to discuss who puts negative pressure on young people and describe the risks involved, of those negative pressure (what might eventuate if one engages in these activities)

For example,

Negative pressure	Possible risk (s) of the pressure
Peers might pressure you to go drink alcohol with them	e.g.: You could get expelled from school if it is against the school rules to drink alcohol.
A boyfriend/girlfriend might pressure you to have sex when you don't want to	
An older man/woman might pressure you to marry them	
Your friends might pressure you to skip class and run away to town with them	
Parents might pressure you to have lots of children.	

2. Get feedback and ask participants to think about why young women and men might give in to peer pressure. Answers may include: to please their friends; to gain something of value like money; to become a member of a group; etc. Collect feedback and proceed to the next activity.

3. Explain that there are ways of resisting pressure which we can learn and teach to others. In this session we will practice these so we can teach them to others and protect ourselves.

Ask the group to add additional dialogue . . .

Jim: [What else might he say? How would he say it?]

Elly: [What else can she say? How could she say it?]

Activity 2:

1. Distribute these negotiation case studies among the groups. Ask them to role play these and be prepared to show the role play to others showing negotiation techniques. Participants should give each other positive and constructive feedback on their body language and speech.

Negotiation role plays

Role play 1

Your friend wants you to skip school to go and drink home brew. He says all of your friends are going. You got caught last month off the school grounds and don't want to get caught again. Negotiate with your friend.

Role play 2

You are in a classroom one evening with another class mate studying. After finishing the homework they sit close to you. You feel uncomfortable. They seem to want to kiss you. Negotiate with your friend.

Role play 3

You are ready to have sex with your boyfriend/girlfriend. Your boyfriend/girlfriend wants the first time to be "skin-to-skin." You want to use a condom. Negotiate this.

Role play 4

You want to start a relationship with someone you are attracted to. They are keen to be serious straight away. You are not comfortable – you want to know them better. Negotiate with them.

Role play 5

A friend gets drunk and breaks your CD player in the dorm. They apologise the next day but you want them to compensate you for it. Negotiate this.

Role play 6

Your older family member wants you to meet them in town. They are the opposite sex and this is a strange request. However they have helped with school fees. Negotiate a meeting which will be safe for you.

2. Allow each group to present their role play in front of the whole class after which the comments and feedback can be made.

Sometimes young people need to say “no”. At other times saying “no” might lead to conflict so this is when it may be better to **negotiate**.

3. Explain that *negotiation*:

- Is bargaining to reach an agreement;
- Is a dynamic process;
- Involves discussion and communication.

In negotiating a situation, *identify* what exactly it is you want in the end while always keeping in mind that only **behaviours can be negotiated, not a difference in values**.

Some negotiating statements may include the following example:
‘If you will..... then I might be prepared to...’

e.g.1:
“If you respect my decision not to have sex while we are still at school, then I might be prepared to marry you after we both leave school.”

3. Give out the script below and ask participants to discuss it in groups of three.

4. Role play the negotiation. They must use their assertiveness and communication skills practiced earlier in the week.

Script for resisting pressure to have unprotected sex

Jim: What about spending a quiet, romantic weekend with me?
Elly: I would like that very much.

(At Jim’s House)

Elly: Jim, it’s so wonderful to be with you. I’ve been looking forward for this moment for along time.

(In the bedroom, Jim is now proposing to have sex with Elly)

Elly: I also feel like having sex with you, but on the condition that we use a condom.

Jim: Hey Elly, a condom? Why do you want to spoil our sexy evening?

Elly: But, Jim, I don’t want to get pregnant or be infected with HIV.

Jim: But you know I don’t have a disease. Look at me—do I look sick to you?

Elly: Not at all. But we both could be sick and not even know it.

Jim: I can’t believe it.I thought you trusted me!

Elly: It’s not about trust. It’s about making sure we both take care of ourselves.

Jim: But if we use a condom, sex won’t be natural.

Participants should now divide a clean page in their note books into three columns as below.

What you could say to resist this pressure	What they would say to persuade you...	What you would say or do if they said this...

4. Tell them this dilemma:

Dilema: Your boyfriend/girlfriend wants to have sex with you

5. Next participants brainstorm in pairs possible responses to the pressure in the first column. Ask them to write the responses in “” marks because later they may role play them. Ask them to write as many responses to this dilemma as they can in 10 minutes. For example,

What you could say to resist this pressure	What your boyfriend/girlfriend would say to persuade you...	What you would say or do if they said this...
e.g. 1: “No, even though I like you I don’t want to have sex before I am married”	“I feel ready and you were very keen last night on the beach”	“If you loved me, you would wait till we both finished our education, got married and then have sex”.
e.g:2: “No, having sex before marriage is against my values and I don’t feel ready yet”		

6. Stop the groups and hear some examples. Remind them that all the sentences must begin with the word “no” to be assertive and include a strong personal reason after that.

7. Next ask them to imagine what the boyfriend/girlfriend would say to persuade you. e.g. “I feel ready and you were very keen last night on the beach”. Again they should write the response in column 2 of their table and to each “no” sentence in column 1, there should be a suitable response in speech marks in column 2.

8. Stop the groups and hear some example conversations.
e.g. Emotional pressure (e.g. “If you loved me, you would....”), physical pressure (a threat like, “If you don’t I will bash you”), material pressure (a bribe or gift like “I’ll pay for your school fees”), a promise (e.g. “But I will use a condom”), using previous events (e.g. “You were happy to have sex last month”) or peer pressure (e.g. “All your friends do it, why don’t you?”)

9. Finally ask the participants to write a reply or action they could make to each of the persuasive boyfriend/girlfriend responses they have written in column 2. Write these in column 3. Remind them to be assertive and avoid conflict. For example, Your response to eg: 1 in the table above to be written in column 3.

e.g.: “If you loved me, you would wait till we both finished our education, get married and then have sex”.

10. Now hear some example complete conversations with their final actions.

11. Next ask participants to rate their first responses (column 1). Which ones would work best for them? Which would be most effective in resisting pressure? Why?

12. Finally, get participants to get into groups of 3 and observe them triangle role play the best responses and practice the right body language. (All facilitators should go around and ensure that the role plays are done appropriately and that every participant gets the chance to practice this skill).Remind them that by practicing how to resist pressure young people will be prepared and protected against risk later in life.

13. Remind participants of their pressure situation list from the start of the session and also of the three strategies they could come up with when caught up in the situations they have role played.

Refuse

Say clearly and firmly, and if needed, leave

- “No, no, I really mean no”
- “No, thank you”
- “No, no – I am leaving”

Delay

Put off a decision until you can think about it

- “I’m not ready yet”
- “I’d like to talk to a friend first”
- “I need time to think. I’ll talk to you later”

Bargain

Try to make a decision that both of you can accept

- “Let’s....instead”
- “I won’t do that, but maybe we could do...”
- “What would make both of us happy?”
- “I don’t feel like doing that now, why don’t we....?”

Session conclusion

Conclude the session by going through with the participants the handout on ‘Peer Pressure Reversal Techniques’.

Remind them to write any questions and put them on the Question Wall/ Box.

2. Finally, remind all participants that they may face this challenge and that it is a Christian duty to care for the sick and your loved ones. Don’t be afraid.

Session conclusion:

Finish with a prayer based on “Love thy neighbour”

Session 8: Life skill - negotiating

Session outcomes: Participants can...

- identify situations when they will need to negotiate
- demonstrate negotiation skills

Time: 1 hour

Organisation: Pairs, and mixed sex groups of 3-4

Resources: Role play script (enough for 1 each), negotiation dilemma cards (one for each group)

Key concepts

- Negotiating is an important life skill and refers to the process of bargaining with another person to reach an agreement.
- The skill of effective negotiating is vital as it may be used as a tool to get one out of a potentially risky situation
- When negotiating, it is important that one clearly knows what they want in the end.
- It is important to remember that only behaviours can be negotiated and not difference in values.
- The skill of negotiating also requires assertiveness skills to be used as it is recommended that both parties reach an agreed upon understanding and to do that, the person negotiating must take into consideration the feelings of the other person.

Activity 1:

1. Ask the participants in pairs to think of situations that would require negotiation for young people.

2. Collect feedback.

Answers may include:

- An alternative to a risky behaviour like going to the dance or drinking home brew
- Not wanting to have sex
- Not wanting to have sex without a condom
- A friend who wants to do something you don’t feel like doing
- Defining rules with parents
- Trying to get a friend to listen to advice
- Agreeing a time
- Agreeing work tasks in a group in class

Activity 3:. Anti-retro viral medicines

1. Explain what these are:
- Many different types of anti- retroviral drugs, and these are normally referred to as ART (anti- retro viral therapy).
 - ART reduce the amount of HIV in your body but don’t remove it
 - ART is free in PNG but only available in major hospitals
 - People diagnosed with HIV must have a CD4 cell count before they can start on ART
 - People taking ART need to keep seeing a trained doctor or health worker
 - ART can have bad side effects
 - People taking ART have to take pills every day for the rest of their lives.
 - ART is available to rape victims and new born babies & pregnant mothers who are HIV positive(prevents transmission if taken quickly).

People living with HIV/AIDS but who have access to Positive Living **and** ART live a long time ,.

Activity 4: Caring for someone sick with AIDS

1. Ask groups to brainstorm 10 steps to caring for someone sick with AIDS.

Remind them that AIDS is when their immune system has broken down and they are getting lots of opportunistic infections. They are very sick and need a lot of care. It is better to care at home.

Symptoms of AIDS
• Rapid weight loss • Sores that won't heal • Fever • Tuberculosis • Persistent diarrhoea • Fungal infections like oral thrush • Pneumonia • Mouth and throat infections • Pain and night sweats • Rare cancers

For example,

Steps to caring for a loved one who has AIDS
• Carers are safe, there is no risk of transmission to them so they can still look after the person with AIDS • Person with AIDS should be kept clean and comfortable • They should have good fresh food and plenty of clean fresh water • They should avoid people who are sick (because their immune systems are weak) • Medical help, support and advice should be sought • Prayer, love and having friends and family close are important • They should sleep under a mosquito net to reduce the chance of catching malaria (they will have a weak immune system) • They should take medicines for opportunistic infections like TB and pneumonia • They should take ART if they are available etc.

Day Two

Session 1: Devotion, review and warm up game

Time: 30 minutes

Organisation: Paired and whole group

Resources: Outcomes for the workshop on display, rules written on chart on display

Activity 1

1. Devotion – led by a group of participants. A good Bible reading is one about not being judgemental e.g. Matthew 7:1-5
2. Facilitators and group leaders welcome the participants, thank them for yesterday’s work and review the outcomes for the workshop (Question – which did we cover yesterday), answer any questions from the Box/Wall and remind participants of the rules. In pairs, ask participants to complete a simple evaluation of Day 1.

☺ What I learnt & what I enjoyed	☺ How we could improve Day 1

3. Energizer. Use one of the warm-up games from the Appendix to motivate the group.

Session 2: The challenges of being peer educators and advisers

Session outcomes: Participants can...

- identify possible challenges they may have to face in their roles as peer educators and peer education advisers
- identify and describe strategies for dealing with these challenges.

Time: 1 hour

Organisation: Paired students & paired teachers

Resources: Scrap paper, Handout on challenges

Key concepts

- No responsibility comes without its challenges and peer educators and advisers will have their fair share of challenges as they implement the peer education program.

- Identifying these possible challenges and developing strategies to deal with these challenges beforehand enables the peer education team to be ready to deal with these challenges if and when they arise.

Activity 1

1. Ask participants to work in pairs and brainstorm possible challenges of being a peer educator (student pairs) or peer educator adviser (teacher pairs).
For example,

Challenges of being a peer educator	Strategies to deal with these challenges
Being accepted by peers and friends	
Finding enough time to run activities	
Being confident to use taboo words	
Resistance from adults to your work	
Knowing you have to be a perfect role model all the time	
etc	

Challenges of being a peer education adviser	Strategies to deal with these challenges
Some staff might resist the program	
Some peer educators might get out of control	
Being able to discuss sexual health confidently with young men and women	
Knowing you have to be a role model all the time	
Finding enough time to do your job and to help your peer educators	
Receiving support from spouses	
etc	

2. Get a couple of groups to give feedback on their discussion and get them to work in their same paired groups to now discuss possible strategies to deal with these challenges. After 10 minutes ask for feedback and record these on the board. Praise their ideas.

Activity 2

1. Ask the participants to read the summary of the challenges in the distributed handouts. Compare their list and the points on the handout. Which points are the same? Which ones are different or missing? Why?

If the result is positive before and after the confirmatory test: Counselling and support begins. People must realise that their life may be shorter but they have the power to fight the virus through *positive living*, ART and having a positive outlook on life. If they give up, the virus will win quickly. If they choose to fight there are many people and services that can help them and their families.

It is the responsibility of the positive person to bring their sexual partner to be tested. It is not the task of the counsellor because of confidentiality laws. A date will be set for the next counselling and now they have to protect themselves and others.

e. Support for the person

This begins at the moment of a positive test and can continue for many years. It is a difficult time for HIV positive people and they might feel very strong emotions (e.g. anger, sadness, denial) so counselling is very important. *Every one of us should have an HIV test.*
4. Now ask the participants to write one question that a peer may ask and put it on the Wall. Answer these questions at the end of the session.

5. Ask participants these two questions and ask them to discuss in pairs and then feedback.

Where is your nearest VCT centre?

Who should have an HIV blood test?

Activity 2: Positive Living

1. In mixed groups participants should discuss these two questions:

How can people live positively with HIV?

Why is it important to live positively?

2. Ask for feedback.

Some possible answers:

How can people live positively with HIV?	Why is it important to live positively?
• Eating fresh fruit and vegetables • Eating fish and protein • Eating energy foods like taro • Drinking clean water • Using a mosquito net • Using a condom for sex • Church and prayer • Helping others • Having loving friends and family • Keeping active • Sharing your story • Planning for the future • Seeking medical advice • Not having scar cuts or tattoos • Rest and relaxation • Avoid cigarettes, drugs and alcohol • Taking anti-retro viral medicines (ART) • Getting treatment for opportunistic infections like TB	• Strengthen your immune system • Live longer and be more productive • Live longer and see children grow up • Save the lives of others • Fight the epidemic • Earn money for your family • Not spread HIV to someone else • Prepare for the future • Live longer with your husband/wife • Contribute to your family, community and Church • Continue your education • Plan for the future

2. Ask for feedback.

- HIV testing is voluntary because it is everyone's right to choose.
- People having a HIV test need counselling so prepare them adequately before the test and after the test to prepare them to deal with the results of the test.

3. What happens when you go for an HIV blood test? Use a diagram on the board to explain these steps. Ask participants to think about questions their peers are likely to ask.

a. Making the decision to get an HIV blood test

First you make the decision to go for an HIV blood test – you need the courage to go and get tested. *This decision takes place outside of the clinic.*

b. Pre-test counselling

A counsellor at the VCT centre will talk with you about HIV and the test (e.g. what is HIV? How is it transmitted? How is it prevented? What is risky behaviour? What is the blood test? What will happen if it is positive/negative? What is the “window period”? etc). This is an important step and will be given a long time. There is an opportunity to ask questions.

c. HIV Blood test

This is an *HIV antibody test*. Antibodies are made by the body to fight HIV if you are infected.

The test is a rapid strip tests and only takes 10-15 minutes. Your finger will be pricked and a drop of blood placed on the strip.

If there is no reaction then you are probably not infected with HIV unless you are in the *window period*.

The window period

HIV antibodies take 2-3 months to appear in the bloodstream after infection. If a test is done in those 2-3 months, the results may be negative even though that person is infected with HIV and can pass the virus onto others.

If there is a *positive* reaction more blood is taken and sent for a *second opinion* from referral place (usually a major hospital). This *confirmatory test* takes 2-4 days. Blood is dispatched under a code number for privacy and confidentiality.

Why get a second opinion? The rapid strip test is 99.8% accurate but 0.2% are “false positive”.

d. Post test counselling

People have to prepare for the outcome before the test. You have already started to change their behaviour by choosing to come for a test.

If the result is negative: The counsellor and the person being tested discuss strategies to change risky sexual behaviour in future. They should not expose themselves or others to risks. They should start using condoms. They might need to come back for a second test in 3 months because of the window period.

These are some of the ideas from the handout.

- Being your own best friend – knowing yourself
- Selflessness
- Responsibility
- Recognising and accepting feelings
- Accepting the faces that people wear
- Helping others to solve their own problems
- Recognising and accepting fear & worries
- Planning ahead
- Training
- Supporting each other

Session conclusion

Peer educators and advisors are humans like everyone else and may face the same issues and challenges as their peers. They need to be able to confidently deal with these issues on their own before they can be able to help others.

Remind participants that the role is voluntary and challenging and they can ask for help and support from their advisers and from their approved trainers as well as each other.. If they have questions, they can put them on the Wall/in the Box.

Session 3: Understanding myself

Session outcomes: Participants can...

- identify their own strengths and weaknesses and develop strategies to improve in the areas that they need improving in

Time: 1 hour

Organisation: Individual and then paired

Resources: “This Is Me”, “How I see myself” & “How others see me” & “How I would like to be” handouts, one for each participant

Key concepts

- It is vital that peer educators and advisers know themselves in terms of their strengths and weaknesses before they can be to understand and be able to reach out to and help their peers.
- Knowing oneself is important in determining how one would react in different situations especially when helping people.
- In their role as peer educators and advisers, role modelling is very important and therefore this exercise would enable participants to critically analyse attitudes they possess that may be negative and adjust themselves accordingly to fit into their new roles effectively.

Activity1

1. Distribute handouts 'This is me' and 'How I see myself'. Get the participants to complete the sentences according to their own opinions of themselves.
2. With a partner, share what they have said about themselves and discuss with each other characteristics they share and those that they don't have in common.
3. Invite pairs to comment on what they have learnt about themselves.
What sorts of people do they like or do not like? etc
4. Each participant then asks a friend to complete the worksheet ("How others see me")
5. After participants receive back these handouts , give them about 5 minutes to look through and compare what they think of themselves.
6. Each participant then circles the characteristics that show a significant difference. Then complete the table "How I'd like to be"
7. Each participant then lists 3 things they would like others to be able to say about them.
8. Put the following discussion questions up on the board and get participants to reflect on these with a partner.
 - Is this a good way to get a clearer picture of yourself?
 - How did the 'how I see myself' compare with the "how others see me" boxes?
 - Were there many differences?
 - What does this tell you?
 - Does the way I see myself affect the way you behave?
9. Get participants to provide their feedback on the discussion questions.

Session conclusion

In attempting to understand others, it is vital that peer educators and advisers first understand themselves. This will involve the participants to know their own strengths and weaknesses, needs and goals. This is important as it will enable the peer educators to control how they will react in different situations.

Sometimes we are so obsessed with ourselves that we fail to see how we portray ourselves to others. Although we should always feel good about ourselves despite what others may think, it is good once in a while to stand back and let others share their opinions of what they think of us. We can then critically review their opinions and adjust ourselves positively if there is need for change.

Stigma is against our Christian values and Melanesian tradition of love and care.

Session 7: VCT , Positive Living & Care and Support

Session outcomes: Participants can...

- explain the steps involved in voluntary counselling and testing
- explain the importance of the test being voluntary and the need for counselling
- develop strategies for Positive Living for people living with and caring for people sick with AIDS
- explain the importance of VCT and identify where the nearest VCT sites are for referral purposes.
- identify where to access anti-retro viral therapy (ART)

Time: 1 hour and 15 mins

Organisation: Pairs and mixed sex groups of 4

Resources: Resource Book, ,list of VCT sites, butcher paper showing the diagram of steps to getting an HIV test.butcher paper, markers

Key concepts

- HIV testing is voluntary under the HAMP Act and no-one can be forced to have a test.
- VCT is voluntary – the person being tested owns the decision and they decide to come to be tested. Going for a test takes courage so people have to be motivated. If they do not have the motivation they will not be able to handle the outcome or change their behaviour.
- Confidentiality of testing – all testing is confidential to protect human rights and encourage more people to be tested for HIV.
- Testing happens right there at the VCT centre so there is no doubt about the result. The person who is being tested can see the blood test result straight away within 15 minutes.
- An HIV blood test is free.
- The VCT centre provides *support* to individuals and families. Some people come on their own, some with their wife/husband and some come with a family member or friend.
- VCT replaces ignorance with knowledge so you can change your behaviour.

Trainer's Note:

If possible, participants should visit their nearest testing centre or meet a health worker/ counsellor who runs VCT in the local area.

Some participants will be open about having a test and can talk about it. Do not force people to reveal if they have had a test or not.

Activity 1: Voluntary Counselling and Testing

1. Put these questions on the board and ask participants to discuss in pairs.

Why is HIV testing voluntary?

Why do people have an HIV test need counselling?

Stigma and discrimination case studies

Case study 1

One of the teachers at your school has been sick recently. They recover and return to class but the rumour is that this teacher has got HIV. Some of your peers in the dorm decide that they won't go to that teacher's class until the Head teacher sacks them. What will you do?

Case study 2

Matthew's uncle has contracted HIV. He has started to work with the local Provincial AIDS Committee and sharing his story. When he comes to Matthew's village he walks over to hug him and share buai but Matthew backs away. His uncle is upset but tries not to show it. Later that night he notices that the cutlery he has used has been thrown in the rubbish pit and his usual bed is not in the house. Instead it is in the haus win. If you were a member of this family what would you do?

Case study 3

You are playing volleyball and one of your team mates leaps for the ball and smashes their head open. It is bleeding a lot. No-one goes to help and you hear someone mutter about AIDS. What will you do?

Case study 4

You are on the PMV with your mates and having a great time. One of the women on the bus complains about the noise and your best friend yells out, "Shut up, AIDS meri". All your friends laugh. What will you do?

Case study 5

During the semester break Lisa went home from school to her family. While she was there she found out one of the ladies from her street was HIV positive. That lady had been her best auntie before. All her family had left her alone in the house and they took off to live with their relatives. They were scared to live with her.

One night Lisa was sitting down in front of the house when her auntie walked past and said goodnight. She didn't recognise her at first and said "goodnight". The woman recognised her voice and called Lisa's name. Lisa walked up to her and hugged her. All of Lisa's family didn't want her to hug her.

What should Lisa say to her family?

2. Discuss their solutions and possible consequences as a whole group.

3. Ask participants to think and empathise:

- How they would feel if a friend, school mate or brother or sister was HIV positive.
- What would you feel?
- What would you do? Participants to reflect this on their own.

Session conclusion:

It is very important we fight stigma and discrimination. If people think that they might be rejected by their family and friends or lose their jobs if they are tested positive for HIV then they won't get tested. In our culture family and community are very important. People rejected by their family or community get sick and die quickly.

Session 4: What is sexuality?

Session outcomes: Participants can...

- explain the concept of sexuality and what this means for young women and men
- identify positive and negative examples of displaying one's sexuality

Time: 1 hour

Organisation: Same sex pairs and mixed groups of 4, teachers and students separate

Resources: Discussion question on the board, butcher paper and markers

Key concepts

- Sexuality is how an individual perceives themselves as either a male or a female and can be expressed by how one dresses, carries themselves or relates to other people.
- Sexuality can be influenced by one's family, community or society that one lives in; religion or one's experiences as they journey through life.
- There are some aspects of culture that negatively influence sexuality and peer educators need to approach these very cautiously when discussing sexuality and culture.

Remind participants of the ground rules. Remind them that sexuality is a sensitive subject and can be taboo in some cultures. However we need to help peers develop positive and healthy sexuality and they need to know it is a natural part of being human – a God given gift.

Activity 1:

1. On the board, write up the term 'SEXUALITY' and get participants to concept map all the things that come to mind relating to the term.



2. Provide appropriate definition for the term:

Sexuality is what we think about ourselves and our bodies and how we act towards others. It is a powerful force in our lives that develops from an early age and can be expressed in different ways. It can be shaped by many factors".

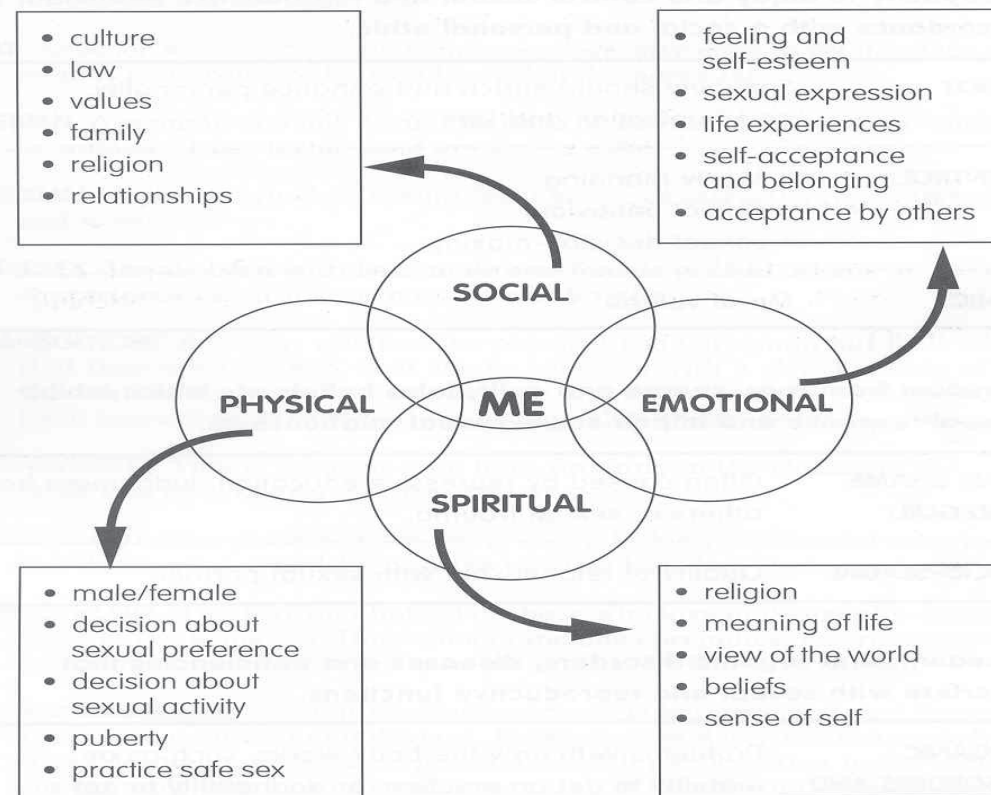
Activity 2: Aspects of Sexuality

1. Display this question on the board:

In what ways can we express our sexuality?

Ask them to discuss this question in pairs and feedback. For example, what we wear, how we act, who we are attracted to, how we speak, dancing, cultural roles etc

2. There are many influences on sexuality and sexual choices. Ask the participants to work in a group of 4 (mixed gender) to list these in 4 categories: **social, physical, emotional, and spiritual** and then present their work on butcher paper.



Activity 3: Sexuality and Culture

1. Ask participants to highlight different cultural activities where elements of sexuality are involved across PNG and the world. e.g. Polygamy in some Highlands cultures, 'garamut' dancing in Manus and the 'tapioca' dance in the Trobriand Islands etc.

2. Working with a partner, participants should now list negative and positive sexual behaviours from PNG society. Remember some (like homosexuality, polygamy and sex before marriage) are acceptable in some cultures and not in others!

For example,

Positive sexual behaviour	Negative sexual behaviourr
Loving relationship	Rape
Respecting your partner	Incest
Using safe sex methods	Sexual abuse or assault
Being faithful	Cheating on your partner
Dressing confidently and safely	Using sex words to insult others
Dating safely <i>etc</i>	Using a prostitute <i>etc</i>

HAMP Act encourages voluntary counselling and testing (VCT).

- All people must be protected by law whether they have HIV&AIDS or not
- All people affected by HIV should have the same human rights as everyone else (right to work, housing, education, respect etc)
- People with the virus should act responsibly to make sure they do not pass HIV on to anyone else

For example, it is against the law to...

...expel a pupil from school because they are HIV positive or have HIV positive families

...say people with HIV should be locked up

...refuse permission for HIV&AIDS awareness educators to talk to students

...fail to provide condoms and lubricant to staff and students (when they are old enough)

...screen students and teachers for HIV

...not to tell your sexual partner if you are infected

...not to use a condom when having sex if you are infected

3. Show participants copies of the Education department's HIV Policy.

Department of Education HIV Policy

- Launched on World AIDS Day 2005
- Based on human rights and the HAMP Act

"In our fight against HIV/AIDS, the focus must be on education"
Hon. Michael Laimo, CBE, MP Minister for Education, Dec 2005

- A significant number of pupils will die or need to care for family members. Families will be unable to pay school fees, especially for girls. Girls are especially vulnerable because of biological factors, school fee problems and because they will have to care for sick relatives.
- Boarding students are a high risk group because they are away from their families.
- Teachers and schools in the national education system **must** all follow this Policy. **This includes all agency schools.**

2. Ask participants to discuss with a partner why it is important for young people to know their rights and responsibilities.

Activity 4:

1. In mixed sex groups ask participants to read the case studies below and consider the following questions:

- How would you feel if you were the person in the case study?
- What would you do if you were there?

3. Get feedback. (*See key concepts for definitions of the two terms*).
e.g. “People with HIV are sinners and will go to hell”

e.g. Not allowing an HIV positive student to stay in the dorms

Activity 2: Stigma v Love

1. Ask the participants as individuals to write phrases and words that stigmatise people living with HIV&AIDS on squares of cartridge paper and pin these to the wall
For example: “You are a sinner”; “I am scared of you”, “get out of here”).

2. Arrange these on a wall.

3. Ask the participants how these comments or phrases would make people living with HIV&AIDS feel (the life skill of empathy). Record these on butcher paper.

For example: scared, lonely, angry, denial.

4. Next ask them to tell a partner what the consequences of these feelings would be (the life skill of critical analysis). Record these on butcher paper.

E.g. not wanting to get tested, revenge, loss of hope and early death, breakdown in Christian and traditional culture

5. Now ask them to write love hearts containing Christian words of love, hope and care and pin these over the words of hate and stigma on the wall.

For example: I will care for you, you are not alone, I am not afraid of HIV

6. Say that stigma and discrimination is a wall that prevents people being loved and getting help and tested.

7. Remind them of the Christian message of love and care and the Melanesian tradition of caring for the sick. These are important behavioural moral values for young people.

Activity 3:

1. Tell the participants about the HIV Policy and the HAMP Act. Show them copies and point them out in the Resource Book.

Highlight these key points:

HAMP Act

- Made law in June 2003, passed unanimously in Parliament by all MP’s
- Based on human rights and Christian principals
- Accepts that repression and abuse of people living with HIV&AIDS makes people too afraid to talk about HIV&AIDS, too afraid to be tested and, worst of all, too afraid to find out what to do to protect themselves and their families and loved ones from infection. The

Session conclusion

Remind the participants that it is important they have an open mind about sexuality. In every human society, for example, there are people who are homosexual. Gay/homosexual men are sexually attracted to men.

Gay/homosexual women (lesbians) are sexually attracted to other women.

Peer educators are role model for values and attitudes. This kind of sexuality does exist so we should be understanding and non-judgemental. They may need the help, advice and support of a peer educator. Participants may have lots of questions about sexuality and these should be discussed and answered frankly. Discussing these issues openly is healthy, and values towards sexuality change as you experience life. Remember – if you don’t know the answer, say “I don’t know, but I will find out”.

Session 5: Understanding relationships

Session outcomes: Participants can...

- map their own relationships with different individuals and explain how these influence them
- identify factors that strengthen and weaken relationships and
- develop appropriate strategies to maintain good healthy relationships.

Time: 45 minutes

Organisation: Individual, mixed sex pairs

Resources: Prompt questions written on butcher before hand, butcher paper, scrap paper, marker pens (one each)

Key concepts

- Young people need to map out their different relationships and have a clear picture of how their different relationships influence them and the decisions they make in life.
- Young people have the ability to develop strong relationships with different people if they identify factors that are necessary for healthy relationships.
- All relationships are influenced by different factors. It is important that young people identify what these influences are and how they affect the relationships they create.

Activity1: My relationships

1 Working on their own, the participants should now sketch a little circle with the word ‘ME’ in the centre in their note books. Get them to draw 3 or 4 more circles outside of the little circle (5 minutes).

2. On the sketch, map the relationships that are important to them.. For example, strong relationships should be shown in the first circle outside of the inner circle; distant relationships should be shown in the outermost section etc..

3. Display these prompt questions on the board.

What relationships are important in my life?

What do I bring to these relationships?

What do I recieve from these relationships?

Why have I formed these relationships?

How have these relationhips helped me to develop as a human being?

What demands have they made on me? Have these demands been just or unjust?

Which relationships do I expect to develop in the next 5 years? Why?

Activity 2: Strong and weak relationships

1. Get participants to work in mixed sex groups of 4 to discuss factors that strengthen or weaken relationships.

For example:

Factors that strengthen relationships	Factors that weaken relationships
• Good communication • Honesty • Equality • Empathy - etc	• Fear • Violence • Inequality • Abuse - etc

2. Finally, ask participants to list how peer educators and advisers can strengthen their relationship with each other. They may include:

- maintaining confidentiality
- being honest
- displaying friendliness and openness
- not judging each other

Activity 3: Healthy relationships

1. In the same groups, **participants are to choose one** of these relationships below and write “10 Steps for Love, Care and Respect” for a healthy relationship based on what they have learnt so far about gender, sexuality and values.

- a. The relationship between a wife and her husband
- b. The relationship between a brother and a sister
- c. The relationship between a girlfriend and a boyfriend
- d. The relationship between a father and son or daughter
- e. The relationship between a mother and son or daughter
- g. The relationship between a teacher and a pupil of the opposite sex

Session conclusion:

Stress key concepts and answer any questions the participants may have.

Session 6: Fighting stigma and discrimination

Session outcomes: Participants can...

- *demonstrate Christian love and care towards people living with HIV/AIDS*
- *signify the importance of human rights in the fight against HIV/AIDS*
- *develop and demonstrate empathise with people living with HIV/AIDS*
- *explain the HAMP Act and HIV Policy and identify strategies to implement these.*

Time: 1 hour

Organisation: Mixed sex groups of 4

Resources: Scrap cartridge paper squares (two each), enough markers for one each, plenty of pins or blue tak, two demonstration squares (“I am scared of you” and “I am not afraid” in a love heart), stigma and discrimination case study cards (one set for each group), Resource Book

Key concepts

- Discrimination is treating someone differently or negatively because they are HIV positive
- Stigma is when someone is branded as bad or in this case an outcast because they are living with HIV/ AIDS.
- It is against our Christian values and beliefs to discriminate against others as “We should love our neighbors”.

Trainers note:

It is important to remember that participants may have been affected by HIV and may find this session emotional. Stress the group rules and that people can speak to you privately. If possible, participants should meet and talk with a person living with HIV/AIDS. Your Provincial AIDS Committee will be able to put you in contact with a trained PLWHA if one is available.

Activity 1:

1. Tell participants they have a crucial role to play in changing people’s attitudes towards HIV/AIDS. Many people are scared of people living with HIV/AIDS and the fear is based on ignorance. Jesus was not scared – he cared for the sick and welcomed them. Peer educators can be role models for Christian values.

2. Ask participants to discuss these two questions in pairs.

What is stigma?

What is discrimination?

Condom demo steps

Male condoms	Female condoms
a. Do you really want sex? Does your partner? Are you both feeling comfortable or are you under any pressure? Abstinence is 100% safe or you could use alternatives like hugging, kissing or masturbation b. Make sure the condom packet is in date and not damaged c. Do not put the erect penis near the vagina until the condom is on d. Open the packet carefully by squeezing the condom to one side– watch out for sharp nails and jewellery tearing the condom e. Pinch the teat end, check which way the condom unrolls and unroll the condom slowly down the erect penis f. The condom does not cover the scrotum, just the penis g. Putting lubricant and spermicide on the condom makes sex better and safer h. Don't use oil as a lubricant because it damages the condom i. Have sex j. When the man has ejaculated he should withdraw straight away holding onto the condom k. The condom acts as a barrier to sperm, vaginal fluid, HIV and other STI's l. Never use a condom twice m. Tie the condom in a knot and throw it away in a pit latrine, wrapped and in a rubbish bin or bury it	a. Do you really want sex? Does your partner? Are you both feeling comfortable or are you under any pressure? Abstinence is 100% safe or you could use alternatives like hugging, kissing or masturbation b. Make sure the condom packet is in date and not damaged c. Do not put the erect penis near the vagina until the condom is inside the vagina d. Open the packet carefully by squeezing the condom to one side– watch out for sharp nails and jewellery e. Fold the smaller rubber hoop inside the condom into a figure of 8 f. Insert this ring and the condom deep up inside the vagina so when it springs open it will hold the condom in place securely g. The outer, larger ring should be outside the vagina h. Putting lubricant and spermicide inside the condom makes sex better and safer i. The man can now enter the woman (guide the penis inside the condom) and ejaculate safely j. The condom acts as a barrier to sperm, vaginal fluid, HIV and other STI's k. Twist the condom when you remove it. l. Tie it in a knot and throw in a pit latrine, rubbish bin or bury it (do not flush down a Western or septic toilet!)

4. Working in same sex pairs participants should demonstrate correct use of both the male and female condoms. Their partner should assess them using the key points in the Resource Book. They should also assess their confidence. **Do not force anyone to demonstrate if they don't want to. They can still observe and assess.**

5. Now ask each person to write a question that a peer might ask about ABC and condoms and put it on the Question Wall or in the Question Box.

Session 6: Love and lust

Session outcomes: Participants can...

- identify and describe the five different kinds of love
- describe the characteristics and differences between love and infatuation/lust

Time: 1 hour

Organisation: Mixed sex pairs, individual

Resources: Love Vs Infatuation handout, butcher paper on the different types of love. Segments of different songs about 'love'. (between lovers, love of GOD, love of country etc),music player.

Key concepts

- Love is an intense emotion or feeling of fondness, affection, warmth and liking towards a person or thing.
- Love can be classified into five (5) different groups: agape, eros, spiritual, patriotic and philia.
- Lust is another feeling of affection that is sometimes confused for love by young people and normally results in having young people making decisions based on this emotion, which later turns out to have negative consequences like engaging in premarital sex and teenage pregnancies.

Activity 1: Definitions

You will need to prepare for this lesson well in advance in terms of obtaining appropriate audio cassettes or music CDs containing the different types of love songs)

1. On a music player, play segments of different songs about love (see in Resources) and proceed on to the next step.
2. Write the word 'love' on the board and ask participants to brainstorm the definition in pairs.

Love – is an intense emotion or feeling of affection, warmth, fondness, and liking towards a person or thing.

3. Start a general group discussion on the songs listened to at the start of the session and get participants to define the kinds of love sung about in the songs.

Remind participants that the emotion “love” can mean different things to different people. The love of a parent for a child is different to the love of soccer and is different to the love of God or the love between a man and a woman.

4. Write the word “lust” on the board and ask the participants to brainstorm the definition in pairs

Infatuation or lust – an intense ‘crush’ on or physical desire for another person – often it is mistaken for love

Activity 2: Who I love and why?

1. Participants should complete the *Who I Love* activity individually. On a blank page they list at least 10 different people they love and give reasons for why they love them
2. Ask volunteers to give feedback.

Activity 3: Types of love

1. Explain to the participants that ‘love’ can be classed into five (5) different categories.

- Agape:** *Platonic love, love of ones fellow man, brotherly love, unselfish love between two people, love between friends.*
- Philia** *The love between family members, the close affiliation and feeling of connectedness between parent and child.*
- Eros:** *Romantic love, which may include sexual desire.*
- Patriotic:** *Love of one’s own country or culture.*
- Spiritual:** *Love of God or higher spiritual being.*

2. Get the participants to get into pairs and classify their list from Activity 2 into the following table.

Different Kinds of Love	Who I love	Why I love them
Agape		
Philia		
Eros		
Patriotic		
Spiritual		

In addition to these categories, there are many overlapping types of feelings. For example, the love shared between a husband and wife could be an overlapping of *eros* and *philia*.

Activity 4: Love and infatuation

1. Now ask participants to work with a partner and list the differences between live and lust (infatuation). After this has been summarised and discussed on the board refer them to the Resource Book or the handout on Love and Infatuation..
2. Go through with the participants the Handout on Love and infatuation allowing the participants time to make comments or ask questions.
3. Finally, ask participants to think about themselves and their peers. What problems might they face in their work about love and lust? How will they cope with these?

1. Male and female condom demonstration
Remind participants that using condoms is a responsible choice – some people choose not to use them (i.e. for religious reasons) and accept the risk. Even if you as the peer educator or adviser do not use condoms it is part of your role to demonstrate them. If you feel very uncomfortable you should ask someone to help you.
2. With a same sex partner list reasons why young people use or do not use condoms.

For example,

Why young people use condoms	Why young people do not use condoms
• Know the risks of HIV, STIs and pregnancy • Confident in how to use them • Have access to condoms • Communicates well and negotiates with their partner • Responsible • Sexually active - etc	• Embarrassed to use them • Don’t know where to get them • Think they will be safe • Persuaded not to use them • Against church doctrines • Can’t ask their sexual partner • Think that condoms are only for promiscuous people - etc

3. Demonstrate how to use a male and female condom correctly. Show the participants twice slowly. They will have to demonstrate this next. Answer any questions.

Remind students that condoms are free in PNG from health centres and Provincial AIDS Committees. Boarding schools have to provide access to them for students and staff under the HIV/AIDS Implementation Plan and HIV Policy.

Activity 3:

1. Tell participants that this session will discuss ABC. Under the Dept of Education HIV Policy and the national HAMP Act young people have the right to know about ABC knowledge and skills, including how to use condoms correctly.
2. Explain the ABC strategy. Display the ABC on the board.

A = abstain from sex or abstain from penetrative sex or abstain from sex before marriage

This could mean abstaining from sex if you are away from your spouse, for example. Or using masturbation instead of vaginal sex. Or waiting until you are older, wiser and more mature before marrying.

B = both be faithful and both get tested

This means that you are faithful to one sexual partner and they are faithful to you. Married people are actually more likely to be tested positive for HIV than single people because of unfaithfulness. Both of you should be tested. It is important that young people marry a good faithful partner.

C = use a condom correctly every time you have sex

Condoms are very effective at preventing HIV transmission. They can be used by both married and single people. They are free in PNG. If you are trying to get pregnant you should not use condoms but every other time you should.

3. Ask participants which other strategies they know to reduce the risk of getting HIV. Record these on the board.

For example,

- Having fewer sexual partners
- Getting treated for STIs
- Delaying the first time you have sex
- Avoiding drinking alcohol and using drugs
- Marrying wisely
- Avoiding risky times and places (eg: night clubs)
- Not using sex workers
- Not raping women or forcing them to have sex or being a “sugar daddy”
- Getting an HIV blood test
- Sterilising tattoo blades and needles in boiling water or strong bleach
- Deal with blood spills safely
- Men who are fully circumcised have a reduced their risk of being infected with HIV (they should still use a condom)

4. Remind them that abstinence and faithfulness strategies have already been covered in the training earlier in the week. Which life skills were they?

Activity 4:**Session conclusion**

Remind them that infatuation usually happens impulsively. It is for the moment, not long-lasting. Love is stable, enduring, and becomes stronger as the relationship develops.

Women and men sometimes confuse love and lust. Lust is the physical attraction and is a powerful emotion. It is a natural emotion. Confused emotions towards a boyfriend or girlfriend could lead to risky behaviour, marrying for the wrong reason or sex before marriage. Very strong feelings of infatuation are perfectly normal for young men and women – they are a result of the changes in hormone levels during puberty.

Session 7: The language of sex

Session outcomes: Participants can...

- identify appropriate language associated with sex and sexuality and describe situations appropriate for use of this language.
- confidently use appropriate language with different audiences when discussing sex and sexuality.

Time: 1 hour

Organisation: Same sex pairs, mixed sex groups of 4, teachers and students separate

Resources: Butcher paper question on the board before session, box for collecting words, sex word matching game (20 sets)

Key concepts

- Peer educators and advisors may in some instances need to discuss issues of sex and sexuality with peers and therefore they need to be able to talk confidently and openly and accurately mention sexual terms and their meanings for these purposes.
- Some terms relating to sex and sexuality have negative meanings attached to their use and peer educators and advisers need to be sensitive as to their use with different audiences.

Activity 1

First, remind participants of the ground rules. Remind them that sex is a sensitive and sometimes taboo subject so respect must be maintained.

1. In pairs ask the participants to discuss this question on the board

“Why is it important for peer educators and advisers to be able to use the language of sex confidently?”

2. Ask for feedback and then remind them that sex is a special event and that sexual language can be used positively (to promote safer sex, loving sex) or negatively (to put people down). It is crucial that peer educators and advisers use the correct language in the right situation.

Remind participants that peer educators will speak to their own age group and usually their own sex outside of the classroom.

Activity 2

1. On butcher paper, draw up three columns with the headings: English/scientific term; Same word as used at home/family; Same word as used with peers.

Scientific/ English Term	Same word used at home	Same word used with peers
Breast	e.g: tutu, etc.	e.g: pillow, etc.
Boyfriend/Girlfriend	e.g: poroman, poromeri, etc	e.g: chicks, save pes, etc
Testicles		
Penis		
Vagina		
Wet dreams		
Sperm		
Ejaculation		
Menstruation		
Masturbation		
Anus		
Pubic Hair		

2. In mixed sex groups of four, participants are to draw up the above table and fill in the remaining two columns.

3. Get each group to give feedback including the mixed teacher group.

4. After participants have provided feedback, discuss these questions (which should have been written earlier on butcher paper) together as a class.

- Which words do young people use most when they talk among themselves?
- Which words do young people use most when talking with their parents and other adults?
- Which words have negative meanings for women and men?
- Do you think that the negative words can be harmful when they are used to embarrass or

No risk of HIV transmission

Abstaining from sex; Masturbating yourself; Kissing; Deep kissing (kissing with tongues)
Masturbation by someone else (rubbing or stroking the penis or vagina)

Low risk of HIV transmission

Oral sex (sucking or licking the penis, vagina or clitoris); Vaginal sex using a condom correctly

High risk of HIV transmission

Vaginal sex without a condom; Having sex too young; Anal sex with a condom (condoms in PNG are not designed for anal sex); Polygamy (multiple sexual partners); Unprotected sex during a woman’s period; withdrawal

Very high risk of HIV transmission

Anal sex without a condom; Sex when you are drunk or on drugs; Rape/gang rape; Sex for money/food; Sex within a cult (usually risky sex); Sexual abuse; Unprotected sex if you or your partner has an STI

Don’t know

Being faithful (your partner may not be faithful to you so you need to both be tested and both be faithful for this to be effective)

3. Ask the students if there are any missing (e.g. sex before marriage, sex during adolescence, child abuse, having an older husband, having an unfaithful partner). Place these on the scale.

4. Remind students that **values** play an important part in this. Some Churches may oppose condoms and masturbation. Some cultures allow multiple wives. Some behaviours are illegal. We are looking at the relative risks of HIV infection. Many people do not do some of these sexual practices.

Remind them that risk depends on the possible harm. E.g. it is unlikely that anal sex would lead to pregnancy but it might cause pain and bleeding and a high risk contracting STI’s or HIV. Remind them also that all sex has consequences (e.g. emotional, physical) and that sex should be loving, healthy and safe. Young people need to know the risks and consequences.

Activity 2:

1. Working in the same groups ask participants to list how peer educators can reduce the risk of HIV for their peers. Think about knowledge ,skills and behaviour/attitudes.

For example,

- Providing accurate facts
- Modelling saying no to sex
- Modelling how to negotiate safer sex
- Being a role model
- Providing male and female condoms

2. Now ask each person to write a question that a peer might ask about sexual behaviours and put it on the Question Wall or in the Question Box.

- Male condoms are 95-99% effective at stopping the transmission of HIV when used correctly and consistently
- Female condoms are 99% effective when used correctly and consistently
- They also prevent STI transmission and unplanned pregnancy
- You only need to use one condom at a time
- A condom should only be used once
- Condoms can be used by single or married people
- Male condoms are more widely available than female condoms
- Female condoms are made of a stronger material
- HIV cannot pass through the material of either a male or female condom

Activity 1:

1. Tell participants that this session will discuss sexual practices. All of these occur in PNG even though they may be taboo in some cultures or illegal. Young people will often know about them and it is important they know the accurate facts about the risks. If participants have any questions, they can put them in the Box/Wall.
2. Arrange the students into same sex groups of 4. Give them a set of cards. Ask the groups to sort them along a line in order from VERY HIGH RISK to HIGH RISK to LOW RISK to NO RISK. Also allow them to put behaviours in DON’T KNOW place. **There will be a lot of debate into the risks!**

NO RISK – LOW RISK – HIGH RISK – VERY HIGH RISK of HIV transmission

The Cards

- Masturbating yourself
- Anal sex without a condom
- Oral sex (sucking or licking the penis, vagina or clitoris)
- Having sex too young
- Kissing
- Deep kissing (kissing with tongues)
- Masturbating someone else or them masturbating you
- Sex when you are drunk or on drugs
- Abstaining from sex
- Rape/gang rape
- Vaginal sex using a condom correctly
- Forced sex (partner is not ready)
- Vaginal sex without a condom
- Anal sex with a condom
- Sex for money/food
- Being faithful to your partne
- Sex with a condom when one of the couple has an STI
- Polygamy
- Unprotected sex during a woman’s period (menstruation)
- Unprotected sex if you or your partner has an STI
- Withdrawal (sex without a condom when the man pulls out and ejaculates outside the woman)

The correct answers (for the risk of contracting HIV or STI only from a partner who is living with HIV):

- insult people? If so, why do you use them?
- Why do you use words that are not respectful of women and men?

5. Now put these headings on the board:

Appropriate for peer educators to use with their peers	Appropriate for peer educators to use in public.	Inappropriate/offensive

6. In same sex pairs, get the participants to put the words from the first table into the appropriate columns in the table above.
7. Collect feedback from the pairs and an agreed list of other appropriate words. Add any missing words (especially parts of the body and sexual acts such as masturbation). Which column would they fit into?

Recommend that peer educators use the English words for sex, sexual behaviour and reproductive organs.

8. Now with their partners, participants are to practice the appropriate words – say them confidently and out loud looking your partner in the eye

Activity 3: Matching Game

1. In pairs, participants play a matching game for sex words to make sure everyone knows the definitions. These are the correct definitions.

Puberty	The physical changes from child to adult
Hormones	Special chemical messages that travel around the body in the blood.
Sexual intercourse	When the man’s penis enters the woman’s vagina. Also referred to as sex, copulation or love making.
Penis	The male sex organ used for passing urine and also becomes erect and hard when the man is sexually excited.
Vagina	Muscular tube inside the woman. The sex opening used for passing urine and also becomes wet and slippery when the woman is sexually excited
Testicles	These hang in a sac under the penis in men. They make sperm when the man reaches puberty. They are covered with pubic hair:

Semen	The thick white liquid ejaculated by the man’s penis when they orgasm. The sperm swim in this:-
Vaginal fluid	Slippery liquid produced by women when they are sexually excited. It lubricates the vagina so the penis fits inside easily:-
Uterus	Where the fertilised egg will grow into a baby inside the woman. Also called the womb it is connected to the vagina and the ovaries where the eggs are made;-
Pubic hair	Hair that grows during puberty on boys and girls around the sex organs.
Anus	The opening which faeces (waste or pekpek) passes through. Can be easily damaged by having sex there:-
Foreskin	Thin skin over the end of the penis which can be pulled back in sex or washing. Some people have it removed – this is called circumcision.
Ovary	The place inside a woman where the eggs are made and stored. After puberty women release one egg every month. Every woman had two ovaries, one on either side.
Sperm	Produced by males after puberty in the testes. Millions of these are made each day and in each ejaculation. If one of these meets an egg a baby is made. Contains half the information needed to make a new human.
Ova (egg)	Produced by women after puberty. One is released every month and if it meets a sperm inside the woman a baby is made. Contains half the information needed to make a new human.
Erection	When sexual excitement makes the male’s penis become stiff.
Ejaculation	Release of semen from erect penis. The man’s orgasm:-
Wet dream	An orgasm that happens while the man (or sometimes woman) is asleep.
Masturbation	Rubbing or stroking the sexual organs for pleasure:-
Orgasm	A sexual climax that makes the body feel good. It can be mild and pleasant, or intense and ecstatic. Can occur during lovemaking, masturbation or wet dreams.
Ovulation	The 12-24 hours when the egg is released from the ovary into the oviduct (Fallopian tube). Occurs once every month.
Fertility	The ability of women and men to have children.

- **Multiple sex partners**
- **Low condom use and opposition to condoms** means people don’t protect themselves and others. Condoms are the most effective strategy for preventing HIV transmission.
- **Alcohol abuse** leads to risk taking and poor decision making

Activity 4:

1. Now ask the groups to identify why young men and young women are at risk of HIV on butcher paper. Hear feedback.

For example,

Why young women are at risk of HIV...	Why young men are at risk of HIV...
• Older boyfriends and husbands have more power than them • Need money for school fees • Many do not finish school • Vaginas bruise easily making them more vulnerable to HIV • High levels of rape • Abused by boyfriend/husband - etc	• Pressure to have lots of sexual partners • Might get drunk • Tattooing and scar cutting • Too embarrassed to use condoms • Peer pressure to take part in rape and line up • Violence and tribal fighting - etc

2. Remind everyone that these risks are very real for young people who live away from home and everyone has to do something about it, even if the topics are taboo. Young women are especially at risk and men and women and the school has to protect them.

Session 5: Risky and Safe Sex

Session outcomes: Participants can...

- identify and categorise sexual and other relationship behaviours into no, low and high risk for HIV transmission
- describe the advantages and disadvantages of ABC strategies
- discuss and develop other strategies for safer sex which young people could use
- confidently demonstrate the correct use of the male and female condom
- explain which life skills and information are important for peer educators to share *with* their peers

Time: 1 hour and 30 mins

Organisation: same and mixed sex groups, same sex pairs for condom demo

Resources: Risky behaviour sorting cards (enough for one for each group), ABC statements, butcher paper, markers, enough male and female condoms and lubricant for 5 for each participant, one wooden penis between two participants, towels/water to wash hands

Key concepts

What do you notice about this graph? What does it tell you? Who is at risk of HIV?

3. Hear the feedback and highlight these key points:
- More females within the age range of 15 – 29 are infected with HIV.
 - More males than females within the age ranges of 30 upwards are infected with HIV.
 - The above two points imply that younger women and older men are more at risk of being infected by HIV.
 - Children with HIV were probably infected as babies

The second graph shows that young women seem to be more vulnerable and more likely to be infected than young men. Young women are especially vulnerable for many reasons:

- Less likely to go to school or complete their schooling and learn about safe sex and HIV
- Unequal access to information (i.e. the men travel to town, the women don't)
- Unequal access to power and wealth (i.e. they marry older men or "sugar daddies")
- Gender violence (i.e. at risk of rape, beaten if they want to use a condom etc)
- Biological reasons – their vaginas are more susceptible to HIV transmission

4. Ask them to think about why older men are more likely to be infected.

5. Now ask them about why it is important for young men and young women to learn about this information from peer educators.

Activity 3:

1. Now organise the group into mixed sex groups of 4 and ask them to list the root causes of the spread of HIV in PNG on butcher paper.

2. After 10 minutes ask them to feedback
Make sure they include these key factors:

- **Poverty** – e.g. no money means no school fees, especially for girls; poor access to health care, malnutrition; sex work; mobile population (people move for work); illiteracy
- **Poor quality life skills and reproductive health education** in schools and communities
- **Cultural taboos** e.g. not being able to talk openly about sexual health•
- **Gender inequality** e.g. bride price, women having no power to refuse sex with their husbands or ask to use a condom, women not inheriting land leading to poverty, women not educated
- **High levels of domestic violence, rape, pack rape and sexual abuse**
- **Cultural practices** e.g. polygamy
- **Stigma and discrimination** towards people with HIV&AIDS so people don't want to get tested, are not cared for and supported and so people do not get treatment when they are sick
- **High STI rates.** Having an untreated STI makes you over ten times more likely to be infected with HIV
- **High levels of extramarital sex**

Menstruation

The vaginal bleeding that occurs about 14 days after ovulation if the egg is not fertilised. Happens each month and is sometimes referred to as 'having a period'.

Session conclusion

Remind the participants that language is a sensitive subject and they must be careful about their audience and their use of language. English words are safer. They will need to talk frankly about sex but they should always be sensitive to the feelings of others.

Session 8: Girlfriend/boyfriend/husband/wife

Session outcomes: Participants can...

- identify and justify the desirable qualities in choosing a partner for marriage
- develop appropriate behavioural rules for boy/ girl relationships

Time: 1 hour

Organisation: Mixed sex, mixed teachers and students groups of 4,

Resources: Sexual behaviour questions pre- written on butcher paper, butcher paper and markers. Three sheets of butcher paper, one of which is written the word "agree" and on the other "disagree" and one which says "I don't know"

Key concepts

- Young people normally have preconceived ideas on what they would like in a future spouse (wife or husband). It is therefore important that they are able to provide reason for these desired qualities so that they marry for the right reasons while at the same time mould themselves to be a good potential spouse.
- The qualities males traditionally tend to look for in a potential wife are those that enable her to be an effective and efficient homemaker. For example, the wife is expected to be hardworking, generous, understanding etc.
- On the other hand, the traditional qualities that females tend to look for in a potential husband are those that enable him to provide security, both physically and in terms of acquiring and owning material possessions. For example, the potential husband is expected to be hardworking, be able to build a house and make a garden(for rural areas), be able to earn some kind of income(urban settings); caring etc. However, it is important that love and respect form the foundation for marriage.
- These traditional ideas are changing in PNG. Students should explore the stereotypes and modern ideas of relationships (mutual respect, good communication, healthy sex life, equal contributions, similar education and age etc)
- Establishing a romantic relationship with someone of the opposite sex is one of the first steps towards marriage. To maintain these relationships, certain rules need to be established so that both parties are happy and not harmed in any way. Some of these rules may include maintaining openness and honesty for example.

Activity 1

1. Divide the participants into same sex groups of 4 for ‘The Perfect Mate’ exercise.

Female Activity

- i. List 10 qualities, in order of importance, that are important to you in choosing a husband and explain why
- ii. List 10 qualities, in order of importance, that a **man** would want in a wife

Male Activity

- i. List 10 qualities, in order of importance, that are important to you in choosing a wife and explain why
- ii. List 10 qualities, of in order of importance that a **woman** would want in a husband.

2. Distribute butcher paper and markers to each group and get them to arrange their butcher papers as shown below.

	Qualities important to you	Reasons	Qualities important for the opposite sex
1			
2			
etc			

3. Ask 2-3 different gender groups to present and then summarise the list by asking the following questions:

- *How similar are the lists?*
- *What kinds of qualities were similar on the list?*
- *Were there differences between the sexes in the order in which they ranked certain qualities? Why? Do they reflect stereotypes?*
- *Are these also good qualities for boyfriend and girlfriends? Why/why not?*

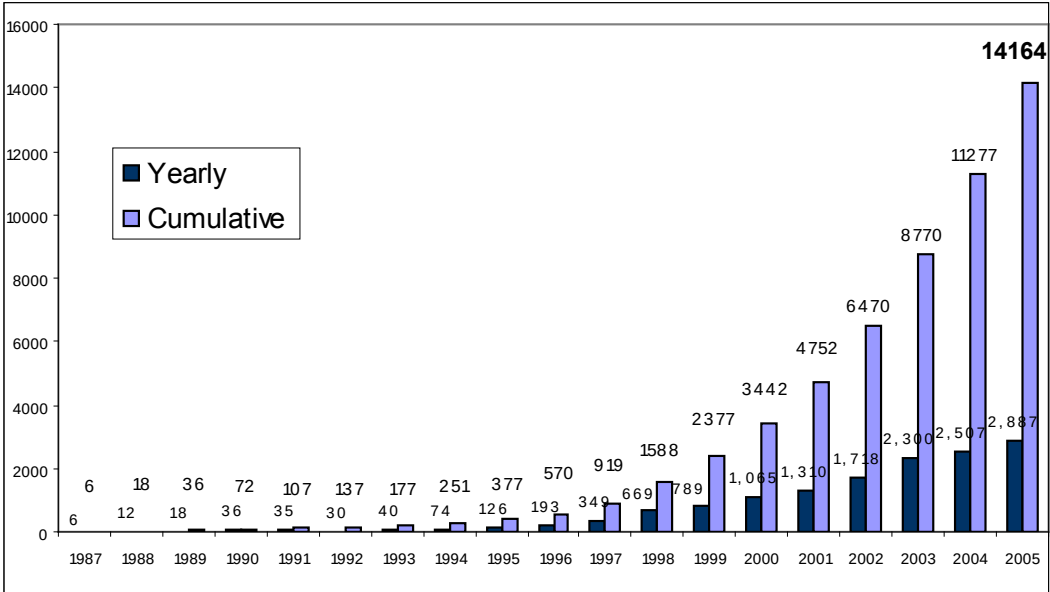
Activity 2

1. Many young people have a boyfriend/girlfriend and this is natural and healthy. In mixed sex pairs, ask participants to brainstorm 10 rules for a healthy, safe and equal relationship between a boyfriend and a girlfriend using the following questions to guide you.

- How should you behave?
- How should you date?
- How should you begin and end a relationship?
- What should you do/ or not do?

For example,

- i) Treat your boyfriend/girlfriend honestly and fairly
- ii) Never put them under any pressure (eg; forcing them to have sex etc. against their will)
- iii) Be faithful to them - do not cheat!



2. Put these questions on the board:

What do you notice about this graph? What does it tell you?

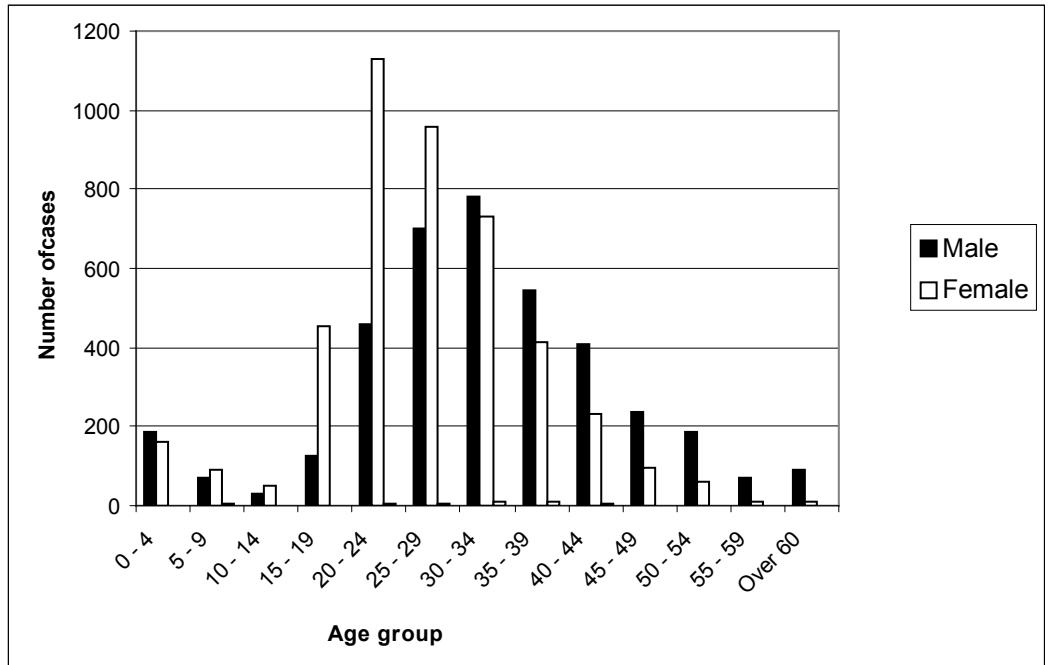
What will be the future impact on PNG communities and families?

3. Hear feedback and highlight these key points if the participants do not notice them:

- The data is positive HIV blood tests only. Most people with HIV do not know they have it. The 2006 estimate was 60,000 people – about 1-2% of the population
- The new cases are steadily rising
- HIV might have been in PNG before 1987 but no-one was tested
- More people are being tested now in VCT centres, STI clinics, hospitals and care centres. Pregnant mothers are offered an HIV test.
- Latest statistics are available from your Provincial AIDS Committee

Activity 2:

1. Ask pairs to look at the graph below showing **Who is infected? September 2005** (*Resource Book*)



2. Put this question on the board:

Session conclusion:

Stress key concepts as well as other points raised during the quiz.

Session 4: HIV and young people

Session outcomes: Participants can...

- discuss the HIV epidemic in Papua New Guinea
- explain the root causes for the spread of HIV in PNG
- identify risks for young men and young women

Time: 45 minutes

Organisation: Mixed sex pairs, mixed sex groups of 4

Resources: Resource Books, butcher paper, marker pens

Key concepts

- Young women seem to be more vulnerable and more likely to be infected.
- Older men are more likely to be infected.
- The sexually active and most productive generations are most likely to have HIV.

Young women are especially vulnerable for many reasons:

- Less likely to go to school or complete their schooling and learn about safe sex and HIV
- Unequal access to information (i.e. the men travel to town, the women don't)
- Unequal access to power and wealth (i.e. they marry or have sex with older men or "sugar daddies")
- Gender violence (i.e. at risk of rape, beaten if they want to use a condom etc)
- Biological reasons – their vaginas are more susceptible to HIV transmission because they are easily bruised during sexual intercourse.

Activity 1:

1. Ask the pairs to look at the graph below showing **New and cumulative confirmed cases, December 2005** (*Resource Book*):

- iv) Spend time with them socially and talk to them openly and confidently.
- v) Find out their hopes, dreams and ambitions and respect them.
- vi) Be polite and never hit them.
- vii) Always date in a safe place and tell people where you are going.

2. Collect feedback and make a set of Golden Rules. These are ones that peer educators can promote and role model. They should fit within the school discipline policy on dating.

Session conclusion

Remind everyone that some relationships lead to marriage but some do not. Young people need to know how to date the opposite sex correctly and safely and how to start and end a relationship without conflict.

Session 9: Life skill – values & attitudes

Session outcomes: Participants can...

- define and express what they value in life
- analyse their different hierarchies of values and justify these appropriately.
- develop and promote positive values that uphold strong morals and ethics.

Time: 1 hour

Resources: Values rating worksheet,

Key concepts

- A value is what we believe in – what we are for and what we are against. They give us a direction to go in when making decisions. None of us are born with our values. Everyone has a different set of values.
- Values can be influenced by the experiences one goes through and by individuals one associates with. For example, society, community, family, religion, and education are some of the examples of factors that can influence one's values.
- A person's values may not be permanent as they can change based on the different experiences the person has
- Individuals need to learn to respect the values of others however, it is important for peer educators to promote positive values and help their peers develop these values. Many values are **universal ones** that are found in almost all human cultures such as "do not kill", "do not steal", "do not commit adultery", "do not rape", "care for your family and friends", "respect elders" "be honest" etc.
- Values (like sexuality) can be influenced by other people, spiritual beliefs, culture, tradition, church and personal experiences.

Activity 1

1. Put the word "VALUE" on the board and get the group to concept map the definition as a whole class by listing all the terms they think contribute to the definition of the term value.

2. Distribute the worksheet below and get the participants to complete these. (For example, if the first thing you value is your happiness, place a tick in column number one of the ‘happiness’ row, or; if you value your health as number 2, place a tick in the ‘own health row’ and in ‘column having value 2’.

Rating my values

VALUE	1	2	3	4	5	6	7	8	9	10	11
Own Happiness											
Parents											
Education											
Boyfriend/ girlfriend (wife/husband)											
GOD											
Teachers											
Friends											
Sports											
Province											
Country											

3. In pairs, ask the participants to go through the worksheet sharing the ratings of their different values.

4. As a whole class tally the ratings on the front board and answer the following.
- What are the most important values according to the whole group decisions and do you agree with these?
 - Do you think these values are common for most young men and women?
 - Which of your personal values are different to the groups?

Activity 2

1. Ask participants what forms and influences your values? For example, family, school, church, friends. Do values change over time? Yes! Values change all the time as you experience life.
2. Self reflection. Record in your note book the answers to these questions.
- What are the five main values that you live your life by?
 - What or who influenced you to have those values?
 - How have your values changed over time?
 - Which traditional and spiritual values do you think will be explored and challenged by this course?

*The only way to know is have an HIV blood test.
People with HIV can live for many years before developing AIDS.*

x) How does HIV attack the body?

HIV attacks one kind of white blood cell in your body (CD4 cells). These are the soldiers of the immune system that fight off other illnesses. HIV invades the cells, hijacks the cells and make them produce more HIV viruses. When the numbers of these cells drop, your immune system is damaged and can't fight off infections. This is called AIDS.

xi) HIV kills you quickly. True or false?

False. You can live a long time with HIV in your body. You can fight the infection by keeping your immune system strong. You can also take anti-HIV medicines called anti-retro viral therapy. Some people have lived more than 10 years with the virus. You can still work, learn and live your normal life.

xii) Where did HIV come from?

HIV is a natural virus. It is not man-made. Scientists know that it crossed from chimpanzees to humans in the 1930's in Africa. It was probably transmitted when hunters were butchering bush meat. From Africa it spread around the world. Because AIDS looks like lots of other diseases HIV was not identified as a new disease until the early 1980's. Now over 30 million people are infected around the world.

3. Ask groups for their scores and give a suitable prize to the winners (like some posters or caps).
4. Remind participants to check the facts with their Resource Book. Now ask each person to write a question that a peer might ask about HIV/AIDS and put it on the Question Wall or in the Question Box.

Activity 3:

This is a good time to talk about language. Peer educators can be role models when talking about HIV/AIDS. Display this poster on the board and talk them through it.

Don't say...	Instead say...	Why?
"AIDS victim"	"Person living with HIV/AIDS"	Be positive – people can live a long time. Not everyone is a victim. Many are infected through their own behaviour.
"Deadly disease"	"HIV positive person"	Be positive – there are many fatal diseases in PNG. HIV will shorten your life but so will malaria, diabetes, smoking, drinking home brew etc. HIV is a preventable disease.
"infected with AIDS"	"infected with HIV"	Be accurate. HIV is the germ that causes AIDS"
"plague"	"epidemic"	PNG does have an HIV epidemic and HIV is spreading but we can do something about
"spreading like wildfire"		
Which other negative phrases have you heard about HIV/AIDS		

ii) What do the letters H and I and V stand for?

Human Immunodeficiency Virus – a natural virus that infects humans and attacks and destroys their immune system.

iii) What do the letters A and I and D and S stand for?

Acquired Immune Deficiency Syndrome – a collection of illnesses and diseases that you get when your immune system is damaged by HIV

iv) Which **four** body fluids can transmit HIV?

Blood, semen (kok wara), vaginal fluid (kan wara) and breast milk

v) People are infected by HIV through three different ways. What are these three modes of transmission?

*Through unprotected vaginal or anal sex with a person who is infected with HIV
From an infected mother to their baby through breast feeding or during birth
By HIV infected blood getting into your blood (through tattooing or scar cutting or in a bloody injury)*

Almost all infections are through unprotected sex. The next most common route is parent-to-child. The rarest form of transmission is through blood.

vi) There is a cure for HIV. True or false?

False. There is no cure for HIV. There are medicines which slow down the virus and these are called anti-retro viral therapies. There are no bush cures or herbal medicines or spells or prayers that cure HIV.

vii) List three things you can do which do not have any risk of HIV transmission.

There are many things! Hugging, kissing, holding hands, shaking hands, sharing buai, sharing smokes, sharing a toilet, sharing a mosquito net, sharing clothes, washing in the same river, talking, working together, sharing a dorm.

Insect bites do not transmit HIV.

viii) Most people with HIV in PNG do not know they are infected. True or false?

True! About 16,000 people have had a positive HIV blood test. An HIV blood test is the only way to know you have HIV or not. The National AIDS Council estimate about 60,000 people have HIV. Most people do not get tested. (These figures are correct for 2006. Your Provincial AIDS Committee will have the latest figures). HIV is in every Province.

ix) HIV has no symptoms. True or false?

True. HIV positive people have no symptoms – they look and feel perfectly healthy. They only get sick when HIV has had a lot of time to damage their immune system. Then they get other diseases like TB, diarrhoea and pneumonia. But having these does not mean you have AIDS!

- What must a peer educator or peer education adviser remember about values?

Activity 3

There are two (2) options to take for this activity. Choose whichever you are comfortable with. Be sensitive towards your participants' needs before, during, and after this exercise. Some of them might feel vulnerable, but may not show it. Make sure that they feel comfortable sharing, or not sharing information. After the exercise is officially finished, make yourself available to discuss any possible problems with the participants individually. Remind them about the Question Wall/Box.

Explain that participants will enter into discussions and activities about human sexuality and will explore their values and attitudes. Point out that although the training may go into sensitive issues in some detail, it is not intended to tell people how to live their lives. The details of these educational sessions are meant to give people information so that they can choose their own direction and have the capacity to help and protect others on the road to health.

Option A: Do you agree?

1. Place the pieces of paper either at the opposite end of an imaginary line on the floor or on opposite walls of the room. Ask the participants to stand together in the middle of the room. (A very spacious room or ideally open space outdoors would be convenient for this exercise).

2. Explain that you will read out some statements, and they have to take a stand on the imaginary line somewhere between “agree” and “disagree” according to their response to the statement. (Read out at least any 5 of the statements below).

- *Teenagers should know about condom use and have free access to condoms.*
- *I would accept my brother/sister if he/she were homosexual.*
- *Those infected with HIV/AIDS have only themselves to blame.*
- *Boys are stronger than girls*
- *Physical looks are more important than personality*
- *Responsibility means doing things we don't want to*
- *Admitting our weaknesses is a sign of weakness*
- *It is a good thing to give advice to friends all the time*
- *There is nothing wrong about sex before marriage*

3. After you have read the first statement, ask the participants to go to the spot which best describes their response to it. When they are all standing somewhere along the line, ask a volunteer to explain why he or she is standing there. Let two volunteers give their viewpoints, then let the other participants react to these opinions.

You can also give group members the opportunity, after listening to the views of some participants, to move to the position that best expresses their feeling now.

4. After reading and reviewing all the statements, you can ask the participants how they felt about exposing their values to other participants, especially if they were in the minority.

Option B: Values Questionnaire

1. Individually, participants should first complete this questionnaire.

Value	Is ok	Is not ok	I don't know
a. Hugging someone of the opposite sex			
c. Kissing someone of the opposite sex in public			
d. Having sex before marriage			
e. Masturbation			
f. Abortion			
g. Using a condom during sex			
h. Living with someone I am not married to			
i. Homosexuality			
j. Having sex with a prostitute			
k. All young people should have explicit information about sex and reproductive health			
l. People with HIV&AIDS should be locked up in prison			
m. Having sex with more than one person in your life			
n. Men and women wearing clothes that stick to their bodies or show too much of their bodies.			

2. Ask participants to share some of their answers with someone from another village/culture and then from the opposite sex. Discuss the similarities and differences and reasons for the differences.

3. Ask participants to choose one of the statements from the list and find a partner who has the opposing view. Discuss this statement with them. Can they persuade their partner to change their mind? What influences their decision?

4. After this discussion, you can ask the participants how they felt about exposing their values to other participants.

Session conclusion:

Values and attitudes are not easy to teach or measure. However, there are techniques, such as group discussion, case studies or “values voting”, which can help explore and influence people’s attitudes and values. Another way of developing attitudes is by personal example. Peer educators can act as ‘role models’. If, for example, one of the aims of a peer education program is to encourage young people to be tolerant, the peer educators’ personal behaviour should reflect this attitude. Young people who have strong positive values are less likely to be at risk. Developing strong values is another life skill.

8. What about the promiscuous people (shook hands 6 times)? Having multiple sexual partners is risky. Think about polygamy in PNG. Say “having lots of sexual partners and not using a condom increases the risk of getting infected with HIV. If your sexual partner is promiscuous it puts you at high risk too so chose your sexual partner carefully.”

9. Ask the participants the following questions:

- How did the ‘X’ – person feel when they found out they were HIV infected?
- How did the other participants feel towards the ‘X’ person?
- Why is it difficult not to participate in an activity that everyone else is doing (ask the “abstain and be faithful participants)?
- How did the people who were faithful feel (“only shake hands once) – did it protect them? Why? Why not?
- As person ‘X’ didn’t know he or she was infected, how could we have known ahead of time? (for instance because of past ‘risky’ sexual behaviour of the person).

Tell them that peer educators will be asked lots of questions about HIV. Remember the principle of “Do No Harm”. If you don’t know the answer, tell them you will find out.

Activity 2: HIV/AIDS Quiz

1. Put the participants in mixed sex pairs. Give them scrap paper to write their answers to the HIV/ AIDS Quiz.

The Questions

- i) HIV and AIDS are the same thing. True or false?
- ii) What do the letters H and I and V stand for?
- iii) What do the letters A and I and D and S stand for?
- iv) Which **four** body fluids can transmit HIV?
- v) People are infected by HIV in three ways. What are these three modes of transmission?
- vi) There is a cure for HIV. True or false?
- vii) List three things you can do which do not have any risk of HIV transmission.
- viii) Most people with HIV in PNG do not know they are infected. True or false?
- ix) HIV has no symptoms. True or false?
- x) How does HIV attack the body?
- xi) HIV kills you quickly. True or false?
- xii) Where did HIV come from?

2. Once they have completed the test, they can self mark. Here are the answers. Use them to explain key information about the virus. Refer them to the Resource Book and the Question Wall if they have questions.

The Answers

i) HIV and AIDS are the same thing. True or false?

False. HIV is the germ or disease causing micro- organism (a virus) that causes AIDS. AIDS when HIV has damaged your immune system so other diseases can attack your body (like pneumonia, diarrhoea and TB). You can be HIV positive for a long time and look healthy. Only when your immune system fails are you said to have AIDS.

Key concepts

- HIV and AIDS are not the same thing. HIV is the Human Immune Deficiency virus which enters the body. AIDS is not a virus but a disease syndrome (a group of diseases)
- If someone is **HIV positive** it means that an HIV test of the person’s blood detects the infection. An HIV infection does not mean a person has AIDS.
- AIDS develops over time (5 – 15years)
- There are **three** modes of transmission. Through unprotected sexual intercourse with an infected person through either anal, or vaginal intercourse.
- Through infected blood and from infected parents to child. The child can be infected with HIV before or during birth and through breast feeding.

Activity 1: HIV Transmission Game

The facilitator needs to prepare in advance 30 (or whatever number of participants) small pieces of paper.

- Two pieces of paper should be marked with an ‘X’.
- Two pieces should be marked with ‘C’.
- Two other pieces of paper write ‘Refuse to shake hands’.
- On two other pieces of paper write “Only shake hands once”.
- On two pieces of paper write “Shake hands with 6 people”
- On the remaining pieces of paper, write ‘O’.

1. Randomly distribute a piece of paper to each participant, telling them to keep the information on it secret.
2. Ask each participant to shake hands with three other participants. They should all write down the names of the people they shook hands with on their piece of paper.
3. Gather the group together again and ask them to sit in a circle. Ask the person with the ‘X’ on his/her piece of paper to stand up. Then ask everyone who shook hands with this person to stand up. Now tell the group to pretend that the ‘X’ person was infected by HIV, and the three people who shook hands with ‘X’ had unprotected sexual intercourse with ‘X’. (Remind the participants that this is only pretending and that HIV is not spread through handshakes).
4. Now ask the three participants if any of them had a ‘C’ on their pieces of paper. If they did, that means they used a condom, so they did not get infected, and can sit down. Say “male and female condoms are an effective barrier against the transmission of HIV. Condoms should be used every time a couple has sex.”
5. The ones standing should then list the names of the three people they shook hands with (had sex with). These people should stand up. Anyone in this group with a ‘C’ (condom card) can sit down again.
6. Those standing then should name the names on their cards, etc. until no other participants are called to stand up. At the end, only the people who used condoms (‘C’) cards, and those with the “do not shake hands” instructions which meant “abstain from sex” should be sitting. Often they will also have shaken hands too! (this is peer pressure or plain ignorance). Say “abstinence is 100% safe but young people can find it hard to resist the pressure to not have sex.
7. Did being faithful protect people (only shake hands once)? Why not? Reinforce the message of both Being Faithful and Both being tested. Being faithful only protects you if your partner is faithful to you and you are both HIV negative. Say “faithfulness is a challenge and we need to help young people learn skills to have a healthy, faithful relationship”

Day Three

Session 1: Devotion, review, and warm up game

Time: 30 minutes

Organisation: Paired and whole group

Resources: Outcomes for the workshop on display, rules on display

Activity 1

1. Devotion – led by a group of participants. A good Bible reading is one about love such as 1 Corinthians 13:1-13
2. Facilitators and group leaders welcome the participants, thank them for yesterday’s work and review the outcomes for the workshop (Question – which did we cover yesterday?), answer any questions from the Box/Wall and remind participants of the session rules. In pairs, ask participants to complete a simple evaluation of Day 2.

What I learnt & what I enjoyed	How we could improve Day 2

3. Warm up game. Use one of the warm up games from the Appendix to motivate the group.

Session 2: Gender issues for young men and women

Session outcomes: Participants can...

- define and explain the differences between gender and sex.
- identify gender bias in traditional and contemporary PNG society
- explain the negative effects of gender stereotyping on the future of young women and society
- analyse the reasons for gender based violence and risks, based on traditional sex roles and gender inequalities.

Time: 1 hour

Organisation: Individual, same sex groups, pairs, mixed teachers and students

Resources: Butcher paper, scrap paper, marker pens (one each), story for activity 1 written on butcher paper before activity.

Key concepts

- Gender and sex are often confused to mean the same but that is not correct. Sex is what a person is born as; that is either male or female and therefore cannot be changed.
- Gender can be learned and is what society sees and expects of males and females, for example, women should be humble while males should be aggressive etc. Gender

therefore is socially constructed and differs from society to society or culture to culture and therefore bias or inequality is often developed between the male and female sexes.

- Gender stereotyping is what society in general expects of males and females in terms of what they should do and not do for example, duties, dressing, occupations, etc.
- Gender based violence is one of the negative effects of gender stereotyping and gender inequality as there is an imbalance of power and the ability to negotiate and make decisions.

Activity 1

1. Put this question on the board and then read the story below:

How can this story be correct?

*A father and his son went on a afternoon stroll down the road. A speeding vehicle ran into them from behind and killed the father instantly and critically injured the son.
In the hospital operating theatreawaiting surgery, the surgeon walks in, looks at the injured boy and says, “I can’t perform this operation on my own son”...*

Alternatively,

Pass out scrap paper to each participant and ask them to draw a picture of a *Nurse* and a *Head teacher* on one side of the paper. Participants should stick these up and look at them. What do they notice? What sex are the nurses or Head teachers? Why?

This session is being introduced to highlight gender stereotypes around work and opportunity. The concept is that not all occupations are gender specific and should start the discussion of gender roles and gender stereotyping.

Activity 2

1. Divide participants into two same sex groups for males and females (4 student groups). The teachers are to also form two separate male and female groups
. Get the groups to complete ONLY their sex’s daily activities for a typical woman or man (in a village or urban setting depending on the situational context of the participants). Estimate the timing next to the activities.

	MAN’S DAY		WOMAN’S DAY
<i>Time</i>	<i>Activity</i>	<i>Time</i>	<i>Activity</i>

2. Display two groups side by side and ask these questions:
 - Who starts the day early?
 - Who ends the day late?
 - Whose list of activities is longer and more detailed?
 - Which of the activities on the women’s can NOT be done by men?

Activity 3:

1. Now ask this question for the participants to discuss in pairs.

Why don’t young people get treatment for STIs?

2. Ask for feed back.
Possible reasons may include:
 - embarrassment,
 - not knowing the symptoms,
 - not having access to same sex health worker,
 - health worker not confidential,
 - health worker or school judgemental about sex before marriage,
 - hoping it will go away,
 - trying traditional medicines,
 - not being able to afford STI services or travel to the clinic,

Peer educators may have peers who are worried about STIs or may have an infection and therefore it is vital that peer educators know enough about STIs as well as available health and support services to refer their peers to.

Activity 4:

- 1.Now ask the participants in pairs to discuss these two questions:

What peer educator and advisor do if a peer thinks they have an STI?

Where can young people get an STI test and treatment near your school?

2. Remind participants to check the facts with their Resource Book.
3. Now ask each person to write a question that a peer might ask about STIs and put it on the Question Wall or in the Question Box.

Session 3: HIV&AIDS - Basic Facts

- Session outcomes: Participants can...*
- explain the difference between HIV and AIDS and identify the modes of transmission of HIV
 - describe how HIV attacks the body’s immune system.
 - identify activities and behaviours that carry no risk of HIV transmission

Time: 1 hour

Organisation: Whole group, paired

Resources: Transmission Game labels, prizes for quiz, poster of correct language,

Usually no symptoms in men or women. Sometimes pain when urinating. May lead to infertility	Chlamydia	Bacteria (treated with antibiotics)
No signs or symptoms in men or women. People can be infected for a long time before becoming sick. Leads to gradual immune system failure and death by other infections	HIV (Human Immunodeficiency Virus)	Virus (no vaccine, anti retroviral drugs slow down the virus)
Small red bumps on the penis, vagina and around the anus which bleed easily. The sores might be painless. Eventually these can become large ulcers.	Donovanosis	Bacteria (treated with antibiotics)
Itchiness in pubic area. Can sometimes see lice or mites in pubic hair.	Scabies mites and pubic lice	Parasites (treated with special shampoo)
In women, a frothy, yellow-green vaginal discharge with a strong smell. Pain during sex or urination. In men, usually no symptoms. Occasionally a burning sensation after urination and ejaculation.	Trichomoniasis	Protozoan microbe (treated with special medicine)

2. The first group to complete the matching game correctly should receive some kind of award (HIV/AIDS stickers etc).After everyone has completed this, explain the key concepts.

- Many STIs can be treated

Activity 2:

1. Now ask this question for the participants to discuss in mixed sex groups.

How can STI transmission be prevented?

2. Collect feedback.

Answers may include:

- Abstinence,
- faithful partners,
- quick treatment of both sexual partners
- use of condoms
- Abstinence and using condoms every time you have sex are the most effective.

3. Now explain these points:

- Having an untreated STI makes you ten times more likely to be infected by HIV because sores on the genitals make it easier for the HIV to enter the body.
- Any sore on your penis or vagina is like a doorway for HIV to enter your body
- White blood cells come to the site of an STI infection and HIV infects white blood cells
- Having an STI is a sign you are having unprotected sex with someone who has had unprotected sex with someone else. Your behaviour is risky.
- If you have an STI you must get treatment and you must get your partner to get treated, otherwise you are bound to get that STI again from your partner who may have contracted that STI as well.

- Which of the activities can be done by BOTH men and women?
- Are these roles changing?
- Who decides how men and women work in traditional society? Why?

3. Conclude the activity by emphasizing that there is nothing on the women’s list men cannot do and nothing on the men’s list that a woman cannot do. The ONLY thing a man cannot do is become pregnant and breast feed babies.

Activity 3

1. Draw a stick male and stick female figure on the board. Give each student two pieces of scrap paper. Ask them to write one word that describes a man and one word that describes a woman. Then ask them to stick or pin these around the figures.
2. Read these out (e.g. MAN: aggressive, strong, wage earner, muscles etc WOMAN: caring, hard worker, raising children, beautiful etc). Most of the attributes can be for men or women! They differ from culture to culture and person to person (e.g. a man can be caring, a woman can be aggressive). They are not fixed – you are not born with them. **These are gender and they are learned.** You cannot change your sex.
3. Ask the participants to discuss in pairs, “what is the connection between gender and sexuality?” (e.g. some men look for hard working, strong women, some men like thin, pretty women, it is expected that men have more sexual partners than women).
4. Hear the feedback and then ask “how do these gender roles lead to risk for young men and young women?” Summarise this on the board.

Gender stereotypes and inequalities leads to risks for young men	Gender stereotypes and inequalities leads to risks for young women
• Has to be seen to be macho and aggressive • Has to be seen to have lots of sexual partners • Has to be seen to dominate his wife and be head of the household • Has to find paid work	• Has to be seen as a virgin at marriage • Can't say no to sex with her husband • Seen as property of the man because of bride price • Can be beaten by her husband or boyfriend

Activity 4: Gender Violence (Optional)

If you have access to a TV and video you may also use this activity:

1. Show the video *Stap Isi about domestic violence*.
2. Divide the class into mixed sex groups to answer the following questions:
 - What would be the possible reasons for violence against men, women and children in Papua New Guinea.
 - What are the physical, social and economic effects of domestic violence?
 - What steps should victims of abuse and violence take to adequately address their situations?
 - What should family and friends do about violence in their families?
 - How can we prevent young people from engaging in violent behaviours?
 - What should peer educators do if they come across victims and perpetrators of gender based violence?

3. Ask groups to provide feedback and provide the following session conclusion.

Session conclusion

Peer educators and peer educator advisers are expected to be good role models for gender equity because gender inequality leads to risks and hinders development. Different cultures have different gender views of sexuality and attractiveness but these views can (and have) changed over time. If participants have any questions or comments they can put them up now. There is a Gender Equity policy for the Department of Education that should guide both peer educators and advisers in advocating gender issues. Everyone should work together to promote gender equity in their lives, their work and their relationships.

Session 3: Sex and young people

Session outcomes: Participants can...

- explore and identify reasons that drive young people to have sex
- explain the principles of healthy sex

Time: 1 hour

Organisation: Mixed groups of 4, teachers and students mixed

Resources: Discussion question on the board, butcher paper and markers

This session will cover topics which may be taboo. Remind participants that sex is a sensitive subject and must be treated with respect. Sex is natural and God given and we should not be afraid or embarrassed to talk about it.

Key concepts

- Young people are engaging in sex earlier because of different types of influences such as peer pressure, media influences, lack of correct and accurate information, and lack of life skills such as negotiation and communication skills to get themselves out of difficult and

Key Concepts

- Many people in PNG have untreated STIs
- PNG has one of the highest rates of STI infection in Asia and the Pacific
- Many STIs can be noticed and treated while other STIs have no symptoms
- STIs can lead to permanent damage to your reproductive system and infertility
- You can be infected with thrush naturally without having sex. It can also be caused by poor hygiene, wearing dirty underwear, when you are run-down or by when you take antibiotics.
- Herpes can be transmitted by kissing
- Traditional medicines do not cure STIs
- STIs increase the risk of getting HIV because sores provide a “doorway” for the AIDS virus to enter the body

Activity 1: Play the STI Matching Game

1. Ask the participant in mixed sex groups of 4 to match each STI with the symptoms and the treatment. These are the correct answers.

Symptoms of the STI	Name of the STI	What kind of germ is the STI? How is it treated?
Itchy, smelly penis or vagina. White thick discharge. Inflamed skin.	Thrush (Candida)	Fungus (curable with anti-fungal cream)
Small pink lumps on the penis or vagina. Sometimes they look like tiny cauliflower shapes. They don't hurt.	Genital warts	Virus (lumps can be treated. Virus remains in body)
Painful tingling around the penis or vagina. Sometimes itchy blisters. Flu symptoms. Blisters can be in the corners of the mouth.	Herpes	Virus (clears up by itself but virus remains in body)
No symptoms in women and can lead to infertility and PID. In men a thick yellow pus and pain when urinating	Gonorrhoea	Bacteria (treated with antibiotics)
Painless sore on the penis or vagina. Later goes away. Rash on hands and feet. If untreated leads to heart and brain damage and death.	Syphilis	Bacteria (treated with antibiotics)
Tiredness, yellow eyes and maybe yellowish skin. Fever.	Hepatitis A or B	Virus (vaccine available)
In women causes lower abdominal pain, pain during sex, heavy periods, bleeding and fever. In men swelling of testes and prostrate. Can lead to infertility.	PID (pelvic inflammatory disease) Can be caused by other STI's.	Bacteria (treated with antibiotics)

Day Four

Session 1: Devotion, review and warm up game

Time: 30 minutes

Organisation: Paired and whole group

Resources: Outcomes for the workshop on display, rules on display

Activity 1:

- 1. Devotion – led by a group of participants. A good reading would be one about caring for others or fighting stigma and discrimination. E.g.: Romans 13: 8- 10.
- 2. Facilitators and group leaders welcome the participants, thank them for yesterday’s work and review the outcomes for the workshop (Question – which did we cover yesterday?), answer any questions from the Box/Wall and remind participants of the rules. In pairs, ask participants to complete a simple evaluation of Day 3.

☺ What I learnt & what I enjoyed	☺ How could we improve Day 3

- 3. Use one of the warm up games from the Appendix to motivate the group.

Session 2: Sexually Transmitted Infections (STIs)

Session outcomes: Participants can...

- describe the common STI’s, their symptoms, causes and treatment
- identify services that are available for young people to get treatment for STI’s
- explain how having an STI increases your risk of contracting HIV

Time: 1 hour

Organisation: Mixed sex groups of 3-4

Resources: STI Matching Game enough sets for all groups

- risky situations.
- Engagement in sexual activity by young people results in problems such as teenage pregnancies, STIs and HIV/AIDS, rape etc;
- Sex is an activity that should be promoted to take place within a loving and preferably marriage relationship.
- Because sex is a special activity, there should be guidelines developed to ensure it is healthy and kept spec’

Activity 1:

- 1. Display butcher paper with the following pre- written questions on board.

- Why do young people have sex?
- Why do young people abstain from having sex?
- What are the safer alternatives to having sex?
- What are the risks of sex for young people?

- 2. Ask participants to list answers working in mixed groups of 4 to answer the questions.

- 3. Organise 4 separate butcher papers to be taped on the four different corners of the room with each of the four questions on separate papers.

- 4. Get one member from each group to write their group’s answer to one of the four questions on the appropriate butcher paper. After this, get another member of each group to have a turn at doing the same thing, and so on until all the members of each group have had a go at contributing their group’s answers.

- 5. Re- tape all the papers on the front board and get the groups to add other answers they feel have not been included.

- 6. As a whole group, evaluate the lists and brainstorm answers to the following questions.

- Are some reasons better than others?
- Are some reasons positive? How do they know?
- What does this mean for peer educators and advisers?

Activity 2:

All adults have sex and it is important that young women and men learn about healthy sex because sex is part of a normal, healthy marriage relationship.

- 1. In same sex pairs, brainstorm the Principles of Healthy Sex. What should sex be?

Ask for feedback. Answers should include some of the following.

- Both the man and woman should want to have sex – meaning that, sex should not be forced, should not break the moral values of the man or woman, should not be when you are too young and should be in a loving relationship. For many in PNG, this means within marriage.
- Sex should be responsible and safe

- Sex should not hurt anyone emotionally, physically or spiritually
- There are always consequences for sex and every individual should know these consequences and be prepared to face these.

3. Ask participants to discuss the answers that have been given and whether they agree or disagree with these.

4. Ask the class whether in our society these principles are kept by all men and women in sexual relationships. If not, provide possible reasons for this.

Session conclusion:

There can be negative consequences for young people who decide to have premarital sex. Examples of these include, teenage and unwanted pregnancies, transmission of STIs or HIV/ AIDS, marrying the wrong person for the wrong reasons etc. The decision to delay first sexual debut should be adopted by all young people until they are able to make wiser and more responsible decisions regarding their sexual experiences and they have finished their education. There are many pressures to have sex (e.g. because other people are, to feel loved, to feel pleasure, to experiment) and many young people do. The peer educator’s role is to provide accurate information about the risks and the possible consequences, as well as encourage young people to develop a healthy, respectful and responsible attitude to sex.

Session 4: Parenthood and Family planning

Session outcomes: Participants can...

- identify possible reasons for becoming a parent
- identify and describe factors that must be in place before parenthood results.
- describe the positive and negative consequences of early parenthood including the dangers of teenage pregnancy
- explain the importance of planning parenthood
- identify and describe common family planning methods, their advantages and disadvantages.

Time: 1 hour 30 mins

Organisation: Mixed sex groups, teachers and students mixed

Resources: Family planning lucky dip cards and bag, handouts on the different methods of contraception (or Resource Books).

Cards: (to be prepared before hand): contraceptive pill, male condom, female condom, IUD, contraceptive injection (DepoProvera), abstinence, female sterilisation (tubal ligation), male sterilisation (vasectomy), natural family planning or fertility awareness (rhythm method), withdrawal, breast feeding and non-penetrative sex (masturbation, oral sex)

You are a Grade 10 young woman. Your family has been struggling with school fees. You have an older male uncle who is helping you pay your fees. He also helps out with gifts of food and clothes. Now he wants to meet you in town at a local guest house. What would you do?
You are a Grade 9 young man and you have a great girlfriend. When you are out walking with your friends you see her talking with another male student under a tree. They seem to be very close. What would you do?
You and your boyfriend plan to get married after school. You are abstaining from sex until you are married but it is getting harder and harder to resist. Lately your boyfriend has suggested you have sex now. After all you will get married later. What would you do?
Your friend has a reputation of having lots of sex. They confess to you that they never used a condom and now they are feeling unwell a lot. What would you do?
As you walk back to the dorm you see a group of your classmates hiding away smoking and drinking from a plastic container. They shout for you to join them. What would you do?
Your best friend is caught cheating in a test. They score zero and are disciplined in front of the whole school. However you were the one who passed them the piece of paper asking for help. What would you do now?
When you are back home you see your brother beating his new wife. She is screaming for help. No-one else seems to be doing anything about it. What would you do?
Your parents want you to finish school early, marry and help them with the land. You are not sure you want to do this yet. What would you do?

4. Ask them to record this on butcher paper and report back to the group. Peer educators can help their peers STOP and THINK about the consequences of their decisions.

5) Finally, remind participants that young people can prepare for difficult decisions and think about the consequences in advance. Remind peer educators that they might need someone else to help if their peer is at risk.

Session conclusion:

Many young people (and adults!) struggle to accept their own decisions. They might find it hard to make a decision so end up doing what everyone else wants them to do. Or they might make a decision too quickly and not think through the consequences.

Peer educators can help young people make informed and wiser decisions. However it is important to remember that no-one is perfect – we all make the wrong decisions sometimes and so we can learn from these.

might have to make. Examples may include:

- whether to have sex or not,
- choosing or ending a relationship,
- whether to drink alcohol,
- whether to engage in school fights,
- whether to cheat, whether to use a condom,
- whether to report someone you witnessed doing something illegal

2. Ask the participants to reflect on an important decision they made recently. They are not to share it with anyone. Display these questions and ask participants to answer them in their books.

Why was the decision difficult?

Did you make the decision easily? Why? Why not?

Who help you make the decision? How? Why?

How long did it take to make the decision? How? Why?

Were you happy with the consequences of your decision? How? Why?

What would you do differently if you had a difficult decision to make? Why?

Activity 2:

1. In mixed sex groups of 4 participants will explore the possible consequences of decisions young people might make.

2. Go through the following example with the whole class before they do the exercise on their own.

Decision you make...	Possible consequences of this decision...	What is most likely to happen...
Marrying your older boyfriend when you are still in school	You might have to stop your education which means you might be poorer or ignorant about diseases like HIV You will become pregnant at an early age Your husband might already have a wife and she might be angry He might treat you badly because he has all the power and maybe money.	

3. Get each group to choose by 'Lucky Dip' one of the decision making case studies card. Now groups can discuss these decision making case studies. What would they do and why? Give each group a different case study. They should all have the opportunity to report back on the possible decisions, the possible consequences and which decision would be wisest.

Key concepts

- Becoming a parent is a huge undertaking and one has to be prepared physically, mentally and emotionally for this.
- Individuals become parents or have children intentionally for reasons such as extending the family line; inheritance purposes, care for them in their old age, etc.
- Most times, young people have children or become parents while still at school because they have not been provided relevant and accurate information about sex and sexuality; they are not equipped with skills like negotiation of decision making to avoid or get themselves out of risky situations; etc.
- Becoming a parent or having a child while still at school may result in very few if any, positive outcomes. Most consequences are negative and may include failure to complete one's education (especially for female students); conflict with family members leading to rejection sometimes; lack of resources to raise the child, difficulty in labour if female is too young; etc.
- The decision to have children, the number of children to have, when to have the children and the spacing between the children is known as Family Planning.
- There are many different types of family planning methods and young people need to know these and be able to access these services when they are ready to become parents as family planning is everyone's right.

Remind the students that some religious teachings prohibit the use of some family planning methods but it is important that everyone knows accurate facts and where to access services.

Activity 1:

1. Put these 4 questions up on the board and ask participants to discuss it in mixed sex groups of four.

Why do people choose to be parents or have children?

What do people need before they become parents or have children?

Why do young people become parents while still at school?

What are the positive and negative consequences of pregnancy and parenthood while still at school?

2. Ask at least 3 groups to provide feedback on their groups' discussions.

3. Remind participants that parenthood is incredibly rewarding and a natural part of life for married couples. However it is a lifetime job and a challenge and responsibility many young people are not prepared for; therefore young people need to know of the dangers of teenage pregnancy and the positive and negative consequences.

Activity 2:

1) In mixed groups of 4 ask participants to list reasons why people choose NOT to have children.

Answers may include:

- unfaithfulness or weak/unstable marriage
- being too young or being in school
- not being married
- being ill
- not having enough money to cater for an extra mouth or to afford school fees
- the woman has recently given birth
- not wanting another child
- in order to prevent over population/pressure on land
- not a good relationship (e.g. domestic violence)

2. In the same groups, ask them to list the right time for having children and the best number of children for a married couple to have.

Remind the participants that peer educators and advisers have a role model part to play when it comes to discussing marriage, parenthood and future goals for young people.

Activity 3:

1. Ask the students to list the family planning methods they know about. Record them on the board.

2. Now play the Lucky Dip. Participants chose one of the cards from the bag and then research and present their findings to the group. Their presentations should include the following points.

- Advantages and disadvantages of the method
- Availability and where to find it
- Cost
- How each method works including its effectiveness
- What women and men think of it, and
- Whether it is suitable for young people

3. Finally, ask participants to brainstorm questions young women and young men might ask their peers about marriage, parenthood and family planning. Collect these on butcher paper and display them for later in the week. Do we know how to answer these questions?

Session conclusion:

Teenage pregnancy often affects the education and employment opportunities of the mother if she is still at school by putting an end to her formal education.

She may also face additional social and economic problems such as family rejection and unemployment because of her lack of qualification or age limitations.

Pregnancy at a young age (below 18) increases health risks for both the mother and the baby.

- The young woman's bone structure may not be fully developed increasing the risk of complications at birth or even increasing the risk of the mother dying.
- If the young woman is still growing, pregnancy may rob her body of nutrients which are needed to complete her growth.
- The baby may also be under- nourished or be born dead.

3. Ask each group to take turns asking the person in the middle an open question and a closed question relating to the same issue..As soon as the person makes it to the middle, give the opposing group 2 minutes at the most to first ask a closed question, and then an appropriate open question. The answers given by the person in the middle will indicate whether the question asked is a closed or open question.

4. When a group asks both the open question and closed question appropriately, give that group a point on the board.

5. If the group are not sure if the question is open or closed ask the person to start answering the question. If the response is yes, no or a one word answer, then it is clear that it is a closed question. The group that gets to ten first wins the game.

6. To conclude this activity, tell the participants that they are to be careful not to over-use the technique of open questioning. It is important to remember that when they are talking to someone about their problems the most important thing they can do is listen and reflect. When you use open questions the person will have to think to answer. A good question may cause the person to think about their situation differently.

Session 8: Life skill – decision making

Session outcomes: Participants can...

- develop and demonstrate decision making strategies and skills

Time: 1 hour

Organisation: Individual, threes, mixed sex and mixed teachers and students

Resources: Decision making case study cards, decision making questions on butcher paper ready to display

Key concepts

- Everyone regardless of who they are make some kind of decision or decisions everyday of their lives.
- The decisions that an individual makes can be minor such as deciding what to have for breakfast; or major and may have a very large critical impact on someone's life like deciding who to marry.
- Young people are normally faced with situations where they have to make critical decisions that may influence their lives and their well being in the long run.
- Young people must know the consequences of the decisions they will make before they actually make the decisions.
- Knowing how, when and what decisions to make is also a very important life skill that all young people need to possess and master so they are able to make wise and responsible decisions that may affect their lives.

Activity 1:

1. In pairs ask participants to brainstorm important decisions that young men and women

or:

Have you discussed this problem with anyone?

How would you feel if people you trusted knew about this problem?

3. Ask the participants what they think about these two different questions which relate to the same issue? What are different about the types of responses given to these two different types of questions?

In the two examples, the first questions had/ required answers that were either a ‘Yes’ or a ‘No’. The second questions for both examples, required responses that were more extended and required the person to answer in more detail.

4. Provide definitions for ‘closed’ questions and ‘open’ questions

Closed questions:

- lead to short, specific answers.
- The answer to a closed question is normally a one word answer such as yes, no or a number. For example “how many brothers and sisters do you have?” or “have you spoken to a counsellor before?”
- These type of questions close down the opportunity for the other person to give more information.

Open questions:

- lead to much more information in the answer.
- The answer to an open question is more than one word and gets the person to speak in as much detail as they like. For example, “Can you tell me about your family?”
- This type of question gives the person the chance to give as much information as they want to.

5. Ask mixed groups of 4, ask the participants to turn these closed questions into open questions:

- Would you like me to talk to your boyfriend for you?
- Was your girlfriend having sex with other men?
- Do you get upset when your boyfriend/girlfriend forces you to touch him?
- Do you know about HIV/AIDS?
- Have you ever drunk home brew?
- Do you talk with anyone about your problems?
- Do you wish you’d used a condom?

6. The open questions should be questions where the answers have to be more than a yes or a no. Ask them which ones were easy and which were not.

Activity 4:

1. Tell the group that they are going to play a game to help them practice using open questions. Each group will get a turn to have someone represent their group in the middle.
2. Divide the group into two groups and put two columns on the board so that you can keep a score for each group.

Blame is often given to young girls for falling pregnant but most times, these young girls are not given correct information about reproductive and sexual issues nor provided the opportunity to develop skills to negotiate their way out of risky situations in the first place. Peer educators must be good sources of advice on delaying sex and delaying/preventing pregnancy.

Parenthood is best in a safe, healthy, stable, faithful and loving marriage. It is best when planned. Having too many children can damage your health, your marriage, your environment and your finances. Parenthood and family planning is a special responsibility.

There are many rumours and myths about contraception in PNG. It is important that all young people have accurate information about family planning so they can make a responsible decision. Making a choice for family planning is every individual’s right.

Session 5: Rape, abuse and harassment

Session outcomes: Participants can...

- describe the key messages about rape and sexual abuse
- identify the parts of the body that are considered private and sensitive
- define rape, sexual harassment and sexual abuse and develop strategies for dealing with peers affected by rape, abuse or harassment

Time: 1 hour 30 mins

Organisation: Individual, same sex pairs

Resources: Rape Quiz worksheet in the Resource Book (or on handouts)

This is a sensitive subject and trainers must bear in mind that some participants may have been affected by rape or abuse. Remind all participants they can speak to you privately and that support services exist. Also remind all participants of the ground rules, especially those about confidentiality.

Key concepts

- Rape refers to forced sexual activities with a person against their will and consent. It can happen between anyone of any age and usually is a physical display of someone’s poor relationship with the members of the victim’s sex.
- Sexual harassment is when a person is being forced into sexual intimacy that they do not want to be involved in. This could be in the form of continuous phone calls, flashing or exposing, or several sex acts, dirty talk or letters.
- Sexual abuse is when someone in a position of responsibility (teacher, parent, pastor, clan leader, politician etc) uses their power, knowledge, and experience to manipulate or exploit another person for sexual pleasure. These acts are usually physical, like raping a child for example.
- Rape is against the law of this country and therefore should not be tolerated by anyone.
- Rape can be avoided if individuals learn to be more aware of their own movements and

environment as well as those of the people around them.

- Besides being aware of one’s environment, individuals can learn to identify when they might be in some kind of risk by the type of touches they receive from someone.
- There are three types of touches; nurturing, exploitive and confusing touches.
- Nurturing touches make one feel good while on the other hand exploitive touches are straight forward defined as bad.
- Confusing touches are those touches that one cannot be sure whether they are nurturing or exploitive, so if an individual receives this kind of touch, they are best to get away from the scene as soon as they can.

Activity 1:

1. Ask participants to individually complete the Rape Quiz below.

	FACTS ABOUT RAPE	TRUE	FALSE	I DON'T KNOW
1	Rape is forced sexual relations against a person's will.	√		
2	Rape is only common in the Highlands		√	
3	A husband can rape his wife	√		
4.	Most rapes occur between people who have met before	√		
5	The majority of rape victims are between 15 and 24 years of age.	√		
6	The majority of the rapists are between 15 and 24 years of age.	√		
7	Most rapes occur between people of the same race and similar social position		√	
8	Most rapes occur in urban areas.		√	
9	An estimated 50 percent of all rapes are never reported to the police.	√		
10	Rape takes place during daytime hours and often in victim's own home.		√	
11	Rapists plan ahead and choose women who seem likely victims'	√		
12	Rapists have poor social relationships with women.	√		
13	Sexual gratification is not the motivating factor in rape	√		
14	Rape is an expression of hostility, aggression, and dominance.	√		
15	All victims of rape, regardless of their previous sexual experience, report rape as a violent and dangerous attack upon them that deeply affects their lives.	√		

2. Correct the quiz together in the whole group (the answers are provided above).

3. Ask the participants to tell their peer what are the key messages from the quiz.

- *Rape is a very, very, very, very bad crime*
- *Rape is not the fault of the victim, it is always the fault of the rapist because they had the power to stop*
- *Rape takes place anywhere, anytime, and to anyone.*
- *Rapists and victims can be any age but young women are more vulnerable because of the low status of women and girls*

6. Keep this going while you (and other trainers) visit each group, listening to see if the participants are reflecting correctly.

7. Bring the group back together. Ask the group how they found practicing reflection. The group might say that reflection is harder than they thought, especially if there are complicated thoughts, feelings or facts in the statement.

8. Conclude the activity by telling them this:

If you reflect well, you show that you are listening and interested. Reflection helps both you and the person you are talking to in being clear about the facts and their feelings about the situation. It is a skill that needs practice and one which is valuable for peer educators.

C. Questioning

Key concepts

- Questioning during a conversation is an important skill that takes practice to perfect.
- The use of questions enables us to find out more about what the other person is telling or sharing with us.
- Questioning can either cause a person to tell us more, or result in the other person closing up and refusing to say anymore.
- There are two types of questions that one can ask to gain more information or insight into what someone is saying to us. Closed questions are those questions that illicit a one word answer (e.g: yes or no) which limits the listener in terms of obtaining more information.
- Open questions are those questions that enable the person talking to go into the details of what they are saying and therefore providing more information.

Activity 3:

Teachers Note:
If you are presenting the training in Tok Pisin, take care because open questions may translate as closed questions. This could also be true when open questions are translated to local language. Instead of asking the group to remember the way open questions are said in English, you can ask them to look at the aim of open questions. If people understand that the aim of open questions is to get more than a one word answer, then they should be able to ask questions in this way no matter what language they are using

1. Tell the participants that the skill that will be discussed in this particular activity is about the use questions when talking to someone. Using questions appropriately is a skill they will use sometimes besides listening and reflecting.

2. With another trainer, ask two questions (one closed, one open- ended) relating to the same thing.

e.g.:
Would you like the idea of your best friend being a homosexual?
How would you feel if your best friend was a homosexual?
or:

Listening is the most important thing we can do if someone needs help. Listening takes practice. It can also be hard work – we have to pay a lot of attention to what someone is saying and not interrupt or interpret the story our own way.

B. Reflecting

Key concepts

- Reflecting is another way we can show that we are interested and listening.
- When we are reflecting, we repeat back to the person what they have said, sometimes in a way that helps them to keep talking. Sometimes when people have a problem it can be hard for them to explain themselves clearly. So reflecting is a good way that you can help them be clear about what has happened and what they are feeling.
- Reflecting what a person is saying also tells them that you are listening carefully to what they are saying.
- Reflecting appropriately is a skill and follows on after one has listened well to what the other person has been saying.

Activity 2:

1. Ask the participants to quickly tell the person seated on their right what they think the definition of reflecting during a conversation means.
Reflecting is repeating back to the person talking what they have said in a different way without changing the meaning of what has been said to show that you are actively following their conversation.
2. Demonstrate reflecting with the other facilitator.
For example,

A: “I have not had yet sex unlike some of my friends who boast about it constantly. Sometimes I feel pressured to have sex just so I can be equal with my other friends.

B: “Sometimes you feel like you should have sex because your friends boast that they have already had sex.
3. Ask the group to get into pairs. Ask them to pick up something (a stone or leaf etc) that can be passed between 2 people. This is the “speaker’s baton”.
4. Ask one person in each pair to talk first, giving a short statement about themselves. Remind the group to speak about themselves and not ‘make up’ something. When they are speaking they hold the “speaker’s baton”. Suggest to the group that they start with simple statements. Then they can start adding more information.
5. Ask the other person to reflect what has been said. The first person should give the “baton” to the other person when they have reflected the statement correctly. Having the ‘baton’ shows it’s your turn to speak.

- Rape is a planned activity
- Many victims know their rapist
- Pack rape is very common in Papua New Guinea compared to neighbouring countries
- Most rape cases are not reported
- Rape damages the victim mentally, emotionally and physically and increases the chance of HIV and STI transmission
- Rape is a serious problem in PNG that men and women, fathers and mothers, leaders and teachers must do something about
- Some rapes can be avoided if we know how to avoid risk (e.g. avoid getting drunk, acting if you think someone is threatening)

Activity 2:

1. Place these definitions on the board (write on butcher paper before this activity).

When a person is being forced into sexual intimacy that she they do not want to be involved in. This could be in the form of continuous phone calls, flashing or exposing, or several sex acts, dirty talk or letters. – SEXUAL HARRASSMENT
When someone in a position of responsibility (teacher, parent, pastor, clan leader, politician etc) uses their power, knowledge, and experience to manipulate or exploit another person for sexual pleasure. These acts are usually physical, like raping a child.- SEXUAL ABUSE
Forced sex against a person’s will. This is usually physical. Victims are usually women. - RAPE

2. Ask participants to discuss with their peer which definition is for **rape**, **sexual abuse** and **sexual harassment** respectively.(See answers added above)

Activity 3:

1. In pairs, discuss whether ‘touching’ is good or bad. If good, in what ways? Likewise, if bad, in what ways?
2. Draw a Touch Continuum on the board.

Touch Continuum



3. Go through the following points based on the touch continuum:

- Touch is a way in which people communicate and show that they want to be close

- There are several types of touches: nurturing (good), exploitive (bad), and confusing. Know which ones are which
- We need nurturing touches to survive and feel good about ourselves.
- Everyone should be aware whether a touch administered to them is good or bad.
- If someone is touched in a way that they are unsure of, they should remove themselves from the situation or person.
- You have the right to control who touches your body, where they touch and how.
- Being tricked or trapped into sexual contact is a crime and morally wrong
- You can trust your feelings about touch and decide what kinds of touches are good for you.

4. Ask participants to work with a partner and complete these sentences:

I should try to get away and get help when I am touched....

I should try to get away and get help when someone looks...

I should try to get away and get help when the conversation or talk is...

5. Ask for feedback and remind participants of the key principles of healthy relationships.

Activity 4:

1. Peer educators and advisers need to know what to do if there is a report of abuse or rape. Ask participants to work with a partner to draw up some simple rules.
2. Collect feedback and discuss the rules. They should include these:
 - Do no harm. Do not be an abuser yourself and do not take the law into your own hands
 - Protect yourself e.g. teachers should never be alone in a room with a student
 - Seek help straight away from your adviser, counsellor, Dean, health worker, police officer or Head teacher. They are trained to help victims of abuse.
 - Tell the person you are going to seek help
 - You are not a counsellor – you are a supportive friend

Session conclusion:

Remind all participants that rape and abuse are criminal offences.
The Dept of Education has a zero tolerance attitude to abuse and all abusers and rapists will be reported to the Police. You have a right to be safe at school.

Some rapes, sexual harassment and sexual abuse can be prevented if we spot the early signs. We should watch how people look at us; how and where they touch us; and how and what they say when they talk to us. Looking, touching and talking are the basics of human communication. However, we must be aware that abusers can also use it too.

In the event of rape or pack rape female students must see a health worker as soon as possible. They may need anti-HIV medicines to prevent infection.

Body Language	Reflections on the content and what to say
Sit side by side and not face them squarely	Treat the other person's feelings as your own and communicate these to them
Maintain openness and relax	Respond to them without taking the focus away from them
Lean slightly towards the person to show complete presence and involvement	Do not jump to conclusions or provide advice too soon, if other person's feelings or thoughts have not all been expressed yet.
Maintain eye contact and look at the person with comfort and easiness	Give little responses and cues like "go on." or "yes..."

Activity 1: Option B: Story Circles

1. Arrange the group into mixed groups of 4.
2. Say you will begin a story and each small group will add to the story. The story will follow on with people taking turns with the story telling. Each person will have to add to the story.
3. Ask each group to decide who will be their first story teller and who will go next around the group.
4. Say that when you call "Next" the storyteller must stop in the middle of what they are saying and the next person must take over. The story may continue for some time so reinforce that people may get more than one turn. Tell the group not to stop until they are asked to.
5. When the groups are together, say "Once upon a time a small boy was playing in the garden. He heard a loud noise and turned around to find....." (or make up your own!).. After 1 minute call "Next!"
7. Continue until everyone has had at least two turns at storytelling
8. Ask the group what they learnt about listening from this game and conclude with the following points.

When people are listening to someone's story they are often thinking about what they are going to add next. In this game by the time it gets to your turn what you had thought of saying won't fit with the story anymore. This is like listening to someone when we are trying to help. We have to follow what the other person is saying without letting our minds race ahead planning the next thing we are going to say.

Responses and encouragement might include: nodding, facing the person, looking them in the eye, saying 'a-ha', or 'mmm', using facial expressions, or asking simple questions like 'can you tell me some more about that?'

- demonstrate active listening, reflecting and questioning skills appropriately

Time: 1 hour 30 mins

Organisation: Various

Resources: Listening questions on butcher paper, Questioning open/closed questions on butcher paper

Teachers Note:

There are three separate skills that will be covered in this training under 'communication'.

These are:

A. Listening B. Reflecting C. Questioning

A: Listening

Key concepts

- Listening is a skill that involves more than just lending an ear to someone talking. It is an activity that involves the whole body.
- Listening actively is a skill that all peer educators and peer education advisors need to develop and possess so that they are able to listen to their peers' problems and queries and be able to help effectively.

Activity 1: (Option A): Storytelling

1. According to the number of facilitators, divide the group accordingly. In the different groups, the facilitators will tell a story (*or more appropriately a made up problem, e.g.: being pregnant and not being married etc*) all the while watching the actions and reactions of the participants. Tell the participants to imagine that you are a peer of theirs.

2. Let everyone return to their seats and get all the facilitators to give a detailed feedback of the participants' reactions and actions as they were sharing their problems. Your list will include examples such as: *heads nodding, leaning forward slightly, asking questions to clarify some points* etc.

3. Now ask the participants to work with two individuals. One tells a personal story, the other listens actively and the third observes and points out the right body language and responses.

4. Ask them these questions at the end of that exercise.

- How did you find talking?
- How did you know your partner was listening?
- How did you find listening for the whole story?
- How did you show that you were listening?
- What other ways can you show that you are listening?
- How did the observer rate the listener?

5. On the board, with feedback from the participants, list all the necessary characteristics of active listening).

Schools should have zero tolerance for abusers – whether they are teachers or staff or staff family members. All abuse should be reported to the Police. You can ask teachers to explain the procedures and school policies at this point.

Session 6: Drugs and alcohol issues

Session outcomes: Participants can...

- identify and describe the effects marijuana, tobacco, betel nut and alcohol have on the human body.
- discuss and explain the social and economic 'consequences of alcohol and drug abuse on young people
- demonstrate skills for avoiding the risk of alcohol and drug abuse and develop strategies for peer educators to address these issues

Time: 1 hour

Organisation: Whole group, mixed groups of 4

Resources: Four large posters each showing a young man and a young woman(to be drawn up before session).

Key Concepts

- Drugs can be taken to treat or prevent illness, or to change the physical, emotional, and mental state of a person.
- Drug abuse is when drugs are taken for reasons other than that they are meant for.
- Drugs are of two types. Medicinal drugs are for curing or preventing sicknesses are given out in hospitals or pharmacies.
- Recreational drugs are for entertainment and fun and include alcohol, tobacco, coffee, betelnut and others.
- Some drugs are legal while other drugs are illegal.
- Illegal drugs fall into two categories. They can either be natural or synthetic (man – made).
- Alcohol is produced during a process called fermentation where yeast breaks down sugar for food and alcohol as a waste product.
- Young people engage in drug and alcohol abuse either for physical, or social reasons.
- Alcohol also has the same effects as drugs do on the human body.

Activity 1:

1. Remind participants of the confidentiality rule because some in the room may have experimented with drugs and alcohol. Many young people do. Peer educators are there to give accurate information about drugs and alcohol, act as role models and help their peers learn life skills to avoid risk. They are not police officers.

2. On the first poster write “Alcohol.” Get the participants to brainstorm the definition of the term and all the things that come to mind when they hear this term.

Drugs are:

- 1) chemical substances given to people to treat or prevent illness or disease
- 2) Substances taken into the body, apart from food and water that, changes the functions of the body physically, mentally and emotionally. This can even include the appearance of the person

Then ask participants to call out the effects of alcohol on the human body which a facilitator can note on the poster.

Make sure these include:

Loss of judgement, loss of coordination, depression, excitement, loud voice, aggression, risk taking, headache, increased confidence, slurred words, dehydration, weight gain, liver damage, risk of vomiting, unconsciousness and death from drinking too much/too quickly, buzz, losing money

3. On the next poster write “Betelnut”. Then ask participants to call out the effects of chewing buai on the human body which a facilitator can note on the poster.

Make sure these include:

Stained teeth, stained clothes, lethargy, dizziness, lack of appetite, mouth cancer, loss of teeth, buzz, social links and sharing, loss of money.

4. On the next poster write “Tobacco”. Then ask participants to call out the effects of smoking tobacco on the human body which a facilitator can note on the poster.

Make sure these include:

light headed, buzz, bad smell on clothes, bad smell on breath, yellow teeth and fingure tips, nicotine is additive (hard to give up), lung damage, leading to lung cancer, heart damage, short of breath, lack of fitness, losing money, socisl links and sharing, wrinkle skin.

5. On the final poster write “Marijuana”. Then ask participants to call out the effects of smoking marijuana on the human body which a facilitator can scribe down

Make sure these include:

Spaced out feeling/stoned, relaxed or excited, hunger, loss of self control, mild hallucination, lack of coordination, damage to brain, damage from smoke to lungs and heart (risk of cancer), short of breath, lack of fitness, losing money, illegal.

. Ask participants of any other drugs they know. Most are not found or used in PNG. E.g. Cocaine and crack cocaine, methamphetamine or ice, heroin, LSD, ecstasy, petrol sniffing, paint or solvent sniffing and misuse of medical drugs like tranquilisers.

Activity 2:

1. In mixed sex and mixed teacher/student groups of 4, participants will do a **problem tree**

analysis. Each group should be given a butcher paper and different coloured markers. Get each group to draw a tree with wide spread roots, a trunk, at least five branches with 3 big hollow fruits per branch.

2. Get each group to write on the tree trunk the *problem* **Drug and alcohol abuse** and think about all the possible *causes* of the problem which they are to write on the roots of the tree. Why do young men and women take drugs and alcohol?

3. They should then think of the *consequences* of the problem and write these on the branches. What are consequences of using drugs and drinking alcohol.

4. For each major consequence branch, write *follow- on consequences* on the fruits on each branch.

5. After each group has done this, they need to discuss possible links between different branches and their fruits and use arrows to indicate links if there are any.

6. Ask 3 groups to present their problem tree analysis to the whole class.

7. Ask participants in their same groups to discuss the following points.

- What would be some of the possible strategies and interventions to solve or reduce the problem
- What life skills do young men and women need to avoid risk from alcohol and drugs and pressure from peers?
- Where on your problem tree would peer education be an appropriate strategy to help young people address the problem of drugs and alcohol abuse?

8. Remind all the participants that they can write questions about drugs and alcohol for the Question Box/Wall

Session conclusion:

Many young people take drugs or drink alcohol because they either want to look ‘cool’ or because their friends are doing it (peer influence). Others like take drugs or drink alcohol to escape from problems affecting them. Running away from problems does not make the problems go away, however. Young people also experiment with many things in their lives (their clothes, their sexuality, their friends). This is common.

To deal with the issue of drug abuse, young people need to develop skills to resist peer pressure and good problem solving and decision making skills. What can peer educators to prevent or lessen the risk?

Session 7: Life skill - Communication

Session outcomes: Participants can...