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## How to use this resource booklet

This booklet is designed to protect you and to help you teach and train your colleagues and students about HIV/AIDS and STIs. It includes lots of accurate information, self study tasks and activities you could use in your training and teaching. It is written by PNG teachers. It reflects the priorities and policies of the Department of Education. **It can be copied for all teachers and community members.**

## ***What a teacher needs to teach these topics successfully...***

You need to be...

- A good role model who is comfortable with your own sexuality and values
- Knowledgeable about the topic, the Syllabus and Teacher Guides, life skills and gender issues
- Passionate about teaching the topic and helping young people avoid risk
- Someone who is caring, open minded and has a sense of humour
- Confident in using the correct terms (e.g. penis, vagina, sexuality, orgasm)
- Creative and imaginative in your planning and teaching – using student centred strategies rather than lecturing
- Sensitive to the community, churches and the needs of the young people

These qualities are **essential** for teaching the learning outcomes on reproductive health, sexuality, HIV/AIDS and STIs.

## ***Common worries about reproductive health and HIV/AIDS education...***

**“It will encourage children to have sex”**

**Self study:** *How would you respond to this statement as a teacher? Reflect on your answers.*

**Self study:** *Survey the views of local people near your school. Which are the common statements people make about reproductive health education? Do men and women make the same statements?*

Effective, open and honest education encourages young people to behave responsibly. Behaviour change is about life skills – staying safe, avoiding risk, resisting pressure and helping their community. It is not just about how to have sex. The aim is to change behaviour. Research has shown repeatedly that good quality reproductive health education delays the time of first sex and makes young people more responsible and more likely to avoid risky situations.

Education is the **“social vaccine”** to the HIV epidemic...if you learn about HIV/AIDS, safer sex, responsible sexual behaviour and sexual health you are much less likely to be at risk.

**“They don’t need to know until they are grown up”**

**Self study:** *How would you respond to this statement as a teacher? Reflect on your answers.*

It is too late by then. They could already have been at risk of HIV or unplanned pregnancy or abuse. Young people are curious about sex and have often seen people and animals having sex. It is better they learn the accurate facts from a trustworthy source! They have to learn about reproductive health before they start having sex just like they will need to learn about puberty before this happens. Life skills help young people prepare and keep themselves safe. Where are young people learning about these topics in your community?

A good answer is always: **“If you think education is dangerous, try ignorance”**

## **Organising your class**

**“Group rules are essential when teaching about sex and sexual health”**

**Self study:** *List the rules you think would be good for a class about to start learning about reproductive health and HIV/AIDS (for example, “Listen to what others are saying”)*

**“Some sessions are best taught to single sex groups”**

**Self study:** *Brainstorm some topics that might be best taught in same sex groups (i.e. a male teacher teaching just male students for that lesson). Why is it important that young men and young women get the same content?*

## **Common concerns for teachers in PNG**

“I feel ashamed to talk to the students about sex”

“If I make a mistake the students might do something dangerous”

“The community won’t let me teach about sexual health and HIV/AIDS”

“I am not married – students won’t listen to my advice”

“I am only comfortable teaching girls”

“Some of the words I have to use are taboo in my culture”

“I’m not confident in planning the new Syllabus yet”

“My Church won’t let me teach this subject”

“My students are embarrassed when I teach about sex”

“Parents don’t understand the importance of teaching about reproductive health”

“I am too young to be teaching this”

“The students are too young to be learning about sex”

“If I teach them about sex, they might go out and have sex”

“I don’t have any resources”

“There isn’t a gender balance in the classroom – the girls feel ashamed”

**Self study:** *Look at the list of common problems for teachers. Choose one problem and discuss it with a colleague. Why is it a problem? What could you do about it?*

Teaching about HIV/AIDS & STIs can be challenging but it is vital for our nation and the future health of the young men and women in your class. These support materials will help you become confident, skilled and prepared for teaching life skills.

## **What are life skills?**

Life skills are skills that help keep us safe, happy and help us develop as human beings. There are many life skills and the teaching of them continues throughout

primary school. Many skills are also learnt in community and family life, traditionally or through church.

### **Young men and women who lack life skills are at risk.**

E.g. If a young woman has low self esteem she might feel she has to have sex with her boyfriend to keep him loving her.

E.g. If a young man has poor decision making skills he might find himself in a situation where he is expected to drink home brew with his friends.

E.g. If a married couple have poor communication and empathy skills they will not be able to discuss sex openly and find out the needs of their partner. A poor sexual relationship could be harmful to a marriage.

**Self study:** *Think of other risks caused by poor life skills. Write three more sentences as examples for your class.*

### **Key social life skills**

#### **Relationship life skills**

Communication  
Conflict resolution & managing emotions  
Assertiveness & resisting pressure (saying “no” without being rude or weak)  
Decision making, problem solving & critical thinking (what is really going on in a situation and what is the best choice of action)  
Empathy (imagining how other people feel) & caring  
Peer education & leadership  
Negotiating safer sex

#### **Personal life skills**

Values & morals  
Self awareness, self esteem (a positive view of yourself) & self confidence (a realistic belief in your own decisions)  
Goal setting & forward planning (being prepared)  
Research (being able to know where to find more information)

### **Key practical life skills**

Correct use of male and female condom  
Basic literacy  
Basic numeracy  
Financial management

There are many teaching and learning strategies for helping young people develop life skills, both practical and social. Life skills lead to personal development and a healthier lifestyle.

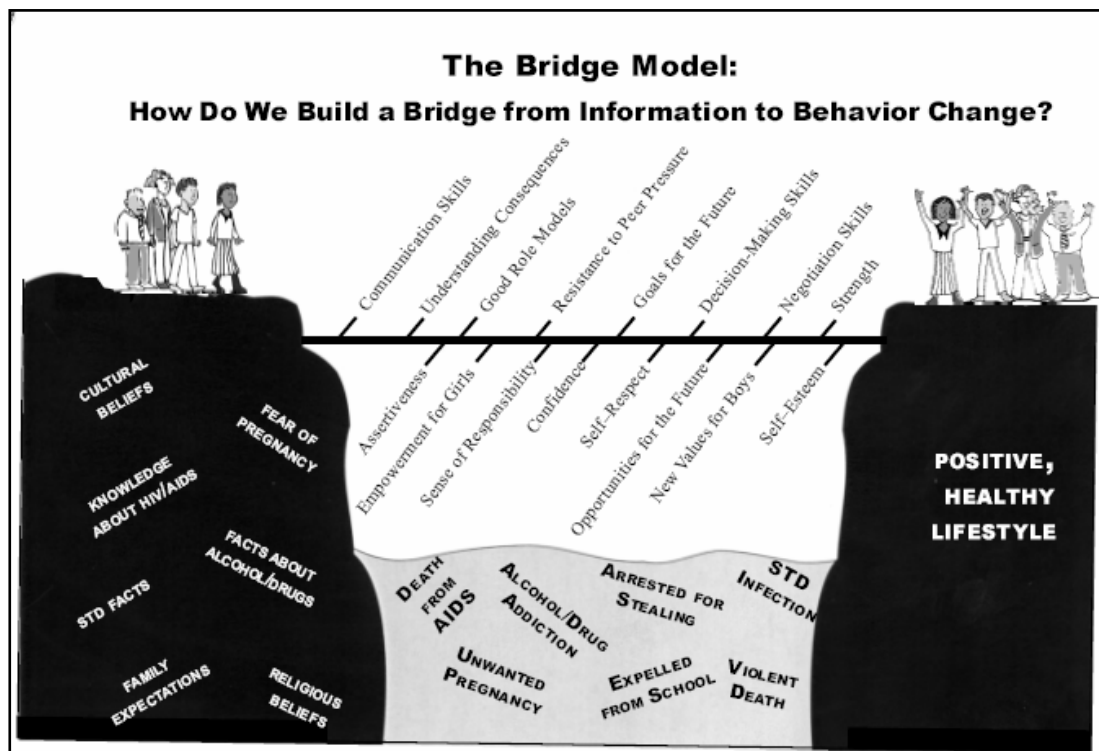


Figure 1 Bridge Model (Peace Corps, 2001)

**Self study:** With a partner think about these skills. Are there any others you think young people need to learn? Add them to the table.

## Topic 1: Sexually Transmitted Infections (STIs)

The letters STI stand for Sexually Transmitted Infection. An STI is a germ that is passed from an infected person who has an STI during unprotected sexual intercourse. The most common STIs in PNG are gonorrhoea, chlamydia, donovanosis, syphilis, thrush, genital herpes and HIV.

Previously STIs were called **venereal disease (VD)** or **sexually transmitted disease (STD)**.

### 1.1 Why is it important to teach young people about STIs?

- PNG has a very high rate of STIs (the highest in the Pacific)
- STIs increase the risk of being infected with HIV
- STIs can lead to permanent damage to their reproductive organs (e.g. Pelvic Inflammatory Disease or PID in women) and infertility
- Many STIs can be easily detected and treated
- STIs are an indicator of unprotected sex
- STIs can lead to domestic violence and damage relationships
- Many people do not know the signs and symptoms and causes of STIs

**Anyone with an untreated STI has an increased risk of being infected with HIV. Why?**

- Any sore on the genitals acts as a “doorway” for HIV to pass into the body
- White blood cells are found in large numbers at the site of the infection and HIV infects white blood cells
- Getting an STI is a sign you have had unprotected sex and your sexual partner also had unprotected sex with someone else

**If you think you have an STI, you must get treated. Then your sexual partner must also be tested and treated.**

**If you have an STI, you and your partner must change your sexual behaviour.**

### 1.2 Symptoms and Treatments for STIs

Infection	Symptoms in women	Symptoms in men	Treatment
<b>Syphilis</b> (bacteria)	Painless sore on the genitals, a rash on the palms and feet. If untreated can lead to heart, liver and brain damage and death		Cured with antibiotics
<b>PID</b> (pelvic inflammatory disease – can be caused by an untreated STI) (bacteria)	Lower abdominal pain, pain during sex, heavier periods and bleeding, fever, if untreated can lead to infertility	Swelling of the testes and prostrate; if untreated can lead to infertility	Cured with antibiotics
<b>Gonorrhoea</b> (bacteria)	Almost no symptoms can lead to PID and/or infertility if untreated	Heavy pus-like discharge and pain when urinating; can lead to infertility	Cured with antibiotics
<b>Chlamydia</b> (bacteria)	Usually no symptoms - increased vaginal discharge or irritation during urination, irregular	May have no symptoms. Sometimes pain during urination and discharge from penis. May lead to	Cured with antibiotics

	bleeding; can lead to PID, ectopic pregnancy and/or infertility if untreated	infertility	
<b>Donovanosis</b> (bacteria)	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.		Cured with antibiotics
<b>Gardenerella</b> (bacterial vaginosis)	Grey/green discharge, smelly, itchy	Not found in men	Cured with antibiotics
<b>Trichomoniasis</b> (protozoan)	Frothy discharge with an unpleasant smell and/or inflamed vagina and itchiness	Usually no symptoms	Cured with medicine
<b>Thrush</b> (candida) (fungus)	Creamy thick discharge, smelly, itchy and inflamed vagina. <b>Can also be caused by stress, poor genital hygiene or by using antibiotics</b>	Itchy rash on penis or anus. Can be found in mouth and throat	Anti fungal creams and other natural options
<b>Genital herpes</b> (virus)	Painful tingling and/or itchy blisters on the genitals. Flu like symptoms.		Clears up by itself but virus remains in the body and can reappear later
<b>Genital warts</b> (Human Papilloma Virus)	Tiny painless lumps (cauliflower like) around vagina, penis or anus. Sometimes no symptoms. Linked to cervical cancer.		Treated with freezing or special paint. Virus remains in the body and can reappear later
<b>Hepatitis A</b> (virus)	Fever, tiredness, yellow skin and eyes. Transmitted from anus on fingers, tongue or penis. Easily spread. Usually clears up by itself in 2 months; rare cases have severe liver damage		Vaccine available.
<b>Hepatitis B</b> (virus)	Can cause fever, tiredness and yellow skin and eyes. Can lead to liver failure. Usually clears up but some people remain carriers		Vaccine available.
<b>HIV</b> (Human Immunodeficiency Virus)	Infected people show no symptoms for many years (may have flu-like symptoms shortly after infection). Lifelong damage to immune system and AIDS conditions begin between 1 and 20 years after infection (infections like diarrhoea, TB and pneumonia and cancers)		No vaccine or cure. Anti retro viral drugs keep people healthier for longer as does a healthy lifestyle.
<b>Scabies</b> (parasite)	Itchiness in pubic area and warm parts of the body (armpits, behind knees). Tiny mites that burrow under the skin		Curable with special medical shampoos
<b>Pubic lice</b> (parasite)	Pinhead sized lice which can be seen in pubic hair and cause itchiness		Curable with special medical shampoos



**Self study:** How would you teach about STIs to young people? How would you make the activities student centred?

**Self study:** Gender and STIs. Think about men and women and the effects of STIs on them. What are the gender issues linked to STIs?

E.g. Women who get infected are too scared to tell their husbands because he might blame them; blame for infertility falls on women more than men

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## Topic 2: Facts about HIV/AIDS

### 2.1 What is HIV?

HIV stands for **H**uman **I**mmunodeficiency **V**irus.

**Human** – because the virus causes disease only in people.

**Immunodeficiency** – because the immune system, which normally protects a person from disease, is damaged by this virus.

**Virus** – because like all viruses, HIV is a small organism that infects living things and uses them to make copies of itself.

HIV is a virus that attacks the body's immune system. People can be infected with HIV for many years and look and feel healthy. You cannot tell if someone is infected with HIV just by looking at them. That is why the HIV epidemic is so dangerous. Most people in PNG who are living with HIV do not know they are infected with the virus and continue to pass it on.

**HIV is the virus that leads to AIDS. There is no cure for HIV.**

### 2.2 What is AIDS?

AIDS stands for **A**cquired **I**mmunodeficiency **S**yndrome.

**Acquired** – because it is something that is introduced to the body.

**Immuno** – because it affects the immune system.

**Deficiency** – because it weakens the immune system.

**Syndrome** – because it makes people become sick with a group of illnesses (opportunistic infections).

AIDS refers to the group of diseases that an HIV-infected person becomes sick with when their immune system is damaged by HIV. Over time, the body's immune system is no longer able to defend the body from infections and illnesses such as TB, pneumonia, fever, diarrhoea and sores that won't heal. This group of illnesses that occur when the body's immune system is weakened by HIV infection is called AIDS.

These infections are called **opportunistic infections** because they take advantage of the weakened immune system.

The symptoms of AIDS are like the symptoms of other illnesses (rapid weight loss, persistent cough, persistent diarrhoea, fatigue, fever and sores that won't heal) so the only way to know if you or anybody else is infected with HIV is to have an HIV blood test.

**Remember:** HIV is the germ that leads to AIDS. You can have HIV and not have AIDS. You can live for many years with HIV and look and feel healthy. AIDS is when HIV has worn down your immune system and other illnesses attack you.

**HIV and AIDS are not the same thing.**

## ***2.3 Where did HIV come from?***

Viruses like HIV have existed for a long time. Other animals also have HIV-like viruses. Scientists believe HIV came from chimpanzees in Cameroon in Africa and crossed over into humans in the 1930's. When hunters killed chimpanzees for food they were infected from the animal's blood. **HIV was not man-made** and was in the human population for a long time before anyone recognized it (people with HIV have no symptoms for several years and die of other diseases like TB). Only when HIV had infected many people in the USA was it recognized. HIV has evolved to infect and kill humans. Although HIV came to PNG from other countries about 20 years ago, it is now found in all areas of the country.

## ***2.4 How are people infected by HIV?***

### **i. Unprotected sex**

This is the most common method of transmission (HIV is a sexually transmitted infection). HIV positive blood, semen or vaginal fluid enters the bloodstream of another person during **unprotected vaginal or anal sex**. This is through tiny, unseen tears on skin of the vagina, penis or anus. Having another STI greatly increases your chance of contracting HIV.

### **ii. Parent to child transmission**

An HIV-positive mother can pass the virus to her baby during pregnancy, labour and delivery and through breast feeding.

Without treatment around 15-30% of babies born to HIV positive mothers will become infected with HIV during pregnancy and delivery. HIV is also transmitted by breast milk. So, if a mother breastfeeds the risk of the baby being infected by HIV increases to 30-45% (UNAIDS). **However an HIV positive mother can reduce these risks.**

Adults do not get HIV through breast milk.

### **iii. Blood to blood contact**

HIV-positive blood enters the bloodstream of another person. E.g. tattooing, scar cutting, injections using unsterilised needles, bloody fights etc.

## ***2.5 Which body fluids can transmit HIV?***

HIV can be transmitted by:

- Blood
- Semen
- Vaginal fluid
- Breast milk

When these bodily fluids enter your blood stream you can be infected by the HIV virus. This can happen through tiny unseen tears in the tissues of the vagina, anus or penis.

**Almost all the people who are infected by HIV in PNG are infected during unprotected vaginal or anal sex.**

## ***2.6 HIV is not transmitted by...***

HIV is **not** transmitted by saliva or spit, urine, sweat or faeces

It is also **not** transmitted by insect bites, hugging, shaking hands, sharing cutlery, sharing clothes or sheets, sharing a mosquito net, sorcery or spells or spirits, washing in the same river, sharing a toilet, sharing buai or kissing (unless the person has open bleeding sores in their mouth).

If the blood, semen, vaginal fluid or breast milk is dry then it is safe.

## ***2.7 How does HIV attack the body?***

Our **immune system** has **white blood cells** that recognize, remember and kill invading germs. HIV attacks, hijacks and destroys one special type of these white blood cells called CD4 cells.

CD4 white blood cells produce antibodies (chemical signals that tell other cells the body is under attack and to prepare to fight the invader). CD4 cells also identify what kind of germ is attacking the body. They control the immune system and these cells are attacked and eventually destroyed by HIV.

HIV invades the CD4 cell, hijacks the cell and forces it to make more HIV viruses. It doesn't kill all of these white blood cells at once though. It might take several years. In time the body's immune system gets weaker and weaker and other germs start to infect the person because the body cannot fight them. **When this happens it is called AIDS.**

People with HIV are killed by other diseases like TB, malaria, pneumonia and diarrhoea which your body might normally fight off. These are called **opportunistic infections**. HIV has badly damaged their immune system.

People who have been infected by HIV become **HIV-positive**. Except for a mild illness (fever, sore throat, rash, swollen glands) that people experience a few weeks after infection, most HIV-positive people have no symptoms for a long time. Only when the immune system starts to fail do symptoms appear – this is called AIDS. **Being HIV-positive does not mean you have AIDS.**

The most important point is that people who have HIV can look and feel perfectly healthy for many years. **You cannot tell someone is infected with HIV just by looking at them!** That is why an HIV epidemic is so dangerous – most people in PNG who are HIV-positive do not know they have the virus and continue to pass it on.

## ***2.8 What are the signs and symptoms of AIDS?***

AIDS is when the immune system cannot protect the body from other illnesses. People with AIDS are very sick and eventually die of these illnesses.

The signs and symptoms of AIDS include:

- Rapid weight loss
- Sores that won't heal
- Constant diarrhoea
- Oral thrush
- TB
- Constant fever
- Pneumonia
- Fatigue

The above signs and symptoms can also be caused by other diseases. Therefore the only way to know if a person has AIDS is to have an HIV blood test.

## ***2.9 How long does it take for HIV infection to lead to AIDS?***

There is no one straightforward answer. A lot depends on your health and strength of your immune system. Stress from stigma, poor diet and unhealthy lifestyle and environment weaken the immune system.

In the developing world on average an HIV positive person can live between 6-8 years before they get ill. But this might be less, especially if a person is sick or cannot get medicines.

It may also be longer. Some people have lived well over 10 years with the virus and not got sick. It is possible to fight the infection with Positive Living and medicines to strengthen your immune system.

## ***2.10 What words and phrases should we use and which ones to avoid?***

Now is a good time to introduce the importance of using the terms HIV and AIDS correctly.

For example:

- you say **HIV positive** not HIV/AIDS positive or AIDS positive
- you say that a person **gets HIV** not that a person gets AIDS
- you say that a person **has HIV** not that a person has AIDS unless they are very sick with the condition called AIDS
- you say that **someone dies from AIDS** not from HIV

You should also avoid certain phrases. Instead use positive messages. For example, **don't** use:

- "HIV/AIDS is a deadly disease/killer disease" because there are many deadly diseases like malaria and deadly lifestyles like smoking. Being HIV positive will shorten your life but you should still be able to live a long time and contribute to society.
  - "HIV victims." Instead say "People living with HIV"
  - "HIV plague". Instead say "HIV epidemic"
-

## Topic 3: HIV/AIDS Epidemic

HIV was first recorded by doctors in 1981 in gay men in USA. Since then it has spread to every country in the world. By 2006 HIV had infected 65,000,000 people and killed about 25 million. In 2007 over 6800 people were infected every single day. About 5700 people died every single day. It is a global **pandemic** (this means it is a disease that spreads over a whole country or across the whole world).

### 3.1 HIV/AIDS global pandemic

Papua New Guinea is not alone in facing an HIV **epidemic** (an epidemic is a large number of cases of a particular disease happening at the same time in a particular community). Throughout the world, millions of people are living with HIV and many more millions have been affected by the epidemic. We have a lot to learn from other countries that have faced very serious epidemics. Their experiences could help us to prevent HIV and care for those who have been infected and affected.

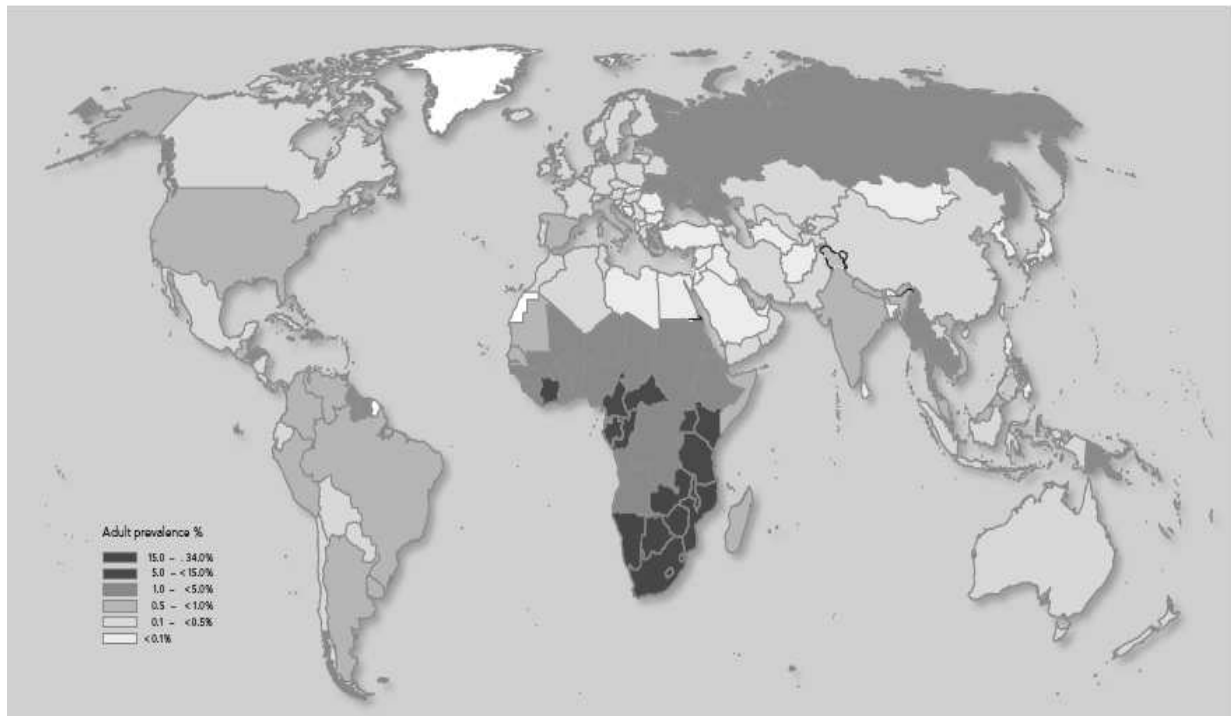
**In 2007 33 million people around the world are living with HIV/AIDS**

**In 2007 there were 2 million new HIV infections**

**In 2007 2.1 million people died of AIDS**

Some other facts about the HIV epidemic around the world:

- 95% (most) of all HIV infections occur in developing countries
- Africa is the global centre of the AIDS pandemic
- Sub-Saharan Africa is the region with the greatest burden of the HIV pandemic – two thirds of all new infections are in sub-Saharan Africa



Data: UNAIDS (2007) Map: UNAIDS (2006)

**Self Study:** Study the information above and classify the countries into these two categories, developed and developing countries.

1. Which category has the highest HIV/AIDS infections?
2. State reasons why that category has the highest number of infections.

### 3.2 HIV/AIDS statistics in PNG

PNG's HIV/AIDS epidemic is said to be the worst in the Pacific region. The first positive HIV blood test was in 1987 although the virus may have been in PNG before then.

It is difficult to know how many people are infected and most people who have the virus do not know they have it.

There were about 28,300 confirmed cases by blood test (September 2009, NDoH) and the best estimate of HIV infection is about 60,000 people (NACS, 2007). However very few people have been tested and many AIDS deaths have probably been recorded as TB, pneumonia or malaria. We still do not know the true size of the problem in PNG but it is definitely getting worse.

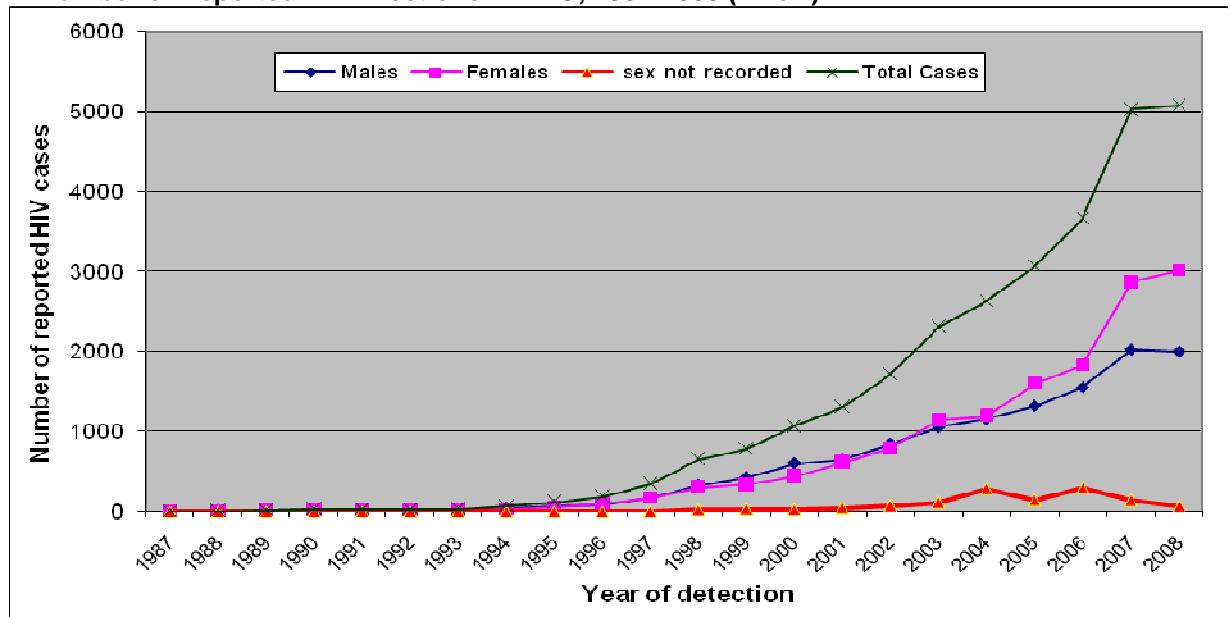
**Estimated people living with HIV/AIDS in PNG: 56,175**  
**Estimated AIDS deaths in PNG so far: 6000**  
**Estimated AIDS orphans in PNG: 3730**  
(NACS, 2007)

**Number of people on ART: 6,079 adults and 348 children**  
(NDoH, 2009)

**Estimated % of urban population HIV-positive: 1.38%**  
**Estimated % of rural population HIV-positive: 1.65%**  
**Estimated % of population HIV-positive: 1.28%**  
(NACS, 2007)

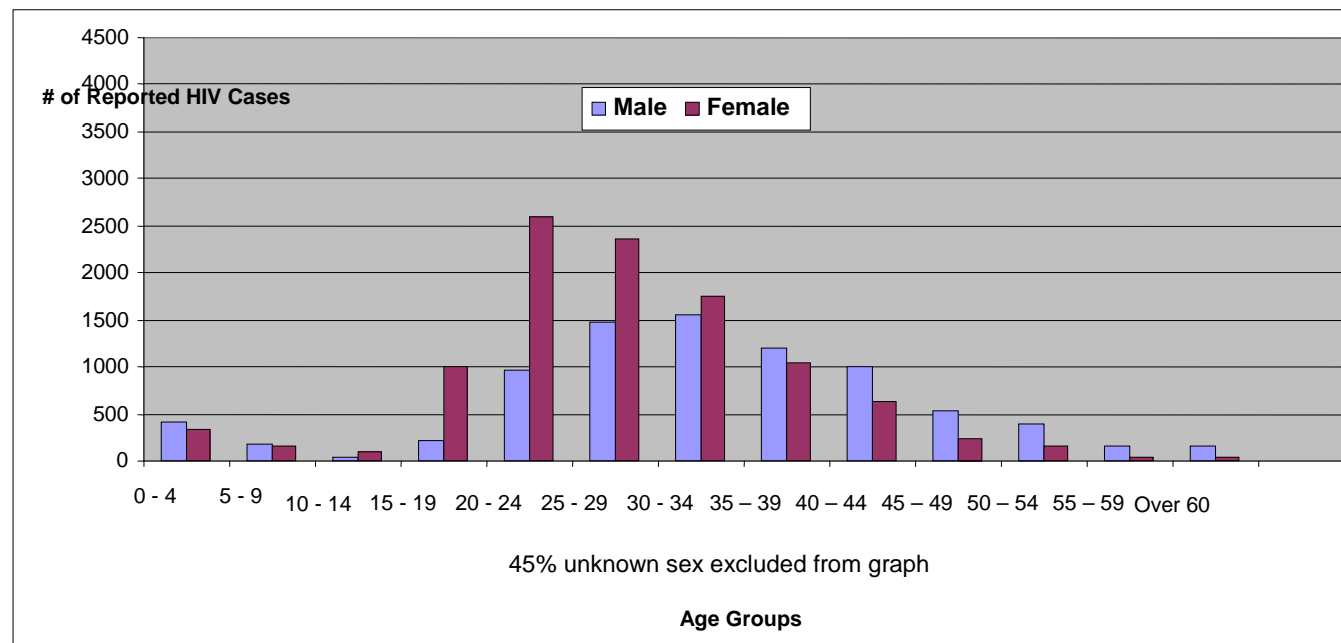
**Self study:** Over 85% of PNG's population live in rural areas. Look at the HIV estimation rates for urban and rural areas above. Why do you think the HIV rate is higher in rural areas around PNG? Think about **your own community**, can you list reasons why HIV would be more common in your village or rural community compared to your town or urban community?

**1: Number of Reported HIV Infections in PNG, 1987-2008 (NDoH)**





## 2. Who is infected? Age and Sex Distribution of Cumulative HIV Infections Reported in PNG, 1987-2008



**Self study:** Analyze the two graphs. What do you notice? What do they tell you about the epidemic in PNG? Are there any other factors which might influence these graphs?

### 3.3 Gender and the epidemic in PNG

The second graph shows that young women seem to be more vulnerable and more likely to be infected than young men. It also shows that older men are more likely to be infected. The sexually active and most productive generations are most likely to have HIV.

**Self study:** Why should young women and older men be more likely to test positive for HIV? Think about gender roles and power relationships as well as who is likely to be tested. Why are older men more vulnerable than older women?

**Self study:** Before you read the list's below think about yourself as a young woman or young man. Why do you think your gender makes you more vulnerable to HIV? Discuss this with a partner.

Young women are vulnerable to HIV/AIDS because of the following factors;

- i. They are sexually active
- ii. Some may not have completed their formal education and don't know much about HIV/AIDS or safe sex
- iii. Others have married young to older men who have power over them
- iv. Their vaginas are more susceptible to infection by HIV
- v. They have limited or no financial resources
- vi. Young women have higher chances of being raped
- vii. They become victims of violence and abuse
- viii. They are also vulnerable due to cultural factors such as compensation, polygamy etc.
- ix. They are also put under pressure to get married and have children early
- x. In many cultures women have to follow the man's instructions

Young men are also vulnerable to HIV due to these and other contributing factors;

- i. They are sexually active
- ii. They may give in to cultural and peer pressure to have lots of sexual partners
- iii. They may abuse alcohol and drugs
- iv. They also become victims of violence and poverty
- v. They are sometimes under pressure to get married early and pay bride price
- vi. Many young men have to travel for work or school

### 3.4 When did HIV come to PNG?

We don't know. Sometime in the mid 1980's would be probable. The first reported HIV antibody blood tests were in 1987.

We don't know who brought the virus here. Maybe it was a person who travelled overseas, had unsafe sex and got infected. We do know the virus has spread very rapidly since then. PNG now has an **HIV epidemic**. All age groups and all regions are affected.

### 3.5 Why is the HIV epidemic increasing in PNG?

**Self study:** Before you read this section, try and think of as many causes as possible. Note these down and then compare them to this list.

There are many reasons:

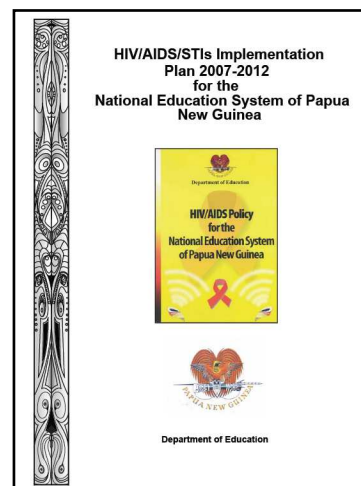
- **Poverty** – e.g. no money means no school fees, especially for girls; poor access to health care, malnutrition; sex work; mobile population (people move for work); illiteracy
- **Cultural taboos** e.g. not being able to talk openly about sexual health
- **Gender inequality** (bride price, women having no power to refuse sex with their husbands or ask to use a condom, women not inheriting land)
- **High levels of domestic and sexual 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 and 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 by HIV
- **Unfaithfulness in marriage**
- **Multiple sex partners**
- **Low condom use and opposition to condoms** means people don't protect themselves and others
- **Alcohol abuse** leads to risk taking and poor decision making
- **Mobility and Migration** greater access to rural villages through roads, people moving from traditional villages to urban cities

**Self study:** Add any missing root causes to the list and then select the five which you think are the main causes. Discuss these with your colleagues. Do they agree with you?

**Self study:** Which of these root causes to the epidemic may impact on you as a teacher?

### 3.6 How is PNG responding to the epidemic?

The Government, churches and local groups have responded to the threat of the epidemic in a number of ways.



- The HIV/AIDS Management and Prevention Act (HAMP Act), the National AIDS Council Secretariat (NACS) and Provincial AIDS Committees in every Province
- The Personal Development subject in all primary and secondary schools which teaches life skills
- The new TVET course on HIV/AIDS & STIs
- The Department of Education HIV/AIDS Policy and HIV/AIDS/STI Implementation Plan 2007-2012
- Many other projects, care centres, testing centres and initiatives.

All of these strategies are trying to change the sexual behaviour of people so they don't become infected by HIV.

**Self study:** What influences the epidemic in PNG? For **Traditional Culture, Modern Culture, Church teachings, Media and Economy** list the positive and negative influences each one has on the epidemic. E.g.

How Traditional Culture Affects the HIV Epidemic...	
Positive influences	Negative influences
<ul style="list-style-type: none"> <li>• Caring for sick wantoks and family</li> </ul>	<ul style="list-style-type: none"> <li>• Bride price means some women have no control over sex</li> </ul>

### 3.7 What will happen to PNG?

The impacts of HIV/AIDS on young people, families, schools and communities could be:

- An increase in deaths and sicknesses
- Economic pressure on families for funerals and health care
- Fewer workers in towns and villages
- Loss of students and teachers
- Young women and girls leaving schools to care for families and relatives
- Pressure on an already strained health care system such as shortage of drugs and bed spaces
- Increase the number of orphans (kids without fathers and mothers) which put pressure on communities and families

**Self study:** With a partner list possible impacts on PNG and sort them into economic, social and gender effects. Would there be any "positive" effects in your opinion?

**Self study:** Make a list of other impacts of HIV/AIDS on young people, families, schools and communities. Do any of these, or could any of these, impact on **you** personally? How?

**Gender issues:** Young women and girls traditionally care for the sick and will have to leave school to look after relative sick with AIDS. The burden of caring for family members sick with AIDS will drain family budgets and make it less likely families will pay for a girl's school fees. Men will be expected to earn more money to pay for health care and an increasing number of funerals. Pressure will fall onto families to adopt more orphaned children.

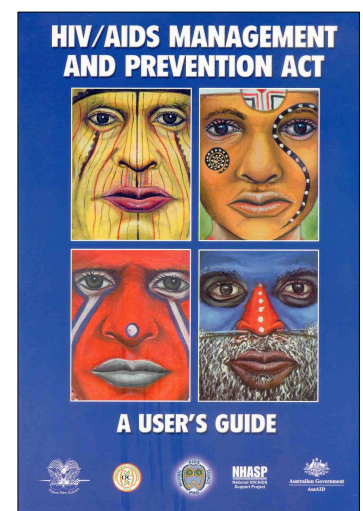
All these things have happened in other countries whose epidemics started like PNG and who have the same reasons for the rapid spread of HIV. In some countries 30% of the population is HIV-positive. PNG has just 2-3% (in 2006) but this is increasing.

All the debates we have in PNG (about night clubs, adultery, whether to promote condoms or not etc) have been had in other countries. Some have slowed their epidemics by helping young people learn life skills about sex and sexual abstinence, reducing their number of sexual partners, delaying time of first sexual experience and by promoting 100% condom use. In many countries the epidemic slows down when people see their friends and *wantoks* dying and **change their sexual behaviour**. By then it is too late. Therefore, we must all change our sexual behaviour. We will then protect ourselves and others.

### 3.8 The HAMP Act (HIV/AIDS Management and Prevention Act)

#### Background information

- Made law in June 2003, passed unanimously in Parliament by all MPs
- Based on human rights and Christian principles
- 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 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



#### Sections of the HAMP Act

##### 1. Discrimination (treating someone differently in a way that harms them).

It is against the law to...

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

*...refuse to employ a teacher because they are suspected of being HIV positive*

##### 2. Stigmatisation (do or say something to cause people to hate or ridicule people with HIV/AIDS).

It is against the law to...

*...give a speech saying HIV only attacks sinners*

*...accuse someone distributing condoms that they are spreading HIV*

*...saying people with HIV should be locked up*

##### 3. Right to protect yourself. It is against the law to...

*...refuse to teach approved curriculum materials on reproductive health or HIV/AIDS*

...refuse permission for HIV/AIDS awareness educators to talk to students  
 ...fail to provide equipment for dealing with blood spills in schools  
 ...fail to provide condoms and lubricant to staff and students (when they are old enough)

#### 4. HIV Testing

...must be voluntary testing and must be confidential  
 ...cannot be used to screen employees or students  
 ...you must tell your sexual partners if you are infected

#### 5. People who create a risk to others. People who know they are infected should...

...use a condom  
 ...inform sexual partners  
 ...inform people they will share a needle or tattooing instrument with

If you see the law being broken you have the right to make a complaint to the Police, the Ombudsman Commission and take civil action.

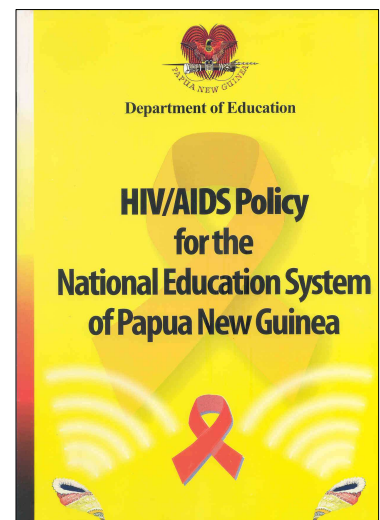
**Self study:** What do you think about this law? Why is it important for human rights? Do you think PNG needs the HAMP Act? Reflect on this in your note book.

**Self study:** As of 2006 no-one has yet been convicted or fined using the HAMP Act. Why not? Justify your reasons using your knowledge of PNG society and law and order problems.

### 3.9 HIV/AIDS Policy for the National Education System

#### Background information

- Launched on World AIDS Day, 1<sup>st</sup> December 2005
- Based on the National Strategic Plan on HIV/AIDS, human rights and the HAMP Act
- Written with wide consultation with stakeholders including the main churches and the National AIDS Council Secretariat
- Covers all parts of the Education system including agency schools
- 1,000,000 students, 35,000 teachers, 4,000 elementary schools, 3,300 primary schools, 170 secondary schools, 140 vocational schools, seven colleges and eight teachers colleges



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

### **Impacts of the epidemic on education**

- Teachers are vulnerable to infection because they have access to money and move around the country. A significant proportion may fall ill, die or need to care for family members.
- Many pupils may 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.

Schools and teachers in the national education system **must** follow this Policy.

### **Key sections for schools and teachers**

- Accurate HIV/AIDS information and materials should be available to all schools, institutions, teachers and students.
- All teachers will be trained in HIV/AIDS and sexual health matters
- Life skills training for students
- Peer education to be introduced
- Trained male and female counsellors should be available to all boarding students
- Flexible learning for students affected by HIV/AIDS
- Condoms are to be made available in the workplace for all teachers
- Condoms are to be made available to all boarding students
- Access to testing, counselling and treatment made through schools
- Community awareness must be conducted
- Students and teachers infected or affected must not be discriminated against

**Self study:** *Reflect on the HIV/AIDS Policy for Education. What are its strengths? Does it have any problems or weaknesses? How will you implement it when you are teaching? How would a primary school implement it?*

## **3.10 HIV/AIDS/STI Implementation Plan 2007-2012 and Guidance Posters**


The Department of Education has a national strategic plan for implementing the HIV/AIDS Policy which coordinates schools, Divisions and partners. There is a copy in all schools. There are also resource materials such as Guidance posters for each level of education. Find a copy of the Plan and examine the targets for each year.




HIV/AIDS and gender equity are important parts of your School Learning Improvement Plan.

**Self study:** *What would your school need to do to implement the HIV/AIDS Policy (2005)? Which are the highest priorities? What do they need to do first? Why?*



## Guidance for Primary Schools








### HIV/AIDS & Our Primary School


**What does our school need to do to implement the HIV/AIDS Policy?**

- ✶ Train all staff in HIV/AIDS/STIs for at least 2 days including planning & programming and life skills
- ✶ Give all staff the DoE HIV/AIDS/STI Resource Book
- ✶ All staff should read and discuss the HIV/AIDS Policy & HIV/AIDS/STI Implementation Plan 2007-2012
- ✶ Write HIV/AIDS activities & training into your School Learning Improvement Plan
- ✶ Have a First Aid kit (including bleach and latex gloves for cleaning up blood spills)
- ✶ Train your Board of Management and your P&C in the HIV/AIDS Policy, gender equity and basic HIV/AIDS/STI information
- ✶ Talk to your community about the Plan, the Policy & the syllabus. Discuss how to protect staff and students from HIV/AIDS and how will you teach it to your students. Lead community HIV/AIDS activities like World AIDS Day (1<sup>st</sup> December)


- ✶ Teach life skills and HIV/AIDS/STIs and reproductive health in Grade 5 Health and Grade 6-8 Personal Development. Demonstrate the correct use of male and female condom from Grade 5 along with how to resist pressure and say "no" to risky behaviour.
- ✶ Be a health promoting school. For example, are there separate toilets for boys and girls? Is there water and soap for washing and clean water for drinking? Are both girls and boys treated equally?
- ✶ Male and female condoms and lubricant must be available for all staff. Upper Primary students need to know where condoms are available in their community.
- ✶ Build links with your Church HIV/AIDS services, testing clinic, AIDS Committee, NGOs and community health workers
- ✶ Zero tolerance for teachers and students who abuse or harass others. Teachers must be role models for behaviour at all times.




**Learning about HIV/AIDS: our schools, our future, our responsibility**






**Department of Education**  
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## Guidance for Secondary Schools, Colleges and TVET institutions








### HIV/AIDS & Our Secondary School & College


**What do we need to do to implement the HIV/AIDS Policy?**

- ✶ Train all staff in HIV/AIDS/STIs for at least 2 days including planning & programming, life skills, counselling and care
- ✶ Give all staff the HIV/AIDS/STI Resource Book
- ✶ All staff should read and discuss the HIV/AIDS Policy & HIV/AIDS/STI Implementation Plan 2007-2012
- ✶ Write HIV/AIDS activities & training into your School Learning Improvement Plan
- ✶ Have a school First Aid kit (including bleach and latex gloves for cleaning up blood spills)
- ✶ Train your Board of Management, your P&C & your community in the HIV/AIDS Policy, gender equity and basic HIV/AIDS/STI information. Lead community activities on World AIDS Day (1<sup>st</sup> December)
- ✶ Trained male and female counsellors should be available for students. Male and female students should also have access to same sex health workers
- ✶ Teach life skills, HIV/AIDS/STIs and reproductive health in Personal Development or HIV/AIDS course. Demonstrate correct use of male and female condom along with how to resist pressure and say "no" to risky behaviour.

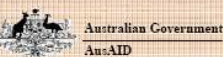
- ✶ Be a health promoting school. For example, are there decent clean dormitories with clean well maintained ablution blocks? Does the canteen provide nutritious healthy food? Is the institution safe for young men and young women?
- ✶ Male and female condoms and lubricant must be available for all staff and for all boarding students. They should be free and accessible. For example,
  - From your SRC, or
  - From a dispenser, or
  - At your school clinic, or
  - At a nearby health centre
- ✶ Build links with your Church HIV/AIDS services, testing clinic, Provincial AIDS Committee, NGOs and community health workers
- ✶ Students should be encouraged to be peer educators and raise awareness in the local community
- ✶ Fair, equal and firm behavioural rules should protect male and female students and encourage respect between genders
- ✶ Zero tolerance for teachers and students who abuse or harass others. Teachers must be role models for behaviour at all times.



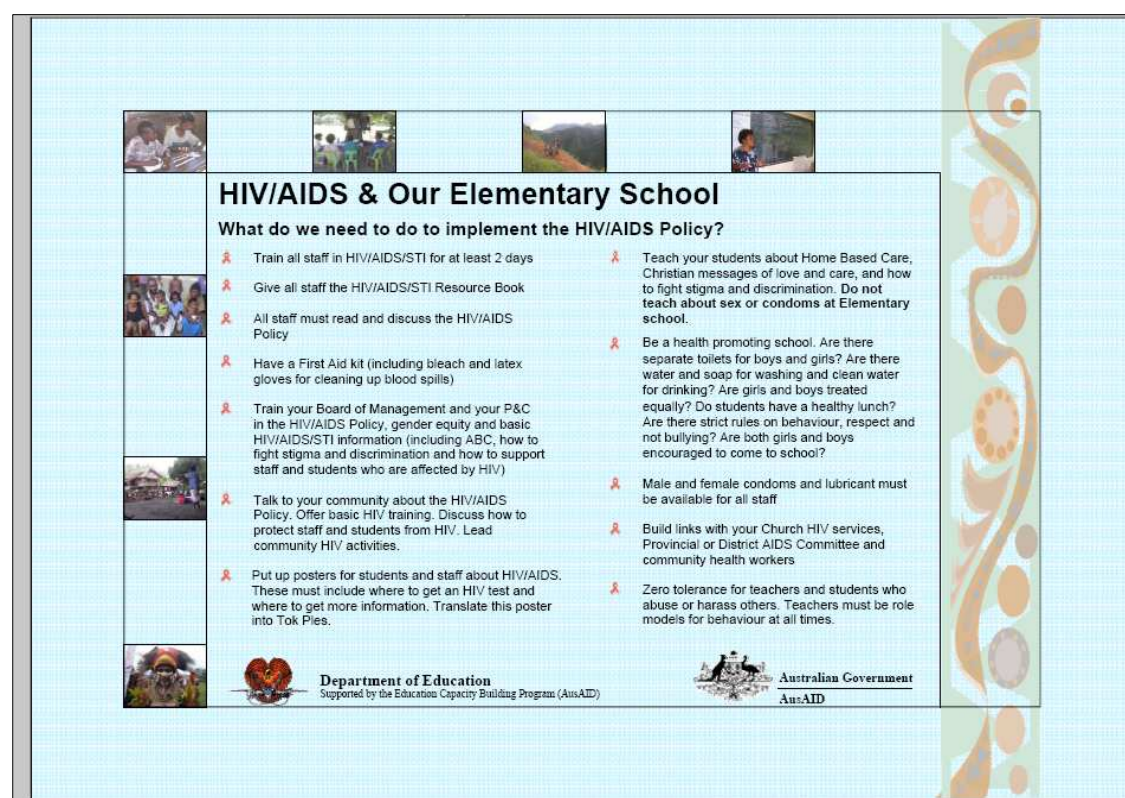
**Learning about HIV/AIDS: our schools, our future, our responsibility**



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## Guidance for Elementary Schools




### HIV/AIDS & Our Elementary School

**What do we need to do to implement the HIV/AIDS Policy?**

- Train all staff in HIV/AIDS/STI for at least 2 days
- Give all staff the HIV/AIDS/STI Resource Book
- All staff must read and discuss the HIV/AIDS Policy
- Have a First Aid kit (including bleach and latex gloves for cleaning up blood spills)
- Train your Board of Management and your P&C in the HIV/AIDS Policy, gender equity and basic HIV/AIDS/STI information (including ABC, how to fight stigma and discrimination and how to support staff and students who are affected by HIV)
- Talk to your community about the HIV/AIDS Policy. Offer basic HIV training. Discuss how to protect staff and students from HIV. Lead community HIV activities.
- Put up posters for students and staff about HIV/AIDS. These must include where to get an HIV test and where to get more information. Translate this poster into Tok Ples.
- Teach your students about Home Based Care, Christian messages of love and care, and how to fight stigma and discrimination. Do not teach about sex or condoms at Elementary school.
- Be a health promoting school. Are there separate toilets for boys and girls? Are there water and soap for washing and clean water for drinking? Are girls and boys treated equally? Do students have a healthy lunch? Are there strict rules on behaviour, respect and not bullying? Are both girls and boys encouraged to come to school?
- Male and female condoms and lubricant must be available for all staff
- Build links with your Church HIV services, Provincial or District AIDS Committee and community health workers
- Zero tolerance for teachers and students who abuse or harass others. Teachers must be role models for behaviour at all times.


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### 3.11 Agency policies

Church agencies have developed their own HIV/AIDS Policies to guide their workers. The Catholic and Anglican churches have both got excellent ones. If you teach in an agency school you should be able to find a copy of their policy.

**Self study:** Find a copy of your church HIV policy if they have one. Analyse the policy. What are the key values and behavioural messages? What will it mean to you when you are teaching?



## Topic 4: Prevention of HIV and STIs

### 4.1 Prevention of HIV and STIs

There are many ways of reducing the spread of HIV and other STIs in our communities, homes and schools. **HIV is a preventable disease.** The most important way of avoiding infection with HIV is **behaviour change**.

- Having fewer sexual partners
- Being faithful to your husband/wife (they need to be faithful to you too and you both need to be HIV negative so you will need an HIV blood test)
- Safer sex (using a condom every time you have sex or not having penetrative sex)
- Not having sex too young/getting married too young or for the wrong reasons
- Not having sex while drunk
- Not using sex workers
- Not raping women, forcing them to have sex or being a “sugar daddy” (an older man giving gifts to a younger woman in return for sex)
- Getting an HIV blood test and STI test

Other methods of prevention of HIV are:

- Only breastfeeding for the first 6 months (or until the baby starts eating mashed food)
- Sterilize blades and needles in boiling water or neat bleach when skin cutting or tattooing
- Avoid blood in fights and accidents
- A man who is fully circumcised (all the foreskin removed) has a lower risk of contracting HIV or passing on HIV during unprotected sex. He should still use a condom.
- Taking antiretroviral medicine if you are HIV positive reduces the chance of transmitting the virus (e.g. HIV-positive pregnant mothers should take ART)
- Rape victims can be given ART to prevent infection from the rapist. This is called **post-exposure prophylaxis (PEP)** and needs to be given as soon as possible after the rape.

Blood transfusions in PNG should be safe because the blood is screened.

### 4.2 ABCD

This is the Department’s message for changing people’s behaviour (and is also in the Personal Development Syllabus, HIV/AIDS Policy and Secretary’s Circular No. 42/2007).

**A = abstain from penetrative sex or abstain from sex before marriage or abstain from sex when you are away from your partner**

**B = both be faithful to your sexual partner and both get tested**

**C = use a condom correctly every time you have sex**

**D = delay the time of first sex (delay the time you lose your virginity)**

A and C are appropriate for many young people. Young women’s vaginas are not as strong, for example, and more likely to be damaged during sex.

B and C are appropriate for sexually active adults.

C is appropriate for all sexually active people.

D is also appropriate for many young people who are thinking of having sex for the first time.

The only method that is 100% safe is abstinence. However, most adults will have sex at some point in their lives. Male condoms are very effective (95-99% safe) if used correctly and consistently (all the time) and female condoms are 95% safe when used correctly and consistently. Being faithful to your partner relies on them being faithful to you.

**Sexually active people should use A and B and C**

**Self study:** *Reflect on your own life. Which ones will you use? Why?*

### **4.3 Safe sex**

Safe sex is either non-penetrative sex (e.g. masturbation, stroking, kissing) or sex with a condom (either a male or female condom). Always remind young people that abstinence is 100% safe.

**No risk behaviour** means there is no contact between your penis, anus or vagina and the other person's body fluids that transmit HIV (blood, semen, vaginal fluid, breast milk).

Abstinence from sex, holding hands, kissing, talking and hugging, masturbation and fingering all carry no risk of HIV transmission.

**Low risk behaviour** means that there is only a small chance of HIV transmission. There might be contact between body fluids but there will be a barrier or other reason why this is not likely to lead to HIV transmission.

Correctly using a condom every time you have sex and oral sex are low risk practices for HIV transmission.

Sex should always be responsible and safe. Sex should be in a loving relationship and should never feel uncomfortable or forced. Safe sex is a way of showing that you love your partner. Safe sex reduces the risk of HIV or STI transmission, reduces the risk of unplanned pregnancy, reduces the risk of worry or fear and reinforces the importance and value of sex. Low and no risk practices are safe sex methods.

Every couple should practice safe sex and be able to talk to each other confidently about how to have safe sex. Safe sex is a normal, natural and healthy part of a relationship. Not having safe sex could lead to problems in the relationship.

### **4.4 Unsafe sex and risky behaviour**

**Self study:** *Some sexual practices are more risky than others. Do you know which ones?*

Sort these sexual behaviours between:

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

- Masturbating yourself
- Anal sex without a condom
- Oral sex (sucking or licking the penis)

- Oral sex (licking the vagina or clitoris)
- Having sex too young
- Kissing
- Deep kissing (kissing with tongues)
- Masturbating with someone else
- 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 partner
- Sex within a cult
- Sex when one of the couple has an STI
- Sexual abuse/forced sex
- Polygamy
- Unprotected sex during a woman's period (menstruation)
- Unprotected sex if you or your partner has an STI
- The man is circumcised.

Are there any sexual behaviours missing? Add them to your sorting. You will also be asked to justify your answers. You must know the correct medically accurate facts for these behaviours even if you do not do them yourself.

Correct answers (for the risk of contracting HIV from a partner who is living with HIV):

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#### **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 and consistently; anal sex with a condom (this is more risky than vaginal sex with a condom)

#### **High risk of HIV transmission**

Vaginal sex without a condom; Having sex too young; Polygamy (multiple sexual partners); Unprotected sex during a woman's period

#### **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); circumcision only reduces the risk for the man but is only half as effective as condoms

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These sexual practices are more risky (and many are illegal):

- Unprotected sex with someone who has not had an HIV-test or is HIV-positive
- Anal sex without a condom
- Vaginal sex without a condom
- Any sex that makes someone bleed
- Unprotected sex with a sex worker

- Having lots of sexual partners
- Rape, gang rape or “line up”
- Forced sex (the vagina is not lubricated)
- Sex with a child or sex with a “sugar daddy”
- Sex when drunk or when high on drugs
- Unprotected sex if you or your partner has an untreated STI

If you do these you are at risk of catching HIV and/or an STI. The more times you do it the more likely you are to catch something. Some could also lead to unplanned pregnancy.

**Remember sex always has consequences.**

### **4.5 Risky times**

Personal Development asks young people to think about situations that could put them at risk. Some of these could include: harvest, disco, *singsing*, traveling away from home for the first time for work or school, pay Friday, being away from your husband and wife, being alone with your boyfriend/girlfriend, walking in an isolated area or drinking with friends.

**Self study:** *Make a list of risky times for men and risky times for women. Are they the same? Why are they different?*

### **4.6 Groups who are at risk**

- People with many sexual partners
- Women married to unfaithful men
- Men married to unfaithful women
- Young women who have much older boyfriends or husbands
- Young men in gangs or groups
- Men and women who drink heavily
- Men and women who live away from their family and partner
- Men and women who do not use condoms
- Men and women who are involved in polygamous marriages
- People with untreated STIs
- Men who use sex workers
- Men who have sex with men

Every sexually active person is at risk of HIV in an epidemic.

**The HIV epidemic in PNG is “generalized” – everyone who is sexually active is at risk.**

**Self study:** *Make a list of other high risk groups (e.g. teachers, truckers etc). Why are they at risk? How could they avoid risk? Do **you** fall into a high risk group?*

### **4.7 Abstinence**

Young people must be prepared to resist pressure to have sex too young. Older, married people must be able to resist the temptation to be unfaithful to their partner. The message should depend on the audience. Who would these apply to?

**Abstain** from sex before marriage

**Abstain** from sex when you are away from your husband/wife (e.g. for work)

**Abstain** from penetrative sex (vaginal/anal) – use a safe alternative like hugging, kissing or masturbation

Abstinence depends on **strong values, good decision making, high self esteem and strong assertiveness**. Clear religious messages about abstinence help young people. When teaching about reproductive health and life skills you must use student centred activities to prepare your students for risky situations (e.g. their boyfriend/girlfriend wants to have sex with them or an older man wants to give them a gift).

**Self study:** *What are the advantages and disadvantages of this approach to prevention?*

*E.g. The longer young women and men stay in school the less at risk they are from HIV and unplanned pregnancy; the older you are when you have sex the more knowledge you have about safe sex and the more assertive you can be*

**Self study:** *With a partner brainstorm at least five teaching strategies that could be used to promote good decision making about abstinence. Be prepared to share this with colleagues.*

## **4.8 Both being faithful and both being tested**

Faithfulness in marriage is very important to halt the spread of the virus. Married people are more likely to have HIV than single people in PNG. Many women are infected by unfaithful husbands.

**Self study:** *Why are married people sometimes unfaithful? List some of the situations that lead to unfaithfulness*

*E.g. Older man tempted by a younger woman; going to a party without your wife and drinking; traveling to town on your own; not having a healthy loving sex life with your partner; domestic violence*

Church teachings are very clear and strong on faithfulness in marriage. Although students in school are unlikely to be married this is still a life skill you should explore with them and with fellow teachers. It is also important that young people learn about marriage – the responsibilities, the choices and the need to choose to get married for the right reasons. Getting married to the wrong person or for the wrong reasons is very risky (e.g. marrying a partner who hits you or marrying for money). **Marriage should be between two people who love each other and care for each other.**

**Self study:** *What strategies could married people use to stay faithful? Discuss this with a small group and select the ones which you think would be the most effective.*

*E.g. Do everything together (going to town, working the garden); sharing roles (gender equality); finding privacy at least once a month to have a good healthy sex life; socializing together; asking for help from a pastor or another couple if you need guidance; marrying carefully and for the right reasons (i.e. love not for money)*

The epidemic in PNG will not be controlled until people change their sexual behaviour and are faithful. Being faithful to your partner does not protect you unless they are faithful to you.

#### **4.9 Condoms used correctly every time you have sex**

Condoms are an important issue for young people. This section aims to explore the debates and discussion about condoms and contains accurate facts about them.

**Self study:** What does the DoE HIV/AIDS Policy say about condoms? What do you think about this? Discuss your views with a same sex peer group.

There are male and female condoms. Female condoms are still sometimes difficult to find in PNG although that is changing. Male condoms are widely available. Condoms are free in PNG from health workers, PACs and NGOs. Used correctly male condoms are 95-98% safe and female condoms are 99% safe (they are made of a tougher material). HIV (like water, sperm, semen and vaginal fluid) cannot pass through a condom. There are no holes in condoms.

**Young people must be shown how to use them correctly and responsibly.**

#### **4.10 How effective are condoms?**

There is a large body of evidence that suggests being taught how to use condoms safely and responsibly does not make people more promiscuous and actually makes people's behaviour less risky. Used properly condoms are very effective in preventing the spread of HIV and STIs.

For example, in Thailand, the promotion by the government of 100% condom use by commercial sex workers led to a dramatic increase in the use of condoms (from 14% in 1990 to 94% in 1994) and equally dramatic decline in the nation-wide numbers of STI cases (from 410,406 cases to 27,362 cases).

**Self study:** If possible, use the internet and search for the HIV/AIDS country reports for Uganda, Thailand and Cambodia. You can also search for other examples of countries using the ABCD approach like PNG and Uganda.

The most convincing research on the effectiveness of condoms in preventing HIV infection has come from studies undertaken on couples where one partner is infected with HIV and the other is not. These studies show that, with **consistent** condom use, the HIV infection rate among uninfected partners was less than 1 percent per year.

**It is important to remember that condoms do not encourage people to have sex, are an effective protection against HIV and STI infection, and that they can be used by single or married people.**

#### **4.11 Why do people use condoms?**

Some reasons people use condoms include:

- Prevent transmission of HIV and STIs
- Protect themselves and their partners
- Because they are confident users and can talk about safe sex with their partner
- Because they have access to them
- For family planning
- Because they know about the risks and consequences of unsafe sex.



It can be very difficult to talk about condoms or other safer sex practices, but it is very important. Talk about safer sex before you have sex!

#### **4.12 Why do people not use condoms?**

Some people do not use condom because they...

- are embarrassed
- don't know how to use them properly
- don't have access to them
- don't know how effective they are
- have religious reasons
- lack negotiation skills and confidence in discussing safe sex
- do not understand the risks of unprotected sex
- trying to have children.

#### **4.13 How do condoms work?**

Condoms are a barrier – HIV, STIs and sperm cannot pass through the condom. There are no holes in condoms. Condoms prevent semen reaching the vagina or anus. Condoms prevent vaginal fluid touching the head of the penis.

Condom failure is rare and is usually caused by people not using them properly. This is why is it important for men and women to learn the correct way of using them.

#### **4.14 Why do condoms sometimes fail?**

- Couple do not know how to use them correctly
- Inexperienced lovers or hurried sex
- Lovers are drunk and make mistakes
- Man loses his erection and the male condom comes off inside the vagina or anus
- The condom is torn by nails, teeth or jewellery
- The vagina or anus is not lubricated enough for penetration (forced sex)
- The condom is old, damaged or out of date
- The condom is used more than once
- Two condoms are used at the same time

Using water based lubricant reduces the chance of the condom tearing and makes sex more pleasurable for both the man and the woman

**Self study:** *Where can men and women get condoms in your local area? Are they easily available? Can young people have access to condoms?*

**Self study:** *Reflection. What are **your** views on male and female condoms? Would you use them? Why or why not? Share your views with a close same sex peer if you feel comfortable.*

#### **4.15 How do I talk about using condoms?**

It can be very difficult to talk about condoms or other safer sex practices, but it is very important. Talk about safer sex before you have sex!

### How can I raise the subject with my partner?

- 'Don't you think that people these days need to always practice safer sex?'
- 'If our relationship is going to become sexual, we should use condoms'
- 'This feels really good but I want to talk about how we can have safer sex before we go any further'

### What do I say if my partner does not want to use condoms?

- 'I find putting condoms on very exciting'
- 'Using condoms helps me relax and enjoy sex rather than worry about the consequences'
- 'I've heard that condoms help a man last longer'
- 'Using condoms shows that we respect ourselves and each other'
- 'I do trust you but either of us could have a virus and not know it'

## 4.16 How to use male condoms

You may have to demonstrate how to use a male condom correctly to young people. If you do not feel comfortable, ask another teacher to help. Condoms would be taught as part of a life skills curriculum (e.g. How to say no to sex before marriage) so remember to promote strong values and how to resist pressure.

### Key facts about male condoms

- Free from health centres and Provincial AIDS Committees
- Made of latex
- Up to 99% effective at preventing transmission of HIV and STIs if used every time you have sex
- Only used one condom at a time and only use condoms once
- Man is in control of safe sex

### How to use a male condom

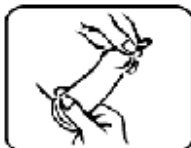
1. Do you **really** want to have sex? Does your partner **really** want to have sex? Is either of you feeling under pressure or feeling uncomfortable? **Abstinence is 100% safe.** Alternatives to sex include masturbation, massaging, rubbing, kissing and hugging.



2. Check the wrapper of your condom. If it is torn or damaged the condom will also be damaged so throw it away and get another condom. Open the condom package carefully and don't use sharp objects like scissors to open the wrapper. Take care that the condom is not damaged with fingernails, jewellery etc. **You only need to use one condom. Do not use two.**



3. Make sure the condom is the right way around. Press out the air at the tip of the condom before putting it on — an air bubble in the condom could result in the condom tearing or falling off. Make sure the foreskin is pulled back before you put on the condom.



4. With the rolled rim on the outside, put the condom over the erect penis — don't waste your time trying to put a condom on a soft penis. Be careful to put the condom on before there is contact with your partner's vaginal area.



5. Unroll the condom down over the entire erect penis.

6. Smooth out any air bubbles and check that the condom fits securely. If you have some, spread water based lubricant on the





outside of the condom. It will help reduce friction during sex. **Never** use oil or Vaseline – they damage the condom. Now you can have safe sex. **The male condom is 95-99% effective.**

7. After ejaculation, but before the penis is soft, hold the condom firmly at the rim and carefully withdraw from your partner. This is to ensure that semen does not leak. The condom acts as a barrier so the semen does not enter the vagina and the vaginal fluid does not touch the head of the penis.

8. **Only use a condom once.** Tie it up and throw the condom and the packet away **responsibly** into a pit toilet or rubbish bin or bury it. Communities become upset if people leave condoms lying around. **Do not** flush it down a toilet – you will block the toilet!

9. Store condoms in a cool, dry place. Extreme temperatures and body heat weaken condoms, so don't store them in your wallet or bilum for a long time.

All men need to practice putting on a condom so they will be able to use them correctly and confidently when they have sex to protect themselves and their partner.

#### ***4.17 How to use a female condom***

You may have to demonstrate how to use a female condom correctly to young people. If you do not feel comfortable, ask another teacher to help. Condoms would be taught as part of a life skills package.

##### **Key facts about female condoms**

- Free from health centres and Provincial AIDS Committees
- Made of PVC so they are stronger than the male condom
- 95% effective at preventing the transmission of HIV and STIs if used every time you have sex
- Only use one condom at a time
- Only use the condom once but strong enough to be reused
- Can be put inside the woman's vagina for 3-4 hours before sex
- More lubricated than the male condom
- Woman is in control of safe sex

##### **How to use a female condom**

1. Do you **really** want to have sex? Does your partner **really** want to have sex? Is either of you feeling under pressure or feeling uncomfortable? **Abstinence is 100% safe.** Alternatives to sex include masturbation, massaging, rubbing, kissing and hugging.

2. Check the wrapper of the female condom; if it is torn or damaged in any way the condom will also be damaged so throw it away and get another condom. Open the condom package carefully and don't use sharp objects like scissors to open the wrapper. Take care that the condom is not damaged with fingernails, jewellery etc. **You only need to use one condom. Do not use two (e.g. male and female condom together) – this is risky.**

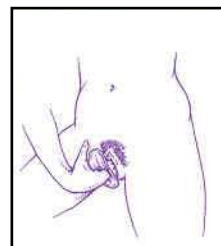
3. Do not put the erect penis near the vagina until the condom is inside the vagina

4. Fold the smaller rubber ring (which is inside the condom) into a figure of eight

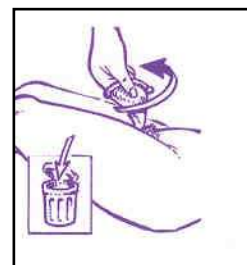


5. Insert this ring and the condom deep up inside the vagina so the inner ring springs open near the cervix and holds the condom in place. Some women put one leg on a chair or bed to open the vagina further or they lie on their backs with their knees raised. It is like putting in a tampon.

6. The outer, larger ring should be outside the vagina. Putting lubricant and spermicide inside the condom makes sex better and safer



7. The man can now enter the woman, they can have sex and he can ejaculate safely (the condom acts as a barrier to the semen and vaginal fluid)



8. Remove the condom carefully by twisting it, tie it in a knot and throw in a pit latrine or bury or burn it (do not flush down a Western toilet!)

All women need to practice putting in the female condom so if they need to use it they can use it correctly and confidently and protect themselves and their partner.

#### **4.18 Resisting pressure and negotiating safer sex**

Resisting pressure is important for young people to avoid risk. They need to prepare for this using **role play, case studies and discussion**. Young men and women need to know what to say and how to say it **assertively** (politely but firmly). They can also practice situations, actions and consequences in the safety of the classroom (or Church youth group or peer group) so they are prepared for when it really happens.

**Self study:** *Who is going to put the young person under pressure? List people who would put them under negative pressure. Why would they do that?*

It is a crucial important part of life skills teaching. Young people need to learn how to resist pressure to:

- Have sex
- Have unprotected sex
- Have sex for money or favours
- Marry too young to the wrong person or for the wrong reasons
- Drink home brew and beer
- Smoke drugs

- Break community rules
- Break religious rules
- Get involved in crime or violence
- Marry too young or marry for the wrong reasons
- Get pregnant too young

**Self study:** *There are many ways to resist pressure. Complete this excellent life skills activity with a colleague. Try and write as many different reasons as you can. Be realistic.*

**Dilemma:** Your boyfriend/girlfriend wants to have sex with you

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...
e.g. "No, even though I like you I don't want to have sex before I am married"	e.g. "Well, don't worry because I love you and I will marry you next year"	e.g. "No, if you loved me you would respect my views. Think about it. I will see you tomorrow." (and leave)

**How did you resist pressure?** Saying "no", talking about the risks, talking about your values, being clear, firm and assertive

**Did you have strong reasons?** Good reasons could include your parents, keeping safe from HIV and STIs, not getting pregnant, school, respecting your body, Church values, feeling under pressure and what you feel about the other person

**How did they try and persuade you?** 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"), a secret (e.g. "But only I will know"), 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?")

**Ranking.** Now look through the list of reasons you gave. Which are the most effective? Why? Rank them and role play them

**Self study:** *Now list some other dilemmas. What risky situations can you think of?*

*E.g. A married man meets a young pretty woman in a club; saying no to sex without a condom; a young man resisting pressure to drink homebrew with friends.*

### Role plays

These are an excellent way of modelling how to be assertiveness (especially voice skills and body language) in a safe way so young people can be prepared for risky situations.

They can be based on case studies or dilemmas. They can be as a script or improvised by students.

### Example 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 longing for this moment for a long 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 sick or 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 take care of ourselves.

**Jim:** But if we use a condom, our sex taste won't be natural.

*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?]

**Self study:** *This script is aimed at young unmarried couples and negotiating safer sex. Now write one for students. Be realistic (e.g. older man persuading younger woman or young man persuading a friend that sex before marriage is ok). Practice this with your peers. You may be asked to present it!*

## 4.19 Prevention of parent-to-child transmission

Pregnant women in PNG are often offered an HIV blood test.

Without treatment around 15-30% of babies born to HIV positive mothers will become infected with HIV during pregnancy and delivery. HIV is also transmitted by breast milk. So, if a mother breastfeeds the risk of the baby being infected by HIV increases to 30-45% (UNAIDS). **However an HIV positive mother can reduce these risks.**

### a. Treatment for the mother

The pregnant and breast feeding HIV positive mother can take antiretroviral medicines during pregnancy and during labour which are highly effective at preventing transmission to the baby by lowering the amount of virus in her blood and breast milk. There are side effects of the medicines so the mother will need advice from a doctor. She must take the medicine every day.

### b. Treatment for the new baby

Her baby can also be given antiretroviral medicines for several days after birth. This is also very effective.



### c. Safer feeding

If the mother can access free milk formula and clean water and knows how to use it properly, she should not breast feed.

**However breast milk contains all the nutrients a young baby needs and is free and strengthens the bond between baby and mother. It protects against common illnesses like diarrhoea.**

This makes breast feeding a **dilemma** for mothers.

In many areas of PNG the drinking water used to prepare baby formula is dirty and contaminated. It is recommended that mothers who are HIV-positive exclusively breast feed for the first 6 months while the baby is only on breast milk and has not developed teeth or eaten mashed food. **It must be exclusively breast milk (no water, no formula, no tea, no fruit or juices, no honey, no sugar, no rice or dummies).** After that she must stop. There should be no breast feeding by other mothers.

### d. Caesarean birth

Pregnant women who are HIV positive can also have a **Caesarean birth** at the hospital which reduces the chance of the baby being infected with HIV. However, this is not available to most women in remote areas.

Adults do not contract HIV through breast milk.

**Effective treatment can reduce the chance of the baby being infected to less than 5%.**

## ***4.20 Blood spills and first aid safety***

HIV cannot pass through unbroken skin in the hands, legs or arms so it is safe to clean up blood and deal with injuries if there is an accident in school, the village or in sports. However, if you have cuts or sores on your hands you must always use gloves. **It is recommended schools have latex gloves in their first aid kit.** Blood spills can be cleaned up with strong, neat bleach and sand. These should be available in schools. It is better to treat all wet blood as a potential risk and protect yourself by using gloves, bleach and using clean bandages from the school first aid kit. **All schools need a first aid kit.**

Students and teachers should not be afraid of being infected by HIV through blood spills or because they are giving first aid. Mouth-to-mouth resuscitation has no risk unless the patient is bleeding a lot and you have sores in your mouth. **It is safe to treat an injured person rather than be afraid of HIV. It is recommended that all teachers and students receive basic first aid training from a health worker or NGO like the Red Cross.**

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## Topic 5: Care and support for people living with HIV/AIDS

### 5.1 What is Positive Living?

Being infected by HIV means your life will probably be shorter. However people can live many years without developing AIDS. They can work, raise their children, garden, teach, help others, play sport, go to Church, go to school – everything they would normally do.

HIV-positive people can strengthen their immune system by eating fresh fruits and vegetables, protein and avoiding cigarettes and alcohol. Keeping active and productive is also important. There is no need to stop work if you are HIV-positive (the law protects you). They can also take anti-retro viral medicines.

Being supported by your family, friends, wantoks and work mates helps. If you are rejected or shamed then you will be depressed and unhappy and get sick quickly. Love and care are important to fight the illness. Many people find prayer and their Church very supportive too.

You also have a responsibility to protect others – you must tell your sexual partners you are HIV positive and always use a condom for sex. You should avoid scar cutting and tattooing and tell your health worker.

**You can live for many years with HIV if you live a positive life.**

In PNG very few people are brave enough to be public about being HIV-positive because of **stigma and discrimination**.

**Self study:** With a partner brainstorm as many ways to Positive Living as you can think of! Try and find at least 20 ways to keep healthy (e.g. learn more about HIV/AIDS, don't smoke etc)

### 5.2 Is there a cure for HIV?

There is no cure and no vaccine for HIV.

**There are no bush medicine cures.** People who sell these are making money from other people's suffering. There are no proven cases of people being cured by prayer or faith or magic spells.

### 5.3 Anti-retroviral therapy (ART)

ART medicines stop HIV growing in the white blood cells and stop newly produced HIV from infecting other cells. This means that the amount of HIV in the body is reduced, its reproduction is slowed and the damage that it can do to the immune system is limited.

These are powerful medicines and can have side effects like tiredness, nausea, diarrhoea, muscle pains, headaches and skin rashes.



ART can now be found in all major towns in PNG and need careful use (e.g. taking pills at the right time and taking pills every day of your life). You need a good doctor. More and more HIV-positive people in PNG take these drugs now. HIV-positive people who take ART can live for a many more years.

There are many different types of antiretroviral medicines so you will need good advice from a doctor. You might also need a **viral load test** or **CD4 count** to see how much HIV you have in your body and how strong your immune system is.

ART can be given to rape victims and babies born to infected mothers to reduce the chance of them being infected. This is called **Post Exposure Prophylaxis (PEP)**.

Your Provincial AIDS Committee, VCT centre or hospital will be able to tell you where people can get ART.

ART is free in Papua New Guinea.

### ***5.4 Caring for people living with HIV/AIDS***

It is very important for PNG that we care for people living with HIV/AIDS. Our country cannot afford to replace sick or dying workers, parents, students or teachers. We need to protect our human resources.

Caring for our loved ones is a responsibility we must not ignore. People with AIDS are like any other sick person. As more people in PNG are infected with HIV we will have more and more AIDS patients to care for at home. People should not be afraid of people with HIV/AIDS.

People living with HIV/AIDS need love, support and understanding from their family and friends. They might be very upset and worried. They might be feeling shame or anger.

There are many ways of supporting your loved one:

- Listen to them
- Do not judge
- Find out as much as you can about HIV/AIDS
- Not showing fear
- Helping them find a support group
- Helping them tell others or keeping their story confidential
- Talking to others about HIV/AIDS and reducing fear and ignorance
- Plan for the future
- Help them begin Positive Living, get the medicines they need and help them get access to ART

### ***5.5 Home Based Care for people living with HIV/AIDS***

People with HIV look and feel normal. When their immune system starts to fail, they will become very sick with opportunistic infections. This is called AIDS.

It is better to care for someone with AIDS at home where they are in a familiar place, with their loved ones and not alone. This is called **Home Based Care**.

## **It is safe to care for someone with AIDS – you will not get HIV.**

Caring for someone with AIDS can be stressful and exhausting because they will need a lot of care as they near the end of their life.

- The house and people in the house must be kept as clean as possible to prevent infections (AIDS patients have a weak immune system).
- Wash your hands with soap and water before and after caring for a loved one with AIDS to prevent other types of germs infecting them.
- Do not listen to false stories like bush cures
- Wash and bleach soiled clothes and bedding (1 part bleach to 6 parts water for 20 mins) to make sure the person with AIDS has less chance of catching other germs
- Wash fruits and vegetables in clean water
- Cook meat well
- Make sure the water is boiled and clean to drink
- Help the loved one to move around and outside
- Get help from a health worker if they develop a cough (it could be TB), have diarrhoea or vomit. They should take medicine for other infections.
- Get a health worker if your loved one is in too much pain or has an infection that will not heal
- Love and pray with your loved one. Try to remain positive.
- Help them prepare for the future (e.g. leaving messages for their children)
- Ask for help if you need it or if you are upset. Many churches like the Catholic Church offer support with home care.
- It might be possible to get ART for your loved one. Help them to access these services.

Speak to your health worker or Church. Do not be afraid. Do not let people spread nasty stories or false information – tell them the facts about HIV. Caring for a sick loved one is a Christian duty and a Melanesian tradition.

**Self study:** *Why is it important this information is taught to young people? Discuss this question with a colleague. What does the Bible have to say about caring for people with illnesses?*

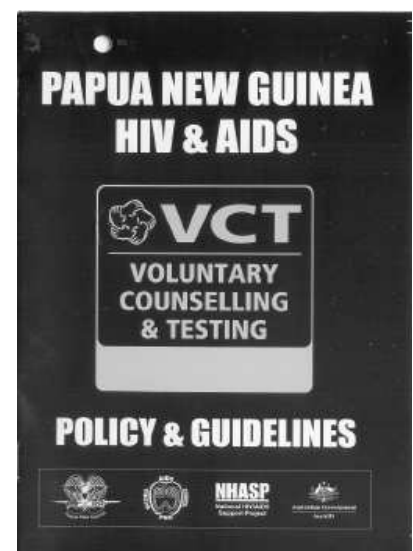
## **5.6 Voluntary Counselling and Testing (VCT)**

VCT is **voluntary counselling and testing**. This is how you should be tested for HIV. Voluntary means you make the decision to get tested. No-one forces you. There will be counselling before and after the test.

**HIV blood tests are free.**

**What are the principles of VCT?**

- i. 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. All testing in PNG has to be voluntary by law (the HAMP Act)





- ii. **Confidentiality** of testing – all testing is confidential to protect human rights and encourage more people to be tested for HIV.
- iii. **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.
- iv. 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.

Knowledge you learn through VCT gives you the power to change your life, your attitude and your sexual behaviour.

You should consider getting tested if you or your partner(s) have ever:

- Had anal or vaginal sex without a condom
- Had sex while under the influence of alcohol or drugs – you might not have used a condom
- Had tattooing or piercing with unclean equipment
- Had another STI

If you are HIV-positive you can:

- Get early treatment and stay healthy
- If you are pregnant, you can get treatment to reduce the chances of your baby getting HIV
- Make sure you do not give HIV to anyone else

If you are HIV-negative you can learn to protect yourself and your loved ones.

## 5.7 What happens when you go for an HIV blood test?

### 1. Making the decision to get an HIV blood test

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

### 2. Pre-test counselling

A counsellor at the VCT centre will talk with you about HIV/AIDS and the test. This is an important step and will be given a long time. There is an opportunity to ask questions.

### 3. 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. Their finger will be pricked and a drop of blood placed on the strip.

If there is no reaction then they are probably not infected with HIV (see the **window period** below)



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”.

People have to prepare and contemplate the outcomes before the test. **People have already started to change their behaviour by choosing to come for a test.**

### **The window period**

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

### **4. Post test counselling**

People have to prepare for the outcome before the test. You have already started to change your 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.

**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 and ART. 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.

Support 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.**

**Self study:** *Where is your nearest VCT centre? Have you been tested? Make contact with the one closest to your school so you can use them for advice.*

**Self study:** *Empathy is an important life skill for young people (empathy is imagining how someone else feels in a situation). With a partner list emotions men and women would feel before and after an HIV blood test. Now try and think how you would help someone who was feeling those things. List these and be prepared to share them with your colleagues.*

## Topic 6: Human rights, stigma and discrimination

### 6.1 Stigma and discrimination

It is against the law to treat a person affected by HIV/AIDS differently from other people in a way that disadvantages or harms them. This is called **discrimination**.

It is against the law to **stigmatise** people affected or infected by HIV/AIDS. This means you cannot say something in public that encourages other people to hate or fear people affected or infected by HIV/AIDS.

It is against human rights and Christian values to say or do bad things to people because of their HIV status. People who are living with HIV/AIDS are protected by the HAMP Act.

**Self study:** Classify and identify these phrase, comments, words etc... either in English or Tok Pisin and fill in next to each whether it is discriminatory or it stigmatises. (you could add more to the list). Explain why.

	Tok Pisin	Is this discriminatory or does it stigmatise?
1	No ken pilai wamtam em, em gat sik Aids.	
2	Givim em kaikai autsait long haus	
3	Noken kam long skul, yu gat sik Aids	
4	Noken sidaun klostu long mi	
5	Noken kisim em long wok, rausim em go.	

Stigma and discrimination are unchristian words and actions. Jesus taught a message of love and care and understanding.

**Self study:** Empathise how you would feel if a friend or brother or sister (or even your daughter or son) was HIV positive. What would you feel? Reflect this on your own. What is the Christian response?

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.

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

**Self study:** Complete this table with your own ideas.

Causes of stigma	Effects of stigma
Gossip	Shame

**Self study:** With a friend from a different Church find a Bible reading that best promotes love and care for people with HIV/AIDS. Read this true account of a young teacher fighting stigma. What will **you** do?

**Lisa, student teacher**

During the semester break I went home to my family. While I was there I found out one of the ladies from our street was HIV positive. That lady had been my best auntie when I had lived in town 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. I felt sorry for her because she's a really nice lady.

One night I was sitting down in front of the house when she walked past me and said goodnight. I didn't recognise her at first and said "goodnight". She recognised my voice and called my name. I walked up to her and hugged her. All my family didn't want me to hug her but I encouraged them to do so.

On my holiday I just talked to the girls my age especially my friends and sisters about this incurable disease AIDS and encouraged them to treat that auntie of ours equally to make her happy.

**Self study:** Who can help your school and your students? List the HIV awareness and action organisations that work in your District and what they can help with at your school. E.g. Population Education, PAC, UNICEF, Save the Children, Anglicare, PNGFHA, BEDP etc

Organisation	What they could help with
Provincial AIDS Committee	Resources, finding a person living with HIV to speak to the class, free condoms for staff, provide free awareness posters and leaflets, more contacts

## 6.2 Teaching and learning activities for STIs and HIV/AIDS

Big book writing for a younger class  
 Display  
 Comic strips  
 Letter writing to a pastor, BOM, MP or newspaper  
 HIV Club after school  
 Script writing for a drama show  
 Research knowledge and attitudes in their family, school or community  
 Poetry or riddles  
 Mime  
 Story writing  
 Games like Follow Me  
 Interviews and preparing questions  
 Singing and song writing  
 Debating  
 Moral dilemmas and consequences  
 Films, videos and movies  
 Alphabet ladder  
 Maths investigation of HIV and STI graphs  
 Diagrams and labelling  
 Poster making in vernacular  
 Leaflet writing for out of school youth  
 Banner making and streamers

Running a community awareness  
 Quiz writing  
 Research and presentations to the class  
 Question box/answer wall  
 Matching activities like STI Matching Game  
 Sorting activity like Risky/Safe behaviours  
 Concept or mind map  
 Peer teaching  
 Demonstration of male and female condom  
 Field trip to local clinic or care centre  
 Guest speaker such as person living with HIV/AIDS, NGO worker, church care worker etc  
 Theatre group visit  
 Questionnaires  
 Attitude scales and self assessment  
 Diaries and personal reflection journals  
 Stories of Jesus and His message  
 Pretend to be an HIV theatre troupe or invite a troupe in

## Advantage and disadvantage charts

There are more examples of good teaching and learning activities in the Teacher Guides for Health and Personal Development (G6-8, G9-10 and G11-12).

Many NGOs also publish good teacher guides with ideas for HIV/AIDS activities.

### 1. Follow Me cards

Make a large version of these cards (there should be enough for one for each student in your class). Shuffle and deal them all out. Children have to read out what is on their card (the child with “START THE CLOCK” goes first, listen to the questions and answer if they have that answer on their card. The teacher times them. Each day they play the game and try to beat their time. A good way of learning key words and facts.

This set is made for Upper Primary students and student teachers. Pupils also like to design and make their own.

<b>START THE CLOCK!</b>  HIV stands for....?	<b>HIV stands for Human Immuno-deficiency Virus</b>  Which cells does HIV infect?	<b>CD4 white blood cells are infected by HIV</b>  What does STI stand for?	<b>Sexually Transmitted Infection</b>  The A in ABC stands for...?	<b>Abstain from penetrative sex or abstain from sex before marriage</b>  How are most people infected by HIV?	<b>By unprotected sex</b>  What does AIDS stand for?
<b>AIDS stands for Acquired Immune Deficiency Syndrome</b>  Which 4 bodily fluids transmit HIV?	<b>Blood, semen, vaginal fluid and breast milk transmit HIV</b>  Can a mother who is HIV positive breast feed?	<b>Yes, for about 6 months until the baby starts eating mashed food</b>  What does the B in ABC stand for?	<b>Both be faithful and both get tested</b>  What are the HIV/AIDS laws called in PNG?	<b>The HAMP Act</b>  What does VCT stand for?	<b>Voluntary Counselling and Testing</b>  What percentage of HIV infections are through breast feeding?
<b>6% of HIV infections have been caused by breast feeding</b>  When was HIV first detected with a blood test in PNG?	<b>1987 was the first HIV positive blood test in PNG</b>  What does the C in ABC stand for?	<b>Use a condom correctly every time you have sex</b>  What are the drugs that slow down HIV called?	<b>The drugs that slow down HIV are called ART – anti-retroviral therapy</b>  How long is the window period?	<b>The window period is 3-4 months</b>  How should you sterilise needles and blades?	<b>Boil them in water or put in strong bleach</b>  Name three safer sex practices

<b>Touching and kissing, using a condom, masturbation are safer sex practices</b>  Roughly how many people have HIV in PNG?	<b>60,000 people</b>  Where are HIV/AIDS and STIs taught in the curriculum?	<b>Personal Development in Grades 6 – 8, 9-12 and Health in Grade 5</b>  Where can you get tested for HIV?	<b>You can get tested at VCT centres, STI clinics and hospitals</b>  What is stigma?	<b>Talking about people with HIV in a bad, unchristian way.</b>  Where can we get more information about HIV/AIDS?	<b>PACs, NGOs, Churches and health centres are all places to get more information</b>  Do you need to pay for condoms?
<b>No – you do not need to pay for condoms</b>  True or false. Testing costs lots of money	<b>False – HIV blood testing is free</b>  What does PTCT stand for?	<b>Parent to Child Transmission</b>  What is more risky? Anal sex, oral sex or vaginal sex?	<b>Anal sex is the most risky followed by vaginal sex. Oral sex is low risk.</b>  How long does it take to have a rapid blood test for HIV?	<b>10-15 mins but you will need pre- and post-test counselling</b>  What is the name of this teaching strategy?	<b>Follow Me Game!</b>  STOP THE CLOCK!

## 2. STI matching game

Make a set of cards like these (for Upper Primary students). Cut them out and give them to students in an envelope. In groups of 2-4 students try and match the STI to the symptoms and treatment.

Symptoms of the infection	Name of the Infection	Treatment of the infection
Itchy, smelly penis or vagina. White thick discharge. Inflamed skin.	<b>Thrush (Candida)</b>	<b>Fungus</b> (curable with anti-fungal cream)
Small pink lumps on the penis or vagina. Sometimes they look like tiny cauliflower shapes. They don't hurt.	<b>Genital warts</b>	<b>Virus</b> (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.	<b>Herpes</b>	<b>Virus</b> (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	<b>Gonorrhoea</b>	<b>Bacteria</b> (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.	<b>Syphilis</b>	<b>Bacteria</b> (treated with antibiotics)

Tiredness, yellow eyes and maybe yellowish skin. Fever.	<b>Hepatitis A or B</b>	<b>Virus</b> (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.	<b>PID</b> (pelvic inflammatory disease) Can be caused by other STIs.	<b>Bacteria</b> (treated with antibiotics)
Usually no symptoms in men or women. Sometimes pain when urinating. May lead to infertility	<b>Chlamydia</b>	<b>Bacteria</b> (treated with antibiotics)
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.	<b>Donovanosis</b>	<b>Bacteria</b> (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	<b>HIV</b> (Human Immunodeficiency Virus)	<b>Virus</b> (no vaccine, anti retroviral drugs slow down the virus)
Itchiness in pubic area. Can sometimes see lice or mites in pubic hair.	<b>Scabies mites and pubic lice</b>	<b>Parasites</b> (treated with special shampoo)

### 3. Drama

This is a **writing frame** which helps primary school students plan their HIV/AIDS drama. **4 is the ideal number of students for a drama.** Drama helps students empathise with others, plan for future situations and practice what to say and do to avoid risk.

<p>1. Choose an HIV/AIDS message that is important to your group (e.g. “Both Be Faithful” or “Abstain from sex before marriage” or “Drinking homebrew is dangerous”) Try and pick a very specific topic for young men and women as you have limited time.</p> <p>Our message is:</p> <hr/> <p>2. List the people and things who would be involved in the issues. Who are the characters in your drama?</p> <p>3. Decide where your drama will take place. What is the setting?</p> <p>4. Pick what events you want to act out. This is your <b>story line</b>. Keep it simple (5 minutes). What are the main events in your drama?</p> <p>5. You do not need a script. Think of the conversations your characters will have. What are the main topics of dialogue?</p> <p>6. What props and costumes can you improvise? Be creative!</p> <p>7. Who will do what? Rehearse and <b>don’t forget your message!</b> Present and evaluate.</p>
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#### **4. Role Play Debate: An Example for Upper Primary Language**

Your village has been approached by an HIV/AIDS awareness theatre troupe who would like to perform a drama about safe sex in the market place and then in the primary school.

*How will different groups in the village react? If you were the community leaders what would be your decision? Would you let them perform?*

Each group will take on a **role** and **debate** the issue.

##### **Group 1 will be the theatre troupe**

If the troupe performs You will be paid and the villagers will learn how to protect themselves against HIV/AIDS. Most villagers cannot read or write. You can distribute condoms along with your message as part of the Government's ABC message.

If the troupe does not perform: You will need to visit other villages instead and your awareness campaign will not include this village. Some people may become infected with HIV

##### **Group 2 will be the local villagers**

If the troupe performs you will learn about HIV/AIDS and receive some condoms. Women and men might feel uncomfortable with the messages and taboos being broken in public. Your children will hear about sex. Some people think the disease isn't important in a rural place

If the troupe does not perform you will not learn about HIV/AIDS or receive resources. Your traditional way of life will remain unchanged. No taboos will be broken.

##### **Group 3 will be the school Board of Management**

If the troupe performs there may be resistance from parents and some students might not attend school. It would help teachers teach Personal Development and could be the start of lessons on HIV/AIDS. Some of the teachers are embarrassed about the lessons.

If the troupe does not perform teachers would have to teach this themselves. It might not be taught at all

##### **Group 4 will be the young people of the village**

If the troupe performs you would learn more about HIV/AIDS. You already know something about it from gossip and the radio. You think it might affect your lives and behaviour.

If the troupe does not perform you would have to get your information from word-of-mouth. There are no condoms in this traditional village.

##### **Group 5 will be the local church leaders**

If the troupe performs some local taboos will be broken and more traditional church members will protest. It could be against the religious doctrine to use condoms. Many people want to learn how to care for people living with HIV/AIDS

If the troupe does not perform this awareness work will fall on you and your church members.



## **Group 6 will be the community leaders and elders**

You will need to give a strong message about the disease. You may have to change your behaviour (have just one wife, for example). Your job is to make the right decision for your community.

*In your groups discuss what you will say (your arguments for and against) in the debate. Then debate. Make sure there is a strong Chairperson and someone to record the discussion. The village elders will make the final decision.*

*Other possible groups: **Health workers, Women's Group, HIV Club at the school, business houses***

## **5. Stigma and discrimination case studies**

Case studies are an excellent way of exploring the issues and solutions to stigma and discrimination. The life skills of **strong values** and **empathy** can be developed through case studies. Discuss these case studies with a mixed gender group and answer the questions below.

### **Case study 1 for primary school teachers (in-service session)**

*Grace is a primary school teacher in a small rural community. She is not from the local area but she has been there for many years. Her husband has been suffering from a long mysterious illness and some people in the village have started to avoid her and her children. When he died not many people came to his funeral and haus cry. She hears people whispering that her husband had been up to no good in town and had died of sik AIDS. Eventually the school Headteacher calls her to the office and suggests she might want to go and work at another school. Some parents have been saying they don't want their children to stay at the local school with this teacher.*

- a. What is causing the stigma and discrimination?
- b. What is the effect on the person affected by HIV/AIDS?
- c. What would you have done if you were the Headteacher? What would you do if you were Grace? What is the best solution?

### **Case study 2 for young people (life skills lesson)**

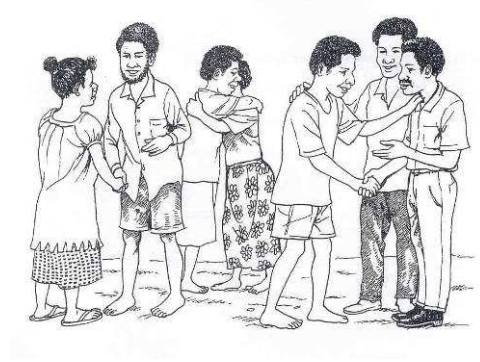
*Matthew's uncle has contracted HIV. He has started to work with the local Provincial AIDS Committee and sharing his story. When he comes to Mary's village he walks over to hug him and share buai but Matthew backs away. His uncle is upset but tries not to show it. Later that night he notices that the 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.*

- a. What is causing the stigma and discrimination?
- b. What is the effect on the person affected by HIV/AIDS?
- c. What would you have done if you were Matthew? What would you do if you were Matthew's uncle? What is the best solution?

### **Case study 3 for lower primary students (Religious Education lesson)**

*Jocelyn is a young girl who is sitting with her friends after Church. A young mother with a baby walks past and one of Jocelyn's friends whispers to Jocelyn, "Dispella meri, em I gat dispella sik AIDS". Jocelyn has heard this story before.*

- a. What would Jesus have done?
- b. What should Jocelyn do? What is the best thing for her to say and do?



## Topic 7: Working with communities and churches

This is crucial to successfully teaching about HIV/AIDS. Life skills and reproductive health education are new and important issues for communities, parents and teachers. You must **communicate** the content of the national HIV Policy and the curriculum. Communities need to know what you are going to teach, why it is important and when you will be teaching it.

### 7.1 Working well with your community...some strategies

- Conduct training for your staff on the Syllabus, HIV/AIDS Policy, HIV/AIDS/STI Implementation Plan 2007-2012, HAMP Act and reproductive health content
- Tell the community that HIV/AIDS is part of the School Learning Improvement Plan
- In-service the BOM and identify parents and community leaders who are supportive and who will be advocates for your work
- P&C meeting to share information and activities a long time before you teach your HIV/AIDS or reproductive health unit of work
- Accurate community awareness about HIV/AIDS, STIs and reproductive health by staff and students. Keep them updated with letters or a notice board.
- Tell the parents about the HIV/AIDS Policy, HAMP Act and Syllabus. Let them see copies and use the Guidance posters to help
- Ask parents for ideas on how to improve lessons and the units of work – **listen to their views and suggestions. You want them to feel ownership of the school and the work.**
- Community or BOM observer in lessons
- Ask community elders about language that can be used and what is taboo. Explain you will teach students to respect this. Research local customs and traditions about sex, puberty and reproduction.
- Invite community members in to help with as many lessons as possible (e.g. local pastor can lead lessons on fighting stigma and Christian care, mothers and fathers can talk about pregnancy or how to keep a marriage healthy and faithful, local police officer can talk about HAMP act, good youth role models can discuss how to avoid risky situations, community elders can talk about puberty and initiation)
- Team teaching and planning (a married or experienced teacher to help younger teachers or a teacher of the opposite sex to allow same sex teaching)
- Same sex classes/teachers for challenging subjects like sexual intercourse
- Invite NGOs, Government workers and approved church agency groups to support your work (i.e. by running awareness in the community)
- Always teach these challenging subjects at the same time so parents get used to the routine
- Put on a video show or night school so parents know what you will be teaching their children. Use World AIDS Day 1<sup>st</sup> December as a special day at the school.
- Use the parents as teaching resources so they feel part of the learning (ask students to interview them, carry out research at home and collect stories from their families)

A key factor in working with communities is planning ahead for any difficulties you may encounter in teaching HIV/AIDS and reproductive health.

But the most important factor is you. You must be a good role model for the community and your students at all times. If the community trust you and your behaviour they will support your teaching of reproductive health.

**Self study:** Brainstorm positive and negative behaviours that a teacher could show which would influence the teaching of reproductive health. E.g. **Positive = interest in local traditions** and **negative = drinks heavily**

## **7.2 Working well with Churches...some strategies**

Many churches and pastors will support your work. They are important people in the community. They should be trained in HIV and reproductive health and often have many good contributions to make (e.g. offering ways to resist pressure to have sex and how to care for people who have HIV/AIDS). The Church is a vital partner in educating young people and promoting life skills. Often there will be Parish or Diocesan AIDS Committees, Mother's and Father's Groups, Couples for Christ and youth groups you could work with.

- Invite pastors in as guest speakers when you teach about ways to resist sex or caring for people with AIDS to give a Biblical message
- Begin each lesson with a thought provoking Bible message. Students can debate and discuss these.
- Role play how to use personal religious beliefs and values to resist risky situations
- Ask the pastor to share their own experiences of sexuality, sex and sexual choices. What decisions did they make? Why? What have they learnt in their life?
- Train your local pastor and congregation in reproductive health and HIV. Give them a copy of this book.
- Ask the pastor to teach RE lessons at the same time as you are teaching this topic
- Ask students to write prayers, hymns and find readings to support your topic
- Retell Bible stories in a modern way
- Share the Syllabus, Teacher Guide, HAMP Act and HIV Policy for the Church and Government with the pastor and the congregation
- Invite the pastor to contribute to a debate on healthy sexuality
- "What would Jesus do?" scenarios could be used with the students
- Ask if students could design awareness posters for the church. Display student's work in the church or on the church notice board.
- Ask your local Church to choose some interesting Bible passages for the students to debate and discuss
- Invite in Church groups to share their message and testimonies about their lives (e.g. happy married couples as role models)
- Compare messages in Bible with traditional and modern beliefs about sexuality, care and behaviour

**Self study:** What are the potential difficulties when working with church organizations? Brainstorm these with a partner and identify how you could plan to overcome them and continue to work together. E.g. Local pastor does not believe young people should learn about condoms, only abstinence.

### 7.3 Working well with NGOs and community groups...some strategies

There are many non-government organisations (NGOs) and community groups who could help you teach these subjects. They might be theatre troupes or trainers or peer educators. Make sure they are approved by the National Department of Education (speak to your Provincial Education Advisor or Provincial AIDS Committee if you are not sure about them) and that their behaviour message and information is in line with the HIV/AIDS Policy and Syllabus. **Approved trainers like Population Education, groups or troupes will not need any payment.**

**Self study:** With a partner list the pros and cons of inviting in outside groups to run awareness with your class.

#### Before they come to the school...

- Check their message and presentation matches your learning outcomes and the national policies
- Make sure they use appropriate language for your grade and community
- Inform parents, BOM and P&C of the visit. Have an observer from the community
- See their presentation first and tell the students what it will be about
- Separate students by grade and/or sex if needed. Parents get upset if young children see or hear content for older pupils
- Establish strict rules for students
- Give students time to prepare and ask questions

#### After the presentation/drama...

- Thank them and follow up their work with the class. Reinforce the behavioural message.
- Students should write thank you letters/press releases/reports/opinion writing
- Students could produce their own versions of the drama or presentation
- Students can critique the presentation
- Recommend good ones to other teachers

**Self study task:** Research and networking. With a partner, identify 5 Provincial or national organisations that teachers could use for resources and training. See the example and fill out the table below.

Partner organisation	What do they do?
Provincial AIDS Committee	Conduct awareness in community and provide resources like posters and leaflets free to schools
Population Education	

### 7.4 Working with people living with HIV/AIDS

At the moment there are few men and women who have HIV/AIDS brave enough to talk openly about their lives. If you are fortunate to have someone who can visit your school and talk to the students then this is a powerful teaching strategy. Usually your Provincial AIDS Committee can help. You need to prepare well for this visit.

Some teachers prefer their students not to know the person has HIV/AIDS. They reveal their status later. This depends on the guest speaker.

### **Before the PLWHA visits...**

1. Work with a genuine PLWHA organisation approved by the Provincial AIDS Committee. Discuss the message and their story with them. What will they tell the students about? Which language will they use? Is this the message you want your class to hear? Does it match the learning outcome and the grade of your class?
2. Agree who is paying for what and how this will be paid
3. Decide whether you will tell the students about the guest speaker's status. It is more powerful not to tell them the status.
4. Students need to know basic facts about HIV/AIDS (transmission, HAMP Act, stigma and discrimination), Make sure the guest speaker only talks to the correct grades.
5. Chose a sensible place and time for the talk to take place. Make sure you have enough time for questions and discussion
6. Timetable which classes will have the guest speaker
7. Plan transport arrangements for the guest speaker
8. Plan the class seating arrangements so everyone is comfortable and can hear
9. Inform the DEM, Headteacher and Chair of the BOM. Invite in an observer from the P&C or BOM
10. Class prepare their questions for the guest speaker and make sure they have enough note paper & a pencil. Give the questions to the PLWHA before the talk if possible.
11. Plan activities for after the talk.

### **What do PLWHA need to know before they go into school?**

- If there has been prior awareness for the students and what they already know about HIV/AIDS and PLWHA
- The DoE HIV/AIDS Policy
- Which syllabus subjects and outcomes they will be addressing
- Whether the PLWHA will receive professional fees and money for travel or not
- Which behaviour messages and life skills the school would like promoted
- The outline of the talk they will be asked to give
- The age, gender and grade of the audience
- How much time they will have to talk (maximum 10-15 minutes) and answer questions
- Whether the school is an agency school
- Whether they are talking to a small group or a whole class? The smaller the better – PLWHA should never talk to the whole school at once
- Will the school want them to bring resources
- The contents of this DoE HIV/AIDS Resource Book

### **During the visit**

- Have the male and female class captains welcome and escort the PLWHA and give them a tour around the school. Teacher must shake hands with the PLWHA
- Give them a name badge and lunch/refreshment/water

- Give the students a chance to prepare questions. They can write them on scrap paper and put them in a basket so the teacher and speaker can prepare for questions. Could be before the visit or after the talk.
- Teacher may need to rephrase questions. **The teacher must be with the talk at all times.**
- **The best session is a 10-15 minute talk, then 15 minutes for students to discuss what they have learnt and write questions and then a 30-40 minute question-and-answer session**
- All students should have time afterwards to shake hands and talk with the guest speaker

**Self study:** *With a partner list at least 5 follow up activities for after the person living with HIV/AIDS has spoken to your class. Try and use integrated activities matched to the learning outcomes.*

- List the lessons they have learned from the guest speaker
  - Re-telling their story in writing or orally
  - Writing a letter to them with questions, thanks or asking for more information
  - Making a Big Book about the guest speaker's life
  - Prepare a quiz for fellow students
  - Students can write about a personal moment when they stigmatised or discriminated against someone and what they would do better in the future
  - Write rules on how to live positively with HIV
  - Explain what they have learnt from the guest speaker and how it applies to their life
  - Draw a time line or map of the life and experiences of the PLWHA
  - Prepare a balanced diet for a PLWHA
  - Research symptoms and treatments for AIDS
  - Prepare an information booklet or letter writing campaign for ART
  - Record how many people the students have told about the guest speaker and the visit and what they have learnt
  - Role play what a Christian should do about stigma and discrimination
  - Collect Bible stories about how Jesus dealt with stigma and discrimination of vulnerable people
  - Teacher evaluates the session and reports back to the other staff
  - Students work in pairs to discuss and evaluate the most powerful parts of the talk
  - Create a section in the classroom where they collect similar stories or information e.g. from newspapers.
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## The true story of Don Liriope



Don Liriope is from the Gulf Province and is living with HIV. He is currently living and working in Port Moresby with Igat Hope Inc – a local NGO that works with People Living with HIV and AIDS (PLWHA).

In 1998, when he was 28, Don started getting sick regularly with illnesses such as malaria and diarrhoea. When ill with malaria he decided to go and have a malaria test and an HIV test. After the test results came back Don was diagnosed as HIV positive.

Don found it difficult to accept his HIV status after his test in 1998 and for five years lived in denial that he had HIV. Don started to become sick more and more and he would regularly have to go to the emergency department at the hospital.

In 2003, Don decided to find out more about HIV and how he could live in a healthy and positive way with the virus. He began to visit the Poro Sapot (Save the Children) project office in Port Moresby to access information and training about HIV.

After getting more information about HIV and living with the virus Don decided that he felt comfortable to start telling other people that he was HIV positive. In 2005 Don told employers his status. Don's employers accepted his HIV status without stigma or discrimination. Don's next step was to tell close family and friends about his HIV positive status. Before telling his family Don talked to them about HIV and AIDS. Once Don saw that his family understood about HIV he told them that he himself was HIV positive. Don's family with their understanding of the virus accepted his status. When Don told his friends however, he found that his friends would talk about him behind his back and say negative things about his HIV status.

In 2004, Don started working as a volunteer with Igat Hope Inc. He was provided with many training opportunities on issues relating to positive people and HIV, including learning about the HAMP Act. Don has served on two boards for Igat Hope and has been the PNG representative for several important international forums. In 2009 Don became the Stigma and Discrimination Program Officer for Igat Hope Inc.

Don began taking ART in 2005. Since this time he has not had to visit the emergency ward or the doctors except for regular check-ups. Don is now healthy and living positively with HIV. In his role with Igat Hope Inc he is responsible for working with other positive people against stigma and discrimination of PLWHA.

Don still sometimes experiences stigma and discrimination from others. But he says "Even if they stigmatise and discriminate against me – I don't do it to myself".

**Self study:** How would you use Don's true story with your class? What are the messages in his story? How would you follow up his presentation?

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## 7.5 Religious Education...some strategies

The Bible has many good stories and messages which can be used to promote life skills, strong values and safe behaviour. Here are some example readings which you could use as sources for lessons. Students enjoy using their Bibles to find more.

**Remember! Your activities must be interesting and student centred...not lecturing or preaching.** E.g. case study, retelling, debating, drama etc



**Do not judge others**

Luke 6: 37-42

Luke 18: 9-14

1 John 4: 20-21

**Faithfulness in marriage**

Proverbs 5: 3-6 (compare with men's behaviour)

Eph 5: 22-33 Husband and wife (compare with modern views on marriage)

1 Corin 6: 18-20

1 Corin 7: 2-4

Matthew 5: 27-28

**Caring for people who are ill**

Matthew 22: 36-39

Luke 10: 26-37

**Forgiveness**

Matthew 6: 12

**Love**

I Corinthians 13: 1-13

Gal 5: 22-26

James 2: 8

**Love for others**

Mark 12: 28-34

Matthew 22: 38-40

**Not being judgmental**

Matthew 7: 1-5

**Stigma and discrimination**

John 8: 3-11

John 9: 1-4

James 2: 14-17

Many of the stories about Jesus are about tolerance, love, care and fighting stigma and discrimination (e.g. the woman at the well, the good Samaritan).

**Self study:** *Using your knowledge of the Bible, find other readings for abstinence before marriage, hope and forgiveness.*

Jesus ministered to the sick. In the fight against HIV/AIDS and STIs, when caring for people with AIDS and when we are teaching life skills we should remember His message.

**“Love your neighbour as yourself”**

## Topic 8: Training teachers and officers

Every school and their community can make a difference to the epidemic through in-service, training of life skills and by providing accurate information and a safe environment for students and staff. This is part of the national teacher in-service plan (TIP) and School Learning Improvement Plans (SLIPs). You may be asked to run in-service for fellow teachers.

**You are encouraged to use your own teachers as well as external trainers, teachers from other schools, NGOs, Standards & Guidance officers and Churches to facilitate sessions. Training should be conducted in this sequence.**

Session	In-service session (approx 1 ½ hours)	Session Outcomes By the end of the session teachers can...	Who could help facilitate this session?
1	<b>The Department of Education HIV/AIDS Policy and Implementation Plan 2007-2012</b>  What does your school need to do? How will you inform the community?	<ul style="list-style-type: none"> <li>• Understand and use the DoE HIV/AIDS Policy including the responsibilities of schools and teachers</li> <li>• List reasons why teachers and students are especially vulnerable to HIV/AIDS &amp; STIs</li> <li>• Plan school activities to implement the Policy and Plan</li> <li>• Inform the community of the Policy and Plan</li> </ul>	BEDP District Women Facilitators, Population Education trained teachers, Teachers College HIV/AIDS trainers, PEAs, Standards & Guidance officers
2	<b>Basic facts about HIV/AIDS &amp; STIs</b>  Difference between HIV and AIDS, common STIs and their symptoms, causes and treatments, how STIs make HIV transmission worse, how HIV is transmitted, how HIV is not transmitted, how HIV attacks the immune system	<ul style="list-style-type: none"> <li>• Explain what HIV and AIDS are</li> <li>• List common STIs, their causes and symptoms</li> <li>• Explain the link between HIV and STIs</li> <li>• Explain how HIV is transmitted and how it is not transmitted</li> <li>• Explain how HIV attacks the immune system</li> </ul>	Provincial AIDS Committee or local Church AIDS Group or local HIV/AIDS NGO, Population Education trained teachers, Teachers College HIV/AIDS trainers
3	<b>The state of the HIV epidemic in Papua New Guinea</b>  The root causes of the spread of HIV and STIs, the relationship between gender and HIV, taboos	<ul style="list-style-type: none"> <li>• Discuss the HIV epidemic in PNG</li> <li>• List root causes including gender inequity, poverty, taboos about sex and opposition to condoms</li> <li>• Predict possible effects of the HIV epidemic in PNG, their community and school</li> </ul>	Provincial AIDS Committee, local NGO and Church, Teachers College recent graduates and HIV/AIDS trainers
4	<b>Stigma and</b>	<ul style="list-style-type: none"> <li>• Explain what stigma and</li> </ul>	Church leaders,

	<p><b>discrimination of people living with HIV/AIDS.</b></p> <p>The effects of stigma and discrimination.</p> <p>The Christian and Melanesian messages of love and care for people who are sick.</p>	<p>discrimination is and know how it is affecting the epidemic in PNG</p> <ul style="list-style-type: none"> <li>• Discuss the consequences of stigma and discrimination including fear, few people getting tested, victimisation, isolation and early death</li> <li>• Empathise with people affected by HIV/AIDS</li> <li>• Explore Christian and Melanesian messages about care, love and looking after the sick</li> </ul>	<p>Provincial AIDS Council, local HIV/AIDS NGOs, Teachers Colleges</p> <p>Teachers should meet a person living with HIV/AIDS if possible</p>
5	<p><b>ABC: changing behaviour</b></p> <p>Pros and cons of each strategy, behaviour change and choosing A and/or B and/or C</p> <p>Risky and safer sexual behaviours</p>	<ul style="list-style-type: none"> <li>• Explain the key advantages and disadvantages of Abstain from sex, Both be faithful and both be tested, Use a condom consistently and correctly</li> <li>• Understand behaviour change is personal and should be all of these strategies (e.g. be faithful and use a condom)</li> <li>• List other risk reduction strategies (e.g. education, reducing the number of sexual partners, being treated for STIs, circumcision)</li> <li>• Sort sexual behaviours into NO RISK (e.g. kissing), LOW RISK (e.g. sex with a condom), HIGH RISK (e.g. anal sex without a condom) of HIV infection</li> </ul>	<p>Provincial AIDS Committee, local HIV/AIDS NGO, Teachers Colleges, Population Education trained teachers, health workers, Churches</p>
6	<p><b>ABC: life skills</b></p> <p><b>Strategies for abstinence</b> – saying “no”</p> <p><b>Strategies for faithfulness</b> – strengthening marriage</p> <p><b>Male and female condom demonstration and microteaching</b> (this is essential for all staff under the DoE HIV Policy)</p> <p>Note: If a teacher is not comfortable microteaching the correct use of condoms, they should just</p>	<ul style="list-style-type: none"> <li>• List practical strategies for abstinence and saying “no” for young people</li> <li>• List practical strategies for being faithful</li> <li>• Confidently demonstrate the correct use of a male and female condom to peers</li> </ul> <p>There are several activities for ABC in this booklet for use with staff and students</p> <p>All teachers and officers must be shown the correct use of condoms and must be provided with them at the workplace as part of the HIV Policy and HAMP Act.</p>	<p>Provincial AIDS Committee, local HIV/AIDS NGO, Teachers Colleges, Population Education trained teachers, health workers, Churches</p>

	observe.		
7	<b>VCT, ART and Positive Living</b>  Voluntary Counselling and Testing, anti retro viral medicines (ART), Positive Living and caring for people who have AIDS	<ul style="list-style-type: none"> <li>• Understand the importance of voluntary counselling and testing (VCT) and know the steps involved</li> <li>• Know where to get tested and where to get support for people living with HIV/AIDS</li> <li>• Know the importance of Positive Living for people infected by HIV and be able to list at least 15 practical strategies for Positive Living</li> <li>• Know what anti-retro viral medicines (ART) are, where to get them and how they can help people infected by HIV</li> <li>• List practical strategies for caring for people who are sick with AIDS</li> </ul>	Local VCT clinic or Church HIV group, Provincial AIDS Committee, Teachers College, health worker
8	<b>Programming HIV/AIDS&amp;STIs</b>  How to work with the community, parents and the church so they support your teaching, when to teach in same sex groups, selecting the best teacher role model to teach these subjects, finding resource people etc.	<ul style="list-style-type: none"> <li>• Explore the syllabus and see where HIV/AIDS&amp;STIs and life skills are taught (and related topics such as puberty)</li> <li>• Brainstorm practical strategies for working well with your local community and parents</li> <li>• Brainstorm practical strategies for working well with your local churches</li> <li>• List programming issues for these topics and how you can overcome them (e.g. same sex teaching)</li> </ul>	Teachers College, Inspectors, CRIP assessors, community members, experienced teachers
9	<b>New teaching &amp; learning activities for HIV/AIDS&amp;STIs</b>  <i>This session will take one complete day and should be integrated with OBE sessions</i>  New interesting, student centred, participatory strategies that are relevant to the community. These should be aimed at developing life skills in young men and women such as: communication, resisting pressure, decision making, empathy, correct use of male and female condoms, conflict resolution, strong values and morals, assertiveness	<ul style="list-style-type: none"> <li>• Microteach and evaluate at least 5 new teaching strategies for life skills (e.g. case study, games, sorting activities)</li> <li>• Discuss how to adapt and use these in the classroom and community</li> </ul>	Teachers Colleges, Inspectors, recent graduates from Teachers Colleges, Population Education trained teachers

	and goal setting.		
10 <i>This session will take one complete day and should be integrated with OBE sessions</i>	<p><b>Writing a unit of work where the focus is HIV/AIDS and reproductive health and life skills</b></p> <p><b>Elementary: focus on care and love for people who are sick</b></p> <p><b>Primary: either Health or Personal Development</b></p> <p><b>Secondary: Personal Development</b></p> <p>Brainstorming interesting, participatory, student centred teaching and learning activities, listing assessment tasks and resource people</p>	<ul style="list-style-type: none"> <li>In pairs, write a detailed and high quality unit of work</li> </ul> <p>This includes HIV/AIDS&amp;STIs and reproductive health issues and will have a focus on life skills for young people (e.g. resisting pressure to take risks)</p> <p>A sample unit for Grade 8 is enclosed in this book.</p> <p><b>All students from Grade 5 should be shown the correct use of male and female condom (with consultation with community)</b></p> <p><b>All boarding students must have access to male and female condoms to protect themselves under the HIV Policy.</b></p>	Teachers Colleges, CRIP assessors, Inspectors, recent graduates from Teachers Colleges

## 8.1 Example stand alone unit of work for Personal Development

**Grade:** 8      **Subject:** Personal Development

### Learning outcomes:

- 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 behaviours and sexual responsibilities
- 8.4.8 Develop strategies to respond to unsafe or risky situations

### Theme: Sex and Keeping Safe

**Purpose:** The purpose of this unit is for students to identify their values about sexuality and explore the consequences of different sexual behaviours, which could help reduce the risk of HIV/AIDS, unplanned pregnancies and sexually transmitted infections (STIs.)

**Time:** 6 weeks

**Content:** *Italics indicate additional knowledge for this outcome developed from the Indicators, needs of the community and teacher's experience*

Knowledge	Skills	Attitudes
<b>Personal Development 8.4.3</b>  Cultural beliefs and values about sexuality <ul style="list-style-type: none"> <li>Sexuality is everything about a person to do with sex</li> <li>Females and males have equal rights concerning</li> </ul>	<b>Personal Development 8.4.3</b>  <ul style="list-style-type: none"> <li>Demonstrating responsibility for</li> </ul>	<b>Personal Development 8.4.3</b>  <ul style="list-style-type: none"> <li><i>Strong values and morals including</i></li> </ul>

<p>sexuality. Sexuality includes:</p> <ul style="list-style-type: none"> <li>○ Sexual intercourse</li> <li>○ Changes during puberty</li> <li>○ Sexual feelings and thoughts</li> <li>○ Relations with others of the same and opposite sex</li> </ul> <ul style="list-style-type: none"> <li>• Sexuality is influenced by media, family beliefs, values, religions, cultures, peers, emotional and physical feelings and personal values, being male and female</li> </ul> <p>Attitudes towards sexuality</p> <ul style="list-style-type: none"> <li>• Respect individual choices about sexuality</li> <li>• Different cultural groups have beliefs about appropriate ways of expressing sexuality</li> <li>• Our sexual behaviour needs to be responsible to avoid the possible consequences of unwanted pregnancy, STIs and emotional turmoil</li> </ul>	<p>handling sexuality</p> <ul style="list-style-type: none"> <li>• Making decisions about sexuality</li> <li>• Empathy</li> <li>• Role modelling and leadership</li> </ul>	<p>morals from New Testament</p> <ul style="list-style-type: none"> <li>• Positive responsible attitude towards sex and the opposite sex</li> <li>• Confidence to discuss sex and sexuality</li> <li>• Tolerance and understanding towards others</li> <li>• Able to challenge negative and harmful attitudes towards sexuality and sex in others</li> </ul>
<p><b>Personal Development 8.4.6</b></p> <p>Health issues that are of concern to young people</p> <ul style="list-style-type: none"> <li>• Peer pressure</li> <li>• Use of drugs such as smoking cigarettes or using other illegal substances</li> <li>• Consuming alcohol</li> <li>• Chewing betelnut</li> <li>• Lack of exercise</li> <li>• Body image</li> <li>• Grooming and dressing</li> <li>• Diet – sweets and greasy food</li> <li>• HIV/AIDS and other STIs (<i>sexual hygiene, sexual pressures</i>)</li> <li>• Stress and pressure,</li> <li>• Violence, conflict and crime</li> <li>• Cult activities and generation names</li> <li>• Sexual assault, harassment, rape and other gender based violence</li> <li>• Communicable diseases such as TB</li> <li>• Unplanned pregnancy</li> <li>• Relationship problems and early marriage</li> </ul> <p>Health goals</p> <p>Includes goals such as say no to drugs and to sex related activities, take regular exercise, develop personal hygiene, develop positive or good relationships with others, develop positive self esteem, be assertive, avoid unsafe or threatening situations, protect oneself, develop correct attitudes to handle different situations</p>	<p><b>Personal Development 8.4.6</b></p> <ul style="list-style-type: none"> <li>• Gather information and identify health concerns</li> <li>• Review and analyse health concerns and their effects</li> <li>• Decide on an action plan</li> <li>• Forward planning</li> <li>• Critical analysis and problem solving</li> <li>• Resisting peer pressure and assertive communication</li> <li>• Conflict resolution with peers and family</li> </ul>	<p><b>Personal Development 8.4.6</b></p> <ul style="list-style-type: none"> <li>• Positive self esteem and self image</li> <li>• Hopeful and optimistic for the future</li> <li>• Takes pride in their behaviour and appearance</li> <li>• Makes healthy and responsible choices and decisions &amp; able to stand up for themselves and resist negative peer pressure</li> <li>• Behaves positively and confidently and responsibly with the opposite sex</li> <li>• Reacts calmly to stress and problems</li> <li>• A good role model</li> </ul>
<p><b>Personal Development 8.4.7</b></p> <p>Safe sexual behaviour</p> <ul style="list-style-type: none"> <li>• Have only one sexual partner</li> <li>• No sex outside of marriage</li> <li>• Use condoms for protection</li> <li>• Avoid unwanted pregnancies</li> <li>• Finish education before marriage, avoid alcohol and</li> </ul>	<p><b>Personal Development 8.4.7</b></p> <ul style="list-style-type: none"> <li>• Discuss negative sexual behaviour</li> <li>• Identify sexual responsibilities of males and females</li> </ul>	<p><b>Personal Development 8.4.7</b></p> <ul style="list-style-type: none"> <li>• Respect, consideration and positive attitudes towards the opposite sex</li> </ul>

<p><i>homebrew, get treated for any STI symptoms, don't have sex with a sex worker, don't rape or sexually harass, use non-penetrative sex like masturbation</i></p> <p>Sexual responsibilities</p> <ul style="list-style-type: none"> <li>• Respect yourself and others</li> <li>• Stay faithful</li> <li>• Use condoms</li> <li>• <i>Don't pressure other people</i></li> <li>• <i>Don't get drunk</i></li> <li>• <i>Have an HIV/AIDS blood test</i></li> </ul> <p>Ethical values that govern your actions and decision making</p> <ul style="list-style-type: none"> <li>• Self-respect, personal integrity, respect dignity of others, respect values of the community</li> <li>• Responsibilities including obligations to family and community welfare</li> <li>• Showing concern including being caring, compassionate, loyal, tolerant, considerate, cooperative and share in decision making</li> </ul> <ul style="list-style-type: none"> <li>• <b>How HIV is transmitted and how HIV is not transmitted</b> <ol style="list-style-type: none"> <li><i>Sexual intercourse with someone who is infected with HIV– vaginal sex without a condom, anal sex and oral sex. 95% of cases</i></li> <li><i>Blood to blood contact with someone who is infected with HIV</i></li> <li><i>Parent to child transmission (infected mother to baby/child)</i></li> </ol> </li> <li>• <b>4 bodily fluids that carry HIV</b> Blood, semen, vaginal fluid, breast milk</li> <li>• <b>Positive Living for people who are infected with HIV and ART</b></li> <li>• <b>Who is vulnerable to HIV?</b></li> <li>• <b>HIV and STI's</b> Why having an STI makes you more vulnerable to HIV?</li> <li>• <b>7 types of STI's common in PNG (treatment and symptoms)</b></li> <li>• <b>4 types of germs that cause STI's (virus, bacteria, fungus, parasite)</b></li> <li>• <b>Sexual practices and HIV – no risk to high risk</b></li> <li>• <b>Safer sex methods</b> including <ol style="list-style-type: none"> <li><i>Abstain from sex before marriage (or when away from your husband/wife) or abstain from penetrative sex</i></li> <li><i>Both be faithful, both be tested</i></li> <li><i>Use a condom correctly (male or female condom)</i></li> <li><i>Delay the time you lose your virginity</i></li> </ol> </li> <li>• <b>Which groups do ABCD refer to (e.g. married people, young people)?</b></li> <li>• <b>How to use male and female condoms correctly and negotiate use</b></li> <li>• <b>The HAMP Act – stigma and discrimination</b></li> <li>• <i>Current HIV&amp;AIDS and STI statistics</i></li> <li>• <i>Sexual intercourse, arousal in men and women and possible physical, emotional and social</i></li> </ul>	<ul style="list-style-type: none"> <li>• Recognise the importance of using condoms and non-penetrative sex</li> <li>• Demonstrate ways to promote healthy living</li> <li>• <i>Decision making and critical thinking</i></li> <li>• <i>Resisting peer pressure and assertive communication (e.g. saying no to sex)</i></li> <li>• <i>Correct use of male and female condom</i></li> <li>• <i>Negotiating safer sex</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Advocates for safe and responsible sexual behaviour</i></li> <li>• <i>Values a strong and faithful marriage and the importance of completing education</i></li> <li>• <i>Empatise with others &amp; do not pressure them</i></li> <li>• <i>Knows that rape, sexual harassment and gang rape are wrong and immoral</i></li> <li>• <i>Fighting stigma and discrimination towards opposite sex and PLWHA</i></li> </ul>
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<i>consequences of sex</i>		
<b>Personal Development 8.4.8</b>  Strategies to respond to unsafe or risky situations <ul style="list-style-type: none"> <li>• Learn to assess risks</li> <li>• Be assertive</li> <li>• Learn or practice first aid</li> <li>• Do “warm up” before activities</li> <li>• Learn and practice self defence</li> </ul> Plan to prevent or minimise risk <ul style="list-style-type: none"> <li>• Use appropriate equipment and skills for activities, design and promote road safety rules, fire and water safety rules, safe storage of tools and chemicals, safe handling of tools, practical first aid</li> </ul> Actions to respond to unsafe situations <ul style="list-style-type: none"> <li>• Remove yourself from the situation, alert others of unsafe situations, act to make a situation safe or minimise the danger</li> </ul> Actions to respond to emergency situations <ul style="list-style-type: none"> <li>• Remain calm and assess danger to self and others, remove self and others from danger, follow first aid procedures and administer first aid, seek assistance, follow set procedures and rules</li> </ul>	<b>Personal Development 8.4.8</b>  <ul style="list-style-type: none"> <li>• Observe and demonstrate safety strategies</li> <li>• Develop or propose strategies plans to response to unsafe situations</li> <li>• Discuss and describe unsafe or risky situations</li> <li>• Reasons and make wise decisions</li> <li>• <i>Critical thinking and problem solving</i></li> </ul>	<b>Personal Development 8.4.8</b>  <ul style="list-style-type: none"> <li>• <i>Calm and caring in an emergency</i></li> <li>• <i>Ready and willing to help others</i></li> <li>• <i>Responsible</i></li> <li>• <i>Assertive</i></li> <li>• <i>Able to stand up for themselves</i></li> </ul>

**Teaching and learning activities:** (bold = assessment task *italic = suggested integrated subject*)

1. Interview fellow students to get their views on cultural beliefs and values and compare these to modern values (including religious values). Paired. (*Social Science and Religious Education*) e.g. birth beliefs, death beliefs, marriage beliefs, dressing beliefs, harvesting and food gardens, gender roles (e.g. work men and women can do) etc.

2. Discuss how personal and community practices reflect different beliefs or values about sex and sexuality. Groups of 4; same sex. (*Social Science*) e.g. Polygamy, Initiation, No sex before marriage, No sex during pregnancy, Divorce, Wife beating/domestic violence, Monogamy, Sexual taboos in the community (*find examples*), Menstruation taboos, Etc

<b>Personal or community practice</b>	<b>What belief is this based on?</b>	<b>What value is this based on?</b>
<i>Bride price</i>	<i>That it binds families together</i>	<i>That men are more important than women</i>

**3. Write a report on how personal and community practices reflect the different beliefs and values about sexuality. Individual.**

4. List what needs to be considered before starting a sexual relationship. Paired. Same sex. E.g. family planning, HIV and STI's, religious beliefs and instructions, local customs, peer pressure, opinions of others, power relationships etc

5. Write rules on how to handle a sexual relationship. Paired. Same sex. E.g. How to say to resist pressure from peers and older men/women, how to negotiate for safer sex, religious guidance, cultural taboos etc

6. Act out a role play based on strategies to resist pressure to have a sexual relationship. Groups of 4; same sex or mixed sex. (*Expressive Arts*) E.g. Young women resisting pressure from older men, young men resisting peer pressure, resisting negative cultural pressures, negotiating use of safer sex/alternatives to sex

7. Identify and map places and groups that can help young people's health. Groups of 4 mixed sex. (*Social Science*) E.g. Church youth groups, health workers, teachers from local schools, role model peers, NGO's, women's group etc



8. Obtain information on young people's health from a group/person. Individual. *(Language)* E.g. Write a letter requesting information or a visit to a group/individual, conduct a visit and collect contact details etc

9. Arrange for local leaders or health workers or community elders to visit the class and give a talk on a health issue affecting young people in that community. Whole class. *(Language)* E.g. Design and write interview questions, ask questions and note responses, write these up as a newspaper article, informative review or issue based report, or prepare a balanced report on a controversial issue summarising the competing views on the health issue

**10. Identify and list down some of health concerns of young people and describe how these issues affect young people. Paired. *(Language, MAL and Maths)* E.g. Design a well structured questionnaire to develop a good understanding of a social issue, collect and analyse data, produce an issue based report.**

**11. Research and discuss the cause and effects of the HIV and STI epidemic. Groups of 4; mixed sex. E.g. poverty, gender inequality, high levels of sex outside of marriage, lack of basic education and health care etc**

**12. Prepare play script and perform dramas for young people showing a clear message about healthy and responsible sexual behaviour. Groups of 4. Mixed sex. *(Language and Expressive Arts)* E.g. The dangers of home brew, dangers of unprotected sex, discouraging sex before marriage, sexual abuse of young people by older people etc**

13. Sort safe and risky sexual behaviours. Pairs. Same sex. E.g. Vaginal sex without a condom, vaginal sex with a condom, oral sex (sucking or licking the penis), oral sex (sucking or licking the vagina and clitoris), sex while drunk or on drugs, masturbation, anal sex, kissing, deep kissing using tongues, hugging, rape, abstinence etc.

14. Write a case study of the possible impact of HIV on a community (e.g urban community, remote rural village, High School etc). Individual. *(Language and Social Science)* E.g. the impact on women, girls, young men, older men, elders, community development etc

15. Design an awareness poster on the HAMP Act for local people (in vernacular). Individual. *(Language, Religious Education and Expressive Arts)*

16. List ways you could look after a person living with HIV or AIDS. Paired. Mixed sex. E.g. practical steps for Positive Living, emotional, physical, spiritual needs, caring for someone sick with AIDS. *(Religious Education)*

17. In groups discuss the advantages and disadvantages of the ABCD approaches. Brainstorm other strategies e.g. get STIs treated, no sex with sex workers, reduce the number of sexual partners, don't drink alcohol

Abstain from penetrative sex		Both be faithful; both get tested		Use a condom consistently		Delay time you lose your virginity	
+	-	+	-	+	-	+	-

18. Write a balanced report on the ABCD approach analysing the strengths and weaknesses of them. Individual with paired editing feedback. *(Language)*

19. Watch and question an HIV theatre troupe or awareness group. Write an informative review of their presentation. Individual. *(Language)*

20. Demonstrate the correct use of a male and female condom. Pair. Same sex. Watch a demonstration by teacher or awareness group. Practice in pairs. List the key steps to correct use. Ask any questions about condoms and their use.

21. Prepare written materials for Grade 7 students (or community members) on HIV covering the modes of transmission, bodily fluids, information on safer sex, the immune system, VCT and Positive Living. Groups of 4. Mixed sex. *(Language and MAL)*. E.g. a set of posters for the Grade 7 teacher to use, a Big Book, a set of information leaflets, a set of leaflets in the community Tok Ples, information board for the local Church etc

22. Play and then design games about sex like Sex Word Bingo, HIV Follow Me, Transmission game etc. Whole class.

23. Analyse the epidemic in PNG by looking at two graphs (new infections and gender/age infections). Paired. Mixed sex. *(Maths)*

**Assessment:**

Method	Task	Criteria	Recording
Written (individual) 8.4.3	Write a report on how personal and community practices reflect the different beliefs and values about sexuality	<ul style="list-style-type: none"> <li>➤ List and explain at least 3 personal and 3 community practices about sexuality (10 marks)</li> <li>➤ List and explain at least 2 positive and 2 negative taboos about sexuality in the local community (10 marks)</li> <li>➤ Explain your own point of view about these taboos (Do you agree with them or not? Why?) (5 marks)</li> <li>➤ Give at least 3 clear reasons for your opinion (5 marks)</li> <li>➤ Write at least one side of A4. This must be neat and tidy. Writing should be in sensible paragraphs (including an introduction and conclusion). (10 marks)</li> <li>➤ Use and spell key words correctly: taboo, community, cultural, personal, practices, sexuality, behaviour, gender, belief, value (10 marks)</li> </ul> <p style="text-align: right;">Total: 50 marks</p>	Reports collected and marked by the teacher
Written (paired) 8.4.6	Identify and list down some of health concerns of young people and describe how these issues affect young people	<p>a. <b>Questionnaire</b> (50 marks)</p> <ul style="list-style-type: none"> <li>➤ At least 3 closed questions to collect tally data (e.g. gender, tick the issues most important to you) (10 marks)</li> <li>➤ At least 3 open questions to collect opinion (e.g. which is the most important issue to you? Why is this issue so important?) (10 marks)</li> <li>➤ At least 5 young men and 5 young women interviewed (5 marks)</li> <li>➤ Data tallied accurately and neatly (10 marks)</li> <li>➤ Questions related to health concerns (5 marks)</li> <li>➤ Correct grammar in questions e.g. question marks (5 marks)</li> <li>➤ Questionnaire designed neatly and logically – easy to complete and read (5 marks)</li> </ul> <p>b. <b>Report</b> (50 marks)</p> <ul style="list-style-type: none"> <li>➤ Equal team work (e.g. alternate paragraphs) (5 marks)</li> <li>➤ One section on <b>Method</b> explaining what you did step-by-step (5 marks)</li> <li>➤ Data tables showing results of research (10 marks)</li> <li>➤ 2 graphs showing data (with labels, coloured, accurate and neat) (10 marks)</li> <li>➤ One section <b>describing</b> the main findings (at least 3 main findings) (10 marks)</li> <li>➤ One section <b>explaining</b> the main findings (at least 2 reasons for each finding) (10 marks)</li> <li>➤ One section (<b>conclusion</b>) which makes at least 5 recommendations for action in the community related to the findings (10 marks)</li> </ul> <p style="text-align: right;">Total: 100 marks</p>	Criteria marked by teacher
Drama	Prepare play script and	<ul style="list-style-type: none"> <li>➤ Group written play script with range of</li> </ul>	Peer marking using

(groups of 4; mixed sex)  8.4.7 and 8.4.8	perform dramas for young people showing a clear message about healthy and responsible sexual behaviour	characters on the theme, names for characters, stage directions (5 marks) ➤ Clear and persuasive message in the drama (e.g. do not have sex before marriage, unprotected sex could lead to HIV or STI's or unplanned pregnancy, using a condom carefully and responsibly etc (5 marks) ➤ Shows clear and workable strategy for resisting pressure or changing behaviour (e.g. "My Church does not allow sex before marriage", "How to get a test for HIV" etc) (5 marks) ➤ Interesting facial and body gestures in the drama (5 marks) ➤ Well rehearsed (5 marks) ➤ Realistic conversation and relevant to community (5 marks) ➤ Equal turn taking – all take part (5 marks) ➤ Confidence in performing in public (5 marks) ➤ Correct sound formation and pronunciation (in English or Tok Pisin/Tok Ples) (5 marks) ➤ Confident tone and loud volume of voice (5 marks)  Total: 50 marks	the criteria
Total for unit of work: 200 marks			

#### Resources and Programming notes as per Grade 7 units of work. Department of Education 2008

*Designed by primary teachers from the Raikos, Madang Province at an HIV/AIDS workshop at Saidor in June 2006. The workshop was funded by VSO Tokaut AIDS and Raikos District Administration. Please acknowledge, adapt and use your fellow teachers' work. Edited by Richard Jones, Madang Teachers College/VSO Tokaut AIDS*

*This is a sample OBE unit of work based on the primary school Personal Development syllabus.*

## 8.2 Department of Education approved HIV/AIDS materials (2008)



Other resources planned for 2008/2009 include:

- DoE HIV/AIDS & STI In-service modules
- DoE Health Promoting Schools manuals
- Population Education HIV/AIDS Readers for G3-4
- DoE Grade 5-8 Health and Personal Development sample units of work

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If you have any suggestions for improvements to this Resource Book please contact the HIV/AIDS Desk

## **Contacts for training and resources**

### **If you need more information or training:**

There are many organisations in PNG that provide HIV and AIDS and STI services. 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**

#### **Provincial AIDS Committees**

Bougainville (Buka) 973-9191	Morobe (Lae) 472-8676
Central (Konedobu) 321-6032	NCD (Port Moresby) 323-0515
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) 735-1389
Enga (Wabag) 547-1141	Gulf (Kerema) 648-1058
West New Britain (Kimbe) 983-5492	Madang (Madang) 852-3422
Western (Daru) 645-9090	Manus (Lorengau) 470-9643
Western Highlands (Mt. Hagen) 542-3835	Milne Bay (Alotau) 641-0433
Southern Highlands (Mendi) 549-1710	New Ireland (Kavieng) 984-1134

#### **Other organisations working with teachers and young people**

**Basic Education Development Project (AusAID) 323 2210**

**Department of Education Population Education (UNFPA) 324 6487**

**All teachers colleges, University of Goroka, PAU, DWU and PNGEI. All Church Education Offices, Standards and Guidance officers**

**PNG Family Health Association, Lae 472-6523**

**Anglicare StopAIDS 325 1855**

**VSO Tokaut AIDS 852 3385**

**Save the Children PNG 732 1825**

**UNICEF 321 3000**

**IEA 321 4720**

**Hope Worldwide 325 6901**

**ChildFund PNG 323 2544**

**Department of Education HIV/AIDS Desk**

HIV/AIDS Desk

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(t) 301 3394 (f) 301 3398

**BAHA HIV/AIDS Advice line (free) 7200 2242**

**Yangpela Hotline, Sexual and Reproductive Health (free) 7200 5314**

**Meri Seif Ples Hotline (free) 7222 1234**

**Good website: [www.avert.org](http://www.avert.org)**

## **Learning about HIV/AIDS: our schools, our future, our responsibility**

