

Department of Education
TVET Division
**Health Education to Prevent
HIV/AIDS & STIs**

Student Resource Book
3rd Edition 2009



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**DEPARTMENT OF
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Teachers and schools in Papua New Guinea have permission to use, share and adapt these materials.

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Additional information on Drugs and Alcohol added to Student Resource Book

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Secretary's Message

Young men and women need to learn about HIV/AIDS & STIs to protect themselves and their future. During their time in vocational education, students should have the opportunity to learn practical life skills. They should have the chance to discuss, debate, role play and explore the issues around sexuality, relationships, reproduction and sexual health. They should also learn how to be a leader in their community, helping and caring for others and raising awareness about HIV/AIDS & STIs.

In response to the HIV/AIDS & STI epidemics and the future needs of the country all TVET institutions will teach this 40 hour course to all their students. Teachers will use the Teacher Guide to help plan and deliver student centred, participatory lessons. Students will use the Student Resource Book as a source of accurate information and self study tasks.

I commend the writers for their effort and approve these books for use in TVET institutions throughout Papua New Guinea. I encourage all teachers and students to become fully involved in the fight against HIV/AIDS. God bless you and your efforts.



Dr Joseph Pagelio
Secretary of Education

Learning about HIV/AIDS & STIs

Young men and women in PNG face many challenges. HIV/AIDS and STIs, unplanned pregnancy, poor relationships, gender inequality, drug and alcohol abuse and other issues damage the health of you and your communities.

The Department of Education has included life skills and HIV/AIDS & STI education in the TVET curriculum since World AIDS Day 2007. The HIV/AIDS Policy (2005) states all students must have access to accurate information and resources, including condoms. You should also have access to health care and counsellors if you need them. You have the right to learn about HIV/AIDS and the responsibility to protect yourself and others.

This compulsory course will help you learn about HIV/AIDS, STIs and reproductive health. The Resource Book contains all the accurate facts and information you need to protect yourself from risk.

The course should take about 40 hours to complete.

Read the Modules carefully and complete each of the Self Study tasks. Your teacher will refer to the Resource Book during lessons. Please make sure you ask any questions you have about HIV/AIDS & STIs. Don't die of ignorance!

“Learning about HIV/AIDS: our schools, our future, our responsibility”



Module outcomes

Module	Learning Outcomes	Time
1. Basic knowledge of HIV/AIDS & STIs	1. Explain what HIV/AIDS is and how people get infected. 2. Explain how HIV damages the body 3. Explain about the HIV and STI epidemics in Papua New Guinea. 4. Explain what STIs are, their symptoms and treatments.	10 hours contact time
2. Protecting yourself and others	1. List safe and unsafe sexual practices 2. Identify strategies for reducing risk of HIV transmission 3. Demonstrate how to resist pressure to have unsafe sex 4. Demonstrate correct use of the male and female condom 5. State strategies for a healthy and faithful relationship 6. Explain the importance of having an HIV blood test	10 hours contact time
3. Care and support for people living with HIV/AIDS	1. Explain the effects of stigma and discrimination on people living with HIV/AIDS 2. List services, treatment and support available to people living with HIV/AIDS 3. Explain how to care for people living with HIV/AIDS 4. Demonstrate responsible and caring behaviour towards people living with HIV/AIDS	10 hours contact time
4. Sexuality, sex and responsible living	1. Confidently discuss personal sexuality and values. 2. Explain factors that lead to healthy responsible sex. 3. State the importance of responsible parenthood. 4. Demonstrate leadership for safer healthier communities.	10 hours contact time

Additional facts on drugs and alcohol have been added at the end of the text.

How will I be assessed?

Formative assessment of students is based on the assessment criteria for the Modules. You will complete one test and one assignment for each Module. You will also be assessed for attitude and participation. Your teacher will explain the assignments and criteria to you. Please ask if you have any questions on how your competencies will be assessed.

Module	Test	Assignment	Attitude and participation
1 Basic knowledge of HIV/AIDS & STIs	10 % 20 questions	12% E.g. poster making	3%
2. Protecting yourself and others	10% 20 questions	12% E.g. Condom demonstration	3%
3. Care and support for people living with HIV/AIDS	10% 20 questions	12% E.g. Role play	3%
4. Sexuality, sex and responsible living	10% 20 questions	12% E.g. Community awareness	3%
	40%	48%	12%
Total	100%		

You will be graded as follows:

% score	Grade	Quality of work	CBT grade
90-100	A	High distinction	High Competence
80-89	B	Distinction	Competent
70-79	C	Credit	Competent
60-69	D	Upper pass	Competent
50-59	E	Pass	Competent
Below 50	F	Fail	Not yet competent

All students who successfully complete the course will be awarded a Certificate which includes all the Modules studied and their results.

Module 1 Basic knowledge of HIV/AIDS & STIs

Learning outcome 1: Explain what HIV/AIDS is and how people get infected

1.1 State what HIV is and its origin

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.

Where did HIV come from?

Scientists believe that HIV originally came from the Simian (monkey) Immunodeficiency Virus (SIV) found in chimpanzees. SIV is a virus that is very closely related to HIV. SIV crossed to humans when hunters killed chimpanzees that were infected with SIV. The hunters either ate infected meat, or blood from the chimpanzee got into cuts and wounds of the hunters. Once SIV was inside the human body, it quickly mutated to HIV. Researchers think that HIV originally came from a group of chimpanzees living in Cameroon in Africa. It crossed to humans almost 100 years ago.

When was the earliest case of HIV?

The earliest evidence of HIV has been found in a blood sample taken in 1959 from a man who died in the Democratic Republic of Congo in Africa. Researchers believe that the HIV from this man dates back to the 1930's and HIV may have been introduced into humans around the beginning of the 20th century. Research is still going on.

When was HIV/AIDS first discovered?

Between 1979 and 1981, doctors in the USA noticed that healthy men were developing diseases that only happen when the immune system is weakened. They discovered this was a disease that had not been recorded before. The first case was officially recorded in 1981 and in 1983 researchers Luc Montagnier and Robert Gallos discovered the Human Immunodeficiency Virus (HIV).

Self study: *Why do you think HIV spread so quickly around the world? Why do you think HIV was discovered in the USA and not in Africa? Discuss this with a friend.*

1.2 State what AIDS is and its symptoms

AIDS stands for **Acquired Immunodeficiency Syndrome**.

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.

1.3 Explain the three common modes of HIV transmission

The three common ways HIV enters into the body are:

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.** For more information, see Module 2.

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.

1.4 State the four body fluids that transmit HIV

- i. Semen
- ii. Vaginal fluid
- iii. Blood
- iv. Breast milk

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

1.5. State ways HIV is not transmitted

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

It is also **not** transmitted by insect bites, hugging, shaking hands, sharing cutlery, sharing buai, sharing clothes or sheets, sharing a mosquito net, sorcery or spells or spirits, washing in the same river, sharing a toilet 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.

Learning outcome 2: Explain how HIV damages the body

2.1 Explain what happens when HIV enters the blood system

2.2 Explain how the immune system works and how it reacts to HIV

Our immune system contains special defence cells which can recognize germs entering our body, kill them and remember them if they enter the body again. One type of these special defence cells are called CD4 white blood cells. As soon as HIV enters the blood system it starts to destroy these special defence cells.

The virus finds the CD4 cells, makes its home in the cell and multiplies. The person is now HIV-positive. The virus forces the cell to make more HIV. Soon the number of viruses increases until the cell wall breaks open. This means the viruses are out in the blood stream and able to find and invade more defence cells and the original defence cell is destroyed.

2.3 Explain what happens when the immune system cannot protect the body (AIDS)

As these special CD4 cells are destroyed the body produces more to replace them, so the person remains healthy. After a period of years the body cannot longer keep producing enough defence cells to replace all those being destroyed by HIV. When

this happens, the number of defence cells drop to a low level where the body can no longer defend itself from infections.

Often many infections affect the body at the same time and the person becomes very sick because the immune or defence system is no longer working. This is called AIDS. You can be HIV positive for years before developing AIDS.

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

There is no one simple answer. It depends on the health of a person's immune system. Stress from stigma, poor diet, unhealthy lifestyle and unhealthy environment weaken the immune system.

In developing countries such as PNG, a person living with HIV can generally live between 6-8 years before they get ill and develop AIDS. This might be less, especially if a person is sick or does not get medicines. This may also be longer. Some people have lived longer than 10 years with the virus and not become sick.

2.4 State 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.

2.5 State common opportunistic infections

All of us carry around a whole set of germs (bacteria, virus, fungi and parasites) that our immune system keeps under control. When the immune system is not healthy these germs and others that come in contact with the body can cause major illnesses. These illnesses are called **opportunistic infections**, because they use the opportunity of the damaged body defence system to attack the body.

Opportunistic infections can cause pain, discomfort and often lead to death.

Opportunistic infections include pneumonia, tuberculosis (TB), persistent diarrhoea, thrush in the mouth and throat, and rare cancers that take advantage of the person's weakened immune system.

Learning outcome 3: Explain about the HIV epidemic in Papua New Guinea

3.1 State the root causes of the HIV epidemics

Self study: Before you read this section, try and think of as many causes of the HIV epidemic as possible. Think about what causes HIV in your own communities and in PNG as a country. Note these down and then compare them to the list below.

- **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 group and peers. Discuss which of these causes may be relevant to your own community?

Self study: Which of these root causes to the epidemic may impact on you as an individual? e.g. Do you have to travel away from family for school? Are you female?

3.2 Explain the current state of the epidemic (which groups of people are infected, how many, etc)

Papua New Guinea's HIV epidemic is the worst in the Pacific region. It is difficult to know how many people are infected because 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%

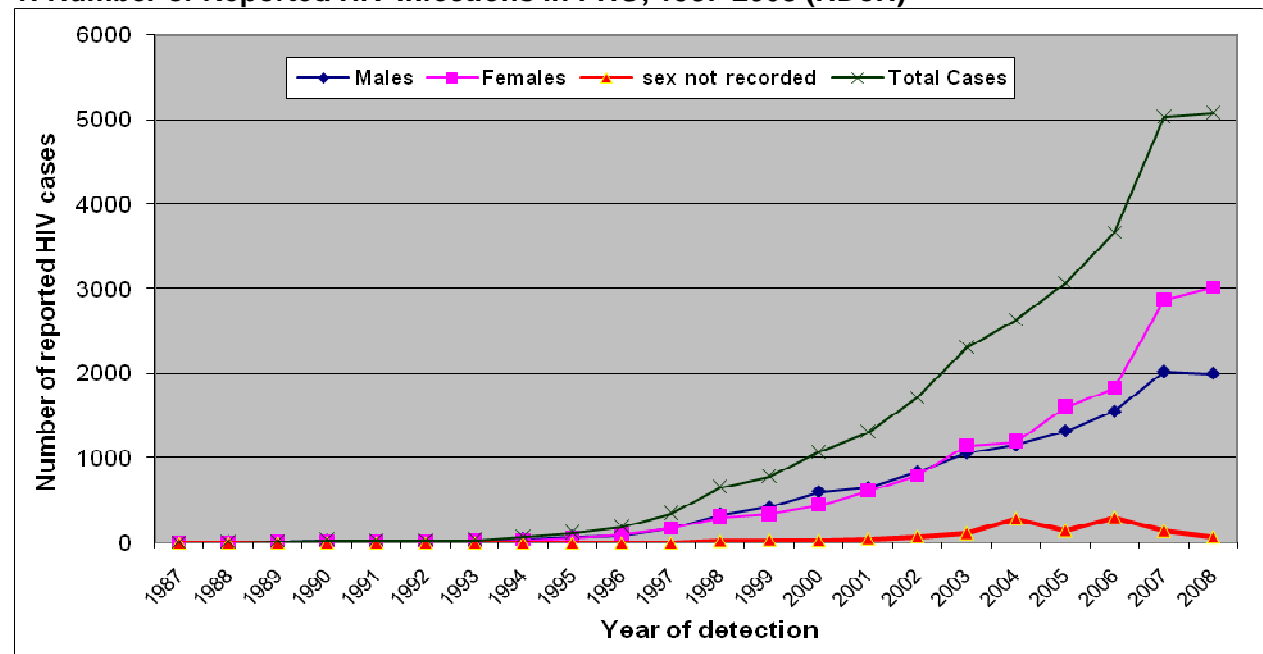
Estimated % of rural population HIV-positive: 1.65%

Estimated % of population HIV-positive: 1.28%

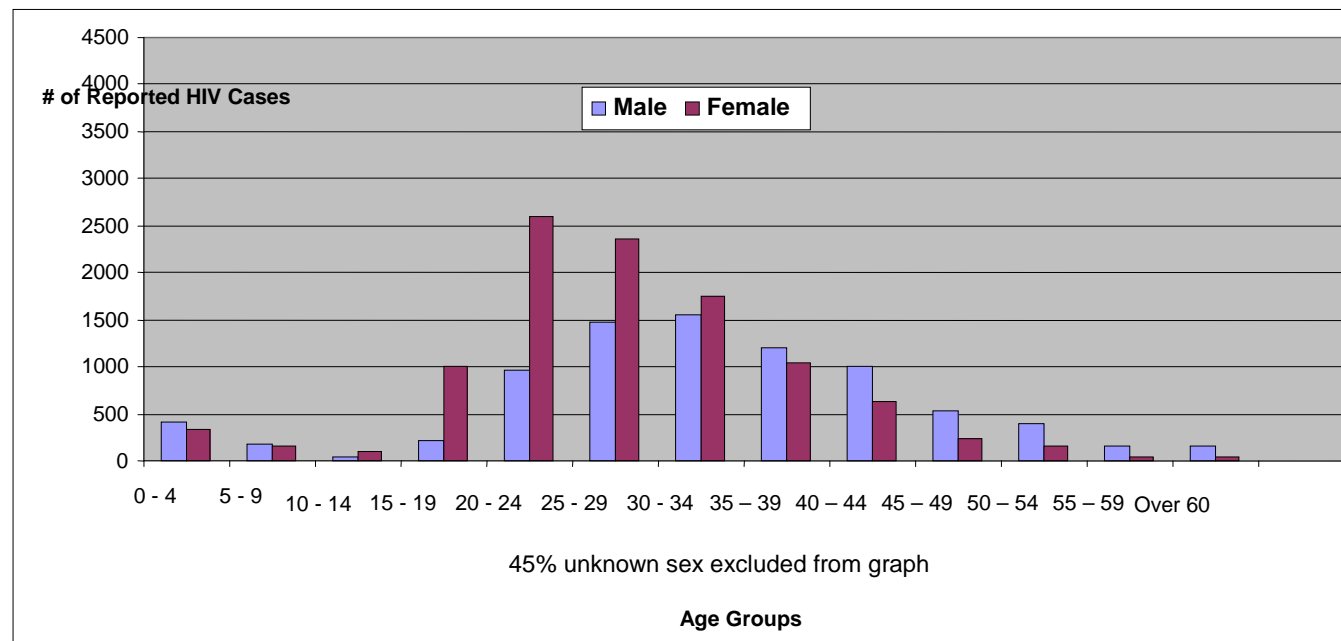
(NACS, 2007)

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 Explain which groups are most vulnerable and why

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?

Young women are especially vulnerable for many reasons:

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

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

3.4 Explain how and why young women and young men are vulnerable to HIV

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. Men are the "boss" in sex and marriage
- iv. Others have married young to older men who have power over them
- v. Their vaginas are more susceptible to infection by HIV
- vi. They have limited or no financial resources
- vii. Young women have higher chances of being raped
- viii. They become victims of violence and abuse
- ix. They are also vulnerable due to cultural factors such as compensation, polygamy, bride price etc.
- x. They are also put under pressure to get married and have children early
- xi. 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

3.5 Predict possible future impacts of HIV/AIDS on young people, families, schools and communities

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

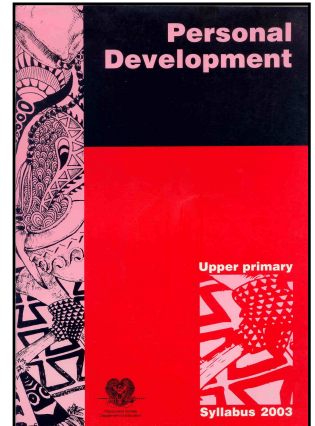
- i. An increase in deaths and sicknesses
- ii. Economic pressure on families for funerals and health care
- iii. Fewer workers in towns and villages
- iv. Loss of students and teachers
- v. Young women and girls leaving schools to care for families and relatives
- vi. Pressure on an already strained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

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?

3.6 Explain how individuals, families, communities, other groups and the Government can help fight the HIV 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
- This new TVET course
- 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.

Papua New Guinean individuals, families, communities and other groups and the government can also help fight the HIV epidemic 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 other countries the epidemic slowed down when people saw their friends and relatives die and then change their sexual behaviour. But by then it is too late. Therefore, we must all change our sexual behaviour. We will then protect ourselves and others.

Self study: What have **you** done to fight the HIV epidemic? What has **your** community done? What has **your** school done? List these in your work book.

Learning outcome 4: Explain what STIs are, their symptoms and treatments

4.1 Explain the meaning of STI

The letters STI stand for **Sexually Transmitted Infection**. PNG has a high rate of STI infections. The most common STIs in PNG are gonorrhoea, chlamydia, donovanosis, syphilis, thrush, genital herpes and HIV. Common STI signs and symptoms include sores on the penis or vagina, discharge, smells and pain when urinating.

Remember, HIV has no symptoms.

STIs are transmitted by unprotected vaginal or anal sex.

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

4.2 List the common STIs and the germs that cause them

Infection	Symptoms in women	Symptoms in men	Treatment
Syphilis (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
PID (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
Gonorrhoea (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
Chlamydia (bacteria)	Usually no symptoms - increased vaginal discharge or irritation during urination, irregular bleeding; can lead to PID, ectopic pregnancy and/or infertility if untreated	May have no symptoms. Sometimes pain during urination and discharge from penis. May lead to infertility	Cured with antibiotics
Donovanosis (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
Gardenerella (bacterial vaginosis)	Grey/green discharge, smelly, itchy	Not found in men	Cured with antibiotics
Trichomoniasis (protozoan)	Frothy discharge with an unpleasant smell and/or inflamed vagina and itchiness	Usually no symptoms	Cured with medicine
Thrush (Candida) (fungus)	Creamy thick discharge, smelly, itchy and inflamed vagina. Can also be caused by stress, poor genital hygiene or by using antibiotics	Itchy rash on penis or anus. Can be found in mouth and throat	Anti fungal creams and other natural options
Genital herpes (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

Infection	Symptoms in women	Symptoms in men	Treatment
			later
Genital warts (Human Papilloma Virus)	Tiny painless lumps (cauliflower like) around vagina, penis or anus. Sometimes no symptoms. Linked to cervical cancer.		Lumps treated with freezing or special paint. Virus can reappear later
Hepatitis A (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.
Hepatitis 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.
HIV (Human Immunodeficiency Virus) (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. ART and Positive Living keep people healthier for longer
Scabies (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
Pubic lice (parasite)	Pinhead sized lice which can be seen in pubic hair and cause itchiness		Curable with special medical shampoos

4.3 Describe the signs and symptoms of the common STIs

If you have these signs you may have an STI:

- Pus or discharge from the penis or vagina
- Pain when urinating
- Bad smell from the penis or vagina
- Sore, ulcer or blister on the penis or vagina or around the anus
- Pain in the vagina or lower belly
- Pain during sex

Many STIs can be treated and cured so if you think you have one you and your sexual partner must go for a test at the STI clinic or see your health worker immediately. Having an STI means you have a much higher chance of being infected with HIV and some STIs lead to infertility if not treated.

4.4 State the treatments of common STIs

See the table above.

4.5 Explain how people can prevent STIs

STIs are preventable diseases if you use these strategies:

- Abstain from sex
- Use a male or female condom every time you have sex
- Be faithful to one sexual partner who is faithful to you
- See a health worker if you have signs of an STI
- Reduce the number of sexual partners you have
- Don't have sex with someone who has signs of an STI
- Learn the signs and symptoms of STIs
- Examine your genitals for sores and smells
- Avoid having sex while drunk or on drugs
- Don't use sex workers
- Keep your genitals and underwear clean. Do not wash your genitals with strong soap.

4.6 Explain how having an STI makes you more vulnerable to HIV

Any sore on the genitals acts as a “doorway” for HIV to pass into the body. Also 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

Why is it important to teach your peers 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

If you think you have an STI, you must get treated. Then your sexual partner must also be tested and treated. You both need to change your sexual behaviour because you are both at risk.

Module 2 Protecting yourself and others

Learning outcome 1: List safe and unsafe sexual practices

1.1 List common sexual practices

1.2 List high risk, low risk and no risk sexual practices

There are many different sexual practices. These include vaginal sex, anal sex, oral sex, masturbation, fingering and kissing. Some sexual practices are safe and some have risks. Some behaviours carry a very high risk of transmission of HIV or STIs. Some carry a risk of pregnancy.

Remember, all sex has consequences (emotional and physical) and some sexually practices are taboo, risky or even illegal in PNG.

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), hugging, fingering, talking

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 still more risky than vaginal sex with a condom)

High risk of HIV transmission

Vaginal sex without a condom; Polygamy (multiple sexual partners); Unprotected sex during a woman's period, Man withdraws before ejaculating

Very high risk of HIV transmission

Anal sex without a condom; Sex when you are drunk or on drugs; Rape/gang rape/line up sex; Sex for money/food; Sex within a cult; Sexual abuse; Unprotected sex if you or your partner has an STI, Having sex too young

Depends

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)

1.3 Explain why these behaviours are classified high, low and no risk.

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.

High risk behaviour is when the four body fluids that can carry HIV enter the body of the uninfected person through a cut or sore or soft tissues. The linings of the vagina, penis and anus are delicate and thin, and can tear easily. These small tears can be invisible and unnoticeable, but are enough to let HIV into your bloodstream.

The riskiest sexual activities are:

- Having vaginal or anal intercourse without a condom
- Having sex too young
- Polygamy (multiple sexual partners)
- Unprotected sex during a woman's period
- Sex when you are drunk or on drugs
- Rape/gang rape/line up
- Sex within a cult (this is usually risky sex)
- Sexual abuse
- Unprotected sex if you or your partner has an STI or HIV

Uncertain risk of HIV infection

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). Married people can be infected through unfaithfulness.

Remember there is also a risk of HIV transmission from skin cutting and tattooing. Wet blood can transmit HIV if you have cuts in your skin. Always sterilize needles and blades in strong bleach.

1.4 Explain how practicing safe sex leads to a healthier relationship

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.

For example, if a couple does not practice safe sex and the woman accidentally gets pregnant, this leads to stress on their relationship.

Self study: *What other consequences could unsafe sex have on a marriage? List them with a partner.*

Learning outcome 2: Identify strategies for reducing risk of HIV transmission

2.1 State the advantages and disadvantages of ABC

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 and both get tested

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

You can use A and B and C

For example, you could use a condom with your husband/wife **and** be faithful **and** be tested **and** abstain from sex when you are away from the home.

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

Abstain from sex	
Advantages	Disadvantages
100% safe You are making an informed choice Culturally acceptable Church teaching Allows time for your body and mind to mature You can complete your education	You need good life skills and strong values to resist pressure Not an option if sex is forced Not an option for married people or those who want children

Both be faithful and both get tested	
Advantages	Disadvantages
Builds trust and a strong relationship Church teaching Builds a healthy home and good environment for raising children You know your HIV status Culturally acceptable	Relies on trust Relies on the behaviour of someone else Relies on the good choice of partner Needs shared values and good communication Has to continue for life Needs a healthy satisfying sex life Unfaithfulness leads to very high risk of HIV

Use a condom every time you have sex	
Advantages	Disadvantages
Very effective barrier to HIV and STIs if used correctly every time you have sex Male condom: 95-99% effective Female condom: 95% effective Free Family planning method Can be used by single or married people Reduces fear of HIV, STIs and	You need to know how to use them correctly Need to practice using them Both partners must be confident using condoms Both partners have to agree to use condoms Need to be used every time to be most

pregnancy during sex May help men last longer during sex	effective Slightly different sensation during sex Some Churches discourage use Stigma about condoms (e.g. fear that condoms encourage promiscuity) Can't be used if a couple are trying to have a baby
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2.2 Identify other strategies people can use to reduce the risk of HIV

There are other strategies for reducing the risk of HIV transmission.

- Delay the time of first sexual experience
- Complete your education
- Don't marry when you are too young
- Don't marry someone much older than you
- Reduce the number of sexual partners you have
- Don't use sex workers
- Full male circumcision (removing the whole foreskin)
- Avoid tattooing and scar cutting
- Avoid getting drunk or taking drugs
- Don't live away from your husband or wife
- Get an HIV blood test
- Find out about HIV/AIDS and STIs
- Get treated if you think you have an STI

Self study: Which other strategies can you think of which would reduce your chance of being infected with HIV?

Reducing the risk 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.

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

a. Treatment for the mother

An HIV positive mother can take antiretroviral medicines (ART) during pregnancy, labour and breast feeding. ART is very 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 after birth. This is also very effective at preventing transmission.

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.

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

HIV positive mothers 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.

Blood spills and first aid safety in school, home and the workplace

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, at work or during sport. 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.

HIV cannot survive in dry blood.

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.**

Self study: Does your school, workplace or institution have a first aid kit? Have you and other students had basic first aid training? How can you encourage them to provide a first aid kit? Discuss this with a group.

Risky times

Risky times could include: harvest, disco, *singsing*, travelling 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?*

Groups who are at risk

- People with many sexual partners
- Women married to unfaithful men
- 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
- Polygamous families
- People with untreated STIs
- Men who use sex workers.

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

Self study: *With a partner make a sort this list into which people you think are the most at risk. Which other groups are missing? Add them to the list.*

2.3 Explain which life skills help reduce the risk of HIV

Life skills are vital skills that help keep us safe, happy and help us develop as human beings. There are many life skills and the learning of them continues through our whole lives. Many skills are also learnt in community and family life, traditionally or through churches.

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.

Key life skills

Self awareness Communication Decision making Strong values Critical analysis (what is really going on in a situation) Assertiveness (saying “no” without being rude or weak) Goal setting & forward planning (being prepared)

Empathy (imagining how other people feel)
Problem solving (thinking creatively about situations)
Self esteem (a positive view of yourself)
Self confidence (a realistic belief in your own decisions)
Conflict resolution & managing emotions
Correct use of male and female condom

Learning outcome 3: Demonstrate how to resist pressure to have unsafe sex

Resisting pressure is important for young people to avoid risk. You need to know what to say and how to say it **assertively** (politely but firmly).

Self study: *Who is going to put you person under pressure to take risks? Discuss with a partner the situations when you could be put under pressure.*

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 marijuana
- Break community rules
- Break religious rules
- Get involved in crime or violence

3.1 Demonstrate negotiation skills for safe sex

Safe sex protects you and your partner. You need to be able to negotiate for safe sex.

E.g. Using a condom

E.g. Having oral sex instead of penetrative sex

E.g. Masturbating each other rather than have penetrative sex

E.g. Just kissing and touching

Try to make a decision that both of you can accept

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

Self study: Complete this script for resisting pressure to have unprotected sex

Elly: Jim, it's so wonderful to be with you. I've been longing for this moment for a long time.

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.

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

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

3.2 Demonstrate saying no to sex in an assertive way using the steps to deliver an assertive message

If your partner wants to have unsafe sex with you there are ten responses which are quick, clever and effective. It is important that you are familiar with them. You often use more than one to protect your body. These are some strategies for resisting pressure:

1. **Just say NO**

Say it politely and firmly. Keep it short; show with your facial expression that you mean it. Shake your head and simply say "No, I'm not interested"

2. **Leave**

Only say "NO" twice before taking action to leave. Arguing is not good solution. Walk away with confidence.

3. **Ignore**

Pretend to concentrate on something else and do not listen to the suggestions e.g. concentration on what you are doing. Avoid eye contact and resist the temptation.

4. **Make an excuse**

Excuses spare feelings – think of something you should be doing instead to get away from the invitation to trouble: - e.g. "I've got to study for a test"

5. **Change the subject**

The trick is to say out of the ordinary to change to subject totally. This involves quick thinking and fast talking, e.g. "Guess what I just heard someone say about you?"

6. **Use your values**

Be clear about what you will and won't do. E.g. "I don't believe in sex before marriage."

7. Act shocked

Be amazed, amused or astounded that your friend would even say such a thing. E.g. "I can't believe you are suggesting that."

8. Flattery

Is makes you feel good for saying kind things while escaping a difficult problem. E.g. "You are a good friend and I don't want to see you hurt. You usually have good ideas but this isn't a good one. Come on, let's do a little better"

9. Offer a better idea

Suggest something else to do that does not have unpleasant consequences. E.g. "Why don't we kiss instead?"

10. Return the challenge

When ignoring a tempting offer, and making jokes to using excuses or just saying "No" will not work, then it is time to return the challenge. This is best used when your friend is pressuring you. E.g. "I can't believe you are asking me to do that. If you loved me you wouldn't ask me that."

Self study: Which of these strategies for resisting pressure would you use first? Why?

Do you have strong reasons to say no?

Good reasons could include honouring your parents, keeping safe from HIV and STIs, not getting pregnant, school, respecting your body, Christian values, not wanting to feel under pressure and what you feel about the other person.

How would they try and persuade you?

People will often try and persuade you to take risks. They might use 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?"). You need to have the skills and self esteem to resist this pressure.

3.3 List reasons for abstaining from sex

Abstinence is a life skill. 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.

Abstinence depends on strong values, good decision making, high self esteem and strong assertiveness. Clear religious messages about abstinence help young people.

- 100% protection from HIV/AIDS and STIs
- Cultural and religious beliefs
- Completing your education without distraction
- Not wanting to get pregnant
- Not believing in sex before marriage
- Because you are not ready and feel under pressure

- Because you do not trust the person
- Because you do not have a condom

Self study: *There are many reasons for abstaining from sex. Which other ones are important? List these with a partner.*

3.4 Explain the importance of young people delaying first sexual contact

- Young people may be physically mature but they may not be emotionally mature.
- Sex before marriage is against their values
- Might not know enough about HIV/AIDS and pregnancy risks yet
- Might not be confident to talk about sex or condoms
- Might need to choose a better partner
- Need more experience of the world
- Wanting to complete their education and get a job
- Wanting to be independent
- Reduces the risk of HIV/AIDS and STIs

3.5 Identify risky situations and role play how to deal with them

Risky situations could include:

- Times when you are alone or with someone of the opposite sex
- Tribal fights
- Drinking home brew
- Smoking marijuana
- Being tempted by someone of the opposite sex
- Being asked out by someone older than you
- Getting carried away when with your boyfriend/girlfriend

Self study: *Which other situations are risky? Are they different for young men and young women? Discuss and list these with a peer.*

Learning outcome 4: Demonstrate correct use of the male and female condom

4.1 Demonstrate the correct use of the male condom and lubricant

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 use one condom at a time
- Only use condoms once
- The 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.

Young 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.

4.2 Demonstrate the correct use of the female condom and lubricant

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
- The 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.**

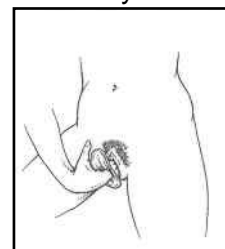
3. A woman can wear the female condom inside her vagina for up to 4 hours before sex

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

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



6. 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.



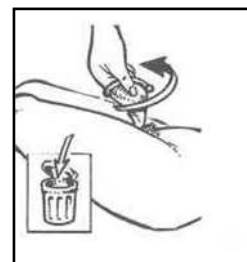
7. The outer, larger ring should be outside the vagina. Putting lubricant and spermicide inside the condom makes sex better and safer



8. 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)

9. 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!)



Young 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.

4.3 List reasons people chose to use 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. Condoms are very effective in preventing the spread of HIV and STIs.

Why do people use condoms?

- 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!

Self study: *What could you say to a partner to encourage them to use a condom? Brainstorm some of the arguments you could use to promote safer sex before you have sex?*

4.4 List reasons why people do 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
- are trying to have children.

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 peer if you feel comfortable.*

4.5 Explain how condoms protect people against HIV and STIs and unplanned pregnancy

Condoms are a barrier. HIV cannot pass through the material. 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 it is important for men and women to learn the correct way of using them.

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

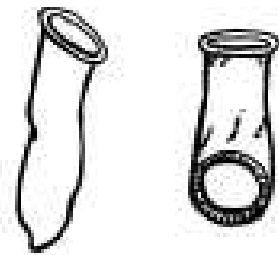
Using water based lubricant reduces the chance of the condom tearing and makes sex more pleasurable for both the man and the woman.

4.6 State where people can get condoms

Condoms are free from health centres, condom dispensers, NGOs and Provincial AIDS Committees. Schools should provide access to condoms for boarding students and staff (DoE HIV/AIDS Policy, 2005).

You can also buy condoms in pharmacies.

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



Learning outcome 5: State strategies for a healthy and faithful relationship

5.1 List behaviours that promote a healthy faithful relationship between boyfriend/girlfriend & husband/wife

Faithfulness is a life skill. 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; travelling to town on your own; not having a healthy loving sex life with your partner; domestic violence

Church teachings are very clear on faithfulness in marriage. **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.

Behaviours that strengthen a marriage include:

- trust and respect
- honesty
- not drinking heavily
- socialising and travelling together
- not living away
- not having too many children
- having time to discuss and solve problems
- patience
- open communication
- marrying for love
- shared interests and goals
- having the same level of education/power/finances
- completing your education
- having financial security before marriage and children
- no violence

Self study: Which behaviours strengthen the relationship between a boyfriend and girlfriend?

E.g. Not cheating on each other, not pressurising them to have sex, not being embarrassed to talk to each other in public etc

5.2 List characteristics of a suitable partner

5.3 List characteristics of unsuitable partners

A good partner would be...	A bad partner would be...
Kind Calm and gentle Patient and understanding Honest A good communicator Comfortable with sex Willing to share, love and provide Faithful and happy to spend time with you Sober Mature Not too old or too young Reliable Not foolish with money Etc	Too busy with work or education Angry or loses their temper easily Violent Travelling a lot Someone who drinks heavily Someone who is too young or too immature An adulterer Poor communicator Demanding and aggressive Liar Someone who puts you down and makes you feel bad Lazy Etc

children		
Marrying someone who has been married before		

Learning outcome 6: Explain the importance of having an HIV blood test

6.1 Explain the importance of having an HIV blood test

Knowing your HIV status is very important. There are many people living with HIV in PNG that do not know that they are infected with HIV.

Knowledge you learn through having an HIV blood test 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.

6.2 Describe the process of having an HIV blood test

1. Making the decision to get an HIV blood test

First you have to make the decision to go for an HIV blood test – you need the courage to go and get tested.

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

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

If there is a **positive** reaction more blood is taken and sent for a second opinion at a major hospital. This **confirmatory test** takes 2-4 days. Blood is dispatched under a code number for privacy and confidentiality. The confirmatory test is needed because the rapid strip test is 99.8% accurate but 0.2% are “false positive”. So, in every 100 rapid tests which are positive about two are false results.

The window period

HIV antibodies take 2-3 months to appear in the bloodstream after infection. If a test is taken in those 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.

6.3 State where you can get an HIV blood test nearby

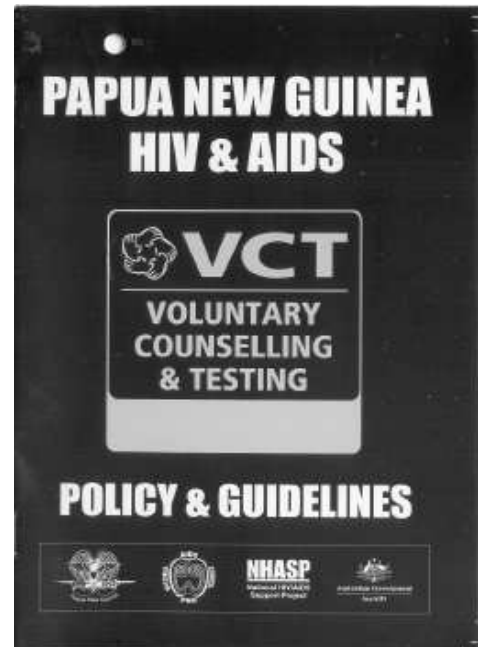
There are more and more accredited VCT centres opening around Papua New Guinea. Your health centre, health worker, Church or Provincial AIDS Committee will be able to tell you where to go for an HIV blood test.

6.4 Explain why the HIV blood test is confidential, voluntary and free

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.

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.



Module 3 Care and support for people living with HIV/AIDS

Learning outcome 1: Explain the effects of stigma and discrimination on people living with HIV/AIDS

1.1. Describe situations when people who are *affected* by HIV are harmed by stigma and discrimination

1.2 Describe situations when people who are *infected* with HIV are harmed by stigma and discrimination

In PNG very few people are brave enough to talk out in public about being HIV-positive because of **stigma and discrimination**. This is root cause of the spread of HIV/AIDS.

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 HIV/AIDS Management and Prevention Act (2003).

Self study: *Classify these phrases into whether they are discriminatory or whether it stigmatises. 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.	

Self study: *Imagine 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 upon this on your own. What is the Christian response?*

1.3 Explain the negative consequences of stigma and discrimination on people affected or infected by HIV

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 woman fighting stigma. What will **you** do?

Lisa, student

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.

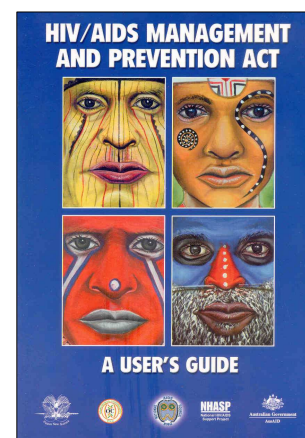
On my holiday I just talked to the girls my age especially my friends and sisters about this incurable disease AIDS and encouraged them to treat that auntie of ours equally to make her happy.

1.4 Explain how the rights of those affected or infected can be protected

People affected or infected with HIV have the same human rights and responsibilities as uninfected people. People can live productively with HIV for many years if they are given treatment, social support and better nutrition.

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

- Made law in June 2003 and passed unanimously in Parliament by all MPs
- Based on human rights and Christian principles
- Accepts that abuse of people living with HIV/AIDS makes people too afraid to talk about HIV/AIDS, too afraid to be tested and too afraid to find out what to do to protect themselves and their loved ones from infection.
- The HAMP Act encourages voluntary counselling and testing (VCT).
- All people affected by HIV/AIDS should have the same human rights as everyone else (the 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



Key sections of the HAMP Act

1. Discrimination 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 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 approved 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...

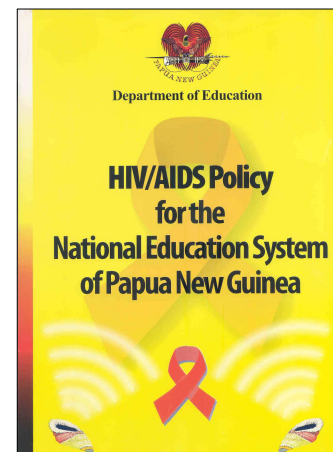
...use a condom
...inform sexual partners
...inform people they will share a needle or tattooing instrument with

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 with a partner.

HIV/AIDS Policy for the National Education System

- Launched on World AIDS Day 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

Self study: Discuss with a partner why it is important that we have an HIV/AIDS Policy for schools, students and teachers.

- 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.

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

Key sections of the Department of Education HIV/AIDS Policy

- 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 your institution implement these or not? What should they do next? How can you help your institution implement the Policy?

Learning outcome 2: List services, treatment and support available to people living with HIV/AIDS

2.1 List local VCT centres

There are now many Voluntary Counselling and Testing (VCT) Centres that provide free and confidential HIV blood tests. They may also provide support and treatment for people living with HIV/AIDS.

The best way of finding your nearest VCT centre would be contacting your Provincial AIDS Committee or health worker.

2.2 List local STI clinics

If you think you have an STI you should quickly go to an STI clinic or speak to your health worker. Many STIs can be easily treated with medicines. If STIs are not treated they can permanently damage your body. You must tell your sexual partner you have had an STI.

2.3 List organisations and groups that support people infected or affected by HIV/AIDS

There are now many more support groups and centres for people infected with HIV/AIDS. Your Provincial AIDS Committee will know of ones in your area. Please see the Contact List at the end of this book.

2.4 Explain what ART is

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.

There are medicines that slow down the spread of the virus within your body. These are called **antiretroviral therapy (ART)**. They can be hard to find outside of major towns in PNG, may have side effects and need careful use (taking many pills at the right time and taking pills every day of your life). You need a good doctor. Few people in PNG take these at the moment but this is changing. 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.

How does ART work?

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 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).

2.5 List where to get access to ART

ART will require a special blood test to detect how strong your immune system is. This test is available in major towns. HIV positive people on ART need to have a

regular supply of medicine because they need to take them every single day for the rest of their lives.

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

ART is free in Papua New Guinea.

Learning outcome 3: Explain how to care for people living with HIV/AIDS

3.1 Explain the importance of caring for people living with HIV/AIDS

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

Being supported by your family, friends, wantoks and work mates helps you. 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.

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.

For example, if a parent with HIV is not cared for by their family or is rejected, they will become sick, will not be able to work and will not be able to care for their own children. Who will end up caring for the orphans?

It is also important to remember that HIV is just a disease and we have a Christian and Melanesian duty to look after the sick. They are our family and friends.

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

3.2 List Positive Living strategies

Positive Living is when you fight the virus in your body. You can help your body physically, mentally and spiritually.

HIV-positive people can strengthen their immune system by eating fresh fruits and vegetables, protein and avoiding cigarettes and alcohol. Drinking clean water and keeping yourself clean helps. Treating opportunistic infections quickly keeps your immune system strong. Keeping active and productive is also important. There is no need to stop work or school if you are HIV-positive (the law protects you)

HIV-positive people can also take anti-retro viral therapy (ART) to fight the virus.

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.

Most important of all is the love and support of your friends and family.

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, prayer, playing sports etc)*

3.3 Explain how to give emotional support.

How would you feel if you were HIV positive?

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 and help them get access to ART

3.4. Explain how to give physical support and care.

3.5 Explain what Home Based Care is

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.

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 people with AIDS to care for at home. People should not be afraid of people with HIV/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. 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.

Learning outcome 4: Demonstrate responsible and caring behaviour towards people living with HIV/AIDS

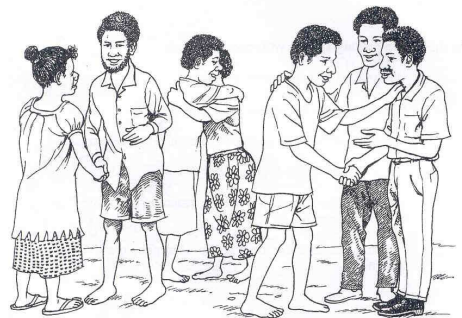
4.1 Demonstrate responsible and caring behaviour towards a person affected or infected with HIV

See Home Based Care above.

4.2. Empathise with the feelings of someone affected or infected with HIV

Self study: *How would you feel if...*

-you had a positive HIV blood test?*
-your brother or sister was HIV positive?*
- ...a person living with HIV went to shake your hand?*
- ...a fellow student had someone in their family die of AIDS?*
- ...a teacher at your school was HIV positive?*



Discuss these feelings with a friend. Try and write down the emotions and thoughts you would have.

4.3 Explain the importance of showing compassion, empathy and understanding towards people affected or infected with HIV

People who are loved, supported and cared for by their friends and family live longer, are more healthy and can continue to be an active part of their community. See Home Based Care above.

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

- you say **HIV positive** not HIV/AIDS positive or AIDS positive
- you say that a person **becomes infected with 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. Don't say:

- "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".

4.4 Retell/share positive experiences of how people have cared for people who are infected with HIV

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 for the last 11 years. 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: *Why do you think it took Don five years to accept that he was HIV positive? How did Don live a positive life after he was diagnosed with HIV? Why is Don such a good role model for stigma and discrimination and PLWHA? What lessons can you learn from his life?*

Module 4 Sexuality, sex and responsible living

Learning outcome 1: Confidently discuss personal sexuality and values.

1.1 Explain what sexuality is and what shapes sexuality

Sexuality is about how you feel about yourself and others. It is about relationships with other men and women including sexual thoughts and feelings. These relationships are based on your sexuality, your values and your self esteem.

A person's sexuality is unique to them. People express their sexuality in many different ways. **Sexuality is a very powerful force in our lives.**

Sexuality is shaped by:

- Culture
- Tradition
- Personal beliefs
- Experiences and upbringing
- Moral values
- Spiritual values
- Relationships with others
- Physical desire and emotions
- Media (books, films, radio, TV, magazines)

Your sexuality develops from a very young age and continues to develop and change through your life. **Everyone's sexuality is different.** Everyone needs the support of peers, their community and their parents to develop a healthy and positive sexuality based on strong values, knowledge and life skills.

When sexuality is **positive** it should enrich our lives, our marriage and our loved ones. Positive sexuality is loving, caring, understanding and respectful.

When sexuality is **negative** and destructive it can destroy our relationships with our partner and our community. Negative sexuality includes dominating the other sex, not respecting the other sex, rape and abuse.

Self study: *What do you think was important in shaping your sexuality?*

e.g. In some cultures in PNG women can dance in a sexual way in traditional dances – in others they cannot. Some churches instruct people to only show sexual feelings inside marriage, in private. Some women are attracted towards tall men.

Sexuality and sexual roles also differ according to gender. Men are supposed to be dominant and in charge of marriage and relationships which can lead to domestic violence and women being unable to say no to sex. Women can be weakened by multiple pregnancies and STIs spread by unfaithful men. Young women are under pressure to find a wealthy and powerful husband (sometimes at the expense of the older wife). Marriages can be based on need rather than Christian love. One example of negative sexuality is thinking it is reasonable that men have many sexual partners.

In a **good healthy marriage or relationship** a man and a woman complement each other. They share tasks, show love, affection and healthy sexuality. They take account of each others' needs (emotional, physical and spiritual). They listen to each other, respect each other and work as a team.

Self study: Research these words. What do they mean? Where have you heard them before?

Heterosexual; homosexual; gay; lesbian; morals, values, beliefs, experiences

1.2 Explain how values affect sexuality

A value is what we believe in – what we are for and what we are against. They give us a direction to go in when we make decisions. Young people who have strong positive values are less likely to be at risk. Developing strong values is another **life skill**.

Many values are **universal ones** that are found in almost all human cultures such as “do not kill”, “do not steal”, “do not commit adultery”, “do not rape”, “care for your family and friends”, “raise your children well”, “respect elders” etc.

Self study: List the values that are crucial within a marriage or a sexual relationship. E.g. honesty.

Values are personal beliefs people hold strongly. They can change over time. Values (like sexuality) can be influenced by other people, spiritual beliefs, culture, tradition, church and personal experiences. **None of us are born with our values. Everyone has a different set of values.**

Values are so much a part of us we are sometimes not aware of their influence.

Self study: Answer these questions. Think about the values you have.

1. What are the five main values that you live your life by?
2. What influenced you to have those values?
3. How have your values changed over time?

This quick questionnaire is for you to explore the values you hold about **sexuality**. Remember everyone has different values and people's values change as they get older. Complete the following table and then compare your answers to a peer of the opposite sex and then with someone who is from a different region.

Value	Is ok	Is not ok	I don't know
Hugging someone of the same sex to show affection			
Hugging someone of the opposite sex			
Holding hands with someone of the same sex			
Holding hands with someone of the opposite sex			
Kissing someone of the opposite sex in public			
Having sex before marriage			
Having sex for pleasure			
Masturbation			
Abortion			

Using a condom during sex			
Living with someone I am not married to			
A man should know more about sex than a woman			
Being a virgin until you are married			
Homosexuality			
Having sex with a prostitute			
All young people should have explicit information about sex and reproductive health			
People with HIV/AIDS should be locked up in prison			
Having sex with more than one person in your life			
Dancing with someone of the opposite sex			
Men and women wearing sexy clothes			

Self study: Can you think of any more value statements on sexuality? With a peer, add five more.

1.3 Explain what is healthy sexuality

1.4 Explain what is unhealthy sexuality

Sexuality can be negative or positive. For example, sexuality between a loving couple can be a positive and God given gift. However, older men exploiting their power over young women would be wrong and immoral sexuality. Fidelity is healthy sexuality. Being unfaithful is unhealthy and wrong.

Sexual abuse is a serious problem in Papua New Guinea. This can take many forms: **sexual harassment, incest, sex with children (paedophilia), using a prostitute, rape and pack rape.** Forced sex is also found in relationships (when the husband wants sex and the wife doesn't). This is rape. There are laws against all these types of sexual abuse. Most cases are men abusing women.

All schools must have zero tolerance of sexual abuse. Report any sexual abuse to your Headteacher and the Police immediately.

People's views on sexuality are all different (e.g. you may think traditional Manus dancing is acceptable sexuality but sexy dancing in a nightclub is unacceptable). But everyone views sexual abuse as wrong, immoral and criminal.

Self study: Write Relationship Rules for how to act towards your mother, your father, your brother, your sister, your boyfriend, your girlfriend, your wife or husband. How would you like them to act towards you?

Learning outcome 2: Explain factors that lead to healthy responsible sex

2.1 List the stages of sexual intercourse

Sexual intercourse is also known as "sex" or "making love". There are always many slang or vernacular words to describe it. Some of these words are unacceptable in public and you should not use them when they could offend people.

For most people sexual intercourse means **vaginal intercourse**.

The principles of healthy sexual intercourse are:

- Both the man and woman should want to have sex – sex should not be forced, should not break the moral values of the man or woman and should not be when you are too young
- Sex should be private, pleasurable and in a loving relationship
- Sex should be responsible and safe
- Sex should not hurt anyone emotionally, physically or spiritually
- Sex should not be against your values
- Sex may have consequences – physical and emotional

The stages of sexual intercourse are:

1. **Foreplay:** This is sexual touching, kissing, masturbating, stroking and hugging. Both partners become sexually excited. The man has an erection. The woman's vagina becomes larger and wet and slippery. Her clitoris becomes sensitive. Their heart rates increase and blood flows to the reproductive organs. Both could experience an orgasm. Some people stop at this stage. It is a safe sex technique.
2. **Sexual intercourse** The man's erect penis enters the woman's vagina when her vagina is stretchy and slippery enough. He must be careful not to hurt her. Sometimes she might need more foreplay or lubricant. Forcing sex too early will damage both the vagina and penis and will increase the chance of transmitting STIs and HIV. A man can ejaculate inside the vagina or **withdraw** (there is a high risk of HIV or STI or unplanned pregnancy because there is usually sperm in the pre-cum). If the couple are not using a condom there is a chance of pregnancy. There is also the chance of transmission of STIs/HIV if no condom is used.
3. **Orgasm** Sometimes the man will orgasm and ejaculate, sometimes the woman will orgasm, sometimes they will not. It depends on their feelings, their experience and the situation. An orgasm is a peak of sexual excitement and feels very good indeed.
4. **Afterwards** Many couples like to relax and sleep afterwards. They will feel close and loving. Sex is natural part of our adult lives.

Other kinds of sex are:

Oral sex This is when the man licks the woman's clitoris, vagina and labia or the woman licks or sucks the man's penis. Oral sex has no risk of pregnancy. Oral sex only has a very small risk of transmitting HIV but some STIs like herpes can be transmitted this way. You should not give oral sex if your mouth is bleeding or cut.

Anal sex This is when the penis enters the anus (the passage into the bowel). It is often painful even with lubricants and carries a high risk of transmitting HIV or STIs because the anus is not designed for sex and tears and bleeds easily. Anal sex is taboo in many cultures in PNG.

Sexual orientations and behaviour:

Heterosexual This is when someone is sexually attracted to the opposite sex.

Homosexuality This is when someone is sexually attracted to their own sex. Men who are attracted to men are “gay.” Women who are attracted to women are “lesbians.”

Men who have sex with men Unprotected anal sex is a high risk sexual behaviour and so men who have sex with men are particularly vulnerable to HIV and STI infection. They also find it difficult to seek advice from health services because of negative attitudes towards homosexuality.

2.2 Describe healthy sexual response in men

Young people can feel very strong desires and emotions and life skills teaching aims to help them make wise decisions and resist pressure to take risks. Trusted older peers or fathers can help them develop the skills to keep safe.

Sexual response affects a man's whole body. The heart beats faster and there is an increase in blood supply to the pelvic area. The penis gets filled with blood which makes it larger so that it stands out from the body. This is an **erection** and is the most obvious sign of male sexual response. A few drops of a clear lubrication fluid come from the tip of the penis (**pre-cum**). This can contain sperm and STIs if the man has an infection.

Some erections go away without ejaculation taking place. Sometimes erections happen if a man thinks about sex or sees something sexual. They may also happen at other times (many men have an erection when they wake up in the morning, for example) and this is perfectly normal.

Ejaculation is when the muscles of the penis contract and pump the semen out of the man's body. After ejaculation, the penis returns to its usual size. Some men can get another erection quickly, some others take longer. Everyone is different.

Orgasm is a sexual climax. Nearly always, it happens with ejaculation. Orgasm can occur during love-making, masturbating or wet dreams. It feels very good.

Masturbation is when a male gives himself sexual pleasure. Men masturbate by handling, stroking, pulling or rubbing the penis and other areas of the body. The stimulation of the penis leads to increasing sexual excitement that can peak in an orgasm and ejaculation.

People may choose to masturbate by themselves or with another person (a safer sex technique). Masturbating is normal. For some people, it is an important way of finding out about their body's responses. Masturbation does not cause weakness or poor physical health and will not affect a person's fertility. Masturbation is a healthy sexual behaviour. Most men masturbate.

Wet dreams happen naturally when a male is asleep or just before waking. The penis becomes erect and ejaculates semen. Sometimes the male is aware of pleasant feelings.

2.3 Describe healthy sexual response in women

Beginning at puberty young women experience sexual feelings in their body. This is also a time for experimentation, emotional love and fantasies. They will be able to

orgasm (a peak of sexual pleasure). This is normal in all young women. They should not feel ashamed of these changes.

Young people can feel very strong desires and emotions and life skills teaching aims to help them make wise decisions and resist pressure to take risks. Trusted older peers or mothers can help them develop the skills to keep safe.

Sexual response affects a woman's whole body. The heart beats faster and breathing can speed up. The **nipples** can become larger, erect and more sensitive to touch. Extra blood supply flows to the muscles in the genital area. The whole genital area becomes more sensitive to touch, especially the **clitoris** which increases in size. The outer set of lips (**labia**) and the smaller 'inner lips' swell up and become firmer and slightly erect. (This opens up the vaginal entrance and the **vagina** gets deeper and longer to prepare for sexual activity which might include intercourse).

When a woman is aroused the vagina can become quite wet. This wetness acts as a lubricant to make intercourse easier and protect the inside of the vagina.

Orgasm is a sexual climax. It is a feeling of intense pleasure which is the peak of sexual arousal. Orgasm usually results from the direct or indirect stimulation of the clitoris. Orgasm can occur during love making and masturbation. It is not necessary for an erect penis to be in the vagina for women to experience orgasm. If a woman orgasms, the vagina becomes moist and muscles tighten in the whole pelvic area. This can cause feelings of excitement, satisfaction and intense pleasure throughout her body.

Some women do not experience orgasm during sexual intercourse although they may be able to through other forms of stimulation such as masturbation. Some women experience more than one orgasm. This is a normal healthy sexual response.

Masturbation is when a woman gives herself sexual pleasure. A woman can masturbate by using her finger to stimulate the area around the genitals. Gently rubbing directly over the clitoris or around it can be stimulating. People may choose to masturbate by themselves or with another person (a **safer sex** technique).

Masturbation is normal, and for some it is an important way of finding out about their body's response to sexual feelings. Masturbation does not cause weakness or poor physical health and will not affect a person's fertility.

2.4 Discuss common questions and concerns about sex

Sex is a natural and God-given part of being a human being. It should be pleasurable, safe, loving and responsible. It should never be forced or against the values of the man or the woman.

Some people find it hard to experience sex as pleasurable. Sometimes this is because of physical problems, e.g. some men can't have an erection or some women have a vagina that can't allow anything to go inside it. Sometimes this may be because someone is too tired.

However, if people don't enjoy sex it is usually because of feelings they have about sex based on past traumatic or difficult experiences, such as sexual abuse. They may be having problems in their relationship. They may feel very anxious or guilty about having sex and so do not enjoy it. It is hard to enjoy sex if your partner wants

something different to what you want. Many women don't enjoy sex if their partner wants to have intercourse before their vagina is wet and slippery. This is why it is important to think carefully about sex and make sure your partner really wants to have sex. Sex should take place in a healthy, loving relationship.

Q. Does sex hurt the first time?

A. Some women do not experience pain the first time they have intercourse if they are sexually aroused but others do. Everyone is different. Most men do not feel any pain unless the vagina is too tight or dry (the woman is not sexually aroused).

Q. Does a woman always bleed when she has sex for the first time?

A. No. Some women bleed when they have sex for the first time; others do not. Absence of bleeding the first time one has sexual intercourse is not a sign that one was not a virgin.

Q. What happens to semen after it has been ejaculated into a woman's vagina?

A. Semen, if ejaculated into the vagina, could travel into the uterus or seep out or eventually dry up, or all three. Semen that remains in the body will carry sperm that can survive in the body for up to six days. When semen dries in the open air, the sperm it contains die.

Q. When is a good age to have sex?

A. Having sex for the first time is an important emotional event. There are many questions that should be considered before actually doing it:

- Am I really ready to have sex? Do I need to be married? What are my reasons for having sex? What about my moral and religious values?
- How will I feel about myself after I have sex?
- How will I feel about my partner afterward?
- Am I having sex for the right reasons?
- How will my parents and friends feel about me having sex?
- What do my religion and culture say about sex and sex before marriage?
- How will I protect myself against unplanned pregnancy or infection?
- If I have sex, will I have to lie about it later?
- Am I being forced or pressured into this? Am I forcing my partner to have sex with me?
- Will I feel guilty? Do I want to take responsibility for this?

By learning about sex and its consequences young men and women will be able to make better decisions and avoid risky behaviour.

Self study: List some possible **consequences** for having sex when you are an adolescent. Share these with a peer.

Self study: Research any other common questions about sex that your peers may ask.

2.5 List factors that lead to a healthy responsible sex life

Sexuality is about how you feel about yourself and others. It is about relationships with other men and women including sexual thoughts and feelings. These relationships are based on your sexuality, your values and your self esteem.

Why do people have sex?

There are many reasons – some are positive and some are negative. Which ones can you think of? Which ones apply to your peers?

e.g. To have children, to keep a partner, to show off, for pleasure, for money or food, to feel grown up, because you love someone, because someone loves you

Having a sexual relationship when you are too young can be emotionally harmful. Saying “no”, having strong values and high esteem are some life skills that can protect you.

Gender and a healthy responsible sex life

Young women and young men are at risk because of gender factors. For example, it might be macho for a young man to have sex so he can boast of it to his friends. Young women are often under pressure to find a wealthy husband or cannot resist the pressure of an older man's attention. Both are vulnerable to harmful emotions and risky situations like parties. Young women's bodies are often not as strong and they are more at risk of HIV infection. Finally, a young woman who gets pregnant or married young has to leave education.

Self study: *Research modern and traditional values about sex and young people. Are they risky or not? Which values about sex and young people do you hold?*

Factors that lead to a healthy responsible sex life

Here are some of the factors that lead to a healthy responsible sex life:

Accurate information about sex and HIV/AIDS & STIs, good communication skills, respect, assertiveness, knowing about safe sex and being confident to use condoms, sex within a strong relationship, not having sex too young, not having sex with someone much older, resisting temptation, strong values

Self study: *Which other factors are important for having a healthy and responsible sex life? Discuss this with a partner.*

Learning outcome 3: State the importance of responsible parenthood

3.1 Explain the steps of conception, pregnancy and birth

What is fertility?

Being **fertile** is when you can have children.

For men...

- Men are fertile from when they start making sperm and semen during puberty.
- Men stay fertile all their life unless sickness or injury damages their testes (although very old men might not be able to have an erection and produce less semen)
- Smoking damages fertility and alcohol reduces a man's erection
- Fertility is not affected by having lots of sex, having no sex or by masturbation

For women...

- Women are fertile from the time of their first period to when they reach the **menopause** (the time of menopause varies from woman to woman at around 45-60 years old)
- Women are most fertile around the time of ovulation when they release an egg
- Women can also get pregnant at other times (by misjudging the day of ovulation, sperm surviving longer in their body etc)
- Women's fertility can be damaged by sickness, injuries, during childbirth and by smoking (alcohol and smoking also badly damage the unborn baby)
- Fertility in women is not affected by having lots of sex, having no sex or by masturbation

There are many **fertility myths** including magic spells in PNG cultures. There are also dangerous and incorrect myths like "a virgin cannot get pregnant the first time she has sex". There are also traditional myths about how to get a boy or a girl. **There is no way of predicting or influencing whether a couple have a boy or a girl baby – it is random (roughly 50% boys and 50% girls).**

Some couples are **infertile** (either the man or the woman or, rarely, both cannot have children). There is always a physical reason for infertility. It is unfortunate and the couple will need love and support from each other and their family. Sometimes doctors can treat infertility.

Infertility can be caused by many factors including: untreated STIs, unsafe abortions, drug or alcohol abuse, smoking, genetic problems or problems with the man or the woman's reproductive organs.

Self study: *What is the correct number of children in a family? Why would people in PNG want to have large families? Why do people sometimes want smaller families? Record your opinion in your notes and share this with your group.*

What are sperm?

Sperm are the male sex cells. They are very tiny and are made in the million in the testes after a man is mature. They have a small head and long thin tail and swim in the semen (which also contains their food). There are millions of sperm in every ejaculation. If a man ejaculates during vaginal intercourse the sperm work together to swim through the mucus in the vagina, through the cervix, up the uterus and into the oviducts (Fallopian tubes) looking for the egg. They can live for 6 days inside the woman's body.

Sperm contain half the information needed to make a new human being (this is stored as **DNA**). One sperm will **fertilize** one egg (which contains the other half of the information). All the other sperm will die and the woman's body will absorb them.

Every sperm and egg is unique which is why you are not the same as your brothers and sisters (unless you are **identical twins** which is rare). The sperm determine whether the baby is a boy or a girl.

What are ova (eggs)?

Eggs are stored in the woman's ovaries. They are there when she is born and when she is a girl but do not mature and start being released until puberty. A woman normally releases one egg every month.

The egg contains half the information needed to make a new human being (this is stored as **DNA**). The egg only needs to be fertilized by one sperm (all the other sperm will die). Each egg is unique. The egg is many, many times larger than each sperm.

What is ovulation?

Ovulation is the periodic release of a mature egg from the ovary. This usually happens around the middle of a woman's menstrual cycle.

What is conception?

The time when the union between the egg and the sperm occurs is called **conception** or **fertilization**. Sperm enters a woman's vagina through sexual intercourse with a man.

The egg must be released from the ovary and be present in the oviduct (Fallopian tube). The egg is usually released around the middle of her menstrual cycle, but one cannot predict exactly what day this will be. A woman's egg only survives in the oviduct for 24 hours after it is released from her ovaries, while the sperm can survive up to six days.

During the 24 hours that the egg is moving slowly through the oviduct, it has a chance of meeting sperm, if present. Only one sperm will fuse with the egg. Once fertilized, this new cell is called a **zygote**. The zygote begins to divide and forms an **embryo** (a cluster of cells that will grow into a new human). This embryo floats down the oviduct and implants into the soft uterus wall. This takes about six days. Once safely implanted, the **embryo** begins to grow and will eventually become a **foetus**.

How does a woman know she is pregnant?

After the egg is implanted hormones are released in her body to prevent menstruation and help the embryo develop. These hormones can be detected in tests of the woman's blood and urine. Many women know they are pregnant because they do not menstruate or because they notice bodily changes like their breasts swelling or tenderness and weight gain. Not menstruating, however, is not a sure sign of pregnancy.

Even though a girl who has started to menstruate is physically capable of getting pregnant, it is best that she wait to have sex until she is physically, emotionally and mentally prepared for sex and having a baby. A male who has reached puberty can get a woman pregnant for the rest of his life. He is fertile every day. Having a child is a major decision and married couples should plan for it and discuss it carefully. Unplanned pregnancy or pregnancy when you are not married or when you are too young can have serious consequences for young people, especially young women and girls (e.g. leaving school, marrying poorly, damage to their bodies, emotional harm).

Common questions about fertilization

Q. Why are there some couples who cannot get pregnant and have a baby?

A. Infertility—or not being able to get pregnant and have a baby—may be caused by: hormonal problems in the man, woman, or both; blocked oviducts; low sperm count in the man; or old age. Some sexually transmitted infections lead to infertility in men and women. Sometimes doctors cannot determine the cause of permanent infertility.

Q. Can a woman get pregnant during her period?

A. Yes, it is possible although not common. It depends on the length of her cycle, how many days her period lasts, and when she has sexual intercourse, because the sperm can stay alive up to six days inside her body.

Q. Can a girl become pregnant before she has her first period?

A. Before a girl's first period, her ovaries release the first egg during ovulation. She can become pregnant if she has intercourse around the time of her first ovulation, before she has her first menstrual period.

Q. From what age can a girl get pregnant?

A. When a girl starts having menstrual periods it means that her reproductive organs have begun working and that she can become pregnant if she has sexual intercourse. It does not mean she is ready to have a baby (mentally, emotionally and in terms of her relationships), only that she is physically capable of getting pregnant.

Q. Can a girl become pregnant even if she does not have sexual intercourse?

A. If there is contact between a boy's penis and a girl's outer genitalia, sometimes it is possible to get a sexually transmitted infection. It is unlikely she would become pregnant.

Q. Can a woman get pregnant if the man withdraws before he ejaculates?

A. Yes. Sometimes even before he ejaculates, a tiny bit of fluid comes out of the penis, called pre-cum, that contains sperm.

Q. What causes a woman to have twins?

A. The twins can either be **fraternal** or **identical**. Fraternal twins may be of either the same or different sexes. They occur when two eggs are produced by the woman at the same time and are fertilized by two separate sperm cells. Identical twins are always of the same sex and same appearance and occur after fertilization when a single developing zygote divides in two. Twins are rare and identical twins even rarer.

Q. What determines whether the baby is a boy or a girl?

A. When a human egg is fertilized with sperm, the sex of the baby is determined immediately. The man's sperm determines whether the baby is a boy or a girl. Roughly half the sperm would make male children and half would make female children. There is no way of influencing this – it is random chance.

Q. What is a miscarriage?

A. A miscarriage is when a growing embryo, foetus or baby dies in the uterus. The woman's body removes it and she may have heavy bleeding. There are many reasons for miscarriages (sickness, accidents, foetus is not growing properly, poor diet etc). Sometimes doctors don't know the reason for a miscarriage. Pregnant mothers need a good diet, plenty of rest, a loving and caring family and regular medical checkups. A miscarriage is a sad event for couples when it happens.

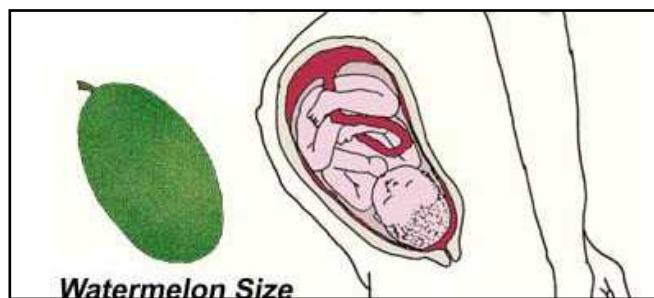
Self study: These are all common questions about conception and fertilization. Which other ones would your peers ask? List these and research the correct answers.

Self study: Collect some fertilization myths and traditional ways of producing either male or female babies. How would you tell a woman the accurate facts?

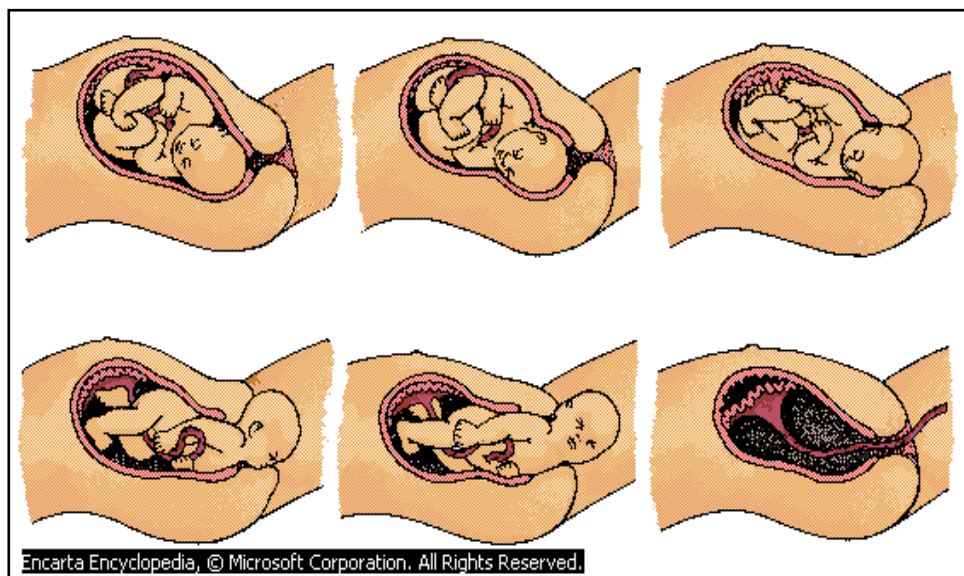
Pregnancy

Pregnancy in humans lasts about 9 months.

For most of the pregnancy the growing baby is fed by the mother through the **placenta** and **umbilical cord**. The baby floats in a sac of **amniotic fluid** to protect it. Chemicals like cigarette smoke, alcohol and medicines and some diseases can be passed from the mother to the baby through the placenta.



Birth



Birth can be a painful, messy and sometimes very long process but the joy of having a new baby is very special to couples. **Labour** can last many hours. It is a time of risk and a trained midwife should be available if possible. A woman should be supported and comforted by a friend or family or her husband.

Labour begins with contractions in the uterus. The woman's waters will "break" (the amniotic fluid will flow out of her vagina). The contractions get stronger and faster and may be very uncomfortable. The cervix and vagina will stretch and the mother can squeeze her muscles to help push the baby out. Mothers can give birth squatting, standing up or lying down – whichever is most comfortable.

Eventually the baby's head squeezes through the cervix and vagina. Often the shoulders need to be helped through the vagina. Sometimes the vagina and other tissues will tear and there will be bleeding. These tears might need stitches. Heavy bleeding after birth is very dangerous for the mother. When the baby is born the umbilical cord is tied off and cut. The baby is washed, wrapped and hugged by the mother and father. Most babies scream a lot!

After the baby is born more contractions will force out the after birth – the placenta and umbilical cord. These should be buried.

The mother will need plenty of rest and can now breast feed the new born baby (breast milk is very important for babies).

Some mothers have a **Caesarean section** birth where a doctor cuts her uterus open to remove the baby. This is only in the case of emergency or if the mother is HIV positive and only available in major towns.

Self study: *Research birthing traditions in PNG. Are they safe or unsafe for the mother and baby?*

Self study: *Interview a woman who has had children about their birth experiences*

Self study: *Interview your own mother and father about your own birth!*

3.2 Explain the importance of family planning and a small family size

Having too many children can damage a family, strain their finances, weaken the health of the mother and put pressure on the environment. In PNG many women do not have control over family planning. There are many reasons for this.

- Poor reproductive health education
- Poor health care and poor access to family planning advice and resources
- Many girls do not go to school and marry young (often to older men)
- Gender inequality (e.g. women are not allowed to be assertive and say no to sex or ask for contraceptives)
- Domestic violence (e.g. women are bashed if they refuse their husbands)

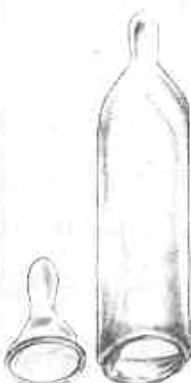

Self study: *For many health workers, the PNG Government, the United Nations and NGO's **family planning is a basic human right**. What do you think of this? Record your thoughts in your notes. How can we encourage schools and communities to promote and support family planning?*

3.3 List family planning methods, their effectiveness, their advantages and disadvantages



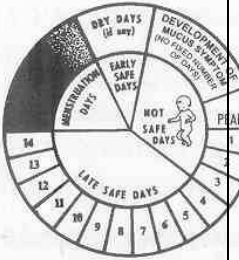
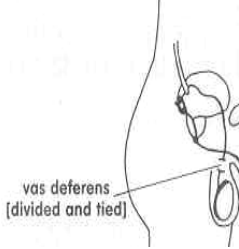
If 100 sexually active women did not use any family planning methods about 80 to 90 would become pregnant within one year.

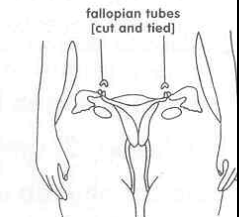
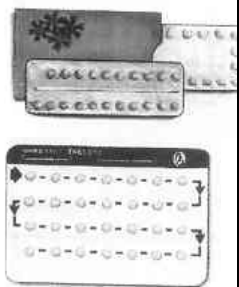
To space children or to have sex without getting pregnant many couples use family planning methods. Some methods are more widely available than others. The common methods are summarized below.


Chance of getting pregnant: this is measured as the number of women out of 100 sexually active women who were using this method and who would get pregnant within the year.

Method	Picture	How does it work?	Chance of getting pregnant if used correctly	Chances of getting pregnant if not used correctly	Advantages	Disadvantages
Male condom		Thin rubber barrier; fits over the erect penis and holds the sperm when the man ejaculates; must be put on before intercourse	2 out of 100	15 out of 100	Easy to use, easy to carry, best protection against HIV and STIs, free in PNG Only to be used once - do not use two condoms at the same time	Might reduce sexual feeling for man; very rare allergies to the latex have been reported
Female condom		Thin polyurethane barrier which forms a loose lining inside the vagina; must be put in before sex	5 out of 100	21 out of 100	More protection and control for women; stronger than male condom; best protection against HIV and STIs; can be left in for several hours Only use one	Must be inserted before intercourse; hard to find in PNG (free though); some people complain sex makes funny noises

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					condom once	
Spermicide	 <p>Spermicide</p>	Foam, cream, jelly or pessary made of chemicals that kill sperm; put into vagina or on condom before sex	18 out of 100	29 out of 100	Some condoms have spermicides on already; easy to buy	Does not protect against HIV and STIs (unless a condom is used with them); messy; high failure rate; may irritate skin
Intra-uterine device (IUD)		Small plastic and copper device put inside the uterus by a doctor; stops the sperm reaching the egg	0.6 out of 100	0.8 out of 100	Doesn't interfere with sex; can stay in place for 5 years	Can only be fitted by an experience doctor; may cause bleeding; increased chance of infection if woman or man has an STI; no protection against HIV or STIs
Fertility awareness ("rhythm method")		Woman checks her menstrual cycle to see when she is ovulating and when she is likely to get pregnant	3 out of 100	25 out of 100	Acceptable to Catholic Church; free; helps women understand their bodies; natural	Needs expert instruction; no sex during fertile time; need a thermometer; body signs can be hard to recognize; no protection against STIs or HIV; can be very high failure rate if not careful
Vasectomy (male sterilization)	 <p>vas deferens (divided and tied)</p>	Male tubes cut and tied to prevent sperm reaching the penis	0.1 out of 100	0.15 out of 100		

						cultural objections; no protection against HIV or STIs
Tubal ligation (female sterilization)		Female Fallopian tubes clipped to prevent egg getting to the uterus	0.5 out of 100	0.5 out of 100	Once only; permanent	Needs an operation and experienced doctor; short term side effects like pain and bruising; no protection against HIV or STIs
Contraceptive pill		Pills made of hormones that either stop the female body making eggs or changing the mucus in the cervix	0.3 out of 100	8 out of 100	Simple and easy to take daily; doesn't interfere with sex; periods are shorter and less painful	Must remember to take daily; side effects including weight gain, nausea; must be prescribed by doctor; expensive in PNG; no protection from HIV or STIs
			When you are using the contraceptive pill you must be careful to follow the instructions.			
Contraceptive injection (Depo-Provera)		One injection every 12 weeks into a muscle; stops the ovaries producing an egg; thickens the cervical mucus	0.3 out of 100	3 out of 100	Long term (12 weeks); doesn't interfere with sex; reduces heavy periods; protects against cancer of the uterus; does not affect fertility	No protection against STIs or HIV; side effects may include weight gain, irregular periods and mood changes; thinning of bone

Breast feeding		Temporary method after birth if woman's periods have not returned, she is breastfeeding all the time and her baby is less than 6 months	0.9 out of 100	2 out of 100	No cost; effective; health benefits for her infant	Must be fully breastfeeding; only works for 6 months; no protection against HIV or STIs; must be careful to space her pregnancies
Withdrawal of the penis before ejaculation		Man withdraws penis before ejaculating	4 out of 100	27 out of 100	No cost; sex is not interrupted	Very high failure rate (pre-cum contains sperm); relies on man's self control; no protection against STIs or HIV
Abstain from penetrative sex		Various methods including masturbation, abstinence and oral sex	There is NO chance of pregnancy		No cost; culturally acceptable; very low risk of HIV or STI transmission or pregnancy	Most adults are unwilling or unable to abstain for long periods; relies on sexual confidence and self control
Traditional herbs and practices	Herbs, plants, foods and animals, using magic spells or words etc	Various methods	This method has very high failure rate and it is very likely a woman will fall pregnant.		Culturally acceptable	Risky; no protection from HIV or STIs, high failure rate; untested; may be poisonous

Abortion

Abortion is the removal of the unborn baby or foetus. It is illegal in PNG but it is practiced. Some women travel overseas for abortions where they can be helped by doctors. Traditionally abortion would involve special plants or activities but many of these are also dangerous to the mother. Illegal abortions (without medical help) can also be very unsafe and emotionally traumatic for the mother. Many religions prohibit abortion.

Self study: Should we consider abortion as a form of contraception? Reflect on this practice in your notes. In your own opinion is abortion acceptable or not?

3.4 State where to access family planning services

Places where you can get access to family planning services
Local clinic or aid post
Hospital
Local Church organisations
Some NGOs like PNG Family Health Association and Marie Stopes

People you can talk to
Nurse or Doctor
Counsellor or trusted teacher
Priest/ Brother/Sisters/ Pastors
Community elders or people (men and women) who have had experiences or some knowledge in family planning.
Men and women who use family planning methods
Village Health Volunteers (VHVs) previously called Village Birth Attendants

Self study: Would you be confident to talk to these people or visit these places about your family planning needs? Who would be the best person to speak to you? Which would be the best place to visit? Why? Discuss these with a same sex peer.

3.5 Explain the most suitable time to become a parent

Parenthood can be very rewarding, but it involves an investment of time and responsibility that some young people never stop to think about.

Bringing up children needs to love, care and teamwork from both people in the marriage.

There many factors for people to consider when thinking about **marriage**.

1. Traditions and culture:
 - Customs in PNG/villages, courtship, dating, your values
2. Choosing your partner:
 - Age, education, religion, economic and family backgrounds. For example, are they married already? Are they too old?
 - Health, personality, occupation, physical appearance
 - Ethnicity, geography, environment
 - Their behaviour: respectful, caring, do you communicate well?
 - Do you love them? Do they love you?
3. Other people's opinion:
 - Parents/grandparents, elders, extended family, friends
 - Professional advisors, religion, economics, culture, society, politics
4. Marriage in Papua New Guinea:
 - Rights, marriage laws – (custom, Christian, village)
5. What will you need?
 - Money; bride price; house; goods - you must both be established so you can provide for your children
6. Types of marriages:

- Traditional, modern/civil, religious
 - A Christian marriage is based on love, respect, healthy sexuality, equality and understanding
7. Early marriages are often risky and might lead to unfaithfulness or later problems
- Customary reasons, economics, social reasons, unplanned pregnancy, low self esteem are not ideal starts to a marriage
8. Consequences of early marriages:
- Dropping out of school early, high poverty, unemployment, poor health, repeated pregnancy
 - Divorce, family instability, unfaithfulness, impaired socialization skills (your partner may have all the power)
 - Family/peer rejection
9. Children:
- When to have a child, how many children to have, spacing between children; adoption
 - Will we have time for each other as husband and wife? Will our sex life be good?
10. Can you raise a family?
- Living environment (a clean, happy home), employment (can you afford school fees?), health, traditions e.g. gender preference
 - Education, religion, fertility, migrant labourers (it is better not to live apart), HIV/AIDS and other STIs
 - The needs of your children
 - Love, guidance, understanding, patience, tolerance, sensitivity
 - Encouragement, shelter, food, clothing
 - Health care, education, recreation/play
 - A healthy, loving sex life and spiritual development between you and your partner

Having children and getting married is a huge responsibility and should be a wonderful experience – it will change your life completely.

Self study: *Would you make a good parent?. Assess yourself using the questions below:*

1. *Have I had experience with children of all ages?*
2. *Do I have the patience to raise a child?*
3. *How do I handle anger? Would I abuse my child if I lost my temper?*
4. *How do I like doing the things parents have to do?*
5. *Could I find happiness in teaching and guiding a child, a teenager, a young adult?*
6. *Would I expect my child to take care of me in my old age?*
7. *Do I enjoy child-centred activities? Could I play with and teach my child?*
8. *Am I financially able to support a child?*
9. *Would a child interfere with my freedom, my work or educational plans?*
10. *Would I be willing to devote a large part of 18 years of my life to being a parent?*
11. *Could I accept and love a child who was born disabled?*
12. *Do I really want a child? Am I under pressure?*
13. *Would my partner make a good parent?*
14. *Would my family support us?*

Learning outcome 4: Demonstrate leadership for safer healthier communities.

4.1 Run awareness on HIV/AIDS or STIs in the school or community

You are the future of your community and so you must lead the response to HIV/AIDS and STIs.

There are many ways of doing this...

1. Find out what your community knows and what they do not know. This is called a **needs analysis**. When you know this you can prepare the right awareness.

2. Become a peer educator. There are many young men and young women who do not go to school. Start by talking to them about sexual health, responsible living and HIV/AIDS. Answer their questions. Remember – if you do not know the answer, say you will go and find out. Use this book to help.

3. Be creative and passionate about improving people's behaviour. Here are some ideas for awareness:

- Build an HIV/AIDS information board and regularly update it
- Help out at a care centre or clinic
- Take part in World AIDS Day (1st December) celebrations
- Offer to be a guest speaker in your local primary school
- Take part in drama
- Distribute condoms and advice at a sports event
- Speak in Church about faithfulness and abstinence
- Visit someone affected or infected with HIV/AIDS and show you are not afraid
- Run an awareness stall on market day
- Become a volunteer with your local Provincial AIDS Committee or Church or NGO
- Get an HIV blood test and talk to people about it
- Helping people get access to VCT or ART

4. Be a role model. Other young people look up to you. You must show them how to live a healthy and responsible life. Treat people well, do not drink heavily, practice safe sex, be assertive and confident, help others, don't be afraid of people living with HIV/AIDS, do not marry too young and try and complete your education.

Good luck – being a leader in the response to HIV is a huge challenge and a huge responsibility.

Self study: Which subjects would you feel confident and comfortable leading in your community and school? List the 5 areas you could lead awareness in (e.g. condom demonstration, fighting stigma and discrimination, VCT, basic facts about HIV/AIDS etc)

4.2 List ways individuals, couples, families, schools, communities and other groups can improve their sexual health

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)
- Safer sex (using a condom or not having penetrative sex)
- Not having sex too young
- 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 or 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 slightly lower risk of contracting HIV or passing on HIV during unprotected sex

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

Self study: Complete this table with at least three ideas for each level of action. Discuss your answers with a partner and make sure the ideas are practical.

What we could do to fight the HIV epidemic...			
Individuals	Couples	Communities	Schools
e.g. Always use a condom when having sex	e.g. Always travel to town together	e.g. Make sure older men do not marry young girls	e.g. Provide clear and equal rules for dating

4.3 Explain the importance of equal roles and opportunities for women, girls, boys and men

Gender inequality is one of the root causes of the HIV/AIDS epidemic and one all Papua New Guineans must strive to change. In PNG more women are infected than men. Women are infected at a younger age and the burden of HIV/AIDS falls on them more because of their traditional role of care givers and gardeners.

If a woman’s husband dies of AIDS she often has no property or land rights. She will have little choice but poverty and sex work.

Girls and women are protected from HIV by staying in school, not marrying too young, not having too many children, having land rights, by not being beaten or hit by husbands, by being able to negotiate safe sex and by being treated with love, care and respect by men.

In PNG, half of reported female rape victims are under 16 years old. One quarter are under 12 years old.

Men's roles also have to change. It is dangerous for men to think they have to dominate women, or take the whole responsibility as the "head of the family". It is risky for men to fight, drink or lots of sexual partners. Polygamy spreads the virus around quickly. Some men force their wife to have sex with them – this also increases the risk of HIV/AIDS and damages their relationship and family. It is extremely risky to rape or abuse women and girls. Men and boys need good responsible role models too.

Many men and boys are trying to change this inequality. Many husbands are good faithful husbands. Together we can make our society healthier, more equal and safer for all of us.

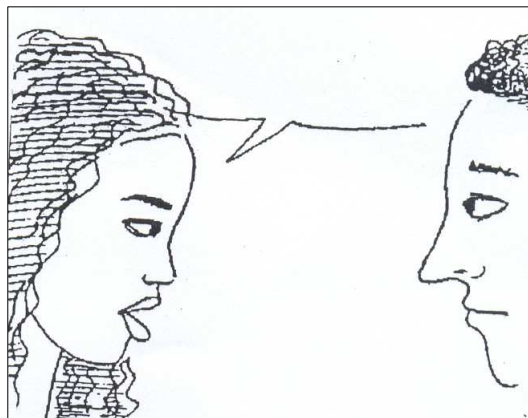
Self study: *List some practical strategies for involving men and women, boys and girls in your awareness.*

E.g. Inviting husband and wife to the awareness, making sure boys and girls learn about Home Based Care, always having a male and female presenter etc.

4.4 Plan individual action plan for a safer healthier sexual life

You are responsible for changing your own behaviour and protecting your life. You need to have the knowledge, skills and attitudes to protect yourself from HIV/AIDS and STIs. You need to know how to avoid risk. You need to know how to develop healthy and responsible relationships. You need to tell your family, your partner, your community and peers about HIV/AIDS and STIs.

Tokaut and tok stret



Additional information: drugs and alcohol

Abusing drugs and alcohol puts you at risk of HIV/AIDS, STIs, violence and unplanned pregnancy. Many young people experiment with drugs and alcohol.

Being drunk or high makes you more likely to take risks such as having unprotected sex. It is important you learn the skills to resist the pressure to drink alcohol or take drugs. You will need to resist the negative pressure from peers and be a good role model for others.

Many people are infected by HIV or STIs because they were drunk.

Legal drugs	Illegal drugs common in PNG	Illegal drugs found in other countries
Prescription medicines Non-prescription medicines like aspirin Alcohol in beer, wine and spirits Tobacco Betelnut	Marijuana Home brew alcohol (steam)	Solvents, petrol and glue Cocaine Heroin Amphetamines Ecstasy LSD

Self study: *Who uses these drugs in your community? Why do they use them? Which ones have you used? Why? Who were you with when you used them? Discuss these with a trusted friend.*

Drug	Health effects	Social impacts
Alcohol	Intoxication, hangover Serious behaviour problems and violence Risk of HIV/AIDS & STIs and unplanned pregnancy Abuse and binge-drinking leads to cirrhosis of the liver, heart disease, obesity	Money generated or money wasted Abuse leads to violence, increased rape, infection by HIV & STIs, family breakdown, community disturbance Lost productivity due to violence and ill health
Tobacco	Nicotine addiction Stained teeth and fingers Lung, mouth and throat cancer, heart disease Second-hand smoke harms others	Money generated or money wasted Increased medical costs to country and family
Betelnut (Buai)	Mild high Lack of appetite Stained teeth and clothes Mouth cancer	Money generated or money wasted Litter and stained environment and increased risk of TB transmission Lost productivity due to ill health

Drug	Health effects	Social impacts
Marijuana	Lung damage and lung cancer Lack of concentration Increased risk of mental health problems	Social problems such as drop-outs and poor behaviour Leads to aggression and violence
Solvents (glue, petrol, aerosols)	Headaches Bad skin Risk of sudden death	Social and school problems
Amphetamines	Energy, a feeling of happiness and power, reduced appetite and heart rate Hallucinations, aggression, paranoia, weight loss and poor sleeping	Health and social problems Violence and crime
Ecstasy	Energy and intense happiness Sleeplessness Mild hallucinations Users do not know which other chemicals are in the pill Risk of dehydration, overheating or drinking too much water	Mild depression for heavy users Risk of death for users who take it when dancing or mixing ecstasy with alcohol
Heroin	Powerfully addictive, strong high and no feeling of pain or anxiety Risk of HIV and other diseases from unclean needles	Severe addiction and ill health Overdosing leads to death Crime and robbery for addicts to feed their habit
Cocaine	Feeling of power and energy. Depression when the drug wears off. Addictive (especially crack cocaine) Heart and nose damage	Severe addiction and illness Crime and robbery for addicts to feed their habit
LSD	Strong hallucinations	Mental health problems from users when on the drug

Self study: What the alternatives to using drugs and alcohol? List 10 ways you can resist pressure to use drugs and alcohol.

Self study: Who can help? List 5 ways you can help others by being a peer educator and list 5 people who can help you resist the pressure to abuse drugs and alcohol.

Self study: Look at the list of drugs that are common in PNG. Which are the most harmful to health? Why? What can we do to improve the health of the community?

Glossary

Abortion	A medical procedure to end a pregnancy. It should only be done by a doctor. It is illegal in PNG
Abstinence	The decision to delay, or not have sexual intercourse at all.
AIDS	Acquired Immune Deficiency Syndrome, a disease caused by the HIV virus. AIDS is when the body's defence system is so weak that the person cannot fight illness.
Anal intercourse	A type of sexual intercourse where a man puts his penis inside the anus of a woman or a man
Antibodies	Particles produced by the body's immune system in response to an infection
Bisexual	Someone who is sexually attracted to both males and females.
Cervix	The lower section of the uterus that protrudes into the vagina. It has a tiny opening that allows menstrual blood to pass. During birth, the cervix expands to allow the baby out of the uterus.
Circumcision	An operation when the foreskin is cut away from the penis. Reduces the risk of HIV transmission.
Conception	The moment when the woman's egg is fertilized by a man's sperm and she becomes pregnant.
Condom	Male condom: a latex sheath worn on a man's penis during sex to prevent pregnancy and the transmission of HIV and STIs Female condom: a plastic liner inserted into the woman's vagina during sex to prevent pregnancy and the transmission of HIV and STIs
Contraceptive	A device or drug used to prevent pregnancy (also called birth control or family planning)
Discharge	A fluid which comes out of the vagina or the opening of the penis. Discharges are natural but if the discharge has a strange smell, colour or is itchy, it may mean that there is an infection or an STI.
Ejaculation	This is when a male has an orgasm and semen spurts out of his penis.
Erection	When a man is sexually aroused or excited, blood flows into his penis and makes it become stiff and hard.

Gay	Someone who finds people of the same sex attractive and may have sex with them (also called homosexual)
Genitals	The reproductive organs or parts of the reproductive system outside the body
Germ	Any micro-organism (for example bacteria, virus, or parasite) that causes disease
Heterosexual	A person who has sexual feelings for someone of the opposite sex
HIV	Human Immunodeficiency Virus: The virus that causes AIDS. It can be found in the body fluids (blood, semen, vaginal fluid, and breast milk) of an infected person.
HIV-negative	Showing no evidence of infection with HIV (e.g. absence of antibodies against HIV) in an HIV blood test. An HIV-negative person can be infected with HIV if he or she is in the window period between HIV exposure and detection of antibodies.
HIV-positive	Showing indications of being infected with HIV (e.g. presence of antibodies against HIV) on a blood test. Test may rarely show false positive result.
Homosexual	A person who is sexually attracted towards members of their own sex. Also known as “gay”.
Hormones	Natural chemicals that affect different parts of the body. They travel around the body in the blood. Sex hormones control growth and sexual development.
Hymen	A thin piece of skin covering part of the opening of the vagina. It can be broken through sport or hard physical work. Sometimes it bleeds when it breaks.
Immune system	The body system which fights infection
Infection	When a germ enters a person’s body making them ill. Viruses, bacteria and fungi can all cause infection in people
Intercourse (sex)	When a man put his penis into a woman’s vagina it is called vaginal intercourse. When a man puts his penis into a man’s or woman’s anus (back-passage) it is called anal intercourse.
Lesbian	A woman who is sexually attracted to another woman.
Lubricant	A water- based jelly that is used to make the penis or vagina slippery and so feel better during sex.
Masturbation	Sexual excitement or pleasure caused by rubbing or playing with one’s own body parts.

Menstruation	A woman's monthly bleeding. Also known as her period. The time between a girl's menstrual period and her next (usually about 28 days) is known as the menstrual cycle.
Opportunistic infections	Infections that take advantage of a person's weakened immune system to cause illness, such as TB, pneumonia and diarrhoea
Oral sex	When a person uses their mouth and tongue to lick or suck a sexual partner's genitals
Orgasm	When the body reaches the highest amount of sexual excitement.
Ovaries	Two small organs on either side of the uterus that contains a woman's eggs (ova).
Ovum	Often called an egg. These are female sex cells. After puberty, one ovum is released inside a girl's body every month. If a male sperm meets an ovum and fertilizes it, the girl will become pregnant.
Penis	The male sex organ. Also used to pass urine. Most of the time, the penis is soft and hangs down. When sexually excited, blood flows into the penis and it becomes erect and hard. This is called an erection.
Pregnancy	The nine months during which a woman has a baby developing inside her.
Puberty	The change from being a girl or boy to being a woman and man. It involves rapid physical, emotional and social changes. These changes are caused by hormones.
Safer sex	Sex that reduces the risk of passing on STIs, HIV/AIDS, or having an unplanned pregnancy.
Semen	A thick white liquid which comes out the penis during ejaculation. Semen carries 300 to 500 million sperm for every ejaculation. Can carry HIV.
Sexual abuse	When a person is forced against their will to do something sexual.
Sex worker	The term 'sex worker' recognizes that fact that people sell their bodies as a way to survive or to earn a living. This term is better than 'prostitute', 'whore' or 'commercial sex worker'.
Sperm	These are very small male reproductive cells which are made in the testicles. Under a microscope they look like tadpoles. If a sperm meets a female egg (ovum), the girl or woman can become pregnant/
STI	Sexually Transmitted Infection. An infection spread from person to person through sexual contact

Symptom	A sign of an infection, disease or disorder
Syndrome	A group of symptoms or diseases that are used to define an illness
Testicles	Also called the testes or balls; they are two oval- shaped organs in the male scrotum. They produce sperm and the male hormone testosterone.
Testosterone	The male hormone produced in the testicles which produce many of the changes of puberty.
Unsafe sex	Sex during which HIV is likely to be spread such as vaginal or anal sex without a condom
Vagina	The vagina connects a woman's uterus to the outside of her body. When a girl or woman becomes sexually excited, the vagina becomes wet and lubricated. The man's penis enters the vagina during sex.
Virus	Extremely small germs that can cause many infections
Voluntary Counselling and Testing (VCT)	This includes confidential counselling before and after the HIV blood test by a trained health worker.
Vulva	The female external reproductive organs, including the labia, the clitoris, the urethral opening and vaginal opening.
Wet dreams	Sexually exciting dreams which lead to an orgasm during sleep. These are natural.
Window period	The time between infection with HIV and the development of antibodies to the virus. About 3 months.

Contacts for training and resources

If you need more information:

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, Guidance Branch 325 7555

Department of Education, TVET Division, HIV/AIDS Coordinator 301 3428

Department of Education HIV/AIDS Desk

HIV/AIDS Desk

Department of Education

3rd Floor, A wing, Fincorp Haus

PO Box 446, Waigani, NCD

(t) 301 3394 (f) 301 3398

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