

# HIV/AIDS and Reproductive Health

## Student Teacher Course Book

Approved for use in all primary teacher training institutions

**4<sup>th</sup> Edition  
2009**

National Department of Education  
Teacher Education Division

Written by lecturers from every teacher training institution and experienced primary school teachers

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**Third and Fourth Editions have minor changes only.**

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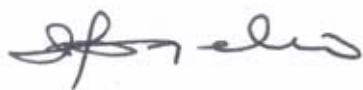
## Secretary's Message

Young men and women in Papua New Guinea need to learn about HIV/AIDS, STIs, reproductive health and life skills so they can avoid risk and live healthy, productive lives. In primary school these skills, knowledge and attitudes are developed through the subjects of Health in Lower Primary and Personal Development in Upper Primary. These subjects foster the emotional, physical, spiritual, cultural and mental wellbeing of the young people in our schools. The topics of reproductive health, HIV/AIDS and STIs are important issues in our country.

Primary school teachers need to know how to teach these subjects in a student centred, interesting and meaningful way. They must also be good role models in their professional and personal life. They need to know a wide range of teaching strategies and be able to plan and programme these reform subjects. Additionally, they must also be able to work with their local community and churches to promote strong values, accurate knowledge and good attitudes.

This core course for all primary teacher training institutions aims to improve the teaching of reproductive health in primary schools across PNG. It will help student teachers explore and expand their own understanding and skills. It is an important step in implementing the Department of Education HIV Policy, helping teachers protect themselves and their students.

I commend and approve the Student Teacher Course Book and Lecturer's Guide for use in teacher training institutions throughout Papua New Guinea.



**Dr Joseph Pagelio**  
Secretary for Education

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# HIV/AIDS and Reproductive Health course

## *Student Teacher Course Book*

### Introduction

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

Papua New Guinean primary school students need to know about HIV, STIs, sex and reproductive health to protect themselves and others. Good reproductive health education reduces unplanned pregnancies, saves lives and reduces the burden on health care. Grade 6, 7 and 8 now have a subject called Personal Development which, among other areas, helps them to develop good knowledge, skills and attitudes towards sex, sexuality and sexual health. It prepares them to be responsible adults. In Grade 5 young people learn about HIV/AIDS and STIs in their Health course. Teachers need to be trained on how to teach HIV/AIDS and reproductive health within these subjects and work with their pupils in a positive way.

This course is compulsory for all pre-service and in-service primary school teachers. The student teacher course book contains facts, figures, extracts, teaching and learning activities, self study tasks and samples of work to help you plan, programme and teach HIV/AIDS and reproductive sexual health. It is based on teaching the primary school Syllabus subjects Personal Development and Health and the Department of Education HIV/AIDS Policy. You have the right to learn how to teach about HIV/AIDS and reproductive health.

Your lecturer or trainer also has a Lecturer’s Guide with suggested activities and sessions. There is also a Resource CD with additional materials.

The course has been designed and written by Papua New Guinean teachers for Papua New Guinean teachers. It follows these principles:

- “Tok stret” – all information will be accurate and clear
- National – based on the national policies, Syllabus and Teacher Guides
- Participatory – every session is student centred to model the best way of teaching life skills and reproductive health.
- Sensitive – the needs of different agencies and cultures have been balanced with the needs of the nation and the young people you are teaching

### Course overview

Time allocations for modules are at the discretion of trainers depending on the skills and knowledge of the student teachers that they are working with.

**36 contact hours (20-40 self study hours); 3 credit points; core course**

**Aims:** The aims of this course are for student teachers to:

- **Plan, programme, teach and assess Personal Development and Health (specifically HIV, STIs, reproduction, puberty, sexuality and sexual health) using student focused life skills teaching**
- **Be confident, enthusiastic, creative and reflective in teaching these subjects and life skills to young people**
- **Know strategies for working effectively and sensitively with communities, churches, colleagues and young people**

Module	Module Outcomes The student teacher can...
<b>Course Overview and discussion</b>	<ul style="list-style-type: none"> <li>• Explain the key aims and importance of the course</li> <li>• Ask questions about the course, the assessment tasks and criteria</li> <li>• Find resources on the institution Intranet and in the library reserve section which can help their own learning</li> </ul>
<b>Module 1</b> Puberty and Sexuality  Recommended time = 6-9 hours	<ul style="list-style-type: none"> <li>• Reflect on their own values and relationships and understand the need to be open minded and tolerant</li> <li>• Explore the Personal Development and Health learning outcomes and Elaborations for puberty and sexuality</li> <li>• Practice a range of appropriate teaching and learning activities for puberty and sexuality</li> <li>• Confidently use words and phrases about puberty and sexuality</li> <li>• Discuss the importance of teaching this topic to young people</li> <li>• Discuss issues that effect the teaching of puberty and sexuality, including gender issues, values, assertiveness and self esteem</li> </ul>
<b>Module 2</b> Reproduction and Family Planning  Recommended time = 9-10 hours	<ul style="list-style-type: none"> <li>• Know the Personal Development learning outcomes and elaborations for reproduction</li> <li>• Have sufficient knowledge and skills to teach reproduction and family planning confidently</li> <li>• Practice a range of teaching and learning activities for reproduction and family planning</li> <li>• Confidently use words and phrases about reproduction and family planning</li> <li>• Discuss and understand the importance of teaching this topic to young people</li> <li>• Explain issues that effect the teaching of this topic</li> </ul>
<b>Module 3:</b> HIV/AIDS and STIs  Recommended time = 12-15 hours	<ul style="list-style-type: none"> <li>• Explore the Personal Development and Health (Grade 5) learning outcomes and elaborations for HIV/AIDS and STIs</li> <li>• Have sufficient knowledge and skills to teach this topic confidently</li> <li>• Practice a range of teaching and learning activities for this topic</li> <li>• Confidently use words and phrases about HIV/AIDS and STIs</li> <li>• Discuss and understand the importance of teaching this topic and life skills to young people</li> <li>• Explain issues that effect the teaching of this topic, including gender issues</li> <li>• Show a Christian caring, loving and tolerant attitude to people living with HIV/AIDS</li> <li>• Know the HAMP Act, Department of Education HIV Policy and relevant agency policies and guidelines</li> </ul>
<b>Module 4:</b> Planning and Programming Personal Development and Health  Recommended time = 6-10 hours	<ul style="list-style-type: none"> <li>• Plan, programme, teach and assess Personal Development (PD) and Health</li> <li>• Write a PD unit of work, weekly plan and lesson plans</li> <li>• Know the importance of a life skills based approach</li> <li>• Work sensitively and constructively with their local communities</li> <li>• Work sensitively and constructively with their local Churches</li> <li>• List possible areas of resistance to the teaching of these topics and how to overcome them</li> </ul>

Knowledge	Skills	Attitudes
<p>Knowledge of Syllabus and Teacher Guides for Personal Development and Health</p> <p>Wide range of student focused teaching and assessment strategies for life skills</p> <p>Gender issues</p> <p>The HAMP Act</p> <p>DoE HIV/AIDS Policy</p> <p>DoE HIV/AIDS/STI Implementation Plan 2007-2012 and Guidance posters</p> <p>Any relevant agency Policy</p> <p>HIV/AIDS and STIs</p> <p>Transmission modes</p> <p>Body fluids that transmit HIV</p> <p>How HIV is not transmitted</p> <p>Treatments for STIs and HIV (including anti-retroviral therapy and Positive Living)</p> <p>ABCD prevention strategies</p> <p>Safe sex and risky sex</p> <p>Methods of health promotion and community health</p> <p>The HIV/AIDS and STI epidemics in PNG and root causes</p> <p>Human rights, stigma and discrimination and Christian care</p> <p>Home based care</p> <p>Networks and resource persons/groups</p> <p>Know the resource centres and VCT centres near the institution</p> <p>Reproductive system names and functions</p> <p>Growth, development and changes at puberty</p> <p>Factors and behaviour that effect growth and development</p> <p>Personal health and hygiene issues</p> <p>Family planning methods</p> <p>Sexual intercourse, fertilisation, development of the baby and birth</p> <p>Sexuality</p> <p>Relevant Christian principles, values and scripture</p>	<p><b>Life skills:</b></p> <p>Communication</p> <p>Negotiation, conflict resolution and assertiveness</p> <p>Problem solving</p> <p>Counselling</p> <p>Critical thinking and analysis</p> <p>Forward planning</p> <p>Decision making</p> <p>Strong values</p> <p>Organisation</p> <p>“Tok Stret” – using reproductive health words confidently</p> <p>Writing relevant case studies</p> <p>Lead and facilitate discussions and groups</p> <p>Networking</p> <p>Correct demonstration of male and female condoms</p> <p>Planning and programming the primary subjects Health and Personal Development (including using the sample units of work book)</p> <p>Evaluating teaching strategies</p> <p>Classify resources and materials and information</p> <p>Research</p>	<p>Strong values – a good role model for young people</p> <p>Positive and open minded attitude</p> <p>Caring Christian attitude</p> <p>Sensitive to gender issues</p> <p>Confident</p> <p>Responsible</p> <p>Commitment to the programme</p> <p>Sense of urgency</p> <p>Dedication</p> <p>Tolerance - prepared to accept others’ views</p> <p>Be a role model</p> <p>Willingness to go the extra mile (e.g. to rural areas)</p> <p>Creative</p> <p>Dynamic and lively teacher</p> <p>Alert to changes and new information</p> <p>Respect views of others</p> <p>Self control</p> <p>Self motivation</p> <p>Flexible</p> <p>Should not impose their own ideology on young people</p> <p>Open minded</p>



## Assessment

If you feel you lack **knowledge** in a particular area you should approach your lecturer and peers for help and use self study. There will be at least two assessment tasks and an attendance requirement. You must receive a mark of 60% or more to satisfactorily pass this course. You must not miss more than 2 lectures without good reason. Missing 3 lectures without good reason will lead to a fail.

You will be asked to **evaluate** the course anonymously. You may also raise any issues of concern with the course coordinator.

Your tasks may be **moderated** using team marking. A sample may also be checked by the course coordinator. The tasks will be marked according to the criteria. If you have any questions, please speak to one of your lecturers.

### Assessment of Attendance, Participation and Attitude

**Rationale:** A professional teacher should show positive professional attitudes including attendance, participation in group tasks, record keeping, self study and punctuality. This assessment is a measure of your professionalism.

**Value:** 10% **Length:** Dated lecture notes are expected from each session in a notebook or folder. These should be added to in self study time and for specific homework/self study tasks.

**Description:** Formative assessment (i.e. "on-going" or "continuous" assessment) including regular sightings of lecture notes, marking of punctuality, response to questions and contributions to group work and discussions

#### **Assessment criteria:**

Attendance: 4% (you will lose 2% for each unauthorised absence) Punctuality: 2% (you will lose 1% if late for two sessions) Participation 2% Note taking 2%
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**Note:** These recommended criteria may vary from institution to institution.

## HIV/AIDS and Reproductive Health

### What will you need to teach reproductive health?

To be a good teacher of reproductive sexual health you need to be:

- Confident to talk about sex and sexual health
- Creative in your use of student centred activities and in your planning
- Committed to the importance of good sexual health education and life skills for young people
- A good role model showing good values and attitudes in your own life
- Open minded, supportive, caring and tolerant
- Committed to human rights, gender equality and Christian values
- Knowledgeable about the subject and Syllabus and willing to learn more

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

### Common worries about reproductive health education...

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

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

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

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

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

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

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

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

**“It will take away their innocence”**

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

There is a difference between innocence and ignorance. Sexuality can be life threatening with HIV/AIDS. Young people can be innocent and knowledgeable at the same time. Accurate information and life skills will protect them (e.g. by learning how to resist pressure to have sex)

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

## How will this course help you?

The course is designed in 4 modules: **Puberty and Sexuality, Reproduction and Family Planning, HIV/AIDS and STIs, and Planning and Programming Personal Development and Health**. Each module has several topics. Each topic has training sessions. Your Student Teacher Course Book provides background information, extracts from the Personal Development and Health Syllabi and Teacher Guides and self study tasks.

## Teaching and learning activities

Every session will **model** different teaching and learning strategies: you will actually have a go. All of these could be used in primary school. Record these so you can use them with your own class later.

**Self study:** For each session record the teaching and learning activities and what you thought of them. Would they work with your class and your school? What would you need to change/adapt?

E.g.

Session 1: Our group		
Teaching strategies	How to organize them	What I think of them
Icebreaker game "Three Truths and A Lie"	Each person writes 4 statements on scrap paper – 3 are true and 1 is a lie about themselves. Other students have to guess which one is the lie. 15 minutes.	Really good for finding out about students. Not good if students have poor literacy skills – they could speak them instead or write in vernacular. Must give an example first

## Organising your class

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

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

**"Some sessions are best taught to single sex groups"**

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

## Common concerns for teachers in PNG primary schools

- "I feel ashamed to talk to the students about sex"
- "If I make a mistake the students might do something dangerous"
- "The community won't let me teach about sexual health and HIV/AIDS"
- "I am not married – students won't listen to my advice"
- "I am only comfortable teaching girls"
- "Some of the words I have to use are taboo in my culture"
- "I'm not confident in planning the new Syllabus yet"
- "My Church won't let me teach this subject"
- "My students are embarrassed when I teach about sex"
- "Parents don't understand the importance of teaching about reproductive health"
- "I am too young to be teaching this"
- "The students are too young to be learning about sex"
- "If I teach them about sex, they might go out and have sex"
- "I don't have any resources"
- "There isn't a gender balance in the classroom – the girls feel ashamed"

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

Teaching Personal Development and Health can be challenging but it is vital for our nation and the future health of the young men and women in your class. This course will help you become confident, skilled and prepared for teaching life skills.

### **What are life skills?**

Life skills are skills that help keep us safe, happy and help us develop as human beings. There are many life skills and the teaching of them continues throughout primary school. Many skills are also learnt in community and family life, traditionally or through church.

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

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

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

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

### **Key social life skills**

#### **Relationship life skills**

Communication

Conflict resolution & managing emotions

Assertiveness & resisting pressure (saying “no” without being rude or weak)

Decision making, problem solving & critical thinking (what is really going on in a situation and what is the best choice of action)

Empathy (imagining how other people feel) & caring

Peer education & leadership

Negotiating safer sex

#### **Personal life skills**

Values & morals

Self awareness, self esteem (a positive view of yourself) & self confidence (a realistic belief in your own decisions)

Goal setting & forward planning (being prepared)

Research (being able to know where to find more information)

#### **Key practical life skills**

Correct use of male and female condom

Basic literacy and numeracy

Basic financial management

Basic numeracy

Financial management

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

**Self study:** On your own think about your own life skills. Which ones are you strong in? Which ones do you need to develop further? Why?

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

# Module 1: Puberty and Sexuality

## Module outcomes

<p><b>Module 1</b> Puberty and Sexuality</p> <p>Recommended time = 6-9 hours</p>	<ul style="list-style-type: none"> <li>• Reflect on their own values and relationships and understand the need to be open minded and tolerant</li> <li>• Explore the Personal Development and Health learning outcomes and Elaborations for puberty and sexuality</li> <li>• Practice a range of appropriate teaching and learning activities for puberty and sexuality</li> <li>• Confidently use words and phrases about puberty and sexuality</li> <li>• Discuss the importance of teaching this topic to young people</li> <li>• Discuss issues that effect the teaching of puberty and sexuality, including gender issues, values, assertiveness and self esteem</li> </ul>
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The beginning of changes in the body of a boy and a girl are the most curious experiences the boy and the girl will come across in their lifetime. They begin to show interest in the opposite sex and may eventually get married and have children.

This module, **Puberty and Sexuality** explores physical development and changes (puberty) and the relationships between the men and women afterwards (sexuality). It also explores the issues involved in teaching puberty, sexuality and relationships.

In some cultures these are taboo issues and must be treated carefully sensitively, openly and accurately.

Learning outcomes for this module: **Lower Primary Health Syllabus (Grade 5 only)**

Strand	Grade 3	Grade 4	Grade 5
<b>Healthy Individuals</b>	3.1.1 Identify similarities and differences between individuals and state how each are unique	4.1.1 Describe changes in growth and development and plan measures to protect personal health	5.1.1 Identify changes that occur during puberty and propose actions to promote health and growth

Learning outcomes for this module: **Upper Primary Personal Development**

Growth and Development	6.4.1 Describe the stages in growth and development and the health needs at various stages	7.4.1 Explore the functions of different systems and parts of the body	8.4.1 Identify and describe behaviour that promotes growth and development, taking into account heredity and environment
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Growth and Development	6.4.2 Explore influences of inherited characteristics and environmental factors on growth and development	7.4.2 Describe physical, social and emotional changes in both boys and girls during puberty	8.4.2 Outline issues arising from differences in rates of growth and development and how individuals manage the changes
Growth and Development	6.4.3 Investigate various sources of information about sexual development	7.4.3 Identify situations and behaviours relating to the human body and how these behaviours promote or lessen respect for individuals and groups	8.4.3 Identify different cultural beliefs and values about sexuality

## **Topic: Sexuality**

### **Definition of sexuality**

Sexuality is an important part of who we are, what we think and feel about ourselves and our bodies and how we act towards others. 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.** Young people need the support of teachers, peers, community and 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 factors shape a person's sexuality? 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. Etc.

## Sexuality and gender

Your **sex** is the physical body you are born with. Your **gender** is determined by the same factors as your sexuality – your culture and upbringing. For example, in some societies women are seen as the child raisers while men are seen as warriors.

In PNG and in our education system we are striving towards gender equality – men and women having the same rights and same opportunities.

**Self study:** *Why is it important for nations to have gender equality? Discuss this with a friend of the opposite sex and record your reasons. What happens when men and women have unequal power relationships and opportunities?*

In PNG gender inequality is a serious problem. For example, fewer girls go to school. Boys are seen in some cultures to be more important and so if families have little money they will only pay the school fees for the boys. There are other factors: bride price, traditional roles, unequal sexual relationships between men and women, polygamy, older men marrying younger women, women not being able to inherit land and more.

**Sexuality and sexual roles** also differ according to gender. Men may feel they need to be dominant and in charge of 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. It is often seen as 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.

As teachers we need to encourage gender equality and healthy sexuality to improve the position of women in society and develop positive sexuality for men.

**Self study:** *How does a school encourage gender equality? What sort of activities and strategies would they use? Do you think they are effective?*

### Grade 8

**8.4.3** Identify different cultural beliefs and values about sexuality

#### Recommended knowledge

##### Cultural beliefs and values about sexuality

- sexuality is everything about a person to do with sex and females and males have equal rights concerning sexuality. Sexuality includes:
  - sexual intercourse
  - changes during puberty
  - sexual feelings and thoughts
  - relations with others of the same and opposite sex
- sexuality is influenced by media, family beliefs, values, religions, cultures, peers, emotional and physical feelings and personal values, being male and female

##### Attitudes to sexuality

- respect individual choices about sexuality
- different cultural groups have beliefs about appropriate ways of expressing sexuality
- our sexual behaviour needs to be responsible to avoid the possible consequences of unwanted pregnancy, STI and emotional turmoil

##### Recommended processes and skills

- demonstrating responsibility for handling sexuality
- making decisions about sexuality

##### Suggested activities

- discuss with a partner when is the right time to have a sexual relationship
- list what needs to be considered before having starting a sexual relationship
- describe strategies to handle pressure from various sources for a sexual relationship

## Sexuality and education

Sexuality is a topic in Upper Primary Personal Development. It is included in the PNG education system because it is important in a person's development and growth as a human being.

Good teaching and learning about sexuality can:

- Broaden the mind of the student
- Help them communicate openly and honestly
- Control any feelings of shame, fear and reduce misconceptions about sex
- Promote good sexual health and sensible, responsible sexual decisions
- Help students develop positive attitudes and understanding towards others
- Help students identify unsafe situations and deal with them assertively
- Enable students to help others

## Vocabulary about sexuality

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

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

## Healthy and unhealthy sexuality

Sexuality can be negative or positive. For example, positive sexuality between a loving couple is a positive and God given gift. However, older men who exploit their power over young women and girls are showing immoral negative 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.

**Schools must have zero tolerance of sexual abuse. This includes staff and students. Report any sexual abuse to your Headteacher and Board of Management Chairperson 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:** Collect news articles on sexual abuse and discuss the causes of this problem in a small group and what we can do in schools to prevent it.

**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.



## Sexuality case studies

With a partner read these case studies and discuss the questions below.

### 1. Everyone is doing it

*David, a very handsome and popular young man in the community, starts to talk to Lucy, a 17 year old Grade 8, while they are waiting to buy some flour balls one evening. He suggests they walk down to where his friends are listening to some music.*

*It begins to get late. Lucy says she needs to get home and David says he will walk her back. As soon as they are away from the others he kisses her and touches her. She asks him to stop touching her breasts, explaining she doesn't want him to do that to her.*

*David says that she is different from the other girls in the village. In fact, he says, most girls want to go all the way after a few kisses – they are “hot”. He asks Lucy why she is acting like a child. He continues to kiss her and touch her breasts.*

1. How does each person feel? How do they feel about each other?
2. What kind of person are they? What values do they have about sexuality?
3. How has their culture and traditional views on gender and sexuality influenced them?
4. What should they do?
5. What possible outcomes are there from this story?
6. What are all of the possible consequences of those outcomes?
7. Think about your own life – when have you experienced situations like this?

### 2. Gifts for Tabitha

*One day, Tabitha, a 15 year old High School girl, goes into town to buy some fabric for a new meri blouse. She doesn't have much money but wants to look for some. It is a busy, hot day.*

*As she walks around the stores she sees a wantok – an middle aged man called Simon who she would normally call her “uncle”. He smiles at her and asks her how she is and what she is doing in town. When she explains she is looking for fabric but can't find any she can afford he immediately offers to help. He goes with her to the next store and pays for the cloth.*

*As she turns to head back to school Tabitha thanks her uncle. He grabs her arm and asks if he could pick her up from school that night. He says he has a party at his house. Tabitha has a strange feeling but he was so nice for buying the gift she agrees. Does she owe him a favour now?*

1. How does each person feel? How do they feel about each other?
2. What kind of person are they? What values do they have about sexuality?
3. How has their culture and traditional views on gender, society and sexuality influenced them?
4. What should they do?
5. What possible outcomes are there from this story?
6. What are all of the possible consequences of those outcomes?
7. Think about your own life – when have you experienced situations like this?

Both these **case studies** could be used with classes at primary school to explore sexuality, gender and risky situations. Remember: young men and women have the right to say “**no**” to risk and pressure. **Being assertive** and **critical analysis** are **life skills** and case studies are one method for practicing these.

## Values

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 between friends. 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?*
2. *How have your values changed over time?*
3. *Which traditional and spiritual values do you think will be explored and challenged by this course and the Syllabus?*
4. *What must a teacher remember about values?*

As a teacher you have to support the values and attitudes in the Syllabus. You should also be a **role model** for good values and behaviour. Some negative values damage the development of the country (e.g. people thinking wife beating is ok, men who won't work for a female boss, paying compensation for rape instead of going to the Police, payback for revenge, saying people with HIV are sinners) and your job as a teacher is to challenge these in the new generation.

However be careful of **lecturing** and **moralizing**. For example, telling students off for being late is no good if you are late!

**Self Study:** *With a friend list values from your society and life. Compare them to ones from another culture. E.g. in Western culture two men walking along holding hands is only done by homosexuals and is acceptable. In PNG two men holding hands is a sign of friendship and brotherhood and is also acceptable.*

## Values Questionnaire

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 table below.

Value	Ok	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:** Share your answers with a friend from another culture or from the opposite sex. Discuss the similarities and differences. What influenced these?

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

### Self esteem

Along with strong values and assertiveness another life skill that has a strong influence on positive healthy sexuality is **self esteem**. Young people with low self esteem think badly of themselves. They might make bad decisions about sexual relationships. They find it hard to resist peer pressure.

**Self study:** With a partner list some consequences of low self esteem for young women and young men. How might low self esteem lead to relationship problems?

### Counselling skills for teachers

These are essential for any teacher, especially those teaching young people around the time of puberty. They may come and see you to discuss their worries and issues. Puberty and sexuality are sensitive issues for many young people.

Essential principles of counselling:

- **Privacy** A place you won't be disturbed. Sit at the same level not behind a desk. (although you might want an observer – an experienced teacher, a close friend of the student if you do not feel comfortable or if it is a student of the opposite sex)
- **Confidentiality** within the rules and laws. Some issues like abuse must be reported and you must tell your student that
- **Lots of time** to listen and counsel
- **Treat everything they say as important**
- **Knowing your own limits** Do not be afraid to say you need help

Counselling involves a trusting relationship, which focuses on the student. The teacher should not judge the student as being 'good' or 'bad' or 'right' or 'wrong'. It is not a process in which the teacher finds the 'best' decision for the student. The student must develop and choose their own solution.

1. **Ask open questions** like How, What, When, Where, Would, Could (**do not** ask Why questions – they can be threatening or judgmental)
2. **Ask one question at a time and listen carefully to the answer**
3. **Reflect back what they say** Rephrase their answers so they know you understand and to check you understand (e.g. "You seem angry about that" or "And then you walked to the beach...")
4. **Don't say "I know how you feel"** You might not have experienced that in the same way
5. **Make eye contact and sit in a neutral way** Arms crossed = defensive!
6. **Allow the student to suggest possible solutions and their consequences**
7. **Allow the student to choose a solution and help them plan**
8. **Don't tell them what to do** Don't say "You should...", "You have to..."
9. **Follow up** – find out from them how their chosen solution went
10. **Ask for help if you feel uncomfortable or unsure** Ask an experienced teacher to help

Your institution may offer a Guidance and Counselling course and training is available through the Department of Education and National AIDS Council.

## Counselling case studies

### 1. Love and sexuality

*A teacher notices that a male Grade 7 student is not attending to lessons and continually comes to school late. He seems distracted and moody. One of the other students tells you that this male student has fallen in love with a girl he meets on his walk to school but she doesn't want to be his girlfriend. He is in love with her. What will you do? How would you counsel him?*

### 2. Sex worries

*A female student who is usually bright and cheerful in class becomes very quiet and withdrawn. She comes to the teacher after school one day and says, "Can I talk to you please?." The teacher agrees, but the student only talks about something that happened at school during the day. The teacher asks if there is anything wrong and the student says no. The teacher reassures the student that she is there to listen if the student does have a problem. Two days later the student comes to the teacher and starts to cry. With careful questioning the teacher finds out that the girl thinks she might be pregnant. It is now the counsellor's role to help the student to decide how she is going to manage this situation*

If you were the teacher...

- What action would you take?
- What would you say?
- Which questions would you ask to find out more information?

Role play these case studies with a peer and an observer. The observer should watch the counselling session and feedback on how well the teacher did (use the 10 item list to help).

## Decision Making Test

Sexuality is often about making choices: who you think is attractive, whose guidance you seek, whose traditions you follow etc. Resisting pressure to take risks also involves making decisions.

a. How good are you at making decisions? Rate yourself on this scale:

1= Making decisions is hard for me

5= Making decisions is easy for me

1	2	3	4	5
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b. How do you make decisions in your life? What makes it hard for you to make a decision?

c. Now consider this situation.

*I have been going out with my girlfriend/boyfriend for a while and she/he wants to have sex. I don't know what to do.*

1. State the problem
2. Think of as many possible solutions to the problem as possible (even the undesirable ones!)
3. Evaluate the alternatives
4. Decide on a solution
5. Predict the possible consequence of that solution

**Self study:** This decision making process is a useful safety strategy to teach young people (who can sometimes make sudden risky and illogical decisions!). Design three more scenarios for using with your class that are relevant to them.

**Self study:** Which other life skills would be good for helping young women and men to learn how to say "no" to pressure to have sex or take risks like drinking home brew? Brainstorm a list with a peer and share it with your class.

## Relationships, sexuality, values and self esteem

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.

Our aim as teachers is to help young men and women develop healthy, positive and caring relationships with each other. We can help them set goals (another life skill).

**Self study:** Reflect privately on these questions. These can be used in a sexuality journal for young people.

- How do you see yourself as a person?
- Where did this self image come from?
- How has my self image developed (physically, emotionally, socially and spiritually) since I was a child (through adolescence and into adulthood)?
- Who has most influenced my growth?
- What or who has limited my growth as a person?
- What kind of person would you like to be in ten years time (physically, emotionally, socially and spiritually)? How will you achieve this? Who will help you?

**Self study:** Choose **one** of these relationships and write a "10 Steps for Love and Respect" for a healthy relationship based on what you have learnt in this Module so far about gender, sexuality, values, self esteem and other life skills.

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

## **Topic: Puberty - a time of change**

The changes at puberty usually begin between the ages of 11 and 14 years. For a few though, puberty may begin as early as 9-10 years. For others it may be much later. We all reach puberty at different ages although puberty usually commences in girls first. **Stress to your students that everyone begins puberty at different times – it is not something to worry about.**

Puberty is a time of change:

- Physically
- Cognitive/mentally
- Socially
- Emotionally
- Culturally

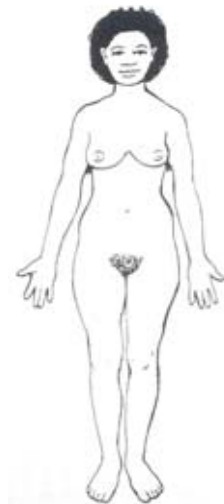
The changes at puberty are caused by **hormones** (chemical messengers) that are made in the **pituitary gland** in the brain.

Later, hormones control aspects of sexual desire and female menstruation. These hormones are produced in the reproductive organs (the testes and ovaries). One female hormone is **oestrogen** and this controls physical changes at puberty, ovulation and menstruation. The male sex hormone is **testosterone**.

**Self study:** Research these **sex hormones**. How do they act in the body? Are there other hormones? What do they do?

For girls, **physical changes** of puberty include:

- Menstruation (a monthly period) begins
- Ovulation (the production of eggs) begins
- Vagina, vulva, clitoris grow slightly
- Hips broadens and waist narrows
- Breasts grow and nipples become larger
- Girls grow taller and stronger
- Hair grows around the vulva (pubic hair ) and under arms
- Some women get a line of hair on their belly and sometimes some hair on their face



For boys, the physical changes of puberty include:

- Penis, testes and scrotum enlarge
- Testes begins to produce sperm and semen and wet dreams can commence
- Height increases and shoulders broaden
- Voice deepens
- Pubic hair grows at the base of penis and on the scrotum
- Body hair increases (e.g. Under the arms, on the face and chest)



As puberty concludes, adolescents are obviously sexually mature. Not only are they able to **masturbate** to orgasm and have strong sexual feelings but some will even begin to experiment with sex .But not all the changes of puberty are physical. Some are **social** and **emotional**. These are some cognitive and social changes:

- a sense of modesty and self consciousness develops (for example, shyness when around the opposite sex)
- young people are more aware of sexuality
- mood swings are more obvious – excitement, arguments etc
- romantic and sexual fantasies and crushes are often apparent

- the peer group may have a stronger influence on the individual's identity and behaviour
- a greater sense of independence from parents
- experimentation begins (with sex, drugs, alcohol, friends, hobbies, sports)
- sometimes there is conflict with parents and family
- values about sex and sexuality develop and can change
- young people are treated differently by friends and family

Cultural changes include “coming-of-age ceremonies”, going to work, thinking about marriage, scar cutting, tattooing, male circumcision, *haus meri*, *haus man* and others

**Self study:** List another 5 cultural changes from different cultures in PNG. Ask your peers for ideas from their cultures

**Self study:** Familiarize yourself with the Health and Personal Development Syllabus and Teachers' Guide for the **puberty** learning outcomes. Make a note of the knowledge, skills and attitudes in the elaborations. Record them in a table like this...

Knowledge	Skills	Attitudes

### Gender issues with puberty

Puberty is an important time for both boys and girls in terms of gender roles and expectations. There may be traditional coming-of-age ceremonies. Young men and young women might be expected to behave differently. Their relationships with the opposite sex might change (including with family members). Some of these gender issues are negative and risky. Young women may be vulnerable to sexual exploitation and abuse by older men. Young men might be at risk of peer pressure to engage in risky sex, fighting and drinking.

**Self study:** Think about your own experiences of puberty and those of your peers. Try and list **positive** and **negative** gender issues about puberty (e.g. in terms of relationships).

At school teachers must be aware of these changes. Girls usually begin puberty before boys and must be supported and informed. Boys need to know what is happening and how to act towards girls. All pupils must respect each other and learn what these changes mean. For example, female students will need a female teacher or mature older girl to help with worries about menstruation. Both boys and girls need private, secure toilets with toilet paper, soap and water. Teachers must be careful and professional in their relationships with adolescents (e.g. never being alone in a room with a student).

**Self study:** With a partner list at least five practical ways a primary school can help young people at the time of puberty (e.g. rules, resources, facilities). Think about gender issues (especially the need to encourage girls to stay at school)

### Key vocabulary for puberty

As a teacher you must **confidently** use the correct words for body parts and reproductive health. You must be able to pronounce them accurately and not be ashamed to use them in front of peers or your class. If you are ashamed and embarrassed then your class will think the words are “bad”. Sometimes it helps to explain the words in vernacular but be sensitive to the community. A word like “koap”, for example, is still taboo and crude in many communities. It is better to use the words “sexual intercourse” or “sex”.

**Self study:** Match these words to the meanings in this table

Female reproductive and sexual organs; erection; sexual feeling; menopause; orgasm; puberty; ejaculation; infertility; ovulation; wet dream; male reproductive and sexual organs; adolescence; menstruation; fertility; masturbation; hormones, pre cum, reproductive system

	<i>The physical changes from child to adult</i>
	<i>The emotional and mental changes from child to adult.</i>
	<i>Special chemical messages that travel around the body in the blood.</i>
	<i>Uterus, vagina, cervix, fallopian tubes, ovaries, labia, clitoris, breasts.</i>
	<i>Penis, testicles, vas deferens (tubes), prostate gland, seminal glands, urethra.</i>
	<i>When sexual feelings make the male's penis become stiff.</i>
	<i>Release of semen from erect penis. The man's orgasm</i>
	<i>An orgasm that happens while the man or woman is asleep.</i>
	<i>Massaging the sexual organs for pleasure</i>
	<i>A sexual climax that makes the body feel good. It can be mild and pleasant, or intense and ecstatic. Can occur during lovemaking, masturbation or wet dreams. In women, orgasm is usually accompanied by contractions in the vaginal and pelvic muscles, and in men by ejaculation.</i>
	<i>The 12-24 hours when the egg is released from the ovary into the oviduct (Fallopian tube)</i>
	<i>A clear slippery fluid that comes out of the penis when it is erect and before ejaculation</i>
	<i>The ability of women and men to have children.</i>
	<i>When a man, or woman, or both, are unable to have a child.</i>
	<i>The vaginal bleeding that occurs about 14 days after ovulation. Happens each month and called a period.</i>
	<i>The time (about 45-50) when a woman's periods stop</i>
	<i>A group of organs in men and women that are necessary for making new humans</i>
	<i>Feelings of sexual pleasure and excitement</i>

The sexual reproductive system is one of the body's systems and is designed for sexual intercourse and producing babies. Other systems include the respiratory system, the circulatory system, the digestive system, excretory system, nervous system and skeletal system. It is useful for students to learn about these before learning about the reproductive system because it is important they see how the systems are natural parts of human beings.

**Everyone must respect and value our bodies, especially the importance of the reproductive systems.** Before you teach about the functions and names of the reproductive system you must prepare your class.

**Self study:** With a mixed gender group list at least four ways you would prepare a class for work on the reproductive system so they **respect** and **value** their bodies. E.g. Learn about the other body systems first. Be prepared to share these strategies with your class.

Both boys and girls need to learn about their own bodies and those of the opposite sex. They must learn how they function and correct names for the parts. They must learn how to care for and respect these important organs. It is sometimes easier to teach these in same gender groups with a male and female teacher supporting the learning.

**There is no need for the students or teacher to feel ashamed – God gave men and women these body parts. Being embarrassed about the reproductive system could be risky for health reasons (i.e. not being able to talk to a health worker or ask questions or know how they function properly).**



## Young people’s worries about puberty

During this special time young people experience changes in their bodies. These affect the way they think and act and how other people treat them. Young people are often worried about the changes. It is natural to feel worried – everyone does!

Some common questions are...

For young men...	For young women...
When will puberty start? Will it hurt? When will it end? Why haven't I started puberty yet? Why is it happening to me? What is the right length for my penis? When do I start shaving? I haven't yet.	When will puberty start? Will it hurt? When will it end? Why haven't I started puberty yet? Why doesn't my period come on time? Can a virgin use a tampon? Why am I growing pubic hair?

**Self study:** Brainstorm common fears and questions that young people might have about puberty. Add them to the table above.

As a teacher you may have to deal with young people starting puberty in your class. This is a difficult and special time and you must be patient, understanding and sensitive. You should also be a safe person to go to for accurate advice. Because it is such a special time puberty is taught in Grade 5, 6 and 7. Obviously it is better to learn about puberty before it happens to prepare young people. The support of the parents, peers and older brothers and sisters is also crucial.

By the time a young person finishes puberty they are **sexually mature**. They can have children of their own. However **adolescents** are still developing their social and mental maturity. This makes puberty a **risky** time in terms of unplanned pregnancies, STIs and HIV. They are also vulnerable to risky behaviours like having sex too young, joining *raskol* gangs or cults, drinking and failing at school. To help young people life skills like decision making and assertiveness must be taught at the same time as knowledge about puberty.

**Self study:** Brainstorm possible problems for boys and girls during the changes of puberty. For each problem list strategies for dealing with them in school and in the family

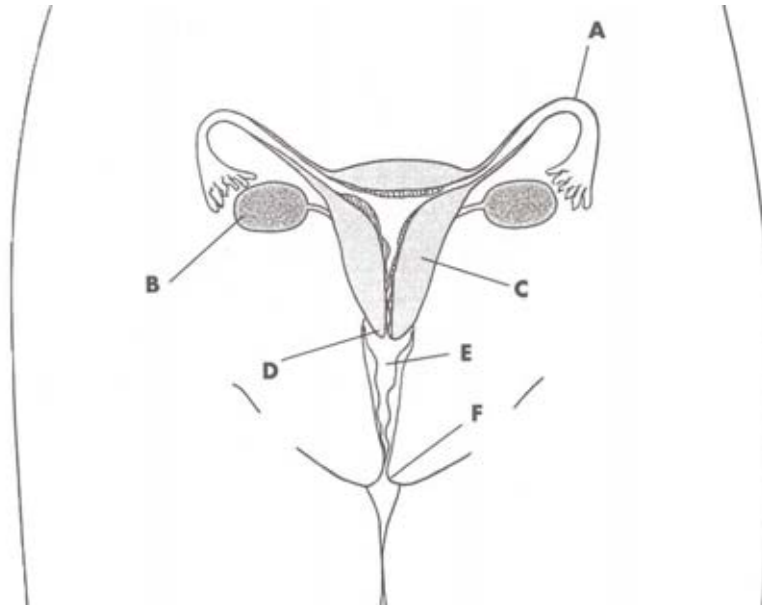
*e.g. Young women menstruating at school without sanitary protection. School keeps sanitary protection, water and soap with a trustworthy female member of staff.*

## Female reproductive organs

### Internal view

Most of the female reproductive organs are inside her body and protected. These parts include the **vagina**, **uterus** (womb), **cervix** (opening to the uterus), **oviducts** (Fallopian tubes) and two **ovaries**.

**Self study:** This cutaway anatomical drawing shows the female internal reproductive system. Letter F = the vulva. What do the other letters label? Complete the diagram spelling the words accurately. Practice saying the words confidently.



Sexual Health Education, a training manual for the Pacific, 3<sup>rd</sup> Edition, Family Planning Australia, 2002

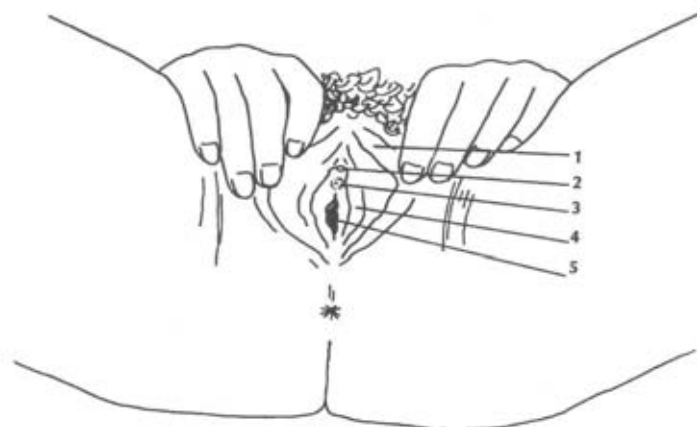
### External view

Female genitals are hidden by pubic hair and her labia (the lips at the entrance to the vagina).

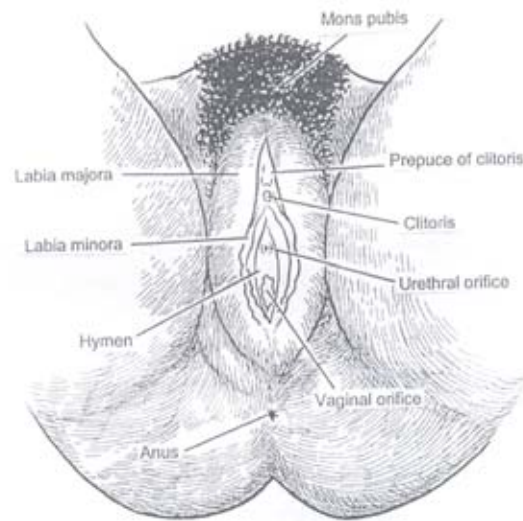
When women's reproductive organs are examined by a health worker they will need to open the labia with their fingers. This also happens in birth and if a woman wants to examine herself for infections. This anatomical drawing shows this accurately and realistically so you can see the positions of the labia, clitoris and vaginal opening. **It is important for health reasons.**

**Female genitalia are particularly vulnerable to infection with STIs and HIV. All reproductive organs should be treated with respect. It is recommended primary age students label a diagram without the hands opening the labia.**

**Self study:** Label the *labia majora*, *labia minora*, *clitoris*, *urethral opening*, *vaginal opening* and *anus*



Sexual Health Education, a training manual for the Pacific, 3<sup>rd</sup> Edition, Family Planning Australia, 2002



**It is recommended Upper Primary age students label a diagram without hands opening the labia (Personal Development, Grade 7, learning outcome 7.4.1).**

### **Functions of the external female reproductive organs**

- 1 The **labia majora** are fleshy lips which protect the vulva and vary in size and shape. Pubic hair grows around them.
- 2 The **clitoris** is a sensitive organ full of nerve endings. It is like a small lump on the top of the **vulva**, but is larger inside. The clitoris is made of erectile tissue and becomes erect when a woman is sexually aroused. It plays an essential role in her **orgasm**.
- 3 The **urethral opening** is a tiny hole where the urine comes out.
- 4 The **labia minora** are the thinner lips surrounding the vaginal opening. They are usually moist and can change colour when a woman is sexually excited.
- 5 The **vaginal opening** is the entrance to the vagina.
6. The **anus** is the opening to the bowel. For hygiene women and girls must always wipe toilet paper from the front to the back after defecation to prevent infections in the vagina.

### **Functions of the internal female reproductive organs**

- 1 The **oviducts or Fallopian tubes** are narrow tubes which carry ova (eggs). The tubes are lined with fine hairs called 'cilia' which help to move ova towards the uterus after ovulation.
- 2 The **ovaries** are on either side of the uterus. They are attached to it by ligaments and are about 2-3cm long. The ovaries contain something like 200-400,000 **ova** when a girl is born. The ova (or eggs) are released at **ovulation**. An ovum can survive for 24-28 hours. Ovulation is part of the **menstrual cycle**. This cycle ceases at **menopause** (unless there has been surgery to remove either the uterus or ovaries earlier)
- 3 The **uterus or womb** is a strong muscular organ about the size of a fist. It protrudes into the end of the vagina. The lining of the uterus is called the **endometrium** and is this lining that slips from the vagina during **menstruation** as blood. If a woman is **pregnant**, this lining develops into the placenta as the foetus grows inside the uterus.

4 The **cervix** is sometimes called 'the neck of the womb'. It protrudes into the end of the vagina and feels like the tip of a nose. There is a small opening in the cervix. The cervix makes mucus which changes throughout the menstrual cycle due to the effects of **oestrogen** and **progesterone**. There are two types of cervical mucus. One which is called hostile, or infertile, mucus that helps to block the cervix and acts as a barrier. The other is called fertile mucus. If there are sperm in a woman's vagina when there is fertile mucus present, it allows for easier entry of the sperm into the uterus and oviducts.

5 The **vagina** is made of elastic muscle tissue lined with folds of skin which lean together but can be easily stretched open. The opening of the vagina is surrounded by strong muscle and nerve endings. The vagina is moist. Its moistness varies throughout a woman's menstrual cycle and when she is sexually excited. The vaginal fluid acts as a lubricant for the erect penis during sex. The vagina ends at the cervix and is able to keep itself clean and healthy. The vagina can stretch during childbirth and sex.

**The vagina of a young woman or girl is more delicate than the vagina of an older woman and can be easily damaged by sexual intercourse. This makes young women more vulnerable to being infected with STIs and HIV.**

6 The **vulva** is outside a woman's body, between her legs. The moistness or dryness of the vulva is partly affected by hormones throughout the menstrual cycle. With sexual arousal, the vulva becomes moist and fuller as the area becomes engorged with blood.

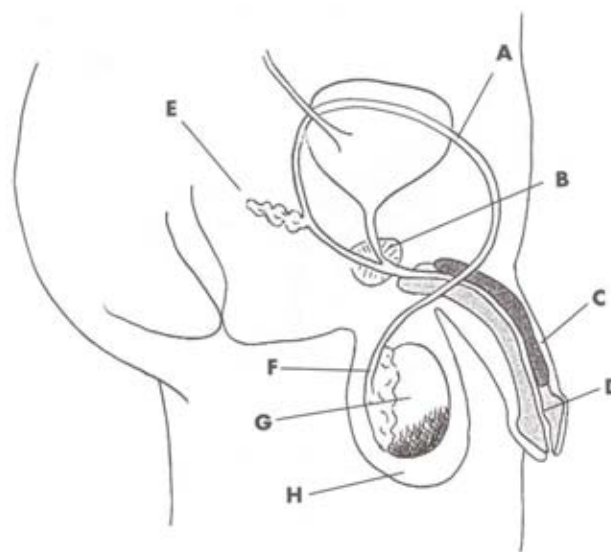
**Self Study:** Practice saying the words about the female reproductive system correctly and confidently to a friend. Now try translating them into Tok Pisin or Tok Ples (this will help when you teach them in Grade 7 and 8)

## Male reproductive organs

Most of the male reproductive organs are outside of the body which makes it easy for young men and boys to examine them and keep them healthy. **All reproductive organs should be treated with respect.**

### Internal view

This cutaway anatomical drawing shows the main parts of the male reproductive organs. These include the **penis**, the **scrotum**, the **testes** (there are two of these), **urethra**, **epididymis**, **prostate gland**, **seminal vesicle** and **Vas Deferens**



Sexual Health Education, a training manual for the Pacific, 3<sup>rd</sup> Edition, Family Planning Australia, 2002

**Self study:** Label the male reproductive organs.

## External view

The penis, scrotum and testicles are clearly visible. All men are born with a **foreskin** on the head of the penis which can be gently pulled back for washing and during sex.

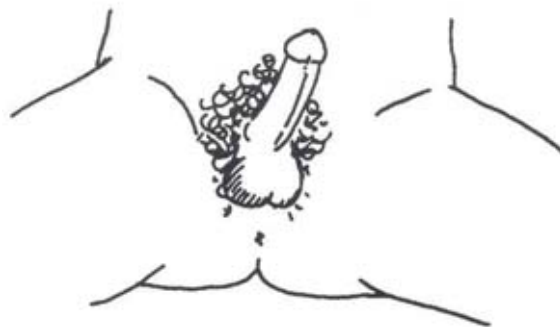
1. **An uncircumcised penis.** This anatomical drawing shows a penis with foreskin. It is uncircumcised.



2. **A circumcised penis.** This anatomical drawing shows a circumcised penis where the whole foreskin is cut away. This can be for health or cultural/traditional reasons. For example, being fully circumcised does slightly reduce the chance of transmission of HIV.



3. **An erect penis.** This anatomical drawing shows an erect penis. Men get erections when they are sexually excited. **Erections** are normal sexual response. Men and boys can also have erections when they are not sexually excited. Unwanted erections occur when the bladder presses on the prostate or when there is movement or stimulation that isn't necessarily sexual. An erection is a natural part of a man's life.



## Functions of the male reproductive organs

1. **Penises** vary in shape and size. There is greater variation in penis size when penises are flaccid (soft) than when they are erect. The penis is for passing urine, ejaculation, and for giving and receiving sexual pleasure. It is made of sponge-like material that can fill up with blood to make the penis larger. The head of the penis is covered with a **foreskin** when a male child is born.

Penises can also be either **circumcised** or **uncircumcised**. A circumcised penis is one that has had the foreskin removed. This is done by a doctor for religious, cultural or medical reasons. It usually happens during early childhood or at puberty.

If a man or boy is uncircumcised, he needs to wash gently under the foreskin when bathing. The foreskin should never be forced back to do this.

2. The **urethra** is the urinary passage from the bladder through the penis.

3. The **scrotum** is a soft pouch of skin that holds the testes and helps keep them at the correct temperature for making healthy sperm, which is below that of the rest of the body.

4. The **testes (testicles)** are the male sex glands. They produce sperm and the male sex hormone, testosterone. This is a chemical that is circulated in the blood, and affects other parts of the body (such as body shape, voice and sexual feelings) to give males their **sexuality**. The testes hang outside the man's body in the **scrotum**. Once the production of sperm begins, it continues throughout a man's life unless something interferes with his fertility. Production of sperm happens continually. Millions of sperm are made every day. Once a man makes semen and sperm he is **sexually mature**.

5 The **epididymis** is where the sperm are fully developed.

6. The sperm are stored in the **Vas Deferens** tube.

7. During sexual intercourse the sperm travel up the tubes and are joined by fluid from the **seminal vesicles** and the **prostate gland**. The **prostate** is a gland underneath the bladder. It makes fluid that becomes part of the **semen**. The prostate is a sensitive organ which acts like a pump as it pushes the ejaculate (semen and sperm) out of the penis when a man has an orgasm. Sometimes ejaculations happen at night when the man is sleeping. This is called a "**wet dream**" and most men have them occasionally.

8. The **seminal vesicles** also produce and store semen. **Semen** is the pale/white coloured liquid which maintains and supports sperm. It is alkaline and contains fructose (to feed the sperm). Semen is **ejaculated** through the penis.

9. The **anus** (rectum) is the opening of the bowel.

10. The **bladder** is where **urine** is stored. There is a valve at the base of the bladder which closes when the penis is erect. This prevents urination during sexual intercourse.

**Self Study:** Practice saying the male reproductive organ words correctly and confidently to a friend. Now try translating them into Tok Pisin or Tok Ples (this will help when you teach them in Grade 7 and 8)

## Personal hygiene for young men and women

All girls and boys should wash their body with soap at least once a day. Cleaning teeth, cutting and cleaning nails and washing hair is essential. Some adolescents get spots from the hormonal changes. Good diet and regular washing should help. Clean clothes reduce body odour caused by bacteria.

### **For young men**

Daily washing of the whole body, and especially of the penis, scrotum and anus is essential. If the man has not been circumcised, he should pull back his foreskin to wash underneath. This is to get rid of a fatty deposit called smegma. If this is not washed away, there can be an unpleasant smell. Pus or smelly discharge from the penis is the sign of an infection or STI and they should seek medical help.

### **For young women**

Daily washing of the whole body but they should not use soap inside the vagina because it cleans itself. Any smelly discharge from the vagina is usually the sign of an infection and she should go and see her health worker. Wiping from the front to the back after defecation is essential. Clean cotton underwear changed daily is essential. Young women may also want a well fitted bra to support her developing breasts.

## **Menstruation**

Menstruation is a topic in Personal Development and Health. Male and female students both need to learn about it because it is often an area of worry and misunderstanding. Learning about the menstrual cycle also reduces the risk of unplanned pregnancy and helps young people respect the body of the woman.

Menstruation is the monthly production of an egg in **fertile**, sexually mature women. For most young women menstruation begins between the ages of 11-15. For a few girls, it may begin as early as 9-10 years. Menstruation continues until the **menopause** (which occurs between 45 – 50 years). A few women stop menstruating before this and some may reach the menopause later. The menopause is a change in the woman's body so she no longer ovulates.

Women's bodies work on a monthly **cycle** controlled by hormones which is roughly 28 days (3-5 weeks is normal) in length. Her fertility changes through the month. If she does not become pregnant the lining of uterus (womb) will slip out of her body – this is called her **period**. If she becomes pregnant then her periods will stop. Breast feeding after birth also prevents **ovulation**.

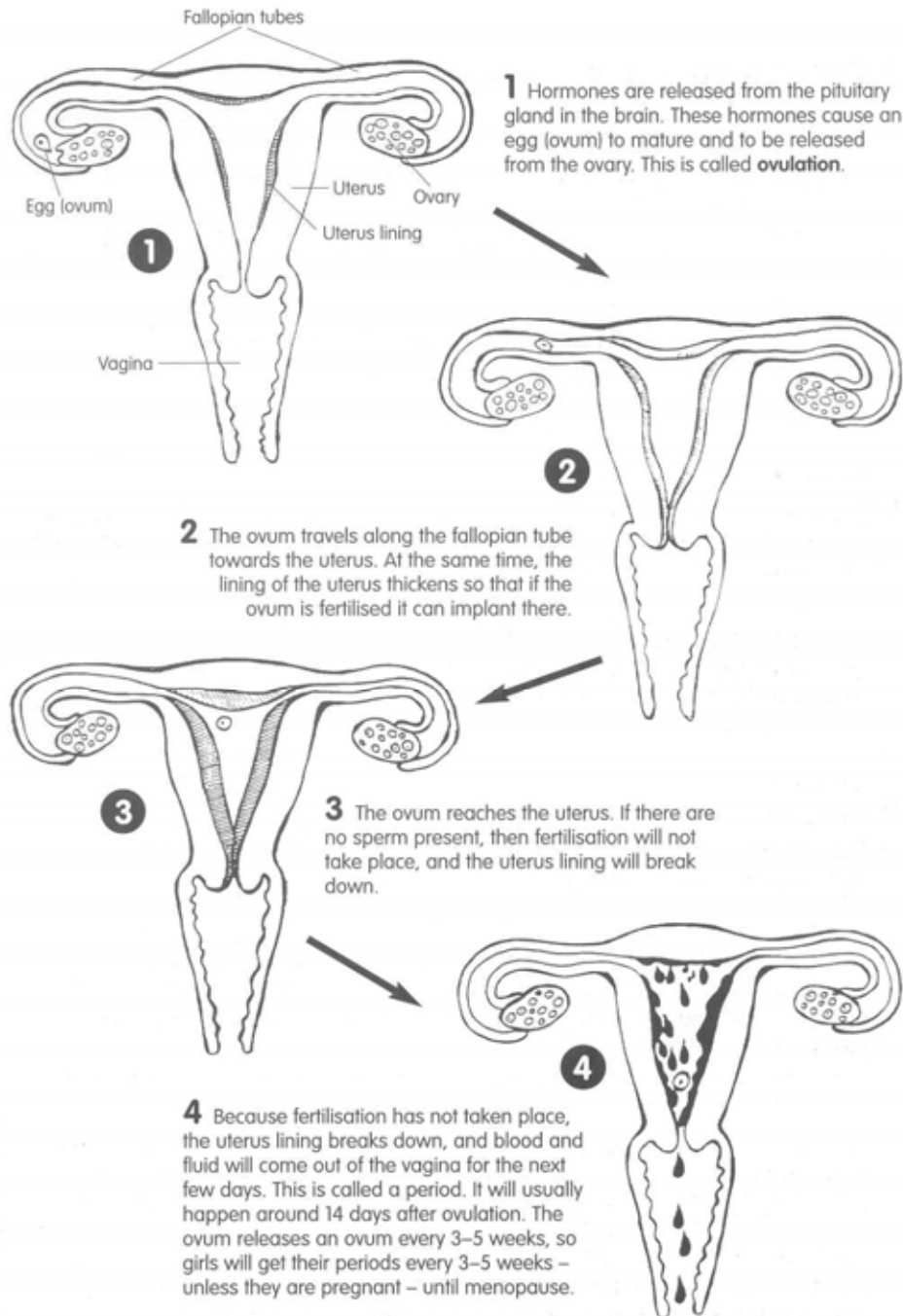
- The length of the monthly cycle and time of a woman's period can vary from woman to woman
- Sickness and stress also change the length of the menstrual cycle
- Young women's periods can be **irregular**
- Some women get mood swings and feel unhappy just before their period. This is called **pre-menstrual syndrome** and is caused by hormone changes. Their breasts might feel swollen and sensitive and they might feel an ache in their lower belly ("**period pain**").
- Very heavy and continued bleeding, very irregular periods or no period are reasons for seeing a health worker
- Women living in the same house sometimes find their periods all begin at the same time. Doctors are not sure why this is!

Sperm can live for several days inside oviducts (Fallopian tubes) and vagina so unprotected vaginal sex around the time of ovulation is the most likely time to become pregnant.

## **Menstrual cycle**

It is possible for women to map their monthly cycle. Older female students may wish to do this and compare it with a friend. Ovulation is noticeable when the **mucus** made by the cervix becomes thinner, clearer and more slippery.

**Around ovulation unprotected sex is likely to lead to pregnancy.**



SOURCE: Solomon Islands Ministry of Education and Human Resources Development (1997) *Growing Up*.

**Self study:** Why do you think it is important to teach menstruation to **both** male and female students? Give your reasons.

In Tok Pisin menstruation is sometimes called *sik mun* so it is important you tell young people that it is not an illness or sickness. Menstruation is a natural and healthy part of a woman's life. Men and boys should not fear it.

**Self study:** In some cultures in PNG, women who are having their period cannot prepare food for men. List some menstruation traditions from cultures in PNG. Are they positive or negative? Why?



## Common questions about menstruation

As a teacher you must be ready to answer your students' concerns and questions. Practice these questions and answers with a peer.

### What is menstruation?

Menstruation is the normal, healthy shedding of blood and tissue from the uterus. It is also called a woman's "period." It usually lasts between three and seven days. Menstruation happens for most women about once a month. It is a sign that a woman can possibly become pregnant if she has sexual intercourse. Women stop menstruating during pregnancy but then start again after they have the baby.

### At what age does a girl start menstruating?

Just as some girls begin puberty earlier or later than others, the same applies to periods. Some girls may begin to menstruate as early as nine or 10, but others may not get their first period until a few years later.

### What is the sign that menstruation has started?

A woman knows that she has started her period when a little blood comes out of her vagina. The blood does not pour like water from a tap. It comes out slowly. Usually by the time she has noticed a feeling of unusual wetness, her panties have absorbed any blood that has come out. This is why it is important to anticipate approximately when each month she will start bleeding, so she can wear a sanitary pad or other protection to prevent the blood from staining her clothing.

### How much flow is there?

The menstrual flow—meaning how much blood comes out of the vagina—can vary widely from person to person. Usually, an entire period consists of a few to several spoonfuls of blood—how much depends on the individual. The blood often starts off as a rusty colour and then gets redder. It lightens to a rust colour again until it stops. The amount of blood can also vary from day to day.

### What is the menstrual cycle?

The menstrual cycle is the period of time beginning on the first day of a woman's period until the day before she begins her next menstrual period. Since this happens regularly, it is called a "cycle."

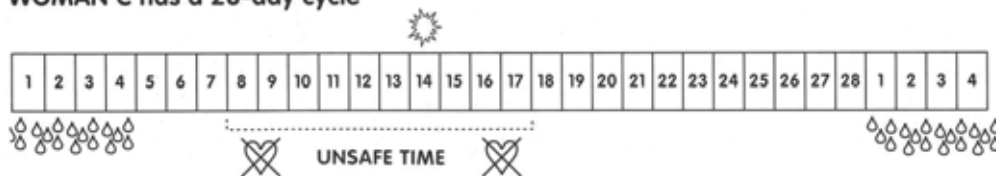
### What is the length of the menstrual cycle?

The length of the menstrual cycle (the time between one period and the next) varies for each woman. For some, the cycle is as short as 21 (or even fewer) days. For others, it is as long as 35 days or more. Irregular periods are common in girls who are just beginning to menstruate. It may take the body a while to adjust to all the changes taking place. For example, a young woman may have the same length cycle for two months, then miss a month, or have two periods with fewer days in between them. Her menstrual cycle will probably become more regular, although she may continue to have irregular periods into adulthood. Sometimes she might have some spotting of blood for a day or two in the middle of her cycle. This is usually nothing to worry about.

For example, this young woman ovulates about 10 days after her period. She should avoid unprotected sex before and after ovulation.

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WOMAN C has a 28-day cycle



### **What are secretions?**

Girls can sometimes see **secretions** on their underpants or experience a feeling of wetness. These secretions are a whitish liquid. Girls often get secretions around the time of ovulation, when the body is ready to receive and nurture a fertilized egg. This **mucus** helps sperm travel through the uterus to meet the egg for fertilisation, so when a girl has secretions, she knows that this is the time when she is fertile. Paying attention to vaginal secretions helps girls understand their bodies. Knowing what is normal for the body helps girls recognize things that are not normal. For example, yellow or strong-smelling secretions are not normal. These kinds of secretions are often a sign of infection, and she should visit her health worker.

### **What products do girls use during menstruation?**

**Clean rags:** These are cut to fit in the panty area by sewing several layers of cotton rags on top of each other. These must be clean. They must be washed thoroughly and hung in a private but sunny place to dry. They should not be shared with others.

**Toilet tissue:** A girl can use clean toilet tissue by making a thick, long wad of toilet tissue. Sometimes toilet tissue is too rough, however, and it can cause irritation and soreness to the skin. It also may not be sufficient to absorb the quantity of blood.

**Pads or sanitary napkins:** These are designed to fit the panty area close to the body. They have strips of tape that keep them attached to the panties, and the panties help to hold the pads close to the opening of the vagina. Pads have a plastic lining to minimize the spill of blood. If a woman uses pads, she needs to throw them down a pit latrine, bury them, or burn them after use. They should not be left in the garbage pile or flushed down the toilet, as they will cause blockage.

**Tampons:** These are small, compressed cotton objects, formed into solid, tube-like shapes, that are pushed up into the vagina during menstruation. The cotton softens as it absorbs the blood that comes into the vagina from the uterus. Attached to the tampon is a strong, soft cotton thread, which hangs out of the vagina. Pulling this thread removes the tampon. A girl must always wash her hands before and after inserting a tampon. A tampon also needs to be changed frequently, because it could cause infection if left in the vagina. A woman should never leave a tampon in for more than eight hours.

Whatever a girl uses (rags, toilet tissue, pads, or tampons), she should change it frequently to avoid staining and smells. When menstrual blood comes in contact with air, it can develop a stale odour. Pads and tampons cost more than toilet paper and rags, but all work equally well. A girl can usually ask her sister, mother, or other close female relative what she uses.

A girl might be worried that her friends might see her carrying such products with her. Placing them in a simple plastic bag in her purse, school bag or bilum usually prevents any embarrassment. If a girl's panties or clothes get stained with blood, she can soak them in cool, mildly salty water. Hot water will cause the blood to set and remain as a permanent stain.

**Self study:** *With a peer discuss how you could use **peer education** to help girls in your school. What could older girls do? How could they help younger girls? List at least three sensible relevant peer education activities.*

## Teaching and learning strategies for Puberty and Sexuality

### 1. Peer education

Young men and women can pass on their new knowledge and skills to others of the same age. This is a powerful learning tool (for both groups) and builds self esteem, self confidence and communication skills. For example, you might ask the class to work in same sex groups and prepare an activity for out of school youth where they can use their new skills and knowledge about puberty, values, gender or sexuality.

You will need to arrange this with community leaders. Alternatively you can work within the school. Ask Grade 7 students to prepare sessions on puberty for Grade 5 (who also have a puberty learning outcome in Health) using participatory learning. Same sex groups work well and you should supervise the sessions carefully. Stress the importance of “not doing any harm” and delivering accurate information in an interesting, life skills way.

### 2. Have a quiz competition in your class

Divide the class into two groups. Ask each group to think up questions about puberty and adolescence to ask the other group (they must also design the answer!). Take it in turns and keep score. They could use their notes to help

### 3. Vocabulary double check

Go through the vocabulary of puberty (English and vernacular) with your class. List the words and ask them to explain which ones they are allowed to use in different places and situations

- When talking to a health worker or doctor
- In a reproductive health lesson
- When they are playing with younger people, brothers or sisters
- When they in the house with their family
- When speaking to an older person
- When they are discussing something with a close friend

### 4. Positive and negative chart

What are the positives and negatives about puberty? Ask the students to fill in a chart in small groups.

Discuss the positives and negatives (and the strategies for dealing with the negatives)

Puberty	
Positives	Negatives

### 5. Conduct an interview

Interview an adult about how **they** felt about puberty and adolescence. Prepare questions and write up the interview as a report or a story.

### 6. Building self esteem using My Bilum

Every student has an empty bilum. Their friends should write one thing that their friend is good at or their positive qualities (e.g. “They are good at stopping fights”) and put it in the bilum. Students can read about their own strengths and qualities. This is a very adaptable strategy. Other things that could go in the bilum include “things I am proud of...”, “my strengths...”, “5 things I have done this week for others...” or “how this person has helped me this week”).

### 7. Body mapping

In pairs or small groups (no more than 4) participants draw a large sketch of a person (the person could be male or female or they could draw both). Then they label the person. The labelling task depends on the session. Some possible labels are...

- Male and female reproductive organs/body organs
- *Tok ples* names for body parts
- Changes caused by puberty
- Changes caused by sexual arousal
- Diseases and what parts of the body they effect (don't forget to include STIs and HIV!)
- Good and bad words and phrases about men and women
- Effects of drugs and alcohol on body parts
- Mapping the influences of friends, family, sexual partner, community, belief and work on me
- Mapping my life skills
- Mapping my values

You might want to use same gender groups for sensitive subjects. Body mapping is also an excellent pre- and post assessment strategy.

### 8. Reproductive Word Bingo

This activity is a good way of building confidence in using the correct words for body parts. It also reinforces the correct functions of the reproductive system.


Tell the students to write one of these reproductive words below into each box. **They may only write the word once.** Mix them up. Read the definitions on the cards and they have to cross off the word. Students should...

- Call "Line!" when they have crossed off a horizontal line of words
- Call "Bingo!" when they have all the words crossed off.

#### Sexual intercourse

Penis  
Vagina  
Labia  
Testicles  
Orgasm  
Semen  
Vaginal fluid  
Uterus  
Pubic hair

#### Puberty

Anus  
Foreskin  
  
Cervix  
Pre cum  
Clitoris  
Ejaculate  
Sperm  
Egg

These are the definitions to read out for Reproductive Word Bingo. Cut these out and shuffle them. Read each one slowly and twice. **Don't read the words in bold! They have to work these out.** Bridging – you may need to read the definitions in *Tok Pisin* or *Tok Ples*

<p><b>Sexual intercourse</b></p> <p>When the man's penis enters the woman's vagina</p>	<p><b>Penis</b></p> <p>The male sex organ. Becomes erect and hard when the man is sexually excited.</p>	<p><b>Vagina</b></p> <p>Muscular tube inside the woman. The sex opening of the woman. Becomes wet and slippery when the woman is sexually excited</p>	<p><b>Labia</b></p> <p>The outside lips of the woman's vagina. Become wet and swollen when she is sexually excited. Covered with pubic hair after puberty.</p>
<p><b>Testicles</b></p> <p>These hang in a sack under the penis in men. They make sperm when the man reaches puberty. They are covered with pubic hair</p>	<p><b>Orgasm</b></p> <p>When men and women reach a peak of sexual excitement. It is a very good feeling.</p>	<p><b>Semen</b></p> <p>The thick white liquid ejaculated by the man's penis when they orgasm. The sperm swim in this.</p>	<p><b>Vaginal fluid</b></p> <p>Slippery liquid produced by women when they are sexually excited. It lubricates the vagina so the penis fits inside easily.</p>
<p><b>Uterus</b></p> <p>Where the fertilised egg will grow into a baby inside the woman. Also called the womb it is connected to the vagina and the ovaries where the eggs are made</p>	<p><b>Pubic hair</b></p> <p>Grows during puberty on boys and girls. A sign they are ready to make sperm and eggs. Grows around the sex organs.</p>	<p><b>Puberty</b></p> <p>The time when a boy or girl changes into a man or woman. The males will start making sperm. The females will make eggs and start their periods. Pubic hair will grow. Females grow breasts. Both become taller. This time varies from person to person.</p>	<p><b>Anus</b></p> <p>The hole which faeces (waste or pekpek) passes through. Easily damaged.</p>
<p><b>Foreskin</b></p> <p>Thin skin over the end of the penis which can be pulled back in sex or washing. Some people have it removed – this is called circumcision.</p>	<p><b>Ovary</b></p> <p>The two places inside a woman where the eggs are made and stored. After puberty women release one egg every month.</p>	<p><b>Cervix</b></p> <p>The muscular ring at the top of the vagina. The entrance to the uterus or womb.</p>	<p><b>Pre cum</b></p> <p>Clear slippery fluid produced from the penis before ejaculation when the penis is erect</p>
<p><b>Clitoris</b></p> <p>A sensitive bump at the top of a woman's labia. Rubbing this feels really good and may cause an orgasm.</p>	<p><b>Ejaculate</b></p> <p>When a man orgasms. A spurt of semen and sperm from the erect penis.</p>	<p><b>Sperm</b></p> <p>Produced by males after puberty in the testes. Millions of these are made each day and in each ejaculation. If one of these meets an egg a baby is made. Contains half the information needed to make a new human</p>	<p><b>Egg</b></p> <p>Produced by women after puberty. One is released every month and if it meets a sperm inside the woman a baby is made. Contains half the information needed to make a new human. If not fertilised it passes out of the vagina with a little blood. This is called a period</p>

## Module: 2 Reproduction and Family Planning

### Module outcomes

<b>Module 2</b> Reproduction and Family Planning  Recommended time = 9-10 hours	<ul style="list-style-type: none"><li>• Know the Personal Development learning outcomes and elaborations for reproduction</li><li>• Have sufficient knowledge and skills to teach reproduction and family planning confidently</li><li>• Practice a range of teaching and learning activities for reproduction and family planning</li><li>• Confidently use words and phrases about reproduction and family planning</li><li>• Discuss and understand the importance of teaching this topic to young people</li><li>• Explain issues that effect the teaching of this topic</li></ul>
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### ***Topic: Abstinence, safe sex and risky sex***

#### **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 young people at school?

e.g. To have children, to keep a partner, to show off, for pleasure, for money or food, to feel grown up etc

#### **Safe and unsafe sex**

This will be discussed further in later Modules.

**Abstinence** is not having sex until you are old enough. This needs strong moral values and life skills such as self control. It is safe and will not cause any harm. It is a behavioural message for all young men and women.

**Safe sex** is sex which has no health risk and will not cause you harm. **Unsafe sex** could lead to unplanned pregnancy, being infected by an STI or HIV, feeling unhappy, pain, giving up something precious like your virginity, breaking taboos, rules or beliefs etc.

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

#### **Sex and gender**

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?*

**Self study:** *Reflect on your male and female friends at primary school. Did any of them have negative consequences from having sex too young? What lessons could be learnt from their experiences?*

## **Topic: Fertility**

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

### **For men...**

- Men are fertile from when they start producing 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". You must give accurate facts if students raise these myths. 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.*

## **Topic: Conception**

**This is a sensitive subject and is best taught in same sex groups. It is important young men and women learn the facts about healthy sex and discuss the possible consequences and risks of having sex too young. An older teacher or community member or health worker can help, as can a trained peer educator or mature older peer. However it is essential that young people learn about loving and healthy sex as it is something all of us will experience sometime in our lives. It is a natural part of being human.**

**Self study:** *Think about strategies that would help you work with the community and the class before teaching the learning outcome on sexual intercourse and conception (7.4.1). Be prepared to share these with the group.*

## 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 or 'turned on' 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 (if too sensitive to direct touch) 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 or intimate touching. Masturbation does not cause weakness or poor physical health and will not affect a person's fertility.

**Self study:** *How would you teach this in Grade 7 and 8? Which strategies would you use? How could you teach it so both you and the students are comfortable? Plan this with a peer.*

## Sexual response in men

Young men also have strong fantasies, desires and emotions. They can become sexually aroused, orgasm and may want to experiment with sex.

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 or subside 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 response to sexual or intimate touching. 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.

**Self study:** *How would you teach this in Grade 7 and 8? Which strategies would you use? How could you teach it so both you and the students are comfortable?*

## 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 your students should use the correct ones when you are teaching this topic. They should not use them when they could offend people.

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

There are clear behaviour messages and values when teaching about sexual intercourse.

- 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, should not be when you are too young and should be in a loving relationship. For many in PNG, this means within marriage.
- Sex should be 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

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 **safer sex** technique.
2. **Sexual intercourse:** The man's erect penis enters the woman's vagina when it 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** (another safer sex technique but one with a high failure rate because there is usually sperm in the pre-cum). If the man or woman is not wearing 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.
4. **Afterwards:** Many couples like to relax and sleep afterwards. They will feel close and loving. Sex is natural part of our adult lives.

When teaching this it is important to stress that:

- Sex should be pleasurable
- Sex should be in a loving relationship
- Sex should be responsible and safe
- Sex should be at the right time
- Sex should never be forced
- Sex always has consequences (e.g. pregnancy)

**Self study:** *With a peer explore the possible consequences of **unplanned pregnancy** for the mother, the father and the new child.*

Other kinds of sex are:

**Oral sex** This is when the man licks the woman's clitoris 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.

## **Problems with sex**

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 body is ready (i.e. the 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.**

**Self study:** List the advantages and disadvantages of teaching about sexual intercourse and sexual arousal to young people.

Advantages	Disadvantages

**Self study:** What are the key behavioural messages and life skills the Syllabus tries to get across in your teaching? List them. E.g. Delay the time you lose your virginity until you feel comfortable, strong and safe

**Self study:** Which teaching strategies would you use for teaching about sexual intercourse? List 5 with reasons why you would use them.

Teaching and learning strategy	Why I would use it for teaching about sexual intercourse

### Common questions about sex

**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, seep out, 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 evaporates 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 can be 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?

All these should be explored with young men and women through **case studies, discussions and role plays**. These are sensitive emotional subjects and should be treated sensitively, accurately and realistically. 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 students may ask.

## Topic: Fertilisation and pregnancy

### Process of conception

#### 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). 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.

### Fertilisation

The time when the union between the egg and the sperm occurs is called **fertilisation**. 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.

### Grade 7

7.4.1 Explore the functions of different systems and parts of the body

#### Recommended knowledge

##### Main functions of the reproductive system

- Male reproductive system
  - function of penis, foreskin, scrotum, testes, urethra, sperm
- Female reproductive system
  - function of vagina, clitoris, cervix, ovary, ovum, fallopian tubes or oviducts, uterus

##### Beliefs about conception

- within marriage
- economic and social aspects

##### Process of conception

- including:
  - release of ovum (egg)
  - release of sperm into vagina
  - fertilisation of egg by sperm
  - formation of zygote
  - passage of zygote in oviduct
  - division of zygote to form ball of cells called an embryo
  - embryo implants into lining of uterus

##### Behaviour

- importance of using correct names and respect for body
- responsibility of individuals to care for their bodies by protecting themselves from illness and disease

## How does fertilisation occur?

During the menstrual cycle, the egg is released from a woman's ovary. The egg floats down the oviduct (Fallopian tube) toward the uterus. 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 if she is pregnant?

Soon after implantation of the egg, hormones are secreted in the body to prevent menstruation from occurring and to ensure the development of the embryo. 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 breast 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 fertilisation

### **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.** There is no evidence to prove that if a boy's penis goes near a girl's vagina and he ejaculates that she will get pregnant. However, 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.

**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 in the oviducts 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 fertilisation 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. Sperm contains sex information organised as a **chromosome**. There are two types of chromosomes—either an X or a Y. If the sperm contains a Y chromosome, the child will be male; if it contains only an X chromosome, the child will be female. Eggs only carry the X chromosome. 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 fertilisation. Which other ones would young people ask? List these and research the correct answers.*

**Self study:** *Collect some fertilisation myths and traditional ways of producing either male or female babies. How would you respond to these myths with accurate information?*

## **Pregnancy**

Pregnancy in humans lasts about 9 months. Babies can be **premature** (born early) or **overdue** (born after the expected time).

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.

### **1. First three months (1-3 months)**

Most women will experience some of these physical changes:

- missed menstrual periods
- breast changes
- nausea and vomiting ("morning sickness")
- frequent urination
- fatigue
- weight gain

During this period, the embryo, which began as a tiny cluster of cells, becomes a foetus and develops all of the major organ systems. Here is what is happening:

### **First month (1-4 weeks)**

- embryo implants (attaches) to the wall of the uterus and develops rapidly
- heartbeat begins on the 25th day
- arm and leg buds appear
- primitive digestive system develops
- The embryo is about 4mm long!

### **Second month (5-8 weeks)**

- the face is forming
- beginning of the spine
- brain, liver, kidneys, bloodstream, and digestive system are developing
- arms and legs developed
- By the end of the second month, the embryo has become a foetus. It is 2.5cm long.

### **Third month (9-12 weeks)**

- facial features are present, the nose and outer ears are formed
- nails grow
- movement such as head turning or sucking begins
- teeth buds forming
- all internal organs formed
- swallows amniotic fluid
- The foetus is 7cm long.
- Placenta and umbilical cord formed and feeding the foetus. It floats in amniotic fluid.

## **2. Second three months (4-6 months)**

Mothers will experience:

- Pre-milk in their breasts
- Nipples may begin to get darker and larger
- Pressure on the blood vessels in the lower part of the body increases and may result in haemorrhoids (piles) or varicose veins
- Skin changes may occur particularly on the face
- Dark splotches may appear on the forehead and cheeks. It will fade after the birth, but may not disappear completely.

During this period, the foetus continues to grow and begins to respond to its environment. Here is what is happening:

### **Fourth month (13-16 weeks)**

- strong heart beat begins
- fine body hair develops
- At the end of the fourth month, the foetus is about 15 cm long



### **Fifth month (17-20 weeks)**

- heartbeat can be heard with a stethoscope
- finger and toe nails formed
- sucks thumb and responds to noise
- grows hair and eyebrows
- movements become increasingly vigorous
- At the end of the fifth month, the foetus is about 25-30 cm long

### **Sixth month (21-24 weeks)**

- eyes are open
- a creamy substance called vernix covers the skin
- skin is wrinkled and the foetus appears very thin

### 3. Last three months (7-9 months)

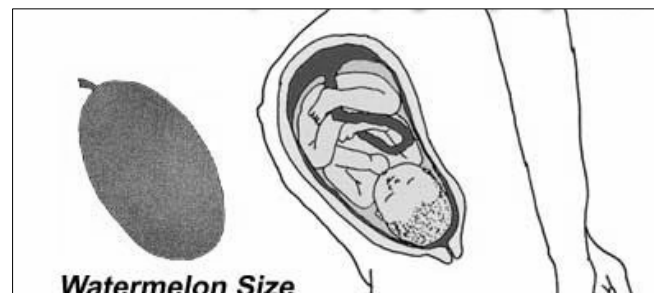
Physically, the final months of the pregnancy are more uncomfortable. Mothers may experience some of the following:

- backache
- leg cramps
- heartburn
- shortness of breath
- the need to urinate frequently and the loss of bladder control when they sneeze or cough

The changes to the foetus are:

- skin wrinkles become less pronounced as body fat accumulates and begins to smooth out the body
- eyes open and close
- foetus responds to light
- foetus stores iron and builds skeleton
- You can see the baby moving and kicking

Eventually the baby settles into the correct position for birth (usually head downwards but some babies are born feet first – this is called a **breach birth**)

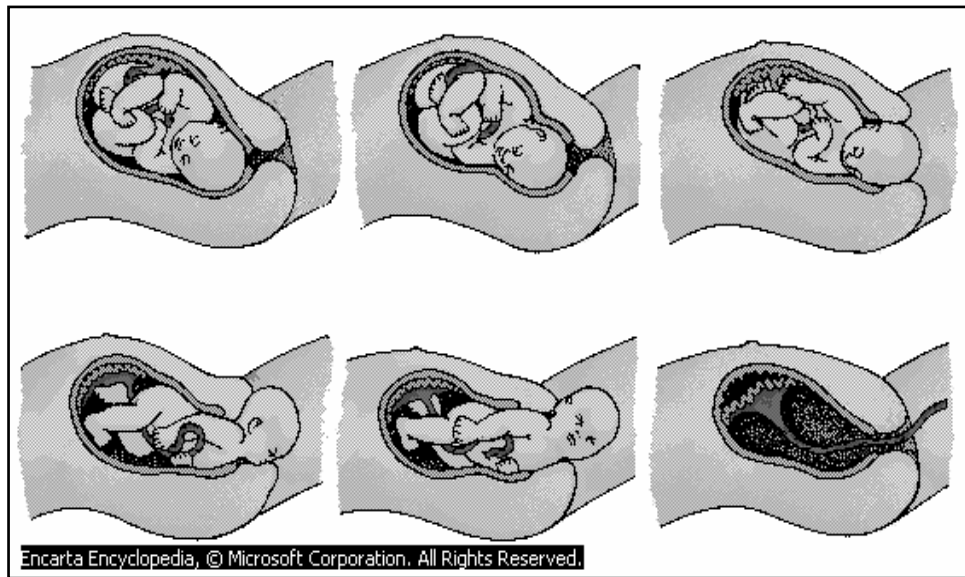


**Self study:** The best way for children and young people to learn about pregnancy is to interview a pregnant mother and father or someone who has given birth recently. If you have a pregnant mother for a guest speaker what issues and planning would you need to do? For example, invite a trained birthing assistant to join the mother. Give the mother a list of questions before the visit. Only have small groups with her at once. Brainstorm these.

**Self study:** Talking to a mother about pregnancy and birth is a powerful way of preventing unplanned pregnancy and discouraging sex before marriage for young people. Why do you think this is? Reflect on how this experience would make young people less likely to have sex before marriage.



## 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. Some **labours** 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 prolonged bleeding after birth is very dangerous. 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.

**The death of the mother and/or the baby during childbirth is a major problem in PNG. As teachers in remote areas you might have to assist and educate communities about safe birth.**

**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!

## **Topic: Marriage and parenthood**

Parenthood can be profoundly rewarding, but it involves an investment of time and responsibility that most young people never stop to think about. They also need to discuss the importance of planning for the future – thinking about when, with whom, and in what circumstances they want to have children; and how these personal decisions will affect the health and welfare of their future families and society at large. **Bringing up children needs love, care and teamwork from both people in the marriage.**

### **Young people and marriage**

There many factors for young people to consider when thinking about **marriage**. For example, are you marrying for love or some other reason, is your future wife/husband your equal in age and education, will they share all the tasks and raising the children, have you completed your education, do you and your future husband/wife communicate well?

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 should be a wonderful experience – it will change your life completely. As teachers we need to help young people STOP AND THINK.**

We can help them by providing **time** to discuss the consequences of getting married too young or to the wrong person, having children and having sex too young and the **strategies** to avoid these risks. Marrying the wrong person or for the wrong reason can lead to unhappiness, unfaithfulness and the risk of being infected with HIV.

**Self study:** *With a same sex partner list reasons why young men and young women marry. Sort these into positive reasons and negative reasons. Finally list what you would look for in a future husband or wife. What would make you get married?*

**Self study:** *Thinking back to your task on the values in marriage, write out a “10 steps for love and respect” for husbands and wives. What are the most important rules for a successful marriage? Be prepared to share this with the class.*

### **Would I make a good parent?**

This is one life skills strategy for getting young people to think carefully about sex and relationships

a. **Assess yourself.** Go over the list below and select the five questions you think are the most important 'for a person to ask himself/herself before becoming a parent. Be prepared to explain why you selected the questions you did.

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?*

b. **Assess your husband or wife.** Now think about what resources your partner has: financial, moral, spiritual, family, education, behavioural and emotional. Would you both have enough to be good parents? What are you lacking? Would it make a difference?

Remember – we are trying to change behaviour and give young people the skills to make an informed and planned decision about whether to get married, have sex and have children.

## **Topic: Family Planning**

### **Family planning and gender**

Having too many children can damage a family.

**Self study:** How can have too many children effect a family? Sort these effects into **social, economic, health, education** and the **relationship between husband and wife**. E.g. repeated pregnancies could exhaust the mother and drain the finances of the family. Are there any reasons why people want large families (e.g. traditional)? Discuss whether you would like a large family or a small one. How many children is ideal?

In PNG many women do not have control over their reproductive choice. 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)
- Economic factors (e.g. bride price)
- Domestic violence (e.g. women are bashed if they refuse their husbands)
- Cultural taboos mean she can't ask and won't be told

Women (and men) also may:

- feel embarrassed by, ashamed of, or confused about her own sexuality
- not be able to admit that she might have, or is having, intercourse, because she feels (or someone told her) that it is wrong
- be unrealistically romantic about sex - sex has to be passionate and spontaneous, and birth control seems premeditated, too clinical, and often too messy
- hesitate to 'inconvenience' her partner - this fear of displeasing him is a measure of the inequality in a relationship
- be in denial and think, 'It can't happen to me - I won't get pregnant'
- hesitate to find advice and might face hurried, impersonal care - if she is young or single, she may encounter moralising and disapproval, and she may be afraid the nurse or doctor will tell her parents
- feel tempted to become pregnant just to prove to herself that she is fertile, to improve a shaky relationship, or so that she will have someone to care about (low self esteem)
- be confused by the double messages given to young people by their parents, and other religious beliefs and cultural norms (such as remaining a virgin until married)
- feel that sex must be reserved for permanent relationships (possibly only those ending in marriage) and may want to remain a virgin until married
- experience active restriction in the availability of contraceptives to the young by parents, educators, churches, doctors, and politicians (this applies to young women and men)
- be quite unprepared for the first sexual experience, including the sexual desire to have intercourse
- be financially prohibited from regularly buying contraceptives.

A mature attitude towards sex and responsibility in a man will be more likely to result in his taking some responsibility for contraception. Life skills training and accurate information on sex will help young men and young women who are in school.

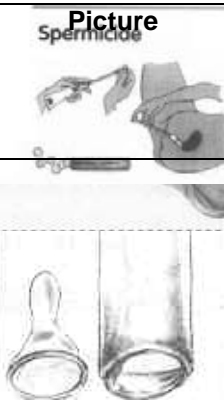
**Self study:** For many health workers, the PNG Government, the United Nations and NGOs family planning is a basic human right. What do you think of this? Record your thoughts in your notes. How can we encourage schools and communities to promote and support family planning?


## Family planning methods

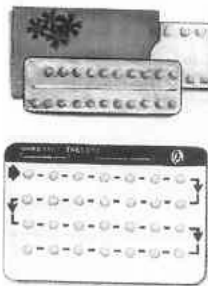
If 100 sexually active women did not use any family planning methods about 80 to 90 would become pregnant within one year.

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	<p>Easy to use, easy to carry, best protection against HIV and STIs, free in PNG</p> <p>Only to be used once - do not use two condoms at the same time</p>	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	<p>More protection and control for women; stronger than male condom; best protection against HIV and STIs; can be left in for several hours</p> <p>Only use one condom once</p>	Must be inserted before intercourse; hard to find in PNG (free though); some people complain sex makes funny noises
Spermicide		Foam, cream, jelly or pessary made of chemicals that kill	18 out of 100	29 out of 100	Some condoms have spermicides on already; easy to	Does not protect against HIV and STIs (unless a condom is used with

		sperm; put into vagina or on condom before sex			buy	them); messy; high failure rate; may irritate skin
<b>Intra-uterine device (IUD)</b>		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
<b>Fertility awareness ("rhythm method")</b>		Woman checks her menstrual cycle to see when she is ovulating and when she is likely to get pregnant	3 out of 100  This will depend on how skilful and knowledgeable the woman is at understanding this method.	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
<b>Vasectomy (male sterilization)</b>		Male tubes cut and tied to prevent sperm reaching the penis	0.1 out of 100	0.15 out of 100	Once only; permanent	Needs an operation and experienced doctor; short term side effects like pain and bruising; cultural objections; no protection against HIV or STIs
<b>Tubal ligation (female sterilization)</b>		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

<p><b>Contraceptive pill</b></p>		<p>Pills made of hormones that either stop the female body making eggs or changing the mucus in the cervix</p>	<p>0.3 out of 100</p>	<p>8 out of 100</p>	<p>Simple and easy to take daily; doesn't interfere with sex; periods are shorter and less painful</p>	<p>or STIs 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</p>
<p><b>Contraceptive injection (Depo-Provera)</b></p>		<p>One injection every 12 weeks into a muscle; stops the ovaries producing an egg; thickens the cervical mucus</p>	<p>0.3 out of 100</p>	<p>3 out of 100</p>	<p>Long term (12 weeks); doesn't interfere with sex; reduces heavy periods; protects against cancer of the uterus; does not affect fertility</p>	<p>No protection against STIs or HIV; side effects may include weight gain, irregular periods and mood changes; thinning of bone</p>
<p><b>Breast feeding</b></p>		<p>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</p>	<p>0.9 out of 100</p>	<p>2 out of 100</p>	<p>No cost; effective; health benefits for her infant</p>	<p>Must be fully breastfeeding; only works for 6 months; no protection against HIV or STIs; must be careful to space her pregnancies</p>
<p><b>Withdrawal of the penis before ejaculation</b></p>		<p>Man withdraws penis before ejaculating</p>	<p>4 out of 100</p>	<p>27 out of 100</p>	<p>No cost; sex is not interrupted</p>	<p>Very high failure rate (pre-cum contains sperm); relies on man's self control; no protection against STIs or HIV</p>
<p><b>Abstain from penetrative sex</b></p>		<p>Various methods including</p>	<p>There is NO chance of pregnancy</p>		<p>No cost; culturally acceptable</p>	<p>Most adults are unwilling or unable to</p>

		masturbation, abstinence and oral sex		; very low risk of HIV or STI transmission or pregnancy	abstain for long periods; relies on sexual confidence and self control
<b>Traditional herbs and practices</b>	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 and some women travel overseas for abortions. 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?*

**Self study:** *What could be the consequences (both positive and negative) of an abortion? Empathise with the woman.*

## Teaching and learning activities for reproduction and family planning

Many of the self study tasks in the Module are excellent for primary school. Here are some others:

### 1. Vote with your feet

An interactive and student centred strategy for discussing **attitudes and knowledge** about issues such as gender, marriage and values. Place three labels on the floor: **I agree, I disagree** and **I don't know/I'm not sure**. The class stands and the teacher reads statements. The students then individually choose where to stand. The teacher can ask them why they chose that particular place.

Good questions: "why did you choose to stand there?", "What would it take for you to change your mind?", "How do you know you are right?"

Some possible statements to vote on....

*Parents expect teachers to teach their children about sex*

*Schools should not teach about reproduction*

*It is always best to marry for love*

*People in PNG have too many children*

*The husband is the boss of the family*

*The wife usually works harder than the husband*

*It is best to marry when you are young*

*It is best to wait until you are older before you have children*

*It is ok for a man to have more than one wife*

*It is ok for a woman to have more than one husband*

*Condoms should be distributed freely to all young people*

*My school teaches about reproduction and family planning well*



*Abstinence is the best way for young people to avoid risk*  
*A husband should be with his wife when she is giving birth*  
*Teaching about sex makes young people want to have sex*  
*Married couples should be allowed to show affection for each other in public*  
*Boys and girls are treated equally in school*

These are just some ideas. You and your class will be able to come up with more. Remember this is an activity for exploring and challenging values and is good for developing life skills such as communication, strong moral values and decision making. They can also lead to debates and “switch” debates (where students have to defend the other point of view to their own).

## 2. Consequences

In same sex groups students explore the possible consequences of decisions. They discuss which ones are more likely to happen. This leads into activities such as role play, story writing and decision making.

Decision you make...	Possible consequences of this decision...	What is most likely to happen...
Marrying your older boyfriend when you are still in school	<ul style="list-style-type: none"> <li>• You might have to stop your education which means you might be poorer or ignorant about diseases like HIV</li> <li>• You will become pregnant at an early age</li> <li>• Your husband might already have a wife and she might be angry</li> <li>• He might treat you badly because he has all the power</li> </ul>	

## 3. Peer education

It is very important for young men and women to have strong role models. These could be older or same age youths from school, High Schools, church or youth groups. If you invite them in to meet your students it is best you prepare them well and select them well. Small, same sex groups work the best. Your students should prepare questions and give them to the peer educator in advance.

For example, if your Personal Development lesson is on avoiding unplanned pregnancy so students can stay in school longer and complete their education you will need young people who resisted this and are willing to explain how they did it. By giving them the questions in advance you can monitor what is being discussed.

## Module 3: HIV/AIDS and STIs

### Module outcomes

<b>Module 3:</b> HIV/AIDS and STIs  Recommended time = 12-15 hours	<ul style="list-style-type: none"><li>• Explore the Personal Development and Health (Grade 5) learning outcomes and elaborations for HIV/AIDS and STIs</li><li>• Have sufficient knowledge and skills to teach this topic confidently</li><li>• Practice a range of teaching and learning activities for this topic</li><li>• Confidently use words and phrases about HIV/AIDS and STIs</li><li>• Discuss and understand the importance of teaching this topic and life skills to young people</li><li>• Explain issues that effect the teaching of this topic, including gender issues</li><li>• Show a Christian caring, loving and tolerant attitude to people living with HIV/AIDS</li><li>• Know the HAMP Act, Department of Education HIV/AIDS Policy and relevant agency policies and guidelines</li></ul>
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### ***Topic: Sexually Transmitted Infections (STIs)***

The letters STI stand for **Sexually Transmitted Infection**. An STI is a germ that is passed from an infected person who has an STI during unprotected sexual intercourse. The most common STIs in PNG are gonorrhoea, chlamydia, donovanosis, syphilis, thrush, genital herpes and HIV. Common STI signs and symptoms include sores on the penis or vagina, discharge, bad smell, and pain during sex or 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)**.

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

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

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

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

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

**Self Study.** In groups of four, complete the table below by identifying the common symptoms and treatment of these STIs.

STI	Signs and Symptoms	Treatment
Gonorrhoea		
Chlamydia		
Syphilis		
Thrush		
Donovanosis		
Genital herpes (or warts)		
Hepatitis		
HIV/ AIDS		

Infection	Symptoms in women	Symptoms in men	Treatment
<b>Syphilis</b> (bacteria)	Painless sore on the genitals, a rash on the palms and feet. If untreated can lead to heart, liver and brain damage and death		Cured with antibiotics
<b>PID</b> (pelvic inflammatory disease – can be caused by an untreated STI) (bacteria)	Lower abdominal pain, pain during sex, heavier periods and bleeding, fever, if untreated can lead to infertility	Swelling of the testes and prostate; if untreated can lead to infertility	Cured with antibiotics
<b>Gonorrhoea</b> (bacteria)	Almost no symptoms can lead to PID and/or infertility if untreated	Heavy pus-like discharge and pain when urinating; can lead to infertility	Cured with antibiotics
<b>Chlamydia</b> (bacteria)	Usually no symptoms - increased vaginal discharge or irritation during urination, irregular 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
<b>Donovanosis</b> (bacteria)	Small red bumps on the penis, vagina and around the anus which bleed easily. The sores might be painless. Eventually these can become large ulcers.		Cured with antibiotics
<b>Gardenerella</b> (bacterial vaginosis)	Grey/green discharge, smelly, itchy	Not found in men	Cured with antibiotics
<b>Trichomoniasis</b> (protozoan)	Frothy discharge with an unpleasant smell and/or inflamed vagina and itchiness	Usually no symptoms	Cured with medicine
<b>Thrush</b> (candida) (fungus)	Creamy thick discharge, smelly, itchy and inflamed vagina. Can also be caused by stress or by using antibiotics	Itchy rash on penis or anus. Can be found in mouth and throat	Anti fungal creams and other natural options
<b>Genital herpes</b> (virus)	Painful tingling and/or itchy blisters on the genitals. Flu like symptoms.		Clears up by itself but virus remains in the body and can reappear later

<b>Genital warts</b> (Human Papilloma Virus)	Tiny painless lumps (cauliflower like) around vagina, penis or anus. Sometimes no symptoms. Linked to cervical cancer.	Lumps treated with freezing or special paint. Virus remains in the body and can reappear later
<b>Hepatitis A</b> (virus)	Fever, tiredness, yellow skin and eyes. Transmitted from anus on fingers, tongue or penis. Easily spread. Usually clears up by itself in 2 months; rare cases have severe liver damage	Vaccine available.
<b>Hepatitis B</b> (virus)	Can cause fever, tiredness and yellow skin and eyes. Can lead to liver failure. Usually clears up but some people remain carriers	Vaccine available.
<b>HIV</b> (Human Immunodeficiency Virus)	Infected people show no symptoms for many years (may have flu-like symptoms shortly after infection). Lifelong damage to immune system and AIDS conditions begin between 1 and 20 years after infection (infections like diarrhoea, TB and pneumonia and cancers)	No vaccine or cure. Anti retro viral drugs keep people healthier for longer as does a healthy lifestyle.
<b>Scabies</b> (parasite)	Itchiness in pubic area and warm parts of the body (armpits, behind knees). Tiny mites that burrow under the skin	Curable with special medical shampoos
<b>Pubic lice</b> (parasite)	Pinhead sized lice which can be seen in pubic hair and cause itchiness	Curable with special medical shampoos

**Self study:** STIs are first learnt about in Grade 5 Health. Look at the Syllabus and Teacher Guide for Health and Personal Development. What are the recommended Knowledge, Skills and Attitudes? How would you teach about STIs to young people? How would you make the activities student centred?

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

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

## **Topic: Facts about HIV/AIDS**

### **What is HIV?**

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

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

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

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

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

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

### **What is AIDS?**

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

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

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

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

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

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

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

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

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

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

## Where did HIV come from?

Viruses like HIV have existed for a long time. Other animals also have HIV-like viruses. Scientists believe HIV came from chimpanzees in Cameroon, in Africa, and crossed over into humans around 100 years ago. When hunters killed chimpanzees for food they were infected from the animal's blood. **HIV was not man-made** and was in the human population for a long time before anyone recognized it (people with HIV have no symptoms for several years and die of other diseases like TB). Only when HIV had infected many people in the USA was it recognized. HIV has evolved to infect and kill humans. Although HIV came to PNG from other countries about 20 years ago, it is now found in all areas of the country.

**Self study:** Which other **viruses** do you know? E.g. measles. Research these and other germs and sort them into viruses, bacteria, fungus and parasites.

## How are people infected by HIV?

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.**

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.

## Which body fluids can transmit HIV?

HIV can be transmitted by:

- Blood
- Semen
- Vaginal fluid
- Breast milk

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The signs and symptoms of AIDS include:

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

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

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

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

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

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

## What words and phrases should we use when talking about HIV/AIDS?

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

For example:

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

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

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

## ***Topic: HIV/AIDS epidemic***

HIV was first recorded by doctors in 1981 in gay men in USA. Since then it has spread to every country in the world. By 2006 HIV had infected 65,000,000 people and killed about 25 million. In 2006 13,500 people were infected every single day. About 8,500 people died every single day. It is a global **pandemic** (this means it is a disease that spreads over a whole country or across the whole world).

## **HIV global pandemic**

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



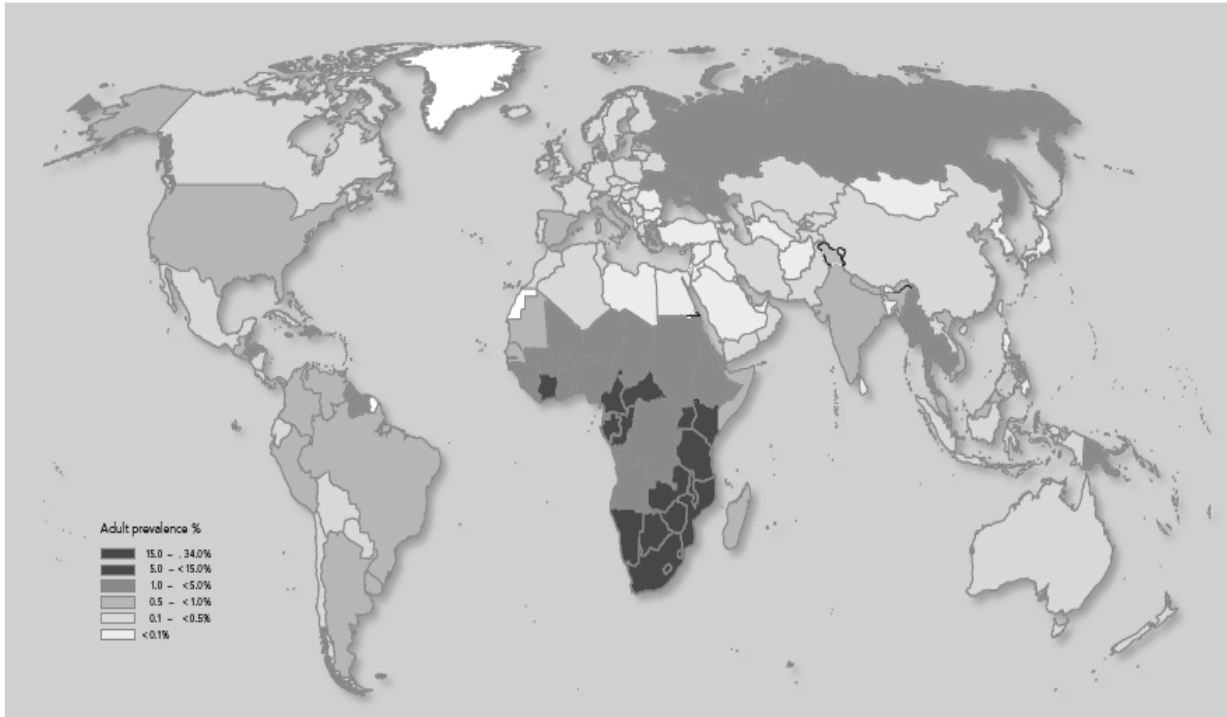
**In 2007 almost 33 million people around the world are living with HIV/AIDS**

**In 2007 2 million people died of AIDS**

**In 2007 there were an estimated 15 million AIDS orphans**

Some other facts about the HIV epidemic around the world:

- 95% (most) of all HIV infections occur in developing countries
- Africa is the global centre of the AIDS pandemic
- Sub-Saharan Africa is the region with the greatest burden of the HIV pandemic – close to 1,000 people die every day of HIV related causes in South Africa



## **HIV/AIDS Statistics in PNG**

PNG's HIV/AIDS epidemic is said to be the worst in the Pacific region. The first positive HIV blood test was in 1987 although the virus may have been in PNG before then. It is difficult to know how many people are infected and most people who have the virus do not know they have it. There were about 28,300 confirmed cases by blood test (September, 2009 NDoH) and the best estimate of HIV infections is about 60,000 (NACS, 2007). 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**

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

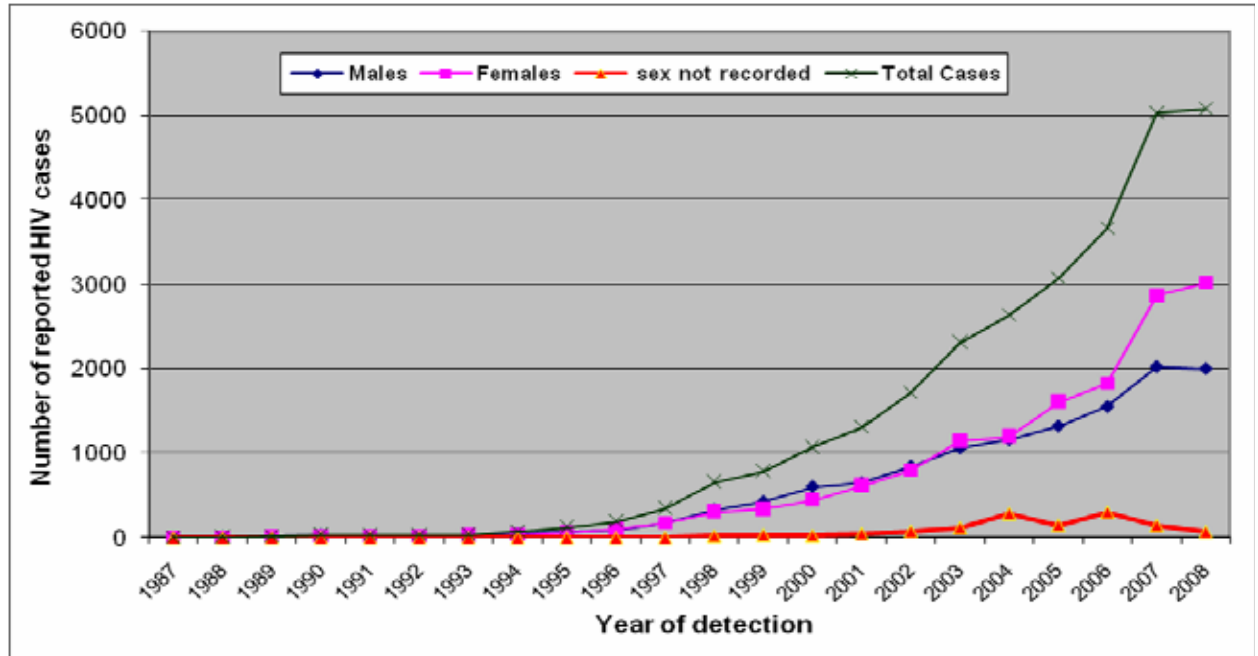
**Estimated % of urban population HIV-positive: 1.38%**

**Estimated % of rural population HIV-positive: 1.65%**

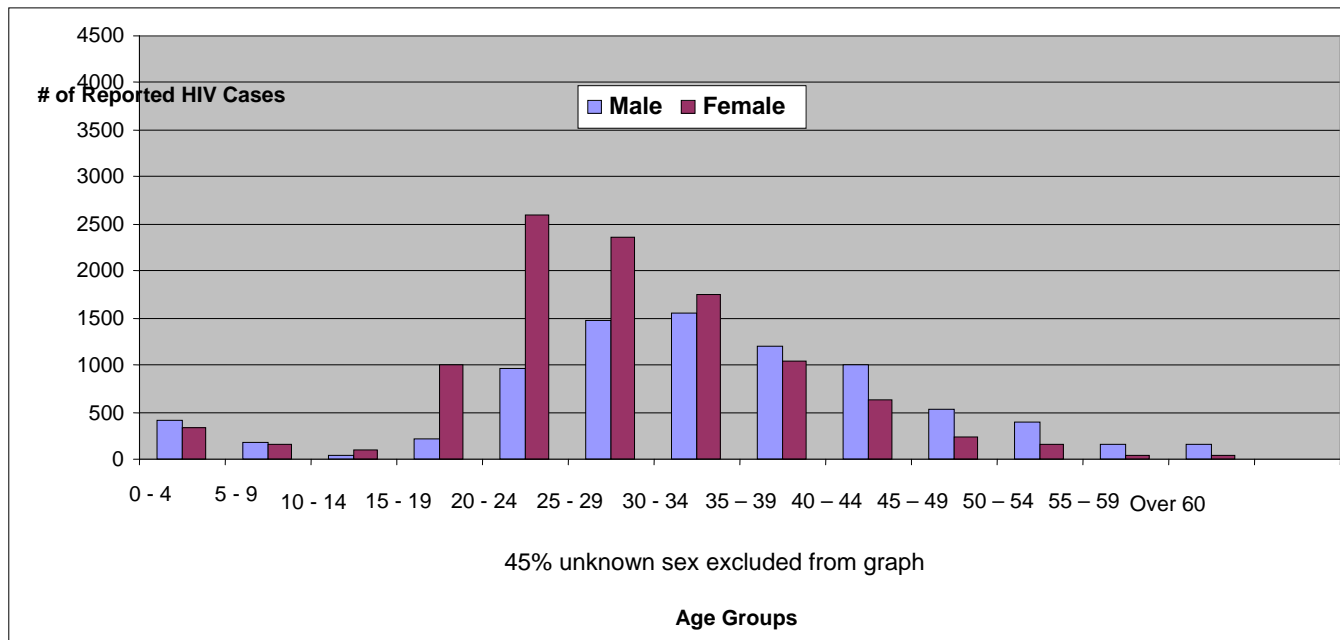
**Estimated % of population HIV-positive: 1.28%**  
(NACS, 2007)

**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?

## Gender and the epidemic in PNG

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

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

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

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

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

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

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

## When did HIV come to PNG?

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

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

## Why is the HIV epidemic increasing in PNG?

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

There are many reasons:

- **Poverty** – e.g. no money means no school fees, especially for girls; poor access to health care, malnutrition; sex work; mobile population (people move for work); illiteracy
- **Cultural taboos** e.g. not being able to talk openly about sexual health

- **Gender inequality** (bride price, women having no power to refuse sex with their husbands or ask to use a condom, women not inheriting land)
- **High levels of domestic and sexual violence, rape, pack rape and sexual abuse**
- **Cultural practices** e.g. polygamy
- **Stigma and discrimination** towards people with HIV/AIDS so people don't want to get tested and people do not get treatment when they are sick
- **High STI rates.** Having an untreated STI makes you over ten times more likely to be infected by HIV
- **Unfaithfulness in marriage**
- **Multiple sex partners**
- **Low condom use and opposition to condoms** means people don't protect themselves and others
- **Alcohol abuse** leads to risk taking and poor decision making
- **Mobility and Migration** greater access to rural villages through roads, people moving from traditional villages to urban cities

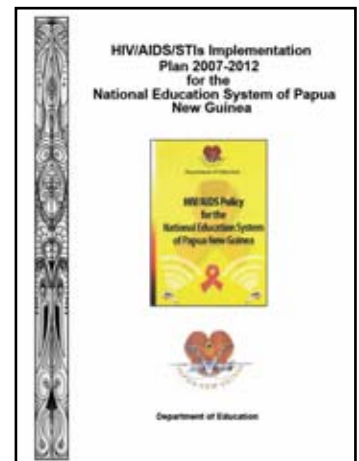
**Self study:** Add any missing root causes to the list and then select the five which you think are the main causes. Discuss these with your group and peers. Discuss which of these causes may be relevant to your own community?

**Self study:** Which of these root causes to the epidemic may impact on you as a teacher? eg with your work will you be more likely to move to different areas? Will you be separated from your partner?

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.



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

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

## What will happen to PNG?

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

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

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

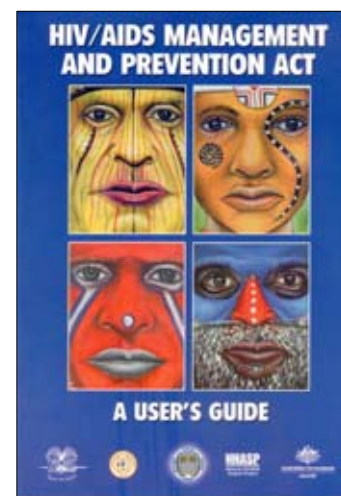
All these things have happened in other countries whose epidemics started like PNG and who have the same reasons for the rapid spread of HIV. In some countries 30% of the population is HIV-positive. PNG has just 1.28% (in 2007) but this is increasing.

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

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

### Background information

- Made law in June 2003, passed unanimously in Parliament by all MPs
- Based on human rights and Christian principles
- Accepts that repression and abuse of people living with HIV/AIDS makes people too afraid to talk about HIV/AIDS, too afraid to be tested and, worst of all, too afraid to find out what to do to protect themselves and their families and loved ones from infection.
- The HAMP Act encourages voluntary counselling and testing (VCT).
- All people must be protected by law whether they have HIV/AIDS or not
- All people affected by HIV should have the same human rights as everyone else (right to work, housing, education, respect etc)
- People with the virus should act responsibly to make sure they do not pass HIV on to anyone else



## Sections of the HAMP Act

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

It is against the law to...

*...expel a pupil from school because they are HIV positive or have HIV positive families*  
*...refuse to employ a teacher because they are suspected of being HIV positive*

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

It is against the law to...

*...give a speech saying HIV only attacks sinners*  
*...accuse someone distributing condoms that they are spreading HIV*  
*...saying people with HIV should be locked up*

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

*...refuse to teach approved curriculum materials on reproductive health or HIV/AIDS*  
*...refuse permission for HIV/AIDS awareness educators to talk to students*  
*...fail to provide equipment for dealing with blood spills in schools*  
*...fail to provide condoms and lubricant to staff and students (when they are old enough)*

### 4. HIV Testing

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

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

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

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

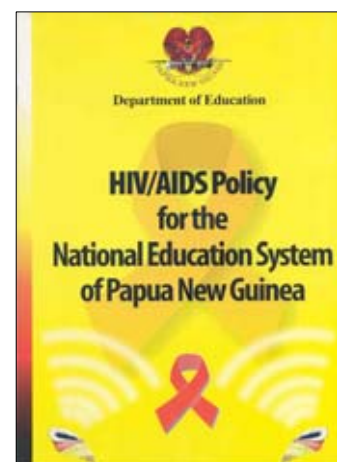
**Self study:** What do you think about this law? Why is it important for human rights? Do you think PNG needs the HAMP Act? Reflect on this in your note book.

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

## HIV/AIDS Policy for the National Education System

### Background information

- 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

- Teachers are vulnerable to infection because they have access to money and move around the country. A significant proportion may fall ill, die or need to care for family members.
- Many pupils may die or need to care for family members. Families will be unable to pay school fees, especially for girls.
- Girls are especially vulnerable because of biological factors, school fee problems and because they will have to care for sick relatives.
- Boarding students are a high risk group because they are away from their families.

Teachers and schools in the national education system **must** all follow this Policy. **This includes all agency schools.**

### Key sections for schools and teachers

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

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

### HIV/AIDS/STI Implementation Plan 2007-2012

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

**HIV/AIDS & Our Primary School**

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

- Train all staff in HIV/AIDS/STIs for at least 2 days including planning & programming and life skills
- Give all staff the HIV/AIDS/STI Resource Book
- All staff should read and discuss the HIV/AIDS Policy & HIV/AIDS/STI Implementation Plan 2007-2012
- Write HIV/AIDS activities & training into your School Learning Improvement Plan
- Have a First Aid kit (including bleach and latex gloves for cleaning up blood spills)
- Train your Board of Management and your P&C in the HIV/AIDS Policy, gender equity and basic HIV/AIDS/STI information
- Talk to your community about the Plan, the Policy & the syllabus. Discuss how to protect staff and students from HIV and how will you teach it to your students. Lead community HIV activities like World AIDS Day (1<sup>st</sup> December)
- Teach life skills and HIV/AIDS/STI and reproductive health in Grade 5 Health and Grade 6-8 Personal Development. Demonstrate the correct use of male and female condom from Grade 5 along with how to resist pressure and saying "no" to risky behaviour.
- Be a health promoting school. For example, are there separate toilets for boys and girls? Is there water and soap for washing and clean water for drinking? Are both girls and boys treated equally?
- Male and female condoms and lubricant must be available for all staff. Upper Primary students need to know where condoms are available in their community.
- Build links with your Church HIV services, testing clinic, AIDS Committee, NGO's and community health workers
- Zero tolerance for teachers and students who abuse or harass others. Teachers must be role models for behaviour at all times.

Department of Education  
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**Self study:** What would a primary school need to do to implement the HIV/AIDS Policy (2005) in its School Learning Improvement Plan (SLIP)? Which are the highest priorities? Think of a school you know. What do they need to do first? Why?

## Agency policies

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

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

## Topic: Prevention of HIV and STIs

### Prevention of HIV and STIs

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

- Having fewer sexual partners
- Being faithful to your husband/wife (they need to be faithful to you too)
- 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 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 lower risk of contracting HIV or passing on HIV during unprotected sex. He should still use a condom.
- Taking antiretroviral medicine if you are HIV positive reduces the chance of transmitting the virus (e.g. HIV-positive pregnant mothers should take ART)
- Rape victims can be given ART to prevent infection from the rapist. This is called **post-exposure prophylaxis (PEP)** and needs to be given as soon as possible after the rape.

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

Grade 8
8.4.7 Discuss safe sexual behaviour and sexual responsibilities
<p><b>Recommended knowledge</b></p> <p><b>Safe sexual behaviour</b></p> <ul style="list-style-type: none"> <li>- have only one sexual partner</li> <li>- no sex outside of marriage</li> <li>- use condoms for protection</li> <li>- avoid unwanted pregnancies</li> </ul> <p><b>Sexual responsibilities</b></p> <ul style="list-style-type: none"> <li>- respect yourself and others</li> <li>- stay faithful</li> <li>- use condoms</li> </ul> <p><b>Ethical values that can govern your actions and decision making</b></p> <ul style="list-style-type: none"> <li>- self-respect, personal integrity, respect dignity of others, respect values of the community</li> <li>- responsibilities including obligations to family and community welfare</li> <li>- showing concern including being caring, compassionate, loyal, tolerant, considerate, cooperative and share in decision-making</li> </ul> <p><b>Recommended processes and skills</b></p> <ul style="list-style-type: none"> <li>- discuss negative sexual behaviour</li> <li>- identify sexual responsibilities of males and females</li> <li>- recognise importance of using condoms</li> </ul>



## ABCD

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

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

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

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

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

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

B is appropriate for sexually active adults

C is appropriate for all sexually active people

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

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

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

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

## Safe sex

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

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

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

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

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

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

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

## Unsafe sex and risky behaviour

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

Sort these sexual behaviours between:

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

- Masturbating yourself
- Anal sex without a condom
- Oral sex (sucking or licking the penis)
- Oral sex (licking the vagina or clitoris)
- Having sex too young
- Kissing
- Deep kissing (kissing with tongues)
- Masturbating with someone else
- Sex when you are drunk or on drugs
- Abstaining from sex
- Rape
- Gang rape
- Vaginal sex using a condom correctly
- Forced sex (partner is not ready)
- Vaginal sex without a condom
- Anal sex with a condom
- Sex for money/food
- Being faithful to your partner
- Sex within a cult
- Sex when one of the couple has an STI
- Sexual abuse/forced sex
- Polygamy
- Unprotected sex during a woman's period (menstruation)
- Unprotected sex if you or your partner has an STI
- The man is circumcised.

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

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

- Unprotected sex with someone who has not had an HIV-test or is HIV-positive
- Anal sex without a condom
- Vaginal sex without a condom
- Any sex that makes someone bleed
- Unprotected sex with a sex worker
- Having lots of sexual partners
- Rape, gang rape or "line up"
- Forced sex (the vagina is not lubricated)
- Sex with a child or sex with a "sugar daddy"
- Sex when drunk or when high on drugs
- Unprotected sex if you or your partner has an untreated STI

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

**Remember sex always has consequences.**

## Risky times

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

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

## Groups who are at risk

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

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

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

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

## Abstinence

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

**Abstain** from sex before marriage

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **How effective are condoms?**

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

For example, in Thailand, the promotion by the government of 100% condom use by commercial sex workers led to a dramatic increase in the use of condoms (from 14% in 1990

to 94% in 1994) and equally dramatic decline in the nation-wide numbers of STI cases (from 410,406 cases to 27,362 cases).

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

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

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

### **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!

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

Some people do not use condom because they...

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

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

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

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

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

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

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

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

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

## How to use male condoms

You may have to demonstrate how to use a male condom correctly to young people. If you do not feel comfortable, ask another teacher to help. It is best to demonstrate to a same sex group and with a community observer in the room. Condoms would be taught as part of a life skills package (e.g. How to say no to sex before marriage) so remember to promote strong values and safe behaviour.

### Key facts about male condoms

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

### How to use a male condom

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



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



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



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



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



6. Smooth out any air bubbles and check that the condom fits securely. If you have some, spread water based lubricant on the outside of the condom. It will help reduce friction during sex. **Never** use oil or Vaseline — they damage the condom. Now you can have safe sex. **The male condom is 95-99% effective.**



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

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

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

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.

## How to use a female condom

You may have to demonstrate how to use a female condom correctly to young people. If you do not feel comfortable, ask another teacher to help. It is best to demonstrate to a same sex group and with a community observer in the room. Condoms would be taught as part of a life skills package (e.g. How to say no to sex before marriage) so remember to promote strong values and safe behaviour.

### Key facts about female condoms

- Free from health centres and Provincial AIDS Committees
- Made of PVC so they are stronger than the male condom
- 99% effective at preventing the transmission of HIV and STIs if used every time you have sex
- Only use one condom at a time
- Only use the condom once but strong enough to be reused
- Can be put inside the woman's vagina for 3-4 hours before sex
- More lubricated than the male condom
- Woman is in control of safe sex

### How to use a female condom

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

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

3. 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

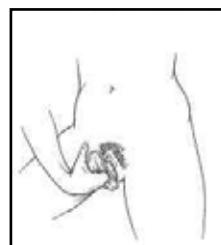
5. Fold the smaller rubber ring (which is inside the condom) into a figure of eight



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.



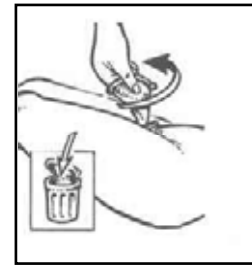
7. The outer, larger ring should be outside the vagina. Putting lubricant and spermicide inside the condom makes sex better and safer





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.

### Resisting pressure and negotiating safer sex

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

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

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

- Have sex
- Have unprotected sex
- Have sex for money or favours
- Marry too young to the wrong person or for the wrong reasons
- Drink home brew and beer
- Smoke drugs
- Break community rules
- Break religious rules
- Get involved in crime

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

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

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

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

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

**How did they try and persuade you?** Emotional pressure (e.g. "If you loved me, you would"), physical pressure (a threat like "If you don't I will bash you"), material pressure (a bribe or gift like "I'll pay for your school fees"), a promise (e.g. "But I will use a condom"), a secret (e.g.



“But only I will know”), using previous events (e.g. “You were happy to have sex last month”) or peer pressure (e.g. “All your friends do it, why don’t you?”)

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

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

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

### **Role plays**

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

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

### **Example script for resisting pressure to have unprotected sex**

**Jim:** What about spending a quiet, romantic weekend with me?

**Elly:** I would like that very much.

*(At Jim’s House)*

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

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

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

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

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

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

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

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

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

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

*Ask the group to add additional dialogue . . .*

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

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

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

## **Prevention of parent-to-child transmission**

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

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

**However an HIV positive mother can reduce these risks.**

### a. Treatment for the mother

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

### b. Treatment for the new baby

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

### c. Safer feeding

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

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

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

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



### d. Caesarean birth

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

Adults do not contract HIV through breast milk.

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

## Blood spills and first aid safety

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

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

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

### **What is Positive Living?**

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

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

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

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

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

In PNG very few people are brave enough to be public about being HIV-positive because of **stigma and discrimination**. 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, don't smoke etc)*

### **Is there a cure for HIV?**

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

### **Anti-retro viral therapy**

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 hard to find outside of major towns in PNG 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.

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

Your Provincial AIDS Committee, VCT centre or hospital will be able to tell you where people can get ART. ART is free in Papua New Guinea.



## Caring for someone with AIDS

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

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

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

There are many ways of supporting your loved one:

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



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

People with HIV look and feel normal. When their immune system starts to fail, they will become very sick with opportunistic infections. This is called AIDS. It is better to care for someone with AIDS at home where they are in a familiar place, with their loved ones and not alone. This is called **Home Based Care**.

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

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

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

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

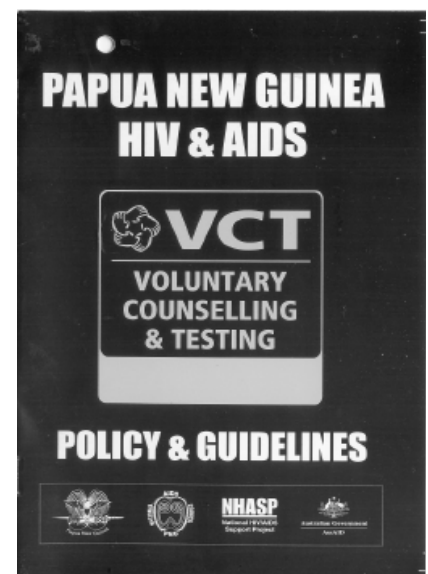
**Self study:** Why is it important this information is taught to young people? Discuss this question with a peer. What does the Bible have to say about caring for people with illnesses?

## What is VCT?

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

### What are the principles of VCT?

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



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

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

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

If you are HIV-positive you can:

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

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

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

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

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

## 2. Pre-test counselling

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

## 3. HIV Blood test

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

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

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

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

Why get a second opinion? The rapid strip test is 99.8% accurate but 0.2% are “false positive”. This means that in every 100 rapid tests which are positive about two are false results.

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

### The window period

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

## 4. Post test counselling

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

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

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

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

Support begins at the moment of a positive test and can continue for many years. It is a difficult time for HIV positive people and they might feel very strong emotions (e.g. anger, sadness, denial) so counselling is very important.

**Every one of us should have an HIV test.**



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

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

**Topic: Human rights, stigma and discrimination**

**Stigma and discrimination**

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

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

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

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

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

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

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

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

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

Causes of stigma	Effects of stigma
Gossip	Shame

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

Lisa, student teacher

During the semester break I went home to my family. While I was there I found out one of the ladies from our street was HIV positive. That lady had been my best auntie when I had lived in town before. All her family had left her alone in the house and they took off to live with their relatives. They were scared to live with her. I felt sorry for her because she's a really nice lady.

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

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

**Self study:** Who can help your school and your students? List the HIV awareness and action organisations that work in your District and what they can help with at your school.

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

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

Big book writing for a younger class  
 Display  
 Comic strips  
 Letter writing to a pastor, BOM, MP or newspaper  
 HIV Club after school  
 Script writing for a drama show  
 Research knowledge and attitudes in their family, school or community  
 Poetry or riddles  
 Mime  
 Story writing  
 Games like Follow Me  
 Interviews and preparing questions  
 Singing and song writing  
 Debating  
 Moral dilemmas and consequences

Films, videos and movies  
 Alphabet ladder  
 Maths investigation of HIV and STI graphs  
 Diagrams and labelling  
 Poster making in vernacular  
 Leaflet writing for out of school youth  
 Banner making and streamers  
 Running a community awareness  
 Quiz writing  
 Research and presentations to the class  
 Question box/answer wall  
 Matching activities like STI Matching Game  
 Sorting activity like Risky/Safe behaviours  
 Concept or mind map

Peer teaching  
 Demonstration of male and female condom  
 Field trip to local clinic or care centre  
 Guest speaker such as person living with HIV/AIDS, NGO worker, church care worker etc  
 Theatre group visit  
 Questionnaires  
 Attitude scales and self assessment  
 Diaries and personal reflection journals  
 Stories of Jesus and His message  
 Pretend to be an HIV theatre troupe  
 Advantage and disadvantage charts

### 1. Follow Me cards

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



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

<p><b>START THE CLOCK!</b></p> <p>HIV stands for....?</p>	<p>HIV stands for Human Immuno-deficiency Virus</p> <p>Which cells does HIV infect?</p>	<p>CD4 white blood cells are infected by HIV</p> <p>What does STI stand for?</p>	<p>Sexually Transmitted Infection</p> <p>The A in ABC stands for...?</p>	<p>Abstain from penetrative sex or abstain from sex before marriage</p> <p>How are most people infected by HIV?</p>	<p>By unprotected sex</p> <p>What does AIDS stand for?</p>
<p>AIDS stands for Acquired Immune Deficiency Syndrome</p> <p>Which 4 bodily fluids transmit HIV?</p>	<p>Blood, semen, vaginal fluid and breast milk transmit HIV</p> <p>Can a mother who is HIV positive breast feed?</p>	<p>Yes, for about 6 months until the baby starts eating mashed food</p> <p>What does the B in ABC stand for?</p>	<p>Both be faithful and both get tested</p> <p>What are the HIV/AIDS laws called in PNG?</p>	<p>The HAMP Act</p> <p>What does VCT stand for?</p>	<p>Voluntary Counselling and Testing</p> <p>What percentage of HIV infections are through breast feeding?</p>
<p>6% of HIV infections have been caused by breast feeding</p> <p>When was HIV first detected with a blood test in PNG?</p>	<p>1987 was the first HIV positive blood test in PNG</p> <p>What does the C in ABC stand for?</p>	<p>Use a condom correctly every time you have sex</p> <p>What are the drugs that slow down HIV called?</p>	<p>The drugs that slow down HIV are called ART – anti-retro viral therapy</p> <p>How long is the window period?</p>	<p>The window period is 3-4 months</p> <p>How should you sterilise needles and blades?</p>	<p>Boil them in water or put in strong bleach</p> <p>Name three safer sex practices</p>
<p>Touching and kissing, using a condom, masturbation are safer sex practices</p> <p>Roughly how many people have HIV in PNG?</p>	<p>60,000 people</p> <p>Where are HIV/AIDS and STIs taught in the primary school?</p>	<p>Personal Development in Grades 6 – 8 and Health in Grade 5</p> <p>Where can you get tested for HIV?</p>	<p>You can get tested at VCT centres, STI clinics and hospitals</p> <p>What is stigma?</p>	<p>Talking about people with HIV in a bad, unchristian way.</p> <p>Where can we get more information about HIV/AIDS?</p>	<p>PACs, NGOs, Churches and health centres are all places to get more information</p> <p>Do you need to pay for condoms?</p>
<p>No – you do not need to pay for condoms</p> <p>True or false. Testing costs lots of money</p>	<p>False – HIV blood testing is free</p> <p>What does PTCT stand for?</p>	<p>Parent to Child Transmission</p> <p>What is more risky? Anal sex, oral sex or vaginal sex?</p>	<p>Anal sex is the most risky followed by vaginal sex. Oral sex is low risk.</p> <p>How long does it take to have a rapid blood test for HIV?</p>	<p>10-15 mins but you will need pre- and post-test counselling</p> <p>What is the name of this teaching strategy?</p>	<p>Follow Me Game!</p> <p>STOP THE CLOCK!</p>

## 2. STI matching game

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

Symptoms of the infection	Name of the Infection	Treatment of the infection
Itchy, smelly penis or vagina. White thick discharge. Inflamed skin.	<b>Thrush (Candida)</b>	<b>Fungus</b> (curable with anti-fungal cream)
Small pink lumps on the penis or vagina. Sometimes they look like tiny cauliflower shapes. They don't hurt.	<b>Genital warts</b>	<b>Virus</b> (lumps can be treated. Virus remains in body)
Painful tingling around the penis or vagina. Sometimes itchy blisters. Flu symptoms. Blisters can be in the corners of the mouth.	<b>Herpes</b>	<b>Virus</b> (clears up by itself but virus remains in body)
No symptoms in women and can lead to infertility and PID. In men a thick yellow pus and pain when urinating	<b>Gonorrhoea</b>	<b>Bacteria</b> (treated with antibiotics)
Painless sore on the penis or vagina. Later goes away. Rash on hands and feet. If untreated leads to heart and brain damage and death.	<b>Syphilis</b>	<b>Bacteria</b> (treated with antibiotics)
Tiredness, yellow eyes and maybe yellowish skin. Fever.	<b>Hepatitis A or B</b>	<b>Virus</b> (vaccine available)
In women causes lower abdominal pain, pain during sex, heavy periods, bleeding and fever. In men swelling of testes and prostate. Can lead to infertility.	<b>PID</b> (pelvic inflammatory disease) Can be caused by other STIs.	<b>Bacteria</b> (treated with antibiotics)
Usually no symptoms in men or women. Sometimes pain when urinating. May lead to infertility	<b>Chlamydia</b>	<b>Bacteria</b> (treated with antibiotics)
Small red bumps on the penis, vagina and around the anus which bleed easily. The sores might be painless. Eventually these can become large ulcers.	<b>Donovanosis</b>	<b>Bacteria</b> (treated with antibiotics)
No signs or symptoms in men or women. People can be infected for a long time before becoming sick. Leads to gradual immune system failure and death by other infections	<b>HIV</b> (Human Immunodeficiency Virus)	<b>Virus</b> (no vaccine, anti retroviral drugs slow down the virus)
Itchiness in pubic area. Can sometimes see lice or mites in pubic hair.	<b>Scabies mites and pubic lice</b>	<b>Parasites</b> (treated with special shampoo)

### 3. Drama

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

1. Choose an HIV/AIDS message that is important to your group (e.g. "Both Be Faithful" or "Abstain from sex before marriage" or "Drinking homebrew is dangerous") Try and pick a very specific topic for young men and women as you have limited time.

Our message is: \_\_\_\_\_

2. List the people and things who would be involved in the issues. Who are the characters in your drama?
3. Decide where your drama will take place. What is the setting?
4. Pick what events you want to act out. This is your **story line**. Keep it simple (5 minutes). What are the main events in your drama?
5. You do not need a script. Think of the conversations your characters will have. What are the main topics of dialogue?
6. What props and costumes can you improvise? Be creative!
7. Who will do what? Rehearse and **don't forget your message!** Present and evaluate.

### 4. Role Play Debate: An Example for Upper Primary Language

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

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

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

#### Group 1 will be the theatre troupe

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

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

#### Group 2 will be the local villagers

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Case study 2 for young people (Personal Development lesson)**

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

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

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

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

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

## Module 4: Planning and Programming Personal Development and Health

### Module outcomes

<b>Module 4:</b> Planning and Programming Personal Development and Health  Recommended time = 6-10 hours	<ul style="list-style-type: none"><li>• Plan, programme, teach and assess Personal Development (PD) and Health</li><li>• Write a PD unit of work, weekly plan and lesson plans</li><li>• Know the importance of a life skills based approach</li><li>• Work sensitively and constructively with their local communities</li><li>• Work sensitively and constructively with their local Churches</li><li>• List possible areas of resistance to the teaching of these topics and how to overcome them</li></ul>
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### **Topic: Syllabus Studies Health and Personal Development**

Personal Development (PD) is a compulsory subject for all Grade 6-8 students. It is to be taught for 240 minutes every week. **It encourages a life skills approach.**

HIV/AIDS and reproductive health (including puberty and conception) are included in many of the learning outcomes. Other sections of PD look at Physical Education, drugs and alcohol, role models, nutrition, working with communities and leadership.

Health is a subject for lower primary students. It has learning outcomes in Grade 5 about STIs and HIV/AIDS, puberty and avoiding risk as well as other diseases, nutrition and personal hygiene. It should be taught for 90 minutes a week in Grade 5.

**Self study:** Study the strands, sub-strands and learning outcomes for Personal Development and for Health. Highlight those which relate to sexuality, puberty, HIV/AIDS and STIs and reproductive health. Also highlight related areas like drugs and alcohol and community roles.

### **Integration with other subjects**

HIV/AIDS, STIs and reproductive health can also be effectively **integrated** with other subjects. Both Personal Development and Health can be integrated easily with other subjects. Health should **always** be integrated.

Some examples of integration:

**Language:** writing consequence stories, speaking and listening activities like drama, persuasive and informative writing, reading case studies etc

**Maths:** analysing the statistics from PNG and the world, designing data handling questionnaires, researching, interpreting and presenting information in different graphs and tables, working with large numbers

**Social Science:** preparing an awareness campaign, discussing root causes of the HIV and STI epidemic in PNG, mapping data, discussing and predicting the future consequences of the epidemic, gender roles

**Making a Living or Community Living:** project based activities within the school and community (e.g. build a notice board for awareness, raise money for a basic first aid kit, build a condom dispenser); discuss the impact of HIV or lack of family planning on development, food needs of a person living with HIV/AIDS or a pregnant mother

**Art:** model making, designing posters and images that can be used in awareness

**Science:** researching cell biology and conception, condom testing

**Religious Education:** Bible stories that promote faithfulness and reduce stigma and discrimination, writing prayers and moral dilemmas/stories

**Self study:** Choose one topic from this book (e.g. Puberty) and brainstorm one sensible teaching and learning activity for each subject area in Upper Primary.

### Good programming of Personal Development and Health

- Block the teaching (e.g. every afternoon for 2 weeks or every day for a week) rather than try and teach in little chunks. This makes it easier to collect resource people and gain the support of your community.
- Try and teach these learning outcomes at the same time every year so the community gets used to the programming
- Integrate Language and other subjects as much as possible by clustering outcomes
- Plan with a colleague to share ideas and experience
- Use a teacher of the opposite sex to help teach sensitive content to same gender groups
- Use the sample units of work book to help. They were sent to every school and college. Build and adapt from these.
- Add your own ideas of knowledge, skills and attitudes to the Elaborations in the Teacher Guides.
- Be creative, be imaginative, improvise and use other resource people
- At the start of the work set **rules and expectations** for the students – this reduces embarrassment
- If you are not sure how to answer a question, say so and ask for help

### Getting to know the Health and Personal Development Syllabus

The Personal Development Syllabus is organised in the following manner: Pages i-iv (in roman figure) contain information about the Syllabus, acknowledgement, content overview and the Secretary's message. The remaining sections are comprised of the *introduction, rationale, curriculum principles, teaching and learning information, aims, content overview and learning outcomes*. This is followed by *learning outcomes and indicators, assessment and reporting* and finally the *references*.

**Self study:** What is the purpose of each section of the Syllabus? Explain it to a friend.

**Self study:** Now do the same for Health in Lower Primary.

The contents for the Syllabus is organised into **five** (5) strands and **twenty** (20) sub-strands.

e.g. One strand and its 5 sub-strands

Health of individuals and population	<ul style="list-style-type: none"> <li>• Growth and development</li> <li>• Nutrition</li> <li>• Personal health and safety</li> <li>• Community health</li> <li>• Use of drugs.</li> </ul>	<ul style="list-style-type: none"> <li>• Growth and development</li> <li>• Nutrition</li> <li>• Personal health and safety</li> <li>• Community health</li> <li>• Use of drugs.</li> </ul>	<ul style="list-style-type: none"> <li>• Growth and development</li> <li>• Nutrition</li> <li>• Personal health and safety</li> <li>• Community health</li> <li>• Use of drugs.</li> </ul>
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A strand is a useful and convenient way of organising the learning outcomes for a subject. Each strand identifies a particular aspect of a subject or a particular theme such as a set of processes. Each strand displays a typical progression of learning from one grade to the next.

Each strand is further organised into **sub-strands** to allow the content to be specified and described as learning outcomes.

**Self study:** What are the main differences between Personal Development and other subjects in Upper Primary?

**Self study:** What are the other strands for Personal Development? Present them in a table like the one above. Do any of them have links to this course content?

**Self study:** Now do the same with the Health Syllabus.

## Getting to know the Health and Personal Development Teacher Guides

The Teacher Guides give more information on how to plan, programme, teach and assess the subjects. They build on the Syllabus.

For example, the Health Teacher Guide (p10 onwards) lists many teaching and learning strategies such as using a KWL chart (What I know, What I want to find out and What I have learnt).

They also expand on the learning outcomes and indicators with recommended knowledge, skills and attitudes as well as suggested activities. **Teachers may add their own content and skills to these sections as long as they match the learning outcome.**

**Self study:** How is the Teacher Guides for Personal Development and Health organised? List the key parts and what they are for.

**Self study:** Choose one learning outcome for reproductive health for either Personal Development or Health and read the Elaborations in the Teacher Guide. Then try adding extra knowledge, skills, attitudes and teaching activities using your knowledge from this course.

## Yearly Programming

We will only look at **stand-alone** units of work in upper primary as that is how most teachers currently plan Personal Development. However, as you become more confident and experienced, you will start to integrate using outcomes from other subjects (Language, for example, always integrates very well).

We will also only look at **single grade** and not multi-grade.

### Programming a year of Personal Development units of work

- a. Study all the learning outcomes for PD in one Grade (there are about 30). Look at the indicators and Elaborations if you are not sure what the outcome means
- b. Cluster about 3-5 learning outcomes that naturally link to each other. Cluster these learning outcomes according to their similarities. You should end up with about 6-10 units. Some will be health orientated, some will be physical education, some will be about HIV/AIDS and reproductive health, and some may be about drugs and alcohol or communities.
- c. Identify a **theme** for each cluster. The theme should be imaginative, clear and relevant (e.g. My Changing Body") Students like a catchy theme! This will be the name of your **unit of work**
- d. Divide the units of work into the four (4) terms depending on the community and national calendar. For example, units of work with HIV/AIDS content might be good to teach near World AIDS Day, 1<sup>st</sup> December.

**Self study:** Try this for Personal Development. Cluster the learning outcomes into stand alone units of work.



**Self study:** Health is almost always integrated. Read the Health Teacher Guide from page 23 – 28 and make notes on the key steps to Yearly Programming for Health.

## Writing a stand alone unit of work for Personal Development

A unit of work is a **detailed** plan for achieving a cluster of outcomes. It is the most important part of your planning. They take several hours to prepare but once done can be used over and over again (after updating and with careful evaluation). They are best written with a partner so you can share ideas. The sample units of work book has many good examples.

There are several methods for developing a unit of work. We will focus on Personal Development. The Health Teacher Guide (pages 29 -35) explains a similar way of planning integrated Health units of work.

**Self study:** With a partner, use the Health Teacher Guide to develop a unit of work for the learning outcomes for puberty or STIs and HIV/AIDS (5.1.1 or 5.1.2). Remember to use integrate with learning outcomes from other subject areas. **Health planning and programming is covered in more detail in the primary teacher training course called Health.**

You need to use the Personal Development Teacher Guide and Syllabus to help you.

- a. Choose **one** of your units of work that is about either HIV/AIDS or puberty or reproductive health (the content from this course). **We will not plan units of work for drugs, alcohol, PE or nutrition at this time.** Field teachers will have to write detailed units of work for all their subjects and all the outcomes. Your unit of work should have a clear and student centred **theme** (the name of the unit of work).
- b. Look at the cluster of outcomes for your chosen unit and write the **purpose**. Write this carefully in plain English and ask another group to check it and suggest any changes. The **Purpose** should start with the words: "The purpose of this unit is for the students to..." Summarize in two or three sentences what the students will be learning during this unit of work (refer back to the learning outcomes).
- c. Write the **Knowledge, Skills and Attitudes** section for the unit of work. You can cut and paste from the Teacher Guide Elaborations. You must use your professional judgement to add any K, S or A that are missing or that are important to teach in that community. **Remember Elaborations are suggestions.**
- d. Now list the **Teaching and Learning Activities** that will achieve the outcomes for the unit. You can cut and paste from the Teacher Guide Elaborations, from the TG list of teaching strategies and also use the ones you have modelled and learnt in this course. **Be imaginative and student centred.** You should write them as a numbered list in the order they will teach them. It helps to write how the activity will be organised (i.e. individual, paired, group of 4, mixed sex, single sex, whole class) and whether you can see an obvious link to another subject area. For example,

1. Body mapping. In pairs draw and label the male and female reproductive systems. Same sex pairs. Use the Personal Development text book. Share poster with another pair to check.
2. As a whole class play Reproductive Word Bingo to learn the functions of the parts of the male and female reproductive system (Language). Then split class into groups of 4 and the groups can play the game again to reinforce content.

- e. Write the **assessment tasks** for your unit of work outcomes. You need at least one assessment task for each outcome in the cluster. Each assessment task can be one activity from the teaching and learning activity list. Assessment methods can be found in the Teacher Guide if you get stuck. One example of an assessment task:

Method	Task	Criteria	Recording
Written (individual)  Assessing 8.4.6	KWL chart for HIV/AIDS  Started at the beginning of the unit of work and completed at the end	<ul style="list-style-type: none"> <li>➤ Write at least relevant 10 things they know about the topic (10 marks)</li> <li>➤ 10 sensible things they wanted to learn about HIV/AIDS (10 marks)</li> <li>➤ 10 things they have learnt about HIV/AIDS since the unit of work began (10 marks)</li> <li>➤ Correct spelling in English of key words: HIV, AIDS, sex, transmission, virus, condom, prevention, cure, infection, immune system, abstain, faithful, white blood cell, semen, vaginal fluid, breast milk, blood test (10 marks)</li> </ul>	40 marks in total  Annotate the chart and display them

- f. Write a **resource list** for the unit. It must be relevant and include resource people
- g. Finally, list any **programming issues** (e.g. the need to have community observers in certain lessons or times when you want the young men and young women taught separately) and choose a time for the unit (how many weeks of 240 minutes?). Remember you can **block** the teaching if that is more effective (e.g. teach Personal Development all day for a week).

Congratulations – you have written a stand-alone unit of work for Personal Development. You should have completed an integrated unit of work for Health during your Health course.

**Self study:** Check through your unit of work carefully. Do your planned activities achieve all the learning outcomes? Have you covered all the knowledge, skills and attitudes? Is there a practical life skills focus? Have you taken gender into account?

**Self study:** Working with the same partner choose another Grade (Grades 5-8) and do the same process of clustering, choosing one unit on HIV/AIDS and reproductive health and writing a detailed unit of work. Get a peer to critique your work.

## Example stand alone unit of work for Personal Development

Grade: 8

Subject: Personal Development

Learning outcomes:

- 8.4.3 Identify different cultural beliefs and values about sexuality
- 8.4.6 Outline health issues that are of concern to young people
- 8.4.7 Discuss safe sexual behaviours and sexual responsibilities
- 8.4.8 Develop strategies to respond to unsafe or risky situations

### Theme: Sex and Keeping Safe

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

**Time:** 6 weeks

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

Knowledge	Skills	Attitudes
<p><b>Personal Development 8.4.3</b></p> <p>Cultural beliefs and values about sexuality</p> <ul style="list-style-type: none"> <li>• Sexuality is everything about a person to do with sex</li> <li>• Females and males have equal rights concerning sexuality. Sexuality includes:               <ul style="list-style-type: none"> <li>○ Sexual intercourse</li> <li>○ Changes during puberty</li> <li>○ Sexual feelings and thoughts</li> <li>○ Relations with others of the same and opposite sex</li> </ul> </li> <li>• Sexuality is influenced by media, family beliefs, values, religions, cultures, peers, emotional and physical feelings and personal values, being male and female</li> </ul> <p>Attitudes towards sexuality</p> <ul style="list-style-type: none"> <li>• Respect individual choices about sexuality</li> <li>• Different cultural groups have beliefs about appropriate ways of expressing sexuality</li> <li>• Our sexual behaviour needs to be responsible to avoid the possible consequences of unwanted pregnancy, STIs and emotional turmoil</li> </ul>	<p><b>Personal Development 8.4.3</b></p> <ul style="list-style-type: none"> <li>• Demonstrating responsibility for handling sexuality</li> <li>• Making decisions about sexuality</li> <li>• <i>Empathy</i></li> <li>• <i>Role modelling and leadership</i></li> </ul>	<p><b>Personal Development 8.4.3</b></p> <ul style="list-style-type: none"> <li>• <i>Strong values and morals including morals from New Testament</i></li> <li>• <i>Positive responsible attitude towards sex and the opposite sex</i></li> <li>• <i>Confidence to discuss sex and sexuality</i></li> <li>• <i>Tolerance and understanding towards others</i></li> <li>• <i>Able to challenge negative and harmful attitudes towards sexuality and sex in others</i></li> </ul>
<p><b>Personal Development 8.4.6</b></p> <p>Health issues that are of concern to young people</p> <ul style="list-style-type: none"> <li>• Peer pressure</li> <li>• Use of drugs such as smoking cigarettes or using other illegal substances</li> <li>• Consuming alcohol</li> </ul>	<p><b>Personal Development 8.4.6</b></p> <ul style="list-style-type: none"> <li>• Gather information and identify health concerns</li> <li>• Review and analyse</li> </ul>	<p><b>Personal Development 8.4.6</b></p> <ul style="list-style-type: none"> <li>• <i>Positive self esteem and self image</i></li> <li>• <i>Hopeful and optimistic for the future</i></li> </ul>

<ul style="list-style-type: none"> <li>• Chewing betelnut</li> <li>• Lack of exercise</li> <li>• Body image</li> <li>• Grooming and dressing</li> <li>• Diet – sweets and greasy food</li> <li>• HIV/AIDS and other STIs (<i>sexual hygiene, sexual pressures</i>)</li> <li>• <i>Stress and pressure,</i></li> <li>• <i>Violence, conflict and crime</i></li> <li>• <i>Cult activities and generation names</i></li> <li>• <i>Sexual assault, harassment, rape and other gender based violence</i></li> <li>• <i>Communicable diseases such as TB</i></li> <li>• <i>Unplanned pregnancy</i></li> <li>• <i>Relationship problems and early marriage</i></li> </ul> <p>Health goals Includes goals such as say no to drugs and to sex related activities, take regular exercise, develop personal hygiene, develop positive or good relationships with others, develop positive self esteem, be assertive, avoid unsafe or threatening situations, protect oneself, develop correct attitudes to handle different situations</p>	<p>health concerns and their effects</p> <ul style="list-style-type: none"> <li>• Decide on an action plan</li> <li>• <i>Forward planning</i></li> <li>• <i>Critical analysis and problem solving</i></li> <li>• <i>Resisting peer pressure and assertive communication</i></li> <li>• <i>Conflict resolution with peers and family</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Takes pride in their behaviour and appearance</i></li> <li>• <i>Makes healthy and responsible choices and decisions &amp; able to stand up for themselves and resist negative peer pressure</i></li> <li>• <i>Behaves positively and confidently and responsibly with the opposite sex</i></li> <li>• <i>Reacts calmly to stress and problems</i></li> <li>• <i>A good role model</i></li> </ul>
<p><b>Personal Development 8.4.7</b></p> <p>Safe sexual behaviour</p> <ul style="list-style-type: none"> <li>• Have only one sexual partner</li> <li>• No sex outside of marriage</li> <li>• Use condoms for protection</li> <li>• Avoid unwanted pregnancies</li> <li>• <i>Finish education before marriage, avoid alcohol and homebrew, get treated for any STI symptoms, don't have sex with a sex worker, don't rape or sexually harass, use non-penetrative sex like masturbation</i></li> </ul> <p>Sexual responsibilities</p> <ul style="list-style-type: none"> <li>• Respect yourself and others</li> <li>• Stay faithful</li> <li>• Use condoms</li> <li>• <i>Don't pressure other people</i></li> <li>• <i>Don't get drunk</i></li> <li>• <i>Have an HIV/AIDS blood test</i></li> </ul> <p>Ethical values that govern your actions and decision making</p> <ul style="list-style-type: none"> <li>• Self-respect, personal integrity, respect dignity of others, respect values of the community</li> <li>• Responsibilities including obligations to family and community welfare</li> <li>• Showing concern including being caring, compassionate, loyal, tolerant, considerate, cooperative and share in decision making</li> </ul> <ul style="list-style-type: none"> <li>• <b><i>How HIV is transmitted and how HIV is not transmitted</i></b></li> <li>a. <i>Sexual intercourse with someone who is infected</i></li> </ul>	<p><b>Personal Development 8.4.7</b></p> <ul style="list-style-type: none"> <li>• Discuss negative sexual behaviour</li> <li>• Identify sexual responsibilities of males and females</li> <li>• Recognise the importance of using condoms and non-penetrative sex</li> <li>• Demonstrate ways to promote healthy living</li> <li>• <i>Decision making and critical thinking</i></li> <li>• <i>Resisting peer pressure and assertive communication (e.g. saying no to sex)</i></li> <li>• <i>Correct use of male and female condom</i></li> <li>• <i>Negotiating safer sex</i></li> </ul>	<p><b>Personal Development 8.4.7</b></p> <ul style="list-style-type: none"> <li>• <i>Respect, consideration and positive attitudes towards the opposite sex</i></li> <li>• <i>Advocates for safe and responsible sexual behaviour</i></li> <li>• <i>Values a strong and faithful marriage and the importance of completing education</i></li> <li>• <i>Empatise with others &amp; do not pressure them</i></li> <li>• <i>Knows that rape, sexual harassment and gang rape are wrong and immoral</i></li> <li>• <i>Fighting stigma and discrimination towards opposite sex and PLWHA</i></li> </ul>

<p><i>with HIV– vaginal sex without a condom, anal sex and oral sex. 95% of cases</i></p> <p><i>b. Blood to blood contact with someone who is infected with HIV</i></p> <p><i>c. Parent to child transmission (infected mother to baby/child)</i></p> <ul style="list-style-type: none"> <li>• <b>4 bodily fluids that carry HIV</b> Blood, semen, vaginal fluid, breast milk</li> <li>• <b>Positive Living for people who are infected with HIV and ART</b></li> <li>• <b>Who is vulnerable to HIV?</b></li> <li>• <b>HIV and STI's</b> Why having an STI makes you more vulnerable to HIV?</li> <li>• <b>7 types of STI's common in PNG (treatment and symptoms)</b></li> <li>• <b>4 types of germs that cause STI's (virus, bacteria, fungus, parasite)</b></li> <li>• <b>Sexual practices and HIV – no risk to high risk</b></li> <li>• <b>Safer sex methods including</b></li> </ul> <p><i>a. Abstain from sex before marriage (or when away from your husband/wife) or abstain from penetrative sex</i></p> <p><i>b. Both be faithful, both be tested</i></p> <p><i>c. Use a condom correctly (male or female condom)</i></p> <p><i>d. Delay the time you lose your virginity</i></p> <ul style="list-style-type: none"> <li>• <b>Which groups do ABCD refer to (e.g. married people, young people)?</b></li> <li>• <b>How to use male and female condoms correctly and negotiate use</b></li> <li>• <b>The HAMP Act – stigma and discrimination</b></li> <li>• <b>Current HIV&amp;AIDS and STI statistics</b></li> <li>• <b>Sexual intercourse, arousal in men and women and possible physical, emotional and social consequences of sex</b></li> </ul>		
<p><b>Personal Development 8.4.8</b></p> <p>Strategies to respond to unsafe or risky situations</p> <ul style="list-style-type: none"> <li>• Learn to assess risks</li> <li>• Be assertive</li> <li>• Learn or practice first aid</li> <li>• Do “warm up” before activities</li> <li>• Learn and practice self defence</li> </ul> <p>Plan to prevent or minimise risk</p> <ul style="list-style-type: none"> <li>• Use appropriate equipment and skills for activities, design and promote road safety rules, fire and water safety rules, safe storage of tools and chemicals, safe handling of tools, practical first aid</li> </ul> <p>Actions to respond to unsafe situations</p> <ul style="list-style-type: none"> <li>• Remove yourself from the situation, alert others of unsafe situations, act to make a situation safe or minimise the danger</li> </ul>	<p><b>Personal Development 8.4.8</b></p> <ul style="list-style-type: none"> <li>• Observe and demonstrate safety strategies</li> <li>• Develop or propose strategies plans to response to unsafe situations</li> <li>• Discuss and describe unsafe or risky situations</li> <li>• Reasons and make wise decisions</li> <li>• <i>Critical thinking and problem solving</i></li> </ul>	<p><b>Personal Development 8.4.8</b></p> <ul style="list-style-type: none"> <li>• <i>Calm and caring in an emergency</i></li> <li>• <i>Ready and willing to help others</i></li> <li>• <i>Responsible</i></li> <li>• <i>Assertive</i></li> <li>• <i>Able to stand up for themselves</i></li> </ul>

Actions to respond to emergency situations <ul style="list-style-type: none"> <li>• Remain calm and assess danger to self and others, remove self and others from danger, follow first aid procedures and administer first aid, seek assistance, follow set procedures and rules</li> </ul>		
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Teaching and learning activities: (bold = assessment task *italic = suggested integrated subject*)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Assessment:**

Method	Task	Criteria	Recording
Written (individual) 8.4.3	Write a report on how personal and community practices reflect the different beliefs and values about sexuality	<ul style="list-style-type: none"> <li>➤ List and explain at least 3 personal and 3 community practices about sexuality (10 marks)</li> <li>➤ List and explain at least 2 positive and 2 negative taboos about sexuality in the local community (10 marks)</li> <li>➤ Explain your own point of view about these taboos (Do you agree with them or not? Why?) (5 marks)</li> <li>➤ Give at least 3 clear reasons for your opinion (5 marks)</li> <li>➤ Write at least one side of A4. This must be neat and tidy. Writing should be in sensible paragraphs (including an introduction and conclusion). (10 marks)</li> <li>➤ Use and spell key words correctly: taboo, community, cultural, personal, practices,</li> </ul>	Reports collected and marked by the teacher

		sexuality, behaviour, gender, belief, value (10 marks)  Total: 50 marks	
Written (paired)  8.4.6	Identify and list down some of health concerns of young people and describe how these issues affect young people	<p>a. <b>Questionnaire</b> (50 marks)</p> <ul style="list-style-type: none"> <li>➤ At least 3 closed questions to collect tally data (e.g. gender, tick the issues most important to you) (10 marks)</li> <li>➤ At least 3 open questions to collect opinion (e.g. which is the most important issue to you? Why is this issue so important?) (10 marks)</li> <li>➤ At least 5 young men and 5 young women interviewed (5 marks)</li> <li>➤ Data tallied accurately and neatly (10 marks)</li> <li>➤ Questions related to health concerns (5 marks)</li> <li>➤ Correct grammar in questions e.g. question marks (5 marks)</li> <li>➤ Questionnaire designed neatly and logically – easy to complete and read (5 marks)</li> </ul> <p>b. <b>Report</b> (50 marks)</p> <ul style="list-style-type: none"> <li>➤ Equal team work (e.g. alternate paragraphs) (5 marks)</li> <li>➤ One section on <b>Method</b> explaining what you did step-by-step (5 marks)</li> <li>➤ Data tables showing results of research (10 marks)</li> <li>➤ 2 graphs showing data (with labels, coloured, accurate and neat) (10 marks)</li> <li>➤ One section <b>describing</b> the main findings (at least 3 main findings) (10 marks)</li> <li>➤ One section <b>explaining</b> the main findings (at least 2 reasons for each finding) (10 marks)</li> <li>➤ One section (<b>conclusion</b>) which makes at least 5 recommendations for action in the community related to the findings (10 marks)</li> </ul> <p>Total: 100 marks</p>	Criteria marked by teacher
Drama (groups of 4; mixed sex)  8.4.7 and 8.4.8	Prepare play script and perform dramas for young people showing a clear message about healthy and responsible sexual behaviour	<ul style="list-style-type: none"> <li>➤ Group written play script with range of characters on the theme, names for characters, stage directions (5 marks)</li> <li>➤ Clear and persuasive message in the drama (e.g. do not have sex before marriage, unprotected sex could lead to HIV or STI's or unplanned pregnancy, using a condom carefully and responsibly etc (5 marks)</li> <li>➤ Shows clear and workable strategy for resisting pressure or changing behaviour (e.g. "My Church does not allow sex before marriage", "How to get a test for HIV" etc) (5 marks)</li> <li>➤ Interesting facial and body gestures in the drama (5 marks)</li> <li>➤ Well rehearsed (5 marks)</li> <li>➤ Realistic conversation and relevant to</li> </ul>	Peer marking using the criteria



		<ul style="list-style-type: none"> <li>➤ community (5 marks)</li> <li>➤ Equal turn taking – all take part (5 marks)</li> <li>➤ Confidence in performing in public (5 marks)</li> <li>➤ Correct sound formation and pronunciation (in English or Tok Pisin/Tok Ples) (5 marks)</li> <li>➤ Confident tone and loud volume of voice (5 marks)</li> </ul> <p style="text-align: right;">Total: 50 marks</p>	
Total for unit of work: 200 marks			

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

### Writing a weekly plan for PD

You should now write the weekly plans for your unit of work blocking the teaching and integrating subjects if you can. **You only need to show the T&L activities for your unit of work though!** You should make enough weekly plans to cover all the T&L activities and outcomes for your units (2-4 weeks). Remember that each school has different times for recess, lunch and productive work.

E.g.

TERM: 4                      WEEK: 2                      DATE: 2<sup>nd</sup> October                      GRADE: 8

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 – 8.30	Assembly – whole school	RE – Church teachings on behaviour	RE – Church teachings on sexuality	Assembly – class	RE – Church teachings on love and stigma
8:30 – 10.00	Maths - Number	Language	Maths – Data Handling Interpret the data on HIV and STI infection rates in PNG	Language - Brainstorm words relating to being MALE and FEMALE. Sort into positive and negative. Which ones are to with sexuality?	Science
10.00-10.30	Recess				
10:30 – 11.30	PD – Rules and Expectations	PD - Discuss and list STIs that infect people in PNG. Research signs, symptoms and treatments.	PD - Discuss the HIV epidemic in PNG. Examine causes and debate these in groups.	PD - Paired discussion with a partner about the right time to have a sexual relationship	PD – Brainstorm answers to pressure statements such as “if you loved me you would have sex with me”
11.30-12.30	PD - Identify health issues that are of great concern to young people. Order these in terms of importance and justify your	PD – cont.	PD - Body map the influences on sexuality from culture, community, media, friends, family, internal feelings and religious beliefs	PD - List what needs to be considered before starting a sexual relationship (e.g. Bible teachings, safe sex, family planning, cultural	PD – Dramatize the strategies to handle peer pressure (role play)

	decisions			rules etc)	
12:30 – 1.30	Lunch				
1.30 – 2.30	PD - Identify groups that help with young peoples' health and state how to obtain information to assist those who need	PD - KWL chart for HIV/AIDS (what we know, what we want to learn, what we have learnt)	PD - Debate positive and negative aspects of sexuality (e.g. positive – love, negative – rape)	PD - Describe in groups strategies to handle pressure from various sources for a sexual relationship	Art and Craft
2.30-3.00	Social Science follow up PD	MAL - Productive Work	Social Science – follow up PD	MAL – Productive work	Art and Craft

It is also a good idea to write a **running total for time for each weekly plan**. This is a good method for monitoring blocks of teaching. Most UP teachers do not integrate their subjects yet even though the reform would like them to. LP teachers do. **Teachers can make up times for other subjects later. HIV/AIDS and reproductive health is best taught in a concentrated block.** E.g.

TERM: 4

WEEK: 2

DATE: 2<sup>nd</sup> October

GRADE: 8

Subject	Allocated time	Actual time this week	Difference
Arts	180	90	-90
Language	180	180	0
MAL	360	60	-300
PD	240	840	+600
Social Science	180	60	-120
Science	180	90	-90
Mathematics	180	180	0
<b>Totals</b>	1500	1500	-

**Self study:** When you are finished, do a plan for one PD lesson using the college's standard lesson plan. This should include HIV/AIDS lesson and other subjects/lessons. Don't forget the **outcome, warm up/icebreaker, main activity, conclusion/plenary, self study/homework**

## Sample lesson plan for Grade 7 Puberty

**Subject:** Personal Development

**Grade:** 7

### Learning outcome:

7.4.2 Describe physical, social and emotional changes in both boys and girls during puberty

### Outcome(s) of lesson:

Students can...

- Discuss feelings and reactions towards the changes that happen during puberty

**Warm up /ice breaker** (10 mins) **Alpha ladder**- write any words describing feelings or emotions. Work with a partner (A= anger, B=bravery, C=cowardice etc)

**Main Activity 1:** (5 mins) **Key questions** In pairs answer these questions:

1. How did you feel when you first realised physical changes occurring in you?
2. Which of these emotions are negative? Which are positive?

**Main Activity 2** (40 mins) Organisation: individuals Strategy: Writing poem/ short story

1. Write a poem or a short story discussing your personal emotions/feeling towards your physical changes. If this is too challenging write a story about a fictional boy/girl going through puberty
2. Display your work on the wall
3. Go around and read others work. Which one is the most realistic one?

An alternative activity would be a case study of a boy and a girl and their feelings. The teacher would have to prepare and read these stories to the class and ask them for their feedback and feelings (e.g. what would it be like to be a girl going through puberty? How would you feel? Why?)

**Conclusion/plenary** (10 mins)

1. Sum up by going through the common feedings or emotions towards the changes and asking the students how they would deal with these
2. Ask the students to rate their feelings on a scale of 1-10 (1 = I don't feel this, 10 = I feel this strongly)
3. Ask the students to list 5 ways you can help a friend during puberty

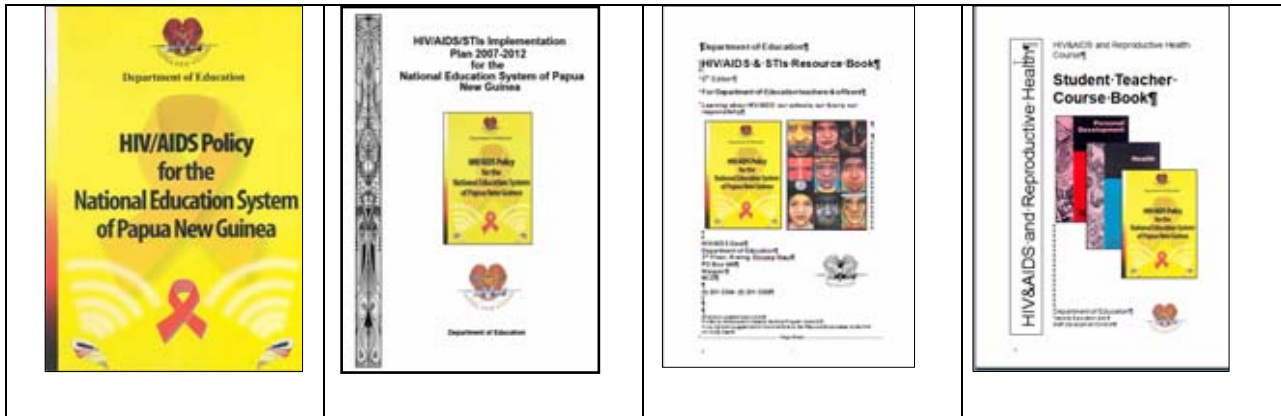
**Self study/homework:** Edit your poem and story by adding a friend who helps them

**Resources:** PD Syllabus and TG, PD text book 2 (page 117 and 118), examples of Alpha ladder on the board

**Textbooks available in primary schools**

All primary schools should have copies of these books. Use them carefully. They are not a substitute for good teaching.

**Materials for use in all schools in the national education system**

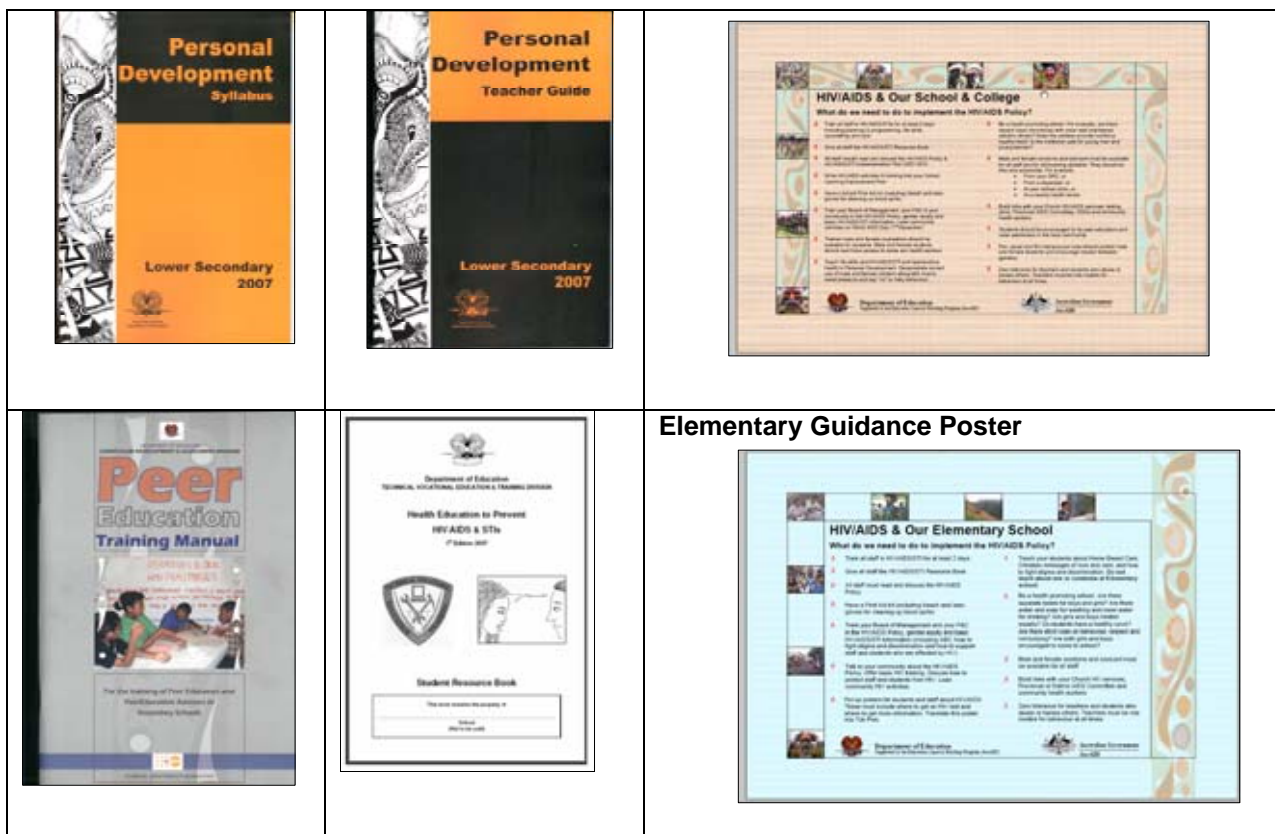


**Approved primary curriculum materials and resources for HIV/AIDS**



Approved HIV/AIDS materials for secondary & TVET (Grade 11&12 PD due in 2009)





There may also be copies of other resource books for teachers and students. Ask your PAC or check your College intranet and library. The UNFPA/DoE Population Education Project, Catholic Church, Anglican Church and PNG Family Health Association all have resource books published. There are also commercial books and readers available.

[www.avert.org](http://www.avert.org) is an excellent website.

**Self study:** Visit your local school and interview a teacher about the text books they use and how they use them. Ask them for their opinion on the books. Evaluate the text books.

### **Topic: Working with communities and churches**

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

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

- Conduct training for your staff and BOM on the Syllabus, HIV/AIDS Policy, HIV/AIDS/STI Implementation Plan 2007-2012, HAMP Act and reproductive health content. Use the Guidance posters and BEDP workers to help.
- Tell the community that HIV/AIDS is part of the School Learning Improvement Plan and Teacher In-service Plan
- In-service the BOM and identify parents and community leaders who are supportive and who will be advocates for your work
- P&C meeting to share information and activities a long time before you teach your HIV/AIDS or reproductive health unit of work
- Accurate community awareness about HIV/AIDS, STIs and reproductive health by staff and students. Keep them updated with letters or a notice board.
- Tell the parents about the HIV/AIDS Policy, HAMP Act and Syllabus. Let them see copies and use the Guidance posters to help

- Ask parents for ideas on how to improve lessons and the units of work – **listen to their views and suggestions. You want them to feel ownership of the school and the work.**
- Community or BOM observer in lessons
- Ask community elders about language that can be used and what is taboo. Explain you will teach students to respect this. Research local customs and traditions about sex, puberty and reproduction.
- Invite community members in to help with as many lessons as possible (e.g. local pastor can lead lessons on fighting stigma and Christian care, mothers and fathers can talk about pregnancy or how to keep a marriage healthy and faithful, local police officer can talk about HAMP act, good youth role models can discuss how to avoid risky situations, community elders can talk about puberty and initiation)
- Team teaching and planning (a married or experienced teacher to help younger teachers or a teacher of the opposite sex to allow same sex teaching)
- Same sex classes/teachers for challenging subjects like sexual intercourse
- Invite NGOs, Government workers and approved church agency groups to support your work (i.e. by running awareness in the community)
- Always teach these challenging subjects at the same time so parents get used to the routine
- Put on a video show or night school so parents know what you will be teaching their children. Use World AIDS Day 1<sup>st</sup> December as a special day at the school.
- Use the parents as teaching resources so they feel part of the learning (ask students to interview them, carry out research at home and collect stories from their families)

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

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

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

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

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

- Invite pastors in as guest speakers when you teach about ways to resist sex or caring for people with AIDS to give a Biblical message
- Begin each lesson with a thought provoking Bible message. Students can debate and discuss these.
- Role play how to use personal religious beliefs and values to resist risky situations
- Ask the pastor to share their own experiences of sexuality, sex and sexual choices. What decisions did they make? Why? What have they learnt in their life?
- Train your local pastor and congregation in reproductive health and HIV. Give them a copy of this book.
- Ask the pastor to teach RE lessons at the same time as you are teaching this topic
- Ask students to write prayers, hymns and find readings to support your topic
- Retell Bible stories in a modern way
- Share the Syllabus, Teacher Guide, HAMP Act and HIV Policy for the Church and Government with the pastor and the congregation
- Invite the pastor to contribute to a debate on healthy sexuality

- “What would Jesus do?” scenarios could be used with the students
- Ask if students could design awareness posters for the church. Display student’s work in the church or on the church notice board.
- Ask your local Church to choose some interesting Bible passages for the students to debate and discuss
- Invite in Church groups to share their message and testimonies about their lives (e.g. happy married couples as role models)
- Compare messages in Bible with traditional and modern beliefs about sexuality, care and behaviour

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

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

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

**Approved trainers like Population Education, groups or troupes will not need any payment.**

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

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

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

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

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

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

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


**Self study task:** *Is your local school a health promoting school? Is your college a health promoting college? What would they need to do in their SLIP to be safer and healthier? Which organisations can help?*

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

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

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

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

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

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

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

### **During the visit**



- Have the male and female class captains welcome and escort the PLWHA and give them a tour around the school. Teacher must shake hands with the PLWHA
- Give them a name badge and lunch/refreshment/water
- Give the students a chance to prepare questions. They can write them on scrap paper and put them in a basket so the teacher and speaker can prepare for questions. Could be before the visit or after the talk.
- Teacher may need to rephrase questions. **The teacher must be with the talk at all times.**
- **The best session is a 10-15 minute talk, then 15 minutes for students to discuss what they have learnt and write questions and then a 30-40 minute question-and-answer session**
- All students should have time afterwards to shake hands and talk with the guest speaker

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

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

## 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".

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

## **Religious Education...some strategies**

The Bible has many good stories and messages which can be used to promote life skills, strong values and safe behaviour. Here are some example readings which you could use as sources for lessons. Students enjoy using their Bibles to find more. **Remember! Your activities must be interesting and student centred...not lecturing or preaching.** E.g. case study, retelling, debating, drama etc

### **Do not judge others**

Luke 6: 37-42

Luke 18: 9-14

1 John 4: 20-21

### **Faithfulness in marriage**

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

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

1 Corin 6: 18-20

1 Corin 7: 2-4

Matthew 5: 27-28

### **Caring for people who are ill**

Matthew 22: 36-39

Luke 10: 26-37

### **Forgiveness**

Matthew 6: 12

**Love**

I Corinthians 13: 1-13

Gal 5: 22-26

James 2: 8

**Love for others**

Mark 12: 28-34

Matthew 22: 38-40

**Not being judgmental**

Matthew 7: 1-5

**Stigma and discrimination**

John 8: 3-11

John 9: 1-4

James 2: 14-17

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

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

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

**“Love your neighbour”**

## **Glossary**

<b>Abortion</b>	A medical procedure to end a pregnancy. It should only be done by a doctor. It is illegal in PNG
<b>Abstinence</b>	The decision to delay, or not have sexual intercourse at all.
<b>AIDS</b>	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.
<b>Anal intercourse</b>	A type of sexual intercourse where a man puts his penis inside the anus of a woman or a man
<b>Antibodies</b>	Particles produced by the body's immune system in response to an infection
<b>ART</b>	Antiretroviral therapy (sometimes called ARV)
<b>Bisexual</b>	Someone who is sexually attracted to both males and females.
<b>Cervix</b>	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.
<b>Circumcision</b>	An operation when the foreskin is cut away from the penis. Reduces the risk of HIV transmission.
<b>Conception</b>	The moment when the woman's egg is fertilized by a man's sperm and she becomes pregnant.
<b>Condom</b>	<b>Male condom:</b> a latex sheath worn on a man's penis during sex to prevent pregnancy and the transmission of HIV and STIs  <b>Female condom:</b> a plastic liner inserted into the woman's vagina during sex to prevent pregnancy and the transmission of HIV and STIs
<b>Contraceptive</b>	A device or drug used to prevent pregnancy (also called birth control or family planning)
<b>Discharge</b>	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.
<b>Ejaculation</b>	This is when a male has an orgasm and semen spurts out of his penis.
<b>Erection</b>	When a man is sexually aroused or excited, blood flows into his penis and makes it become stiff and hard.
<b>Gay</b>	Someone who finds people of the same sex attractive and may have sex with them (also called homosexual)
<b>Genitals</b>	The reproductive organs or parts of the reproductive system outside the body

<b>Germ</b>	Any micro-organism (for example bacteria, virus, or parasite) that causes disease
<b>HAMP Act</b>	HIV/AIDS Management and Prevention Act
<b>Heterosexual</b>	A person who has sexual feelings for someone of the opposite sex
<b>HIV</b>	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.
<b>HIV-negative</b>	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.
<b>HIV-positive</b>	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.
<b>Homosexual</b>	A person who is sexually attracted towards members of their own sex. Also known as "gay".
<b>Hormones</b>	Natural chemicals that affect different parts of the body. They travel around the body in the blood. Sex hormones control growth and sexual development.
<b>Hymen</b>	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.
<b>Immune system</b>	The body system which fights infection
<b>Infection</b>	When a germ enters a person's body making them ill. Viruses, bacteria and fungi can all cause infection in people
<b>Intercourse (sex)</b>	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.
<b>Lesbian</b>	A woman who is sexually attracted to another woman.
<b>Lubricant</b>	A water- based jelly that is used to make the penis or vagina slippery and so feel better during sex.
<b>Masturbation</b>	Sexual excitement or pleasure caused by rubbing or playing with one's own body parts.
<b>Menstruation</b>	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.
<b>Opportunistic infections</b>	Infections that take advantage of a person's weakened immune system to cause illness, such as TB, pneumonia and diarrhoea
<b>Oral sex</b>	when a person uses their mouth and tongue to lick or suck a sexual partner's genitals
<b>Orgasm</b>	When the body reaches the highest amount of sexual excitement.

<b>Ovaries</b>	Two small organs on either side of the uterus that contains a woman's eggs (ova).
<b>Ovum</b>	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.
<b>Penis</b>	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.
<b>PEP</b>	Post Exposure Prophylaxis (emergency ART medicine for possible infection with HIV)
<b>Pregnancy</b>	The nine months during which a woman has a baby developing inside her.
<b>Puberty</b>	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.
<b>Safer sex</b>	Sex that reduces the risk of passing on STIs, HIV/AIDS, or having an unplanned pregnancy.
<b>Semen</b>	A thick white liquid which comes out the penis during ejaculation. Semen carries 300 to 500 million sperm for every ejaculation. Can carry HIV.
<b>Sexual abuse</b>	When a person is forced against their will to do something sexual.
<b>Sex worker</b>	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'.
<b>SLIP</b>	School Learning Improvement Plan
<b>Sperm</b>	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/
<b>STI</b>	Sexually Transmitted Infection. An infection spread from person to person through sexual contact
<b>Symptom</b>	A sign of an infection, disease or disorder
<b>Syndrome</b>	A group of symptoms or diseases that are used to define an illness
<b>Testicles</b>	Also called the testes or balls; they are two oval- shaped organs in the male scrotum. They produce sperm and the male hormone testosterone.
<b>Testosterone</b>	The male hormone produced in the testicles which produce many of the changes of puberty.
<b>TIP</b>	Teacher In-service Plan
<b>Unsafe sex</b>	Sex during which HIV is likely to be spread such as vaginal or anal sex without a condom

<b>Vagina</b>	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.
<b>Virus</b>	Extremely small germs that can cause many infections
<b>Voluntary Counselling and Testing (VCT)</b>	This includes confidential counselling before and after the HIV blood test by a trained health worker.
<b>Vulva</b>	The female external reproductive organs, including the labia, the clitoris, the urethral opening and vaginal opening.
<b>Wet dreams</b>	Sexually exciting dreams which lead to an orgasm during sleep. These are natural.
<b>Window period</b>	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 or training:

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

**National AIDS Council**  
**323-6161**

### Provincial AIDS Committees

Bougainville (Buka) 973-9191	Morobe (Lae) 472-8676
Central (Konedobu) 321-6032	NCD (Port Moresby) 323-0515
East Sepik (Wewak) 856-1844	Oro (Popondetta) 329-7782
East New Britain (Rabaul) 982-8677	Sandaun (Vanimo) 857-1404
Eastern Highlands (Goroka) 732-2199	Simbu (Kundiawa) 735-1389
Enga (Wabag) 547-1141	Gulf (Kerema) 648-1058
West New Britain (Kimbe) 983-5492	Madang (Madang) 852-3422
Western (Daru) 645-9090	Manus (Lorengau) 470-9643
Western Highlands (Mt. Hagen) 542-3835	Milne Bay (Alotau) 641-0433
Southern Highlands (Mendi) 549-1710	New Ireland (Kavieng) 984-1134

### Other organisations working with teachers and young people

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

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

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

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

**Anglicare StopAIDS 325 1855**

**VSO Tokaut AIDS 852 3385**

**Save the Children PNG 732 1825**

**UNICEF 321 3000**

**IEA 321 4720**

**Hope Worldwide 325 6901**

**ChildFund PNG 323 2544**

### **Department of Education HIV/AIDS Desk**

HIV/AIDS Desk  
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 Advice line, Sexual and Reproductive Health (free)**

**Meri Seif Ples Hotline (free)**

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

## Training teachers and officers

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

**You are encouraged to use your own colleagues as well as external trainers, teachers from other schools, NGOs, Standards officers and Churches to facilitate sessions.**

Session	In-service session (approx 1 ½ hours)	Session Outcomes By the end of the session teachers can...	Who could help facilitate this session?
1	<p><b>The Department of Education HIV/AIDS Policy and Implementation Plan 2007-2012</b></p> <p>What does your school need to do? How will you inform the community?</p> <p><b>Teachers should look at the NDoE Guidance posters checklist</b></p>	<ul style="list-style-type: none"> <li>Understand and use the DoE HIV/AIDS Policy including the responsibilities of schools and teachers</li> <li>List reasons why teachers and students are especially vulnerable to HIV/AIDS &amp; STIs</li> <li>Plan school activities to implement the Policy and Plan</li> <li>Inform the community of the Policy and Plan</li> </ul>	<p>BEDP District Women Facilitators, Population Education trained teachers, Teachers College HIV/AIDS trainers, PEAs, Standards &amp; Guidance officers</p>
2	<p><b>Basic facts about HIV/AIDS &amp; STIs</b></p> <p>Difference between HIV and AIDS, common STIs and their symptoms, causes and treatments, how STIs make HIV transmission worse, how HIV is transmitted, how HIV is not transmitted, how HIV attacks the immune system</p>	<ul style="list-style-type: none"> <li>Explain what HIV and AIDS are</li> <li>List common STIs, their causes and symptoms</li> <li>Explain the link between HIV and STIs</li> <li>Explain how HIV is transmitted and how it is not transmitted</li> <li>Explain how HIV attacks the immune system</li> </ul>	<p>Provincial AIDS Committee or local Church AIDS Group or local HIV/AIDS NGO, Population Education trained teachers, Teachers College HIV/AIDS trainers</p>
3	<p><b>The state of the HIV epidemic in Papua New Guinea</b></p> <p>The root causes of the spread of HIV and STIs, the relationship between gender and HIV, taboos</p>	<ul style="list-style-type: none"> <li>Discuss the HIV epidemic in PNG</li> <li>List root causes including gender inequity, poverty, taboos about sex and opposition to condoms</li> <li>Predict possible effects of the HIV epidemic in PNG, their community and school</li> </ul>	<p>Provincial AIDS Committee, local NGO and Church, Teachers College recent graduates and HIV/AIDS trainers</p>
4	<p><b>Stigma and discrimination of people living with HIV/AIDS.</b></p> <p>The effects of stigma and discrimination.</p> <p>The Christian and Melanesian messages of love and care for people who are sick.</p>	<ul style="list-style-type: none"> <li>Explain what stigma and discrimination is and know how it is affecting the epidemic in PNG</li> <li>Discuss the consequences of stigma and discrimination including fear, few people getting tested, victimisation, isolation and early death</li> <li>Empathise with people affected by HIV/AIDS</li> <li>Explore Christian and Melanesian messages about care, love and</li> </ul>	<p>Church leaders, Provincial AIDS Council, local HIV/AIDS NGOs, Teachers Colleges</p> <p>Teachers should meet a person living with HIV/AIDS if</p>

		looking after the sick	possible
5	<p><b>ABC: changing behaviour</b></p> <p>Pros and cons of each strategy, behaviour change and choosing A and/or B and/or C</p> <p>Risky and safer sexual behaviours</p>	<ul style="list-style-type: none"> <li>• Explain the key advantages and disadvantages of Abstain from sex, Both be faithful and both be tested, Use a condom consistently and correctly</li> <li>• Understand behaviour change is personal and should be all of these strategies (e.g. be faithful and use a condom)</li> <li>• List other risk reduction strategies (e.g. education, reducing the number of sexual partners, avoiding alcohol, being treated for STIs, circumcision)</li> <li>• Sort sexual behaviours into NO RISK (e.g. kissing), LOW RISK (e.g. sex with a condom), HIGH RISK (e.g. anal sex without a condom) of HIV infection</li> </ul>	<p>Provincial AIDS Committee, local HIV/AIDS NGO, Teachers Colleges, Population Education trained teachers, health workers, Churches</p>
6	<p><b>ABC: life skills</b></p> <p><b>Strategies for abstinence – saying “no”</b></p> <p><b>Strategies for faithfulness – strengthening marriage</b></p> <p><b>Male and female condom demonstration and microteaching</b> (this is essential for all staff under the DoE HIV Policy)</p> <p>Note: If a teacher is not comfortable microteaching the correct use of condoms, they should just observe.</p>	<ul style="list-style-type: none"> <li>• List practical strategies for abstinence and saying “no” for young people</li> <li>• List practical strategies for being faithful</li> <li>• Confidently demonstrate the correct use of a male and female condom to peers</li> </ul> <p>There are several activities for ABC in this booklet for use with staff and students</p> <p>All teachers and officers must be shown the correct use of condoms and must be provided with them at the workplace as part of the HIV Policy and HAMP Act.</p>	<p>Provincial AIDS Committee, local HIV/AIDS NGO, Teachers Colleges, Population Education trained teachers, health workers, Churches</p>
7	<p><b>VCT, ART and Positive Living</b></p> <p>Voluntary Counselling and Testing, anti retro viral medicines (ART), Positive Living and caring for people who have AIDS</p>	<ul style="list-style-type: none"> <li>• Understand the importance of voluntary counselling and testing (VCT) and know the steps involved</li> <li>• Know where to get tested and where to get support for people living with HIV/AIDS</li> <li>• Know the importance of Positive Living for people infected by HIV and be able to list at least 15 practical strategies for Positive Living</li> <li>• Know what anti-retro viral medicines (ART) are, where to get them and how they can help people infected by HIV</li> <li>• List practical strategies for caring for people who are sick with AIDS</li> </ul>	<p>Local VCT clinic or Church HIV group, Provincial AIDS Committee, Teachers College, health worker</p> <p>Teachers should be encouraged to go for an HIV blood test</p> <p>Teachers should know about the BAHA free advice line <b>7200 2242</b></p>

8	<p><b>Programming HIV/AIDS&amp;STIs</b></p> <p>How to work with the community, parents and the church so they support your teaching, when to teach in same sex groups, selecting the best teacher role model to teach these subjects, finding resource people etc.</p>	<ul style="list-style-type: none"> <li>• Explore the syllabus and see where HIV/AIDS&amp;STIs and life skills are taught (and related topics such as puberty)</li> <li>• Brainstorm practical strategies for working well with your local community and parents</li> <li>• Brainstorm practical strategies for working well with your local churches</li> <li>• List programming issues for these topics and how you can overcome them (e.g. same sex teaching)</li> </ul>	<p>Teachers College, Inspectors, CRIP assessors, community members, experienced teachers</p>
9	<p><b>New teaching &amp; learning activities for HIV/AIDS&amp;STIs</b></p> <p>New interesting, student centred, participatory strategies that are relevant to the community. These should be aimed at developing life skills in young men and women such as: communication, resisting pressure, decision making, empathy, correct use of male and female condoms, conflict resolution, strong values and morals, assertiveness and goal setting.</p>	<ul style="list-style-type: none"> <li>• Microteach and evaluate at least 5 new teaching strategies for life skills (e.g. case study, games, sorting activities)</li> <li>• Discuss how to adapt and use these in the classroom and community</li> </ul>	<p>Teachers Colleges, Inspectors, recent graduates from Teachers Colleges, Population Education trained teachers</p> <p><b>Teachers should look at the NDoE Personal Development sample units of work book</b></p>
10	<p><b>Writing a unit of work where the focus is HIV/AIDS and reproductive health and life skills</b></p> <p><b>Elementary: focus on care and love for people who are sick</b></p> <p><b>Primary: either Health or Personal Development</b></p> <p><b>Secondary: Personal Development</b></p> <p>Brainstorming interesting, participatory, student centred teaching and learning activities, listing assessment tasks and resource people</p>	<ul style="list-style-type: none"> <li>• In pairs, write a detailed and high quality unit of work</li> </ul> <p>This includes HIV/AIDS&amp;STIs and reproductive health issues and will have a focus on life skills for young people (e.g. resisting pressure to take risks)</p> <p>A sample unit for Grade 8 is enclosed in this book.</p> <p>All students from Grade 5 should be shown the correct use of male and female condom (with consultation with community)</p> <p>All boarding students must have access to male and female condoms to protect themselves under the HIV/AIDS Policy.</p>	<p>Teachers Colleges, CRIP assessors, Inspectors, recent graduates from Teachers Colleges</p> <p>Teachers should use the NDoE Personal Development sample units of work book</p>

BEDP can help train and mobilise the community and BOM.

## References

Resource materials are available from your local Provincial AIDS Committee, Health centres, Churches and NGOs.

**This course should be accompanied with a Resource CD – multiple copies were distributed to all colleges in 2006.**

The following books are commonly available in PNG and were used extensively in writing this course

### Available in all primary schools and institutions

Personal Development Upper Primary Syllabus, DoE (2003)  
Personal Development Upper Primary Teachers' Guide, DoE (2003)  
Personal Development Supplementary Sample Units of Work, DoE (2008)  
Health Lower Primary Syllabus and Teacher Guide, DoE (2004)

HIV/AIDS Policy for the National Education System of PNG, DoE (2005)  
HIV/AIDS/STI Implementation Plan 2007-2012, DoE (2007)  
HIV/AIDS Guidelines for Schools (posters), DoE (2007 & 2008)  
Gender Equity Policy for the National Education System of PNG, DoE (2002)

Personal Development Book 1, 2 and Teacher Resource Book – Outcomes Edition for PNG, Rouse, K., OUP (2005)  
Health for the Pacific HIV/AIDS & STI Revised Edition, OUP, (2007)

### Available from partners

HIV/AIDS Management and Prevention Act – A User's Guide, National AIDS Council (2004)

Teachers' Training Manual Sexual Reproductive Health Education – Facilitator's Manual, Population Education Project, DoE (2003)  
Sexual Health Education – A Training Manual for the Pacific (3<sup>rd</sup> Ed.), FPA (2002)  
Reproductive Health Education – A Manual for Teachers in the South Pacific (2<sup>nd</sup> Ed), FPA (2002)  
Growing Up and Feeling Good – strategies for Teaching and Learning about Puberty, FPV (2001)  
VCT, Living with HIV/AIDS and Caring for someone with AIDS – 3 guides, NACS (2001)  
Life Skills (7 booklets), NACS/NHASP (2006)  
Health for the Pacific - HIV/AIDS and STIs in PNG, Solien, A., OUP (2006)  
Teaching HIV and AIDS in Schools to Grades 4-8 Teachers' Manual and Resource Book, Anglican Education Division  
Personality Development and Human Sexuality, Catholic Education (2005)  
Training and Resources Manual for HIV/AIDS Prevention, Education International/World Health Organisation (2004)  
My Changing Body - Fertility Awareness for Young People, Institute for Reproductive Health and Family Health International (2003)  
HIV/AIDS Fact sheets (Gender and Youth), UNAIDS (2004)  
The 2008 STI, HIV and AIDS Annual Surveillance Report, NDoH (2009)  
Family Planning: A Global Handbook for Providers, WHO, John Hopkins Bloomberg School of Public Health and USAID (2007)

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