

Department of Education

Teacher In-service Plan
Personal Development
HIV and AIDS and Sexual Reproductive Health
Facilitator's Manual

For school and cluster facilitators

Primary, secondary and TVET institutions
NGO partners

November 2009



Papua New Guinea
Department of Education

Issued free to all schools and partners by the Department of Education

Published in 2009 by the Department of Education

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ISBN: 978-9980-86-220-4

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Acknowledgements

These materials were developed in a participatory workshop at PNGEI, Port Moresby in April 2009. The material was designed and written by experienced teacher training lecturers and officers from Teacher Education Division and Guidance Branch.

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Development of these materials was made possible through the support of the Education Capacity Building Program of AusAID.

Teachers, lecturers, non-governmental organisations, church agencies and schools in Papua New Guinea have permission to use, share and adapt these materials.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Therapy
BAHA	Business Against HIV and AIDS
BEDP	Basic Education Development Program
BOM	Board of Management
DoE	Department of Education
ECBP	Education Capacity Building Program
HAMP	HIV/AIDS Management Plan
HIV	Human Immunodeficiency Virus
HPS	Health Promoting School
HT	Head Teacher
KSA	Knowledge Skills and Attitudes
LLG	Local Level Government
NACS	National AIDS Council Secretariat
NGO	Non-Government Organisation
OBE	Outcomes Based Education
PAC	Provincial AIDS Committee
PD	Personal Development
PEP	Post Exposure Prophylaxis
PLWHA	People Living with HIV&AIDS
PNG	Papua New Guinea
SBC	School Based Counsellor
SLIP	School Learning Improvement Plan
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
TIP	Teacher In-service Plan
TLA	Teaching and Learning Activities
TVET	Technical Vocational Education and Training
UBE	Universal Basic Education
VCT	Voluntary Counselling and Testing

Secretary's Message

Since the launch of the HIV&AIDS Policy for the education system of PNG, the National Department of Education and its stakeholders have worked hard to improve the quality of teaching about HIV&AIDS and sexual reproductive health in the subject Personal Development. There are many teachers who are enthusiastic and dedicated in teaching Personal Development and Health and it is essential that all students receive age-appropriate information and life skills education on HIV&AIDS and sexual reproductive health.

Every teacher has the responsibility to teach accurate information about HIV&AIDS and all teachers have the right to high quality training in HIV&AIDS to improve their own planning, programming, teaching and assessment.

Many teaching and learning support resources have been developed and distributed to teachers to support them in the teaching of HIV&AIDS and reproductive health learning outcomes. This training manual is designed to support and improve the in-service training of teachers.

It is compulsory that all teacher in-service plans (TIP) for schools and clusters include Personal Development topics including HIV&AIDS. In-service coordinators and facilitators can use this manual to support and improve their training sessions. This HIV&AIDS training should be included and reported in the School Learning Improvement Plan (SLIP). In addition, our many non-governmental organisation (NGO) and church partners are encouraged to use this manual and the other Department of Education HIV&AIDS resources when they train teachers.

I approve these materials for use in school in-service sessions and encourage all teachers to read, adapt, share and use the training sessions to improve their own skills and knowledge.

Learning about HIV and AIDS: our schools, our future, our responsibility



Dr Joseph Pagelio
Secretary for Education

Introduction

Teaching young people about Personal Development is essential for the development of our country. Unplanned pregnancies, HIV&AIDS, STIs, abuse, drugs and alcohol, intolerance and ignorance all damage the lives of young people and teachers. Education is always better than ignorance. As such Personal Development and Health are compulsory in all primary, secondary and TVET institutions so this manual is designed for these teachers.

To be able to teach young people effectively, it is vital that teachers at all levels in the formal school system have a firm understanding of the content around sexual reproductive health (SRH), HIV&AIDS and sexually transmitted infections (STIs). Training should also enable the teachers to develop proper attitudes to improving their own teaching of life skills to address the HIV&AIDS and sexual reproductive health related learning outcomes in Personal Development and Health.

Since 2007 all pre-service teachers have had a compulsory and comprehensive training course in HIV&AIDS and sexual reproductive health. HIV&AIDS is also a compulsory part of all school and cluster TIPs and every School Learning Improvement Plan (SLIP). This Facilitator's Manual is designed to help school in-service coordinators, cluster facilitators and interested teachers to run participatory training sessions for their colleagues.

The manual follows these principles:

- All teachers have the responsibility to teach about HIV&AIDS and the responsibility to develop as a professional through in-service training and study
- Teacher training should be participatory, practical, reflective and challenging
- Training should be related to the national curriculum (specifically Personal Development in primary and secondary schools)
- In-service training should build on the experience, skills and knowledge of the teachers in the school
- Schools and teachers know their own needs
- Most schools and clusters can facilitate their own training sessions using local expertise if available.
- Training should be honest, accurate and “tok stret” about HIV, STIs and sexual reproductive health
- Training should be sensitive to the feelings, backgrounds, church agency and culture of teachers
- Training should always follow the guidelines of the National Department of Education (DoE) policies on HIV&AIDS, gender equity and behaviour management.
- All teachers should promote a life skills approach based on universal human values of care, love and respect
- The manual will be written **by** Papua New Guinean teachers **for** Papua New Guinean teachers.

How to use this TIP manual

1. Training needs analysis

Before using the manual you should read the overview of sessions and conduct a detailed training needs analysis (TNA). This is important because every teacher will be at a different stage of their professional development around Personal Development. For example, a new graduate will have received 36 hours of training before graduating and some teachers will have been trained by Population Education.

There are several ways to do a training needs analysis. Here are some examples:

1. Capacity Building Ladder

Use the Personal Development HIV&AIDS implementation ladder from the Teacher In-service Plan. Ask your teachers where they think they are in the implementation ladder for Personal Development. This will help you track the progress in their skills, knowledge and attitudes.

See the next page for the capacity building ladder for Personal Development and its four stages of engagement.

You should also ask teachers what they wish to learn based on the sessions in the manual.

For example,

Name of the teacher	<i>Jenny Wast</i>	<i>Grade 7 teacher</i>
<i>I rate myself as Stage 2 because I had training from my church in HIV in 2007 and I can teach most of the learning outcomes. I know the syllabus well but have not seen the other resources yet. I am not confident to train other teachers yet either. Sometimes I get nervous teaching about sex!</i>		
What would you like to learn?	<i>I would like to learn:</i> <ul style="list-style-type: none"> • <i>Condom demo</i> • <i>How the community can protect young people</i> • <i>Medicines for HIV</i> • <i>How to teach decision making</i> 	

Stage 1: Awareness of Personal Development	<p>Teachers are aware of the Personal Development subject and can list some of the main learning areas. They have seen the syllabus and teacher guide books and may be aware of some of the Department of Education resource materials available.</p> <p>Teachers know the Department of Education has an HIV&AIDS Policy. They can explain one or two simple reasons why it is important to teach about HIV&AIDS and sexual reproductive health.</p> <p>Teachers have received little or no training in this area but may be interested in learning more. They do not yet teach the learning outcomes on sexual reproductive health in Personal Development. They know some teaching and learning strategies for Personal Development but their lessons are usually teacher centred.</p>
Stage 2: Involvement in Personal Development	<p>Teachers are teaching Personal Development to their classes but may not teach the challenging learning outcomes on sexuality and sex. They have confidence teaching some of the learning outcomes. They have access to copies of the syllabus and teacher guides and have access to one or two of the Department of Education HIV resource materials. Teachers have read the HIV&AIDS Policy and can describe one or two of its main principles. They can answer questions from parents as to why it is important to teach about Personal Development and can explain some of the challenges to sexuality education.</p> <p>Teachers may have received up to one week of training on HIV&AIDS and are keen to learn more. They know one or two specific teaching and learning strategies for Personal Development and participate well during in-service on sexuality and HIV. They can write a unit of work with support.</p>
Stage 3: Engagement in Personal Development	<p>Teachers are committed teachers of Personal Development and can teach all of the learning outcomes with some confidence. They have copies of the syllabus and teacher guides and can easily access additional resource materials from the Department. Teachers can explain clearly why it is important to teach accurate information about HIV&AIDS and sexual reproductive health and the key role teachers have in teaching life skills.</p> <p>Teachers know HIV&AIDS is a compulsory part of TIP and SLIP and can explain the importance of counselling and a healthy, child friendly school to reducing the risk of HIV. Teachers have completed at least a week of Personal Development training from an approved partner or in their cluster within the last year. They have sound knowledge and an increasing range of teaching skills for life skills. They can develop Personal Development units of work independently. They actively participate in related in-service and may volunteer to take one or two sessions.</p>
Stage 4: Ownership of Personal Development	<p>Teachers are committed, confident and competent teachers of Personal Development and volunteer to train other teachers. They use a wide range of support materials and can critically analyse these. They can confidently run in-service sessions and know a range of people who can help train their teachers. Their lessons on Personal Development are student centred and participatory. They use a wide range of effective teaching and learning strategies including role play. Teachers are confident and accurate in their knowledge about sexuality, sex and HIV&AIDS. Teachers can write and evaluate a detailed unit of work including good quality assessment tasks.</p> <p>Teachers are advocates for HIV education, Personal Development and the HIV&AIDS Policy in their community and can show evidence of work outside of school which protects young people. Teachers also ensure HIV and health issues are included in the TIP and SLIP</p>

2. Conduct a short questionnaire study

You may also wish to conduct a short attitude survey for HIV and STIs before you start teaching. This will give you some idea of what your teachers currently think about issues around HIV&AIDS and STIs.

Below is a simple example you can use. You can use others if you wish:

Statement	Strongly agree	Agree	Disagree	Strongly disagree
HIV testing should be compulsory				
People with HIV should all be sent away to live on an island				
Questions on HIV and AIDS should be in the national exams				
Having more than one sexual partner is ok				
Condoms should be used by married people				
Teaching young people about sex encourages them to have sex earlier				
I think it is ok to someone to pay for sex				
It is ok for a man to have many wives				
It is ok for a woman to have many husbands				
HIV can be cured with ART				
HIV can be cured by prayer and giving yourself to Jesus				
Primary school students should be taught about the male and female reproductive organs				
Lower primary students should learn about HIV and reproductive health				
Upper primary students should learn about safe sex and condoms				
I would be comfortable having a student who is HIV positive in my class				
I would be comfortable working alongside a teacher who is HIV positive				

You can also ask teachers to:

- List down five things they 'hope' to learn/gain from this training.
- List down five things they 'fear' in relation to this training.

This can help you understand what your teacher's expectations and concerns are before starting this training.

3. Conduct a confidence self-assessment

You can ask teachers to rate their confidence in a range of areas relating to Personal Development. This is an example of a survey you can use. After the training you can analyse how the teacher's knowledge and skills have improved.

Statement	1 Not confident & cannot do this	2 Can teach this with help	3 Confident to teach this	4 Confident to train other teachers
Use the Personal Development syllabus and teachers guide				
Use the Personal Development sample units of work book (primary only)				
Understand and explain the Department of Education HIV&AIDS Policy				
Understand and explain the HAMP Act				
Say the correct English words for reproductive health (e.g. penis, vagina, clitoris, orgasm, sex)				
Teach about the functions of the reproductive system				
Teach about sexual intercourse and conception				
Teach about menstruation and ovulation				
Teach about sexuality				
Demonstrate the correct use of a male condom				
Demonstrate the correct use of a female condom				
Teach about family planning				
Teach about parenthood and pregnancy				
Teach about drug and alcohol abuse				
Teach about safe and risky sexual behaviours including non-penetrative sex				
Teach about HIV				
Teach about AIDS				
Teach about STIs				
Teach about ART and PEP				
Teach about resisting pressure to have sex				
Teach young people how to negotiate safer sex				
Teach about puberty				
Teach about gender and HIV				
Teach about violence, rape and HIV				
Teach about the risks of cross-generational sex				
Teach about gender and gender based violence in HIV transmission				

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Statement	1 Not confident & cannot do this	2 Can teach this with help	3 Confident to teach this	4 Confident to train other teachers
Write a lower primary unit of work for Health				
Write an upper primary unit of work for Personal Development				
Write a yearly program for Personal Development or Health				
Write a weekly program for Personal Development and Health				
Integrate learning outcomes from other subjects into a Personal Development or Health unit of work				
Teach using a wide range of life skills teaching and learning activities				
Plan relevant assessment tasks and criteria for learning outcomes from Personal Development or Health				
Effectively organise a range of guest speakers for Personal Development including PLWH				
Knowing a range of local and national organisations who can help teach about HIV				
Knowing where the Provincial AIDS Committee is and having a contact there				
Knowing where the nearest VCT centre and STI clinic is				
Know how to communicate about Personal Development with parents				
Know how to work with the churches on Personal Development				
Know how to include HIV in the School Learning Improvement Plan				

2. What resources are available?

The most important resource is **you as a facilitator or trainer**. You should be open-minded, creative, well organised and be able to train in a participatory way. You should not be judgemental or preach: instead facilitate discussion and exploration of topics with your teachers. You should be passionate about the importance of sexual reproductive health education and confident to use the correct words and medically accurate information. **You should know the Personal Development Syllabus and Teacher Guides in detail.**

The training sessions have been designed to use minimal resources. There will be some activities which may involve prior preparation of materials, games and activities and these are all designed to be easily improvised in remote settings. You are encouraged to use local organisations and resource people as well as other teachers. Some sessions may be best conducted in same sex groups.

The most important resources you will need to deliver good quality and relevant in-service training to teachers are the teachers themselves.

- **Recent graduates** have all completed the HIV&AIDS & Reproductive Health course (compulsory since 2007) and will have a copy of the Student Teacher Course Book and Personal Development sample units of work book. They should know how to plan, program, teach and assess Personal Development.
- **Teachers who have completed HIV&AIDS related workshops** with the Department of Education or with churches or non-governmental organisations (NGOs) such as Population Education Project
- **Teachers from neighbouring schools** may also have been trained and could come to help facilitate. For example, many TVET teachers have been trained in HIV&AIDS since 2007.
- **School based counsellors (SBC)** can be found in many primary and secondary schools and have had comprehensive training in student welfare issues. All Guidance officers and Standards officers should be able to conduct training in HIV&AIDS.
- **Lecturers and HIV&AIDS trainers** from teachers colleges and universities. There are at least four expert HIV&AIDS trainers at every teacher training institution and all lecturers will have received basic training.



There are also resource people in the wider community who can offer support for specific parts of the training. Remember, they may not know the knowledge, skills and attitudes from Personal Development, so you will need to brief them thoroughly and ensure they deliver the specific training your teachers require. This is explained in a later session.

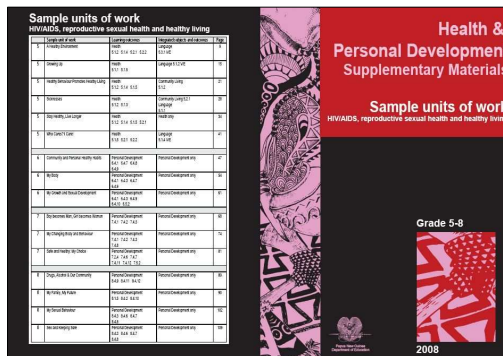
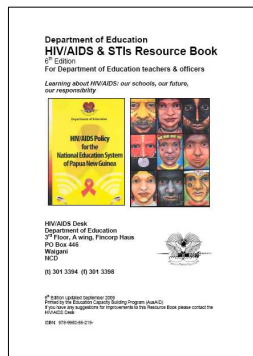
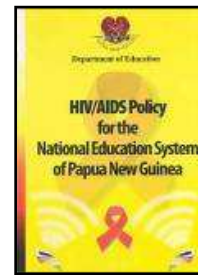
- **NGO HIV&AIDS trainers** who are approved by the National AIDS Council and have a certificate as Trainer of Trainers (TOT)
- **Peer educators** from an NGO approved by the Department of Education
- **People living with HIV** from a reputable local NGO or Provincial AIDS Committee that is affiliated with the national organisation for PLWHA Igat Hope. Please call Igat Hope if you are not sure where to find someone with HIV who can speak to your staff.
- **Health workers** from your local aid post, Voluntary Counselling and Testing Centre (VCT) and health centres
- **District Women Facilitators** and **School Community Facilitators**. These have all received basic training and have a set of materials for community work around HIV, gender and domestic violence.
- **Church HIV&AIDS workers**. For example, the Catholic VCT and care and support centres have vast experience in these areas and the Anglican church has excellent teacher resource materials to help you plan your sessions.

A list of partner organisations, church agencies and NGOs is available in the Contact List at the end of the manual.

3. Resources available in schools

There are now a wide range of high quality and approved curriculum and support materials available in schools. Essential resources which every school should have available for this training include:

- HIV/AIDS Policy of the National Department of Education
- Agency HIV/AIDS Policy (if available)
- Health Syllabus and Teacher Guides (Grade 3-5) or Personal Development Syllabus and Teacher Guides (Grade 6-8) and Personal Development sample units of work or Personal Development Syllabus and Teacher Guides G9-12
- HIV&AIDS&STI Resource Book (one per teacher). The latest edition is the 6th edition.



Approved support materials are shown on the inside cover of the manual.

There are additional texts from agencies and NGOs and the National AIDS Council HIV&AIDS Training Unit. These can also be used as a source of information but may not have been designed for the school curriculum and needs of teachers. If you wish to know if a resource material can be used in schools, please contact the HIV desk.

Schools were sent an approved materials poster in 2010.

4. Using the manual

There are four (4) modules in this TIP Manual. The timings and order of the sessions are at the discretion of each respective school and facilitator depending on the knowledge and skills of the other teachers in the school.

Module

1. Preparing to teach Personal Development
2. Teaching about Sexual Reproductive Health (SRH) and Sexuality
3. Teaching about HIV&AIDS and STIs
4. How to plan and program and assess Personal Development

Session design

Each in-service session is designed to last about an hour and a half. The sessions have clear outcomes that should be clearly stated at the start of every session. These are designed to be taught in order. However it is important you use your professional judgement – the Facilitator's Guide is not supposed to be a recipe book!

The activities are suggested ones only. Feel free to change and adapt the activities to suit your teachers and your school.

Teaching and learning strategies are clearly explained and many of them can be adapted and used in the classroom with your students.

Self reflection

The sessions aim to encourage independent professional development. You can also use the extensive self reflection tasks as alternative activities during sessions and as "homework" for the teachers before the next session. Self reflection can include working with their class, evaluating their own teaching, observing others or finding out more information.

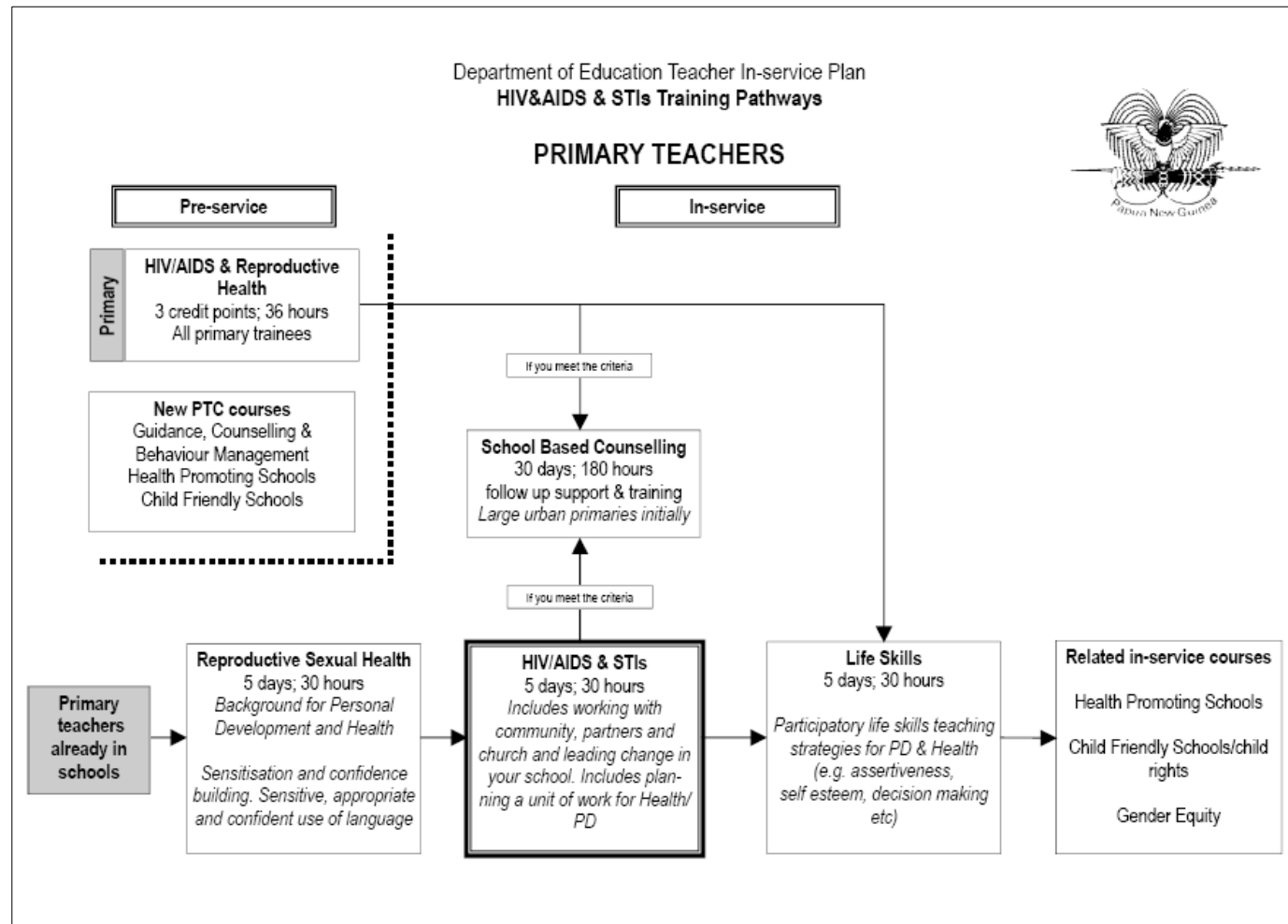
Preparing for the session

Before commencing training, it is of great importance to plan ahead, and ensure that all practical arrangements are made for respective sessions. This may include knowing;

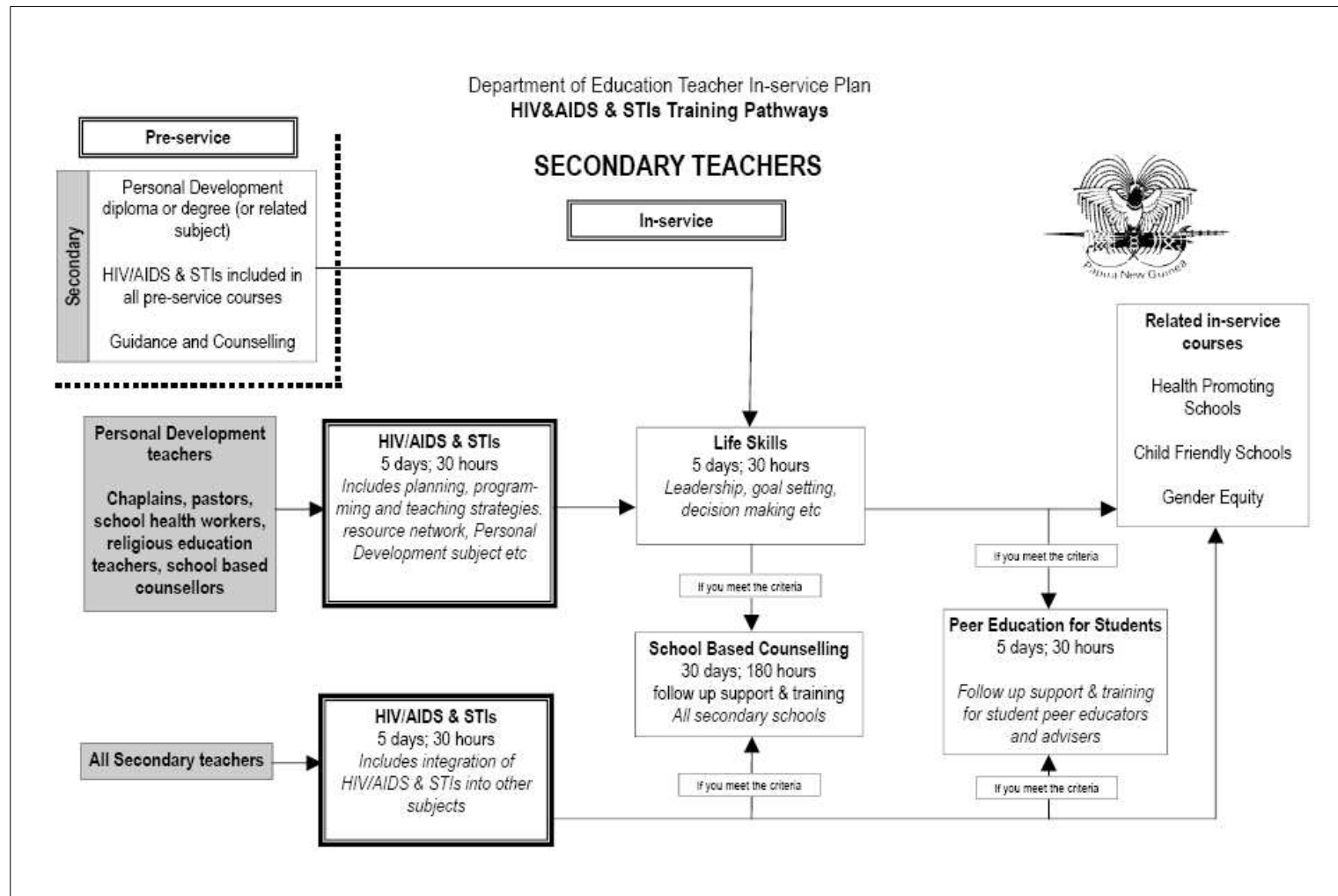
- The total number of participants in the session
- The number of males and females
- Which resource materials they will need (e.g. syllabuses)
- Whether you need to prepare any training aids (e.g. games)
- Which resource people you will need
- Whether you need any basic stationeries
- How the room for training would be set up (especially for paired and group work)
- Whether refreshments would be needed

HIV&AIDS example training pathways for primary teachers

The Department of Education recommends that teachers complete the various in-service units for HIV&AIDS in the pathways below. This manual is the guide to the HIV&AIDS & STI unit highlighted below. **However there are a number of ways teachers can learn how to teach about HIV&AIDS depending on the needs of the teacher and the school.**



HIV&AIDS example training pathways for secondary teachers (also including TVET teachers)



Session overview

Module

1. Preparing to teach Personal Development
2. Teaching about Sexual Reproductive Health (SRH) and Sexuality
3. Teaching about HIV&AIDS and STIs
4. How to plan and program and assess Personal Development and Health

Module 1 Preparing to teach Personal Development		
<i>Session</i>	<i>Session title</i>	<i>By the end of the session teachers can...</i>
1.1	The role and responsibilities of teachers in sexual and reproductive health	<ul style="list-style-type: none"> • Identify and understand their roles and responsibilities in teaching SRH.
1.2	The DoE HIV&AIDS Policy	<ul style="list-style-type: none"> • Analyse the different focus areas of the policy and develop relevant strategies to address these.
1.3	The HAMP Act and student's rights	<ul style="list-style-type: none"> • Understand the different components of the HAMP Act • Explain what the HAMP act means in the light of child and student rights
1.4	Challenges we face in school when teaching Personal Development	<ul style="list-style-type: none"> • Identify issues and challenges they may face in teaching Personal Development and develop relevant strategies to deal with these.
1.5	The situation in our school	<ul style="list-style-type: none"> • Identify the current situations in their respective schools in relation to HIV, sexual reproductive health and life skills education • Examine the possible causes and contributing factors to problems facing teachers and students in schools
1.6	Teacher's needs analysis	<ul style="list-style-type: none"> • Identify the current situations in their respective schools in relation to HIV, sexual reproductive health and life skills education • Examine the possible causes and contributing factors to problems facing teachers and students in school
1.7	Hopes and fears for the future	<ul style="list-style-type: none"> • Describe their hopes and fears associated with learning about HIV, sexual reproductive health and life skills and develop ways of addressing these

		<ul style="list-style-type: none"> Discuss and list their hopes and fears for their own future and their children in their community
1.8	What are life skills?	<ul style="list-style-type: none"> Identify and describe what life skills are and explain their relevance to HIV and sexual reproductive health education.
1.9	Life skills: Problem solving	<ul style="list-style-type: none"> Develop problem solving strategies as a life skills approach. Identify relevant contexts for the use of problem solving skills.
1.10	Life skills: Self esteem and Sexuality	<ul style="list-style-type: none"> Describe the concept of self esteem and its relevance to HIV and sexual reproductive health education To understand the importance of self-esteem in our own lives and lives of our pupils and children To learn how we can raise our own self-esteem and those of our pupils and children
1.11	Life skills: Assertiveness	<ul style="list-style-type: none"> Identify different aspects of assertiveness as a communication style Design strategies to enable young people to develop and utilise this skill
1.12	Life skills – Decision Making	<ul style="list-style-type: none"> Understand that every decision has a consequence Understand that we make many decisions in our daily lives and some can change our lives for better or worse Recognise the importance of keeping to a decision Learn some strategies for teaching decision making

Module 2 Teaching about sexual reproductive health and sexuality		
<i>Session</i>	<i>Session title</i>	<i>By the end of the session teachers can...</i>
2.1	Teaching about sexual and reproductive health	<ul style="list-style-type: none"> Understand the importance of guiding students in understanding sexual and reproductive health List qualities and skills that make a good sexuality and reproductive health teacher
2.2	The reproductive organs	<ul style="list-style-type: none"> Read and recognize the key terms and concepts of puberty.

		<ul style="list-style-type: none"> • Draw and compare the different stages of growth in both males and females reproduction organs and its functions. • Practice a range of teaching and learning activities for reproduction learning outcomes.
2.3	Puberty in schools	<ul style="list-style-type: none"> • Name and label the body parts of the physical changes that happens to people during puberty • Confidently explain that puberty is a normal part of growing up in both female and male • To identify a variety of teaching strategies they can use to teach puberty
2.4	What is sexuality?	<ul style="list-style-type: none"> • Explain the concept of sexuality and what this means for young women and men. • Identify positive and negative examples of displaying ones sexuality. • Demonstrate an understanding of the difference between sexuality and sexual intercourse. • Discover ways in which a person can enjoy their own sexuality safely throughout their lives.
2.5	Gender and sexuality	<ul style="list-style-type: none"> • Reflect on how we are expected to behave as men and women in the family and community. • Reflect on the reality of our gender roles and experiences
2.6	Teaching about parenthood and family planning	<ul style="list-style-type: none"> • Identify the roles and responsibilities of parents so they can guide students in planning well for their future • Identify and list the importance of family planning • Describe the family planning methods

Module 3 Teaching about HIV&AIDS and STIs		
<i>Session</i>	<i>Session title</i>	<i>By the end of the session teachers can...</i>
3.1	Basic facts on HIV&AIDS	<ul style="list-style-type: none"> • Understand the basic facts about HIV&AIDS • Share basic HIV&AIDS information with others.
3.2	Basic facts on STIs	<ul style="list-style-type: none"> • To know the signs and symptoms of

		<p>infections spread through sex.</p> <ul style="list-style-type: none"> To understand that STIs are treatable and can cause damage to our bodies if not treated.
3.3	The epidemic in PNG	<ul style="list-style-type: none"> List the root causes of the HIV&AIDS epidemic in PNG Identify which root causes affect young men and women and explain the possible consequences
3.4	Gender and vulnerability	<ul style="list-style-type: none"> List factors that make people more vulnerable to HIV at their sex and age group Discuss roles of gender in the family, school and the community
3.5	Protecting ourselves from HIV&AIDS	<ul style="list-style-type: none"> Discuss how they can protect themselves from HIV and STIs Identify and discuss best teaching and learning strategies that can be used in disseminating information on why people still get STIs and HIV even though they are well informed about the ABCD methods
3.6	Condom demonstrations	<ul style="list-style-type: none"> Discuss and list down different beliefs, thoughts and stories about condom use Read the instructions of how to use a condom and demonstrate using a condom
3.7	Safe sex and risky behaviour	<ul style="list-style-type: none"> Discuss and develop other strategies for safer sex which young people could use Identify and categorise sexual and other relationship behaviours into no. low and high risk for HIV transmission
3.8	ART and positive living	<ul style="list-style-type: none"> Answer common questions about treating HIV Demonstrate understandings of what anti-retroviral medicine (ART) are, where to get them and how they can help people affected with HIV. Demonstrate an understanding of Positive Living in people and identify practical strategies of Positive Living
3.9	Voluntary Counselling and Testing	<ul style="list-style-type: none"> Explain the importance of voluntary counselling and testing and the steps involved.

		<ul style="list-style-type: none"> Identify where the nearest VCT sites are for referral purposes and where to access anti-retro viral therapy
3.10	Challenging stigma and discrimination	<ul style="list-style-type: none"> Give a recount of a time you have been stigmatized by someone and how you felt about the discrimination Give a recount of a time you have stigmatized someone. Read and extract statements in the HIV & AIDS and HAMP Act policies that states against stigma and discrimination
3.11	Life skills: Resisting pressure	<ul style="list-style-type: none"> Practice in assertively resisting pressures List and identify ways in which they can help their students to resist pressures Demonstrate ways in which their students would resist pressures
3.12	Life skills: Negotiating safe sex	<ul style="list-style-type: none"> Role play assertive strategies for safe sex and abstinence Make good decisions about our sexual lives

Module 4 How to plan, program and assess Personal Development

<i>Session</i>	<i>Session title</i>	<i>By the end of the session teachers can...</i>
4.1	The Personal Development subject (primary and secondary only)	<ul style="list-style-type: none"> Explain where HIV&AIDS, STIs and sexual reproductive health can be found in the Personal Development Syllabus List learning outcomes and their knowledge, skills and attitudes which relate to HIV&AIDS
4.2	Writing a primary unit of work for Personal Development (primary teachers only) Part 1	<ul style="list-style-type: none"> Develop a primary unit of work for Personal Development
4.3	Writing a primary unit of work for Personal Development (primary teachers only) Part 2	<ul style="list-style-type: none"> Develop a primary unit of work for Personal Development
4.4	Analysing a unit of work (primary and secondary)	<ul style="list-style-type: none"> Evaluate and analyse a unit of work
4.5	Assessing students in Personal Development	<ul style="list-style-type: none"> Assess students in Personal Development
4.6	Evaluating teaching and learning activities (TLA)	<ul style="list-style-type: none"> Evaluate teaching and learning activities Microteach their own teaching and learning activities

4.7	Working with your community and churches	<ul style="list-style-type: none">• Predict and suggest solutions to problems which may arise between the school and community as a result of teaching Personal Development• Suggest ways SLIP can integrate HIV&AIDS program with church and community programs
4.8	Working with PLWHA and guest speakers	<ul style="list-style-type: none">• Plan and organise a visit for people living with HIV or guest speakers to the school
4.9	Partnerships and stakeholders	<ul style="list-style-type: none">• List local partners and stakeholders who can help them teach about Personal Development• Describe ways partners and stakeholders can work with schools to improve the health of young people and protect them from HIV and STIs

Module 1 Preparing to teach Personal Development

Teaching Personal Development, sexual reproductive health (SRH, HIV&AIDS, and life skills) in our schools is a very important role for us all as teachers. It is often a very challenging role and we may find that we experience barriers in our community, our schools, from our church, or from our own culture.

In order to teach Personal Development teachers need to understand their important role, how they can learn from their own students, and what issues are impacting on the students in their own schools.

You will often read in this manual that behaviours relating to sex and sexuality and HIV and AIDS are strongly shaped by cultural practices, traditional beliefs, family background and religious values. It is vital that the young people are given the opportunity to access accurate knowledge on these issues to shape their own lives. Equipping our young people with the necessary and positive knowledge, attitudes and beliefs about these issues though will help them grow up to be healthy, happy and safe adults.

Session 1.1: The role of teachers in sexual and reproductive health

Session outcomes

By the end of the session, teachers can...

- Identify and understand their roles and responsibilities in teaching SRH in Personal Development.

Background information

Teaching students about sexual and reproductive health in PNG is very important. We often hear that teachers need to act as **positive role models** for their students. This means showing students that we live as we talk – when we talk about good practice in sexual and reproductive health we must then commit to these ourselves in our own homes, our own schools, and our own communities.

There are many roles and responsibilities of teachers in sexual and reproductive health. These can include:

- Being a positive role model who is comfortable with his/her own sexuality and values
- Being very knowledgeable about the topic, the Personal Development syllabus and teacher guides, life skills and gender equity issues
- Being discrete and maintain confidentiality at all times
- Displaying passion about teaching the topic and helping young people avoid risks
- Someone who is caring, open minded and has a sense of humour
- Someone who is confident in using the correct terms (penis, sexuality, vagina and etc)
- Someone who can organise and carry out awareness programs in the schools and the wider community
- Someone who is creative and innovative in planning and teaching using student centred strategies
- Someone who is sensitive to the community, churches and the needs of the young people

Resources

Butcher papers, markers and scraps of A4 papers, old newspapers, magazines, scissors, glue.

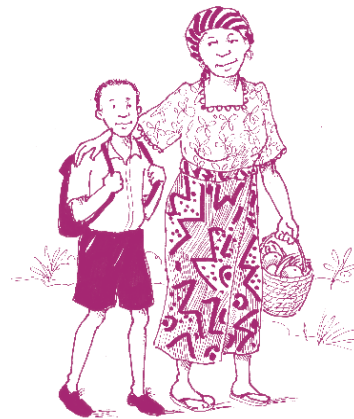
Introduction

Brainstorming (20 minutes)

1. Distribute A4 papers, old newspapers or magazines, paper cutting scissors and glue.

2. Cut out a picture of a person from the newspaper or magazine and glue it in the middle of an A4 paper under this heading - '**Positive role model**'.

3. Ask the teacher to write down two qualities of a Positive role model. These qualities are very important for teaching the learning outcomes on reproductive health, sexuality, HIV&AIDS and STIs.



4. Select teachers to present what they have written. The rest can be displayed on the wall.

5. Ask the teachers to read the statement below and discuss with the person sitting next to him or her about a role of a Personal Development teacher:

“Education is a powerful ally in the fight against HIV and AIDS. Teachers, education staff at all levels and teacher union leaders can play a critical role within the school system to combat the spread of the infection and contribute to care and mitigation of its impact. Students can become leaders and a force for change in their own households, the lives of their peers and in the wider community when they are recognised by adults who recognise the tremendous resource they offer”.

International HIV&AIDS Alliance, Preparing to teach sexuality and life skills, p4.

6. Explain that Personal Development teachers have a very important role to play. Their actions tell a lot about them.

7. Ask teachers to list down their own roles as Personal Development teachers.

8. Select teachers to read what they have written to the group. Ask which are the most important and why?

In-service activities

Group Work Discussions and Spider Diagram (20 minutes)

1. Divide the teachers into mixed- sex groups of four and allocate one of the following topics to each group.

- Teaching students
- Providing positive role-models
- Creating a more supportive and positive environment
- Counseling students and providing support to children affected and infected with HIV and AIDS

2. Ask each group to use a spider diagram to facilitate their discussion of the question (you will find an example of a spider diagram at the end of this Session)

“What are we doing now to help our students to grow up happy, healthy and safe in relation to their sexuality, sexual reproductive health and HIV?”

3. Using a different colour marker, ask the groups to add to the diagram the answers of the question

“What more would we like to do to help our students to grow up happy, healthy and safe?”

Presentation (40 minutes)

Each group will present its diagrams to the whole group and discuss them. Invite all teachers to add their experiences and ideas to each other's diagrams.

Ask:

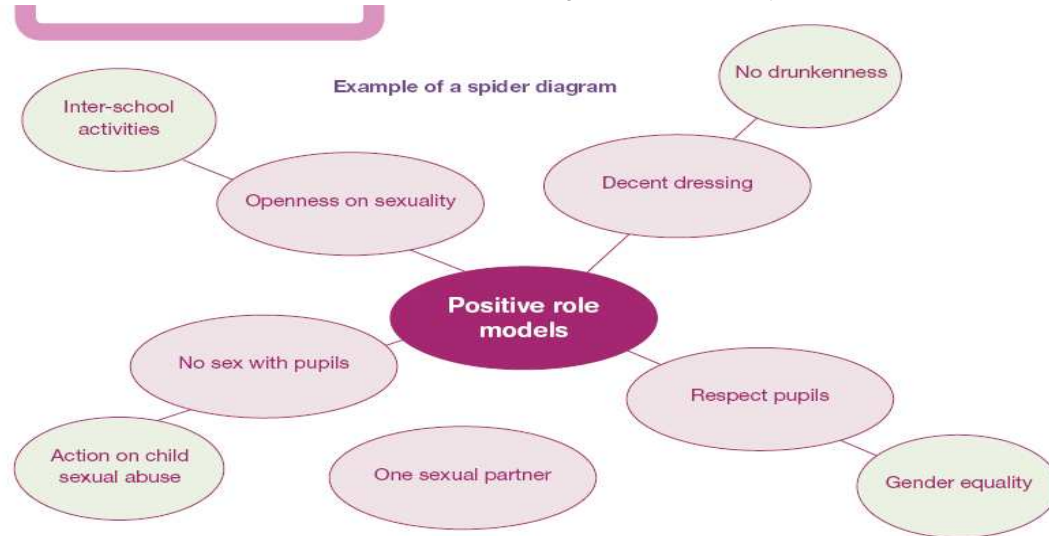
- What did we learn from this presentation?
- How will we use it at our schools?
- What does it mean for our in-service training?

Examples of what the teachers might have:

Group	What are we doing	What more would we like to do?
Teaching	Life skills, for example decision making Integration of HIV into subjects HPS clubs Rights of children	Survival skills, for example, brick-laying and sewing Provide career guidance Training teachers, administrators and peer educators in SRH and HIV
Teachers providing positive role models	Have one sexual partner Decent dressing Openness on sexuality Respect pupils and their rights	Inter-school quizzes and debates Take action on child abuse Show gender equality
Supporting children affected and infected by HIV&AIDS	Psycho-social counseling in local language Identify and send children affected to the various organizations (VCT, Care centre)	Provide nutrition and free tuition Income generating activities for affected families. Accessibility of free drugs
Creating enabling environments	Literacy classes in the community School health and nutrition Sensitization on HIV in the community Family open days	More health services at school level Gardens, orchards, poultry Classroom and materials for counselors and literacy classes

Example of a Spider Diagram

International HIV/AIDS Alliance, *Our Future: Preparing to Teach Sexuality and Life Skills*, p.21



Conclusion

Community role models (15 minutes)

Teachers are not the only role models for young students in our communities. This means that teachers are not alone and can look to other role models for support and guidance.

- Ask teachers to think about other community role models (such as pastors, fellowship leaders, ward councillors, peer educators, health workers, parents, district women facilitators, etc).
- List these people on a board and ask if everyone agrees that this is a good list of role models for you community.
- Discuss as a group how teachers can work with these other role models in the community.
- Discuss how the community can protect young people in school from HIV.

References

International HIV/AIDS Alliance (2008) *Our Future: Preparing to teach sexuality and life-skills – an awareness training manual for teachers and community workers*

NDOE (2007) *Peer Education Training Manual, for the training of Peer Educators and Peer Education Advisors in Secondary Schools*

Self reflection session

Before the next session teachers should complete the following:

- Who is a positive role model in your life? Why is this person an important role model to you?
- Did you have any positive role models when you were learning about your own body and your own sexual and reproductive health? If you did then why was this person a positive role model for you?
- In the last week of your teaching, name one moment when you were a role model for your students?

Session 1.2: The DoE HIV&AIDS Policy

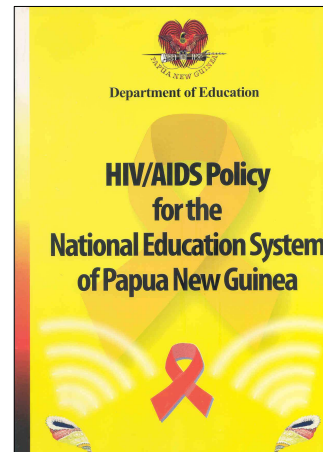
Session outcomes

By the end of the session, teachers can...

- Analyse the different focus areas of the HIV/AIDS policy and develop relevant strategies to address these.

Background information

- The National Department of Education HIV/AIDS Policy was launched on World AIDS Day 1st December 2005
- It was based on the National Strategic Plan on HIV/AIDS, the HIV and AIDS Management and Prevention Act and human rights issues.
- The policy was written with wide consultation with all stakeholders including the churches, non-government organisations (NGOs) and the National AIDS Council Secretariat.
- It covers all the schools in the national education system and those outside the system.
- The policy protects over 1 million students, 40,000 teachers, 5,000 elementary schools, 3,500 primary schools, 200 secondary/high schools, 120 vocational schools, seven colleges and 10 primary teachers colleges.



Impact of the epidemic on the education system

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

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 matters
- Life skills training for students
- Peer education to be introduced
- Trained male and female school counsellors should be available to all boarding schools
- Flexible learning for all students affected by HIV&AIDS
- Condoms are to be made available in the work place for all teachers
- Condoms are 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

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

Resources

A4 papers, copies of HIV/AIDS Policy for the National Education System, BEDP HIV and AIDS awareness flipchart from your District Women's Facilitator

Introduction

Warm up: Stigma versus Love (15 minutes)

1. Ask the teachers to write phrases and words that stigmatise people living with HIV&AIDS on sheets of paper. (e.g. You are an AIDS victim; I am scared of you, get out of here)
2. Next ask the teachers how these types of comments would make people living with HIV&AIDS feel. (E.g. scared, lonely, angry, denial) They can tell a partner and share these feelings
3. Next ask them to tell a partner what the consequences of these feelings would be. (E.g. not wanting to get tested, revenge, loss of hope and early death)
4. Now ask the teachers to write love words containing Christian love, hope and care.
5. Pin these over the words of hate and stigma on the wall. (E.g. I am still your friend, you are not alone, I like you the way you are)

In-service activities

Group Discussion (60 minutes)

Before the main activity ask a lead question to make the teachers think.

A good example of a lead question would be:

Why is it important for teachers to know and understand about the HIV/AIDS Policy?

1. Ask the teachers to get into small groups of three or four (no more than four). Give each teacher a photocopy of the Guiding Principles in the HIV/AIDS Policy for the national education system or use the BEDP HIV&AIDS awareness flip chart.
2. Ask them to look at all the Guiding Principles stated in the NDOE HIV/AIDS Policy. Ask them lead questions. For example:
 - *What are the guiding principles that talk about the rights of the teachers who are infected or affected by HIV?*
3. In their small groups discuss and make a list of all the principles that are directly related to them and also their teachers. Ask some lead questions to help teachers in their group discussions. Some lead questions would be:
 - *Why are these principles concerned about you as an individual teacher?*
 - *How can you as an individual make a difference in the fight against HIV&AIDS?*
4. Ask the teachers to list all the positive consequences of the principles relating to them and their students on the left hand side of the butcher paper. On the right side ask them to list all the corresponding negative consequences of the Policy that directly relate to them and their students. There is an example of this table below. Ask some lead questions to help them in the activity. Some of the questions to lead the teachers in their activity would be:

- *How can these activities be incorporated into your teaching and learning activities?*
 - *Why is it important to identify the positive and negative consequences of the Policy?*
- a) *How would we address the negative aspects of the Policy?*

Some general questions you might ask during the session are:

- *How could the topic on the HIV/AIDS Policy be included in the School Learning Improvement Plan (SLIP) workshops?*
- *Why is it important to teach this topic in the Personal Development lessons?*
- *Have you had experiences of how children/students were stigmatised or discriminated against? How would you help these children/students now that you have learnt about the Policy?*

Example of table for this activity is given below:

HIV/AIDS Policy for the National Education System	
Positive Consequences	Negative Consequences
1. Condoms should be provided free to teachers and students who board.	1. Community members and/or church members may prevent condoms from being provided.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.

5. After completing the activity let the group know they will present their work to the whole group. During presentation ask the groups to explain clearly why they strongly feel that the Policy has positive and negative effects. Other groups must be encouraged to ask questions or make comments about the presentation.
6. The whole group will make suggestions to improve your work

Conclusion

Final Statement (15 minutes)

You can say the following as a conclusion:

"It is very important for the teachers to know and understand the HIV/AIDS Policy for the national education system. The policy protects both student and teachers who are under the national education system. This policy also allows the teachers to teach about HIV&AIDS and also to carry out awareness in schools and the community".

References

NDOE (2009) *HIV/AIDS & STIs Resource Book, 6th Edition*

National AIDS Council (2004) *HIV&AIDS Management and Prevention Act – A User's Guide*

Self reflection session

Before the next session teachers should...

Reflect on the HIV/AIDS Policy for the national education system.

- Do you believe that you are able to implement this policy when you are teaching? Why or why not?
- What is the most important lesson you have learnt from this session?
- How would you rate awareness of the Policy among parents and the community? How could you improve on that?

Session 1.3: The HAMP Act and student's rights

Session Outcomes

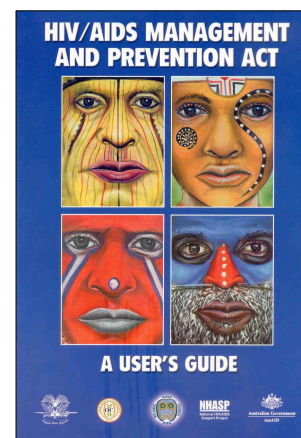
By the end of the session teachers can...

- Understand the different components of the HAMP Act and
- Explain what the HAMP act means in the light of child and student rights

Background information

When we read the HAMP act we see many references to respecting human rights. Human rights are rights that everyone is entitled to regardless of age, gender, ethnicity or wealth. Human rights are about respect for everyone.

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



Resources

For this session a teacher should have a copy of the DoE HIV/AIDS Policy and HAMP Act User Guide; Papers; Pens. HAMP Act User Guide is available from your Provincial AIDS Committee. A summary of the HAMP Act is included in the Resource Book, Student Teacher Course Book and BEDP HIV&AIDS Awareness Flipchart

Introduction

Warm up Activity: Discussion (20 minutes)

Before the main activity ask teachers the following key discussion questions:

1. The Government of PNG has an HIV/AIDS Management and Prevention Act (HAMP Act) which includes key sections on: discrimination, stigmatisation, right to protect yourself, HIV testing, and people who create a risk to other.
2. In pairs discuss why do teachers need to be aware of this Act in their work with students and at schools?
3. List ways in which knowledge about HIV&AIDS and the HAMP Act can be conveyed to students, colleagues and the people in the community?

In-service activities

Talking about Human Rights (1 hour)

- List the rights in the table below, leaving out the examples first.
- Divide into mixed sex pairs and give each pair one or two of the rights and ask them to discuss it and think of examples that are relevant for:
 - (a) people like themselves
 - (b) their pupils
- Now bring all teachers together and write up their examples, including the example given on the table below.
- Ask teachers to fill in the rest of the table below including examples of how human rights can be denied and examples of how to ensure rights are met.

Human Right	Example	How can this right be denied?	How can we make sure this right is met?
The right to life	The right to refuse sex if a partner will not use a Condom		
The right to liberty and security of the person	All people have the right to enjoy and control their sexual and reproductive life, for example, not to be forced to have sex or be made pregnant		
The right to equality and to be free of all forms of discrimination	People living with HIV have the right to work, to live in their own homes and to go to school		
The right to privacy	The results of an HIV		

	test should not be told to another person without the permission of the person having the test		
The right to freedom of thought, conscience and religion	Religion and culture should not force people to act against their wishes in their sexual and reproductive lives		
The right to information and education	Males and females of all ages should be able to obtain information and education about sexuality, SRH and HIV and AIDS		
The right to choose whether or not to marry and to found and plan a family	People should make their own decisions about marriage and not be forced into marriage by parents or others unwillingly		
The right to decide whether or not to have children	People should be free to make their own decisions about when and how many children to have and how to space them without partners, religion or culture forcing them to have a child against their wishes		
The right to health care and health protection	Young people should be given the services and condoms that they need to protect themselves from HIV		
The right to the benefits of scientific progress	People have the right to anti-retroviral treatment for HIV infection and emergency contraception		
The right to freedom of assembly and political participation	Young people have a right to form associations to campaign for their rights and demand services. People have the right to campaign for HIV treatment		

The right to be free from torture and ill treatment	Young people have a right to protection from sexual exploitation, rape, abuse, harassment and beating		
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Ask teachers to describe some of the responsibilities of the HAMP Act. For example the responsibility not to pass on the virus to others.

Skim and highlight HAMP Act (30 minutes)

1. Give each teacher a copy of the HAMP Act User Guide. Highlight these key facts:
 - Based on human rights and Christian values
 - Passed unanimously by PNG Parliament in 2003
 - Protects the rights of people with or who are affected by HIV&AIDS
 - Protects the rights of people who do not have HIV&AIDS
 - Fights stigma and discrimination and encourages testing
 - Pathways to take action under the HAMP Act

In pairs discuss the above points of the HAMP Act. Why is it useful to know this information?

2. In groups of 4 ask teachers to discuss the following questions:
 - How well can you disseminate knowledge of the HAMP Act to your students and colleagues at the school(s)?
 - Why do you think the PNG government established this law?
 - Could there be other issues you could add to the issues highlighted in the book?
3. The cartoon below is from page 9 of the HAMP Act – A User's Guide. Ask teachers to use this example and discuss what this means for their own teaching of Personal Development and SLIP? Can teachers think of any other examples from the user's guide?



Conclusion

Written Answers (15 minutes)

1. Ask teachers to write down and explain what rights are violated if:
 - A nurse denies a young, single woman who asks for contraceptives?

- A teacher hides information on sexual and reproductive health from pupils?
 - A HIV positive youth is not allowed to play rugby with their team?
2. What other education examples can you think of?

References

National AIDS Council (2004) *HIV&AIDS Management and Prevention Act – A User's Guide*
 NDOE (2005) *HIV/AIDS Policy for the National Education System of Papua New Guinea*
 International HIV/AIDS Alliance (2008) *Our Future: Preparing to teach sexuality and life-skills – an awareness training manual for teachers and community workers*

Self reflection session

Before the next session teachers should...

- Consider do you currently discuss the HAMP Act with your students or at your school? If not, then why?
- Where would you include the HAMP Act in your PD units of work?

Session 1.4: Challenges we face in school when teaching Personal Development

Session Outcomes

By the end of the session teachers can...

- Identify issues and challenges they may face in teaching Personal Development and develop relevant strategies to deal with these.

Background information

Challenges to teaching Personal Development are related to culture and attitudes of pupils, teachers and communities:

- pupils do not trust teachers
- lack of teacher training
- learning materials and integration into the syllabus
- poor level of resources in schools leading to large classes and over worked teachers.

It is important to recognise these challenges and understand that these can be dealt with to allow you to continue you to teach about personal development in an effective manner.

The Department of Education has released a series of syllabuses and teacher guides for Lower Primary Health (2003), Upper Primary Personal Development (2003), Lower Secondary Personal Development (2007) and Upper Secondary (2009). You should have copies of all of these resources in your primary and secondary schools. The Health and Personal Development syllabuses are **compulsory** and must be taught through all PNG primary and secondary schools.

The syllabuses and teacher guides are values based and include life skills teaching strategies. The health and Personal Development syllabus should be timetabled as follows:

- Lower Primary – 90 minutes per week in Health
- Upper Primary – 240 minutes per week in Personal Development
- Lower Secondary – 240 minutes per week in Personal Development
- Upper Secondary – 240 minutes per week in Personal Development

Resources

Paper, board or flip chart to write on

Introduction

Warm Up Activity (5 minutes)

Ask teachers to brain-storm common concerns for teacher in PNG primary schools when they are teaching Personal Development. Write these on the board:

Common concerns for teachers in PNG primary schools could include:

- “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”

Ask teachers to look at the list of common problems for teachers. Choose one problem and discuss it with a partner. Why is it a problem? What could you do about it?

In-service activities

Listing Challenges (60 minutes)

1. Give out four small pieces of paper to all participants and ask them to write one challenge to teaching Personal Development on each piece of paper in big letters.
2. Put all the pieces of paper on a table or on the floor and cluster them so that similar challenges are together. For example, challenges that are about culture.
3. Discuss each challenge to agree on what it means and how to explain this.
4. Make a list of the challenges on a flipchart or on a board under cluster headings and invite participants to add any others.
5. Ask teachers to write down possible solutions to these challenges and to rate them in order of difficulty.
6. Ask ‘What did we learn and how will we use it?’

International HIV/AIDS Alliance Our future – Preparing to teach in sexuality and life skills p: 13 – 15

Role Play and Discussion (60 minutes)

1. Invite teachers to share challenging situations that they have faced in teaching Personal Development and life-skills and list them. If there are many, ask teachers to vote on the most common and/or difficult ones.

2. Add any of the situations that teachers discussed in the first activity that are not mentioned and include them in the ranking.
3. Go into pairs and give each pair one of the situations. Ask them to discuss and use drama to suggest different ways of managing the situation. For example ask them to discuss how they would manage a situation if a parent said that they did not want their child learning about sexuality through Personal Development?
4. Next ask the whole group to come together. In this session the whole group acts as learners and each pair role-play their preferred way of managing the situation.
5. Invite the whole group to comment and come up and try a different way of managing the situation if they think it can be improved.

Conclusion

You can say the following in conclusion:

As teachers you are likely to experience one or more of the challenges that we have discussed today when you start teaching students Personal Development. It will be important to be able to deal with these challenges in order to teach effectively, Personal Development.

Reference

International HIV/AIDS Alliance (2008) *Our Future: Preparing to teach sexuality and life-skills – an awareness training manual for teachers and community workers*
 NDOE (2004) *Lower Primary Health Syllabus & Teacher Guide*
 NDOE (2003) *Upper Primary Personal Development Syllabus & Teacher Guide*
 NDOE (2007) *Lower Secondary Personal Development Syllabus & Teacher Guide*
 NDOE (2009) *Upper Secondary Personal Development Syllabus & Teacher Guide*

Self reflection session

Before the next session teachers should...

Answer the following:

- What do you think are the top three challenges to teaching Personal Development in your own school, you may use three that we have discussed here or come up with your own.
- Why are these challenges to your school and how do you think you can overcome them?

Session 1.5: The situation in our schools

Session Outcomes

By the end of the session teachers can...

- Identify the current situations in their respective schools in relation to HIV, sexual reproductive health and life skills education
- Examine the possible causes and contributing factors to problems facing teachers and students in schools

Background information

Papua New Guinea is a country with many different cultures which is growing rapidly and experiencing great social changes. This is impacting on our culture, community and society. Many of these social impacts and cultural changes, directly or indirectly, contribute to some

of the problems faced in our schools. Today's society is exposed to media such as radio, music, newspapers, magazines, television and computers and so students are exposed to good and bad behaviours happening in PNG and around the world. There are serious challenges caused by urbanisation and poverty.

Young people in schools have different needs. They have physical, emotional, psychological and the socio-cultural needs. Sometimes those needs are provided for in different ways by different cultures; however when those needs are not met, then problems arise.

Many schools are now faced with different types of problems. Understanding these problems can help us understand the situation in our schools.

Department of Education Guidance and Counselling Student Teacher Course Book (Draft). p. 17

Introduction

Warm Up Activity (5 minutes)

1. Ask the teachers to stand up and move into free space.
2. Then ask them to move around freely in the room.
3. Call out "freeze" and everybody will stop moving and stay as they are.
3. Imitate freezing for the following below:
 - Teachers to stand up and walk around in a minute like a:
 - 5 year old child, 10 year old girl, 10 year old boy
 - Teenage boy, teenage girl
 - Middle age man or woman

In each scene, in freezing position, describe each of the participants such as being happy, sad hungry, excited, worried etc; after seeing their freezing positions.

4. Ask teachers to discuss what stereotypes are shown in these positions.

In-service activities

Multiple Activities (allow 10 minutes for planning; 45 minutes for presentation of shows; and 20 minutes for evaluation).

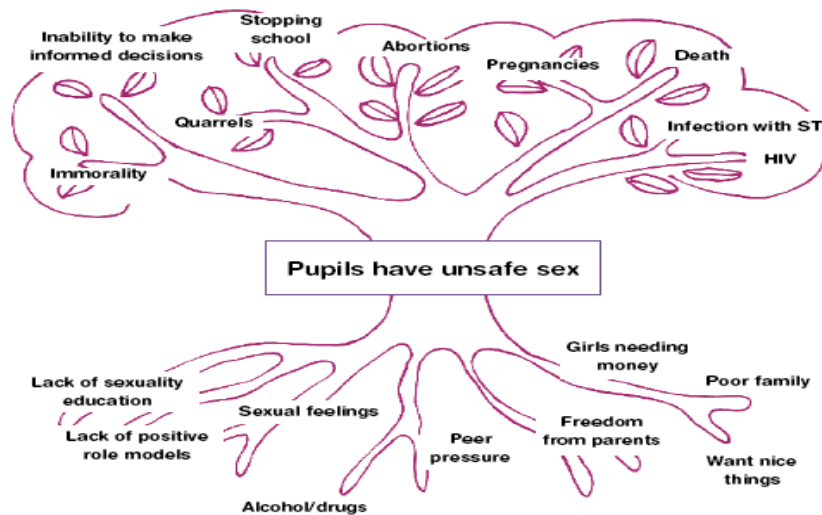
Explain that schools can be high-risk environments for HIV transmission for both teachers and pupils in.

In this session, we are going to use four different learning activities to analyse the causes of this situation.

1. Divide the participants into four groups. Give each group one of the following methods to illustrate how schools are a high-risk environment:
 - a) A 'causes and consequences tree' showing reasons for risk and consequences.
 - b) A map of school and surroundings showing risky places and events.
 - c) A letter to an 'agony aunt' in a newspaper from a pupil who is concerned about the risk of HIV at school.
 - d) A drama showing a risky situation in school.
2. In plenary, ask each group to present and explain their findings. Discuss and summarise the findings.
3. Ask "What did we learn and how will we use it?"
4. Help the group to make a summary on a flipchart of the reasons.

Note: The examples below will help you create each of the four group activities.

Examples adapted from International HIV/AIDS Alliance, Preparing to Teach Sexuality and Life Skills, p.13-15

Group One - Cause and consequences tree**Example of the 'causes and consequences tree' diagram****Facilitator's tip**

To make the 'causes and consequences tree', ask participants to draw a tree on flip chart paper. Write 'Pupils have unsafe sex' on the trunk of the tree. The group then think of all the reasons for this risk and write them on the roots of the tree. Put everyone's ideas – do not edit them. They then think of all the consequences of the risk situations and write them on the leaves of the tree.

Group Two - Mapping Hot Spots in school settings

For the map, ask participants to draw a map of the school and its surroundings and mark on it all the places where teachers and pupils may be at risk of HIV infection. The risk might be sex between pupils, pupils and teachers or people outside school. Risky places could be inside or outside school or on the way to school. Encourage people to draw the high risk areas in the schools.

Ask participants the following questions:

Q1. Where on the map is the high risk area for intimate relationship between:

- a. pupils themselves; and
- b. pupil to teacher.

Q2. What are the root causes, consequences and solutions in each of the high risk area being identified in your schools?

Group Three - Letter to the aunty

1. Ask each participant in a group to act as a grade 8 female student writing a letter to her aunt (see example below). The letter is about her worries with HIV. She had unsafe sex with one of her teachers in his office and several other bigger male students. In the letter, explain to the aunty the reasons why she has been accepting sex.
2. Each participant is asked to read out their letters
3. All participants then analyse each of the letters and find out the root causes, consequences and solutions
4. Select any two interesting ones that could possibly happen in your school

5. Ask the participants if any of this has happened in their schools

Example of a letter to an aunty:

Vunabita Primary School
P.O. Box 69
Kopex. PNG.

Dear Aunty.

Greetings in the name of our lord!

I have not seen you for some time and I am thinking to come for holiday to stay with you. I know you will help solve some of the worries I have. I'm a bit worried because I have seen my body changed so quickly. Some of my class mates think that I am pretty and so many boys like me. Even my teacher too. Many of them have given me big amount of money to help buy my clothes and some school stationaries. The teacher said that he would help me with my marks and even pay for my school fee if I go to gr. 9 next year. How about this!

But aunty, I have done some wrong things which I need to tell you. I had unsafe sex with some of the boys. Please, tell me if it is possible that I can catch HIV.

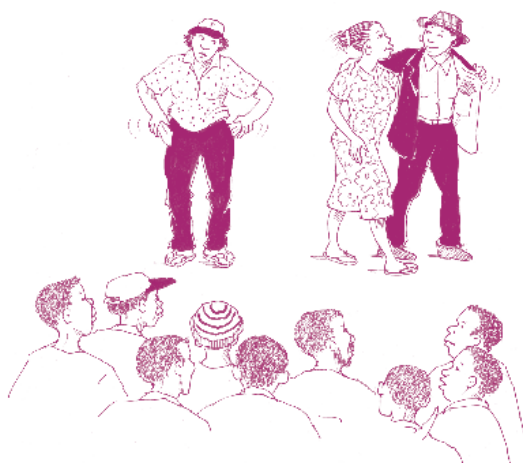
Goodbye.

Your little niece.

Group Four – Drama

1. Participants are to plan a drama on most likely situations in their schools.
2. The drama should show the real situations that pupils and teachers meet in school.
3. Encourage participants to show the reasons for those situations through the drama.
4. After the drama, ask the actors pretend to still be the same character while participants ask them questions to find out why they behaved as they did in the drama. **This is called hot-seating.** It is a very good way to understand the different reasons why people have unsafe sex.

For example:



The drama showed a girl pupil who had a boyfriend in school, a 'sugar daddy' outside school and a teacher who was proposing sex to her. The girl came from a poor family and was using the money from the sugar daddy to buy food and clothing, the boyfriend to help her with assignments when she was too busy with domestic work to complete them, and the teacher to give her good grades.

When asked to respond to questions in character participants may list some of the reasons below as causes of unsafe sex.

Causes of risk:

1. Teachers are having sex with pupils.
2. Men are richer and more powerful than girls whether boyfriend, sugar daddy or teacher
3. Teachers and older men believe girls to be HIV free or those they can cure STIs by having sex with a virgin
4. Sex with pupils is free – they don't demand money
5. Young girls are very loving and do not criticize teachers like older women do
6. Girls are taught to obey and 'respect' boys and men
7. Girls need money
8. Families may encourage girls to try to marry the teacher or get money from him

Consequences of risk:

1. Pupils and teachers contract STIs and HIV
2. Girls get pregnant, they may have abortions and could die. Teenage pregnancy is risky.
3. Most girls would stop school – they would end up in early marriage
4. Can lead to divorce and domestic violence

Solutions to risk:

1. Pupils must have enough knowledge on sexual and reproductive health to understand the risks
2. Pupils need to acquire life skills for them to make informed decisions and be assertive in saying "no"
3. Teachers must stop abusing their pupils
4. Schools must include plans to keep students, and their school grounds, safe through their SLIP.
5. Head Teachers must adhere to their new Behaviour Management Policy and the Teacher Service Commission Disciplinary Code, particularly information on criminal code offences.
6. Families must demand that their children are safe at school and safe with teachers.

Conclusion

Review and Top Ten (15 minutes)

Review the four learning sessions above and ask teachers to rate their top 10 risks in their community and to list strategies to overcome these.

References

International HIV/AIDS Alliance (2008) *Our Future: Preparing to teach sexuality and life-skills – an awareness training manual for teachers and community workers*

NDOE (Draft) *Guidance and Counselling Student Teacher Course Book*

Self reflection session

Before the next session teachers should.....

Consider and answer the following:

1. Teachers would be aware that their School Learning Improvement Plans provide the opportunity to plan ways to make their schools less risky for HIV and safe for students.
2. Consider the SLIP that your school currently has. Does it provide plans to make schools safe for students and less risky for HIV? If not then how could you suggest improving the SLIP?
3. Remind teachers that expelling students for getting pregnant is banned in the Behaviour Management Policy. How does this protect girls from HIV?

Session 1.6: Teacher's needs analysis

Session outcomes

By the end of the session teachers can...

- Understand the importance of learning about the lives and needs of pupils and their responses to sexuality and life skills education
- Identify strategies for continuously learning about our pupils

Background information

Personal Development education will only be successful if it responds to students own needs, if it talks about the reality of the lives of students, and if it includes feedback on whether students can apply what they have learnt in the class in their lives. This means as teachers we must always consider our students needs when we teach sexuality and life skills in Personal Development.

International HIV/AIDS Alliance, Preparing to Teach Sexuality and Life Skills (2008).

Resources

Flip chart or a board to write on; butcher paper

Introduction

Brain Storm (10 minutes)

In small groups think of all the ways that teachers can learn from their pupils in order to plan relevant lessons and to get feedback on how useful they were.

Discuss these ideas together and ask teachers to agree on what steps they think their school should take to ensure ongoing learning with pupils.

Tell teachers that:

“Don't forget that your SLIP and the new Behaviour Management Policy both say that students must be involved in whole school planning and policy decisions. This is why it is so important to continuously learn and involve our students.”

In-service activities

Developing and Answering Focus Questions (30 minutes)

1. Start by saying that this session is about working out ways in which we could identify and establish the pupil's needs so that our planning of teaching and learning activities in sexuality and life skills lessons are relevant to them.
2. Direct the teachers' to the session outcomes and read them from the board. Tell the teachers that they will work out the main points, to learn from the session by answering focus questions. Tell them that the answers to the focus questions will be the main points/ important points/key points for them to learn.
3. Place teachers into three groups
4. Explain that each group needs will answer one of the focus questions below, based on the outcomes listed on the board remembering that the groups need to discuss and list all the possible ways teachers can learn about the students' needs
 - How can we make sexuality and life skills education support the pupils' to grow up happy, healthy and safe?
 - Why is it important to identify the students' needs?
 - How can we learn about the students' needs and maintain a continuous dialogue with them?
5. When finished each groups will present their focus questions to the whole group. The facilitator and teachers will then work together to edit the questions

Discussion and Checklist (30 minutes)

1. Bring teachers together as a whole group to discuss some of the ways listed in the previous activity to identify students' needs.
2. Ask teachers which options they like and why? Which options do they not like and why?
3. Tell teachers that a good way to find out how students feel is to design a checklist to find out about their feelings about sexuality and life skills education and how *they* would like to be taught.

Look at the sample of a check list below:

Content	Good	Don't mind	Not good	Very bad
Use of direct language like penis, masturbation, anal sex				
Demonstration of how to put on the condom				
Male and female students sitting together in class for lessons on sexuality				

4. Explain to teachers that they can do the following in their class:
 - a) Put a box in the classroom with a slot where students can post anonymous questions, letters, stories, feedback from lessons or suggestions for future lessons.
 - b) Ask students for simple feedback on your lessons straight after the lesson:

- What did you enjoy?
 - What did you not like?
 - What did you learn?
 - How will you use it?
 - What would you like to learn more about?
- c) At the start of the next lesson, share experiences of how students applied what they have learnt.
- d) Ask the students to make up stories or role plays which show their own situations, worries and dreams.
- e) Give students homework which involves collecting information from their families and friends about sexual and reproductive health.

You may wish to design a similar box for your own classroom while you are teaching this Session.

Conclusion

Ask the group to agree on the top three most useful strategies that they have learnt in this session. Discuss why this is the most useful and name three sessions that they can integrate this into.

References

None

Self reflection session

Before the next session teachers should...

Select one of the strategies discussed in this session for assessing student's needs. Write down a subject that you can integrate this into. During the next week at school complete this activity before reporting back for the next session.

Session 1.7: Hopes and fears for the future

Session outcomes

By the end of the session teachers can...

- Describe their hopes and fears associated with learning about HIV, sexual reproductive health and life skills and develop ways of addressing these; and
- Discuss and list their hopes and fears for their own future and their children in their community.

Background information

We all have hopes for our children, both for their own well-being and also so that they can support in old-age. There are key steps in their lives that can help them to achieve a good future. If we give them support and protection as they grow up we can help them to make good decisions and avoid the dangers that face them.

For example

	Boys and young men	Girls and young women
Ideal future	Complete school Get a good job Marry a hard working woman	Complete school Marry a kind, rich man Fertile/ able to bear children

	Have healthy children	Hard woman A good mother, etc
Worst future	Has no job Steals and goes to prison Abuses alcohol or drugs Dies of AIDS Drops out of school	Has an abortion and dies Dies of AIDS Marries a poor, violent man Becomes infertile Drops out of school

International HIV/AIDS Alliance Our Future – Preparing to teach Sexuality and life skills manual (2008) p.20

Resources

Butchers paper, markers, papers.

Introduction

Warm up Activity – Label stick man/meri with words of hope and fear (20 minutes)

1. Give each teacher a sheet of A4 paper
2. Tell the male teachers to draw a stick man and a stick woman/meri and the female teachers to also draw a stick man and a stick woman/meri
3. Get teachers to write down on the right hand side of the stick man and meri, words of hopes for the future of their children and on the left; they write words of fear (ask teachers to keep in mind the sexual & reproductive health aspect):
 - Words of hope could include good education, good health, have a family
 - Words of fear could include rape, sickness, addicted to alcohol
4. Ask male and female teachers to pair up and tell each other why they wrote certain words for hope and fear for their children.
6. Hear their feedback by writing their lists of words on the board.
7. Ask these questions for the teachers to discuss:
 - a) How can we help our students have a better future?
 - b) Were there differences in our hopes and fears for our male and female stick figures? Why might this be?
 - c) Which aspects of Personal Development might help your students have a better future?
 - d) Are your hopes and fears realistic? How do you know?
 - e) Do you think your students have the same fears and hopes? How do you know?
 - f) Does your school vision in your SLIP talk about a better future for your students? How? If not, why not?

Teaching Activity

Drama (70 minutes)

1. Ask teachers to work in pairs and to discuss and list the kind of future you wish for your students.
2. Share your answers with another pair.
3. Discuss the similarities and differences and select the ones that are common and make a new list.
4. In groups of 4, ask teachers to write a future autobiography for two different scenarios; one on the best possible future and another on the worst possible future for their students. Ask them to complete the following statement as an autobiography for Kila:

“Kila was about to finish high school.....”

5. Teachers present their stories on the worst possible future first.
6. Then they present their stories on the best possible future.
7. While the presentations are going on, other teachers listen and try to analyse the stories. Write the following questions on the board so they can think about these while listening to the stories:
 - During the worst possible future story think about:
 - What did you learn from the story?
 - What was the problem in the worst possible future scenario?
 - Who was responsible for the problem?
 - Why did it happen?
 - How did it happen?
 - Where did it happen?
 - What steps could have been taken to avoid the problem from occurring?
 - What are the contributing factors to his/her gloomy future?
 - During the best possible future story think about:
 - What did you learn from the story?
 - How did that young man/woman succeed in life?
 - Why was the future bright or successful for that particular young man or woman?
 - If the parents were not very helpful in the up-bringing of that young man or woman, would he/she have a good future?
 - What are the contributing factors to his/her bright future?

Conclusion

Name Ten (10 minutes)

1. Ask teachers to write down 10 ways that they can help their students achieve a better future.
2. Give them 3 minutes to do this.
3. After 3 minutes is up, call out participants who listed 10 ways to read out their list to the group.
4. In pairs, tell each other why they wrote down their 10 reasons to help their students achieve a better future.

References

International HIV/AIDS Alliance (2008) *Our Future: Preparing to teach sexuality and life-skills – an awareness training manual for teachers and community workers*

Self reflection session

Before the next session teachers should...

Answer the following:

- Using your own experience as a teacher/parent, how would you help or guide a student to fulfil his/her dreams or goals for the future?
- Refer to your school SLIP and how the community supports this. Does it help protect your schools against HIV? How?

Session 1.8: What are life skills?

Session outcomes

By the end of the session teachers can...

- Identify and describe what life skills are and explain their relevance to HIV and sexual reproductive health education

Background information

Life skills are important skills that a person should have in day-to-day life in order to live a better and positive life style. These skills help us to live a healthy and happy life, to responds to life's needs and meet the daily demands and challenges of our lives. They include attitudes and skills related to living with ourselves, relating to other people and relating to the environment around us. The skills includes the ability to communicate with well with others, make good decisions that help bring benefits, solve problems and act more responsibly.

Some people encounter problems in life because they lack the life skills. Lacking life skills could lead to making wrong decision, or not communicating well with other opposite sex, this in turn could lead to taking part in risky sexual activities, will could lead to being infected with the HIV virus.

Our ultimate goal is to help our young people to live a positive, happy, safety and healthy life style. To achieve the maximum benefit of the life skills it needs the support of the friends, families and the wider society.

This picture is an example of *decision making skills*.



It shows a girl who made a firm decision not to have sex after the party night

International HIV/AIDS Alliance, Preparing to Teach Sexuality and Life Skills (2008)

Resources

Scrap papers, pens.

Introduction

Warm Up Game (15 minutes)

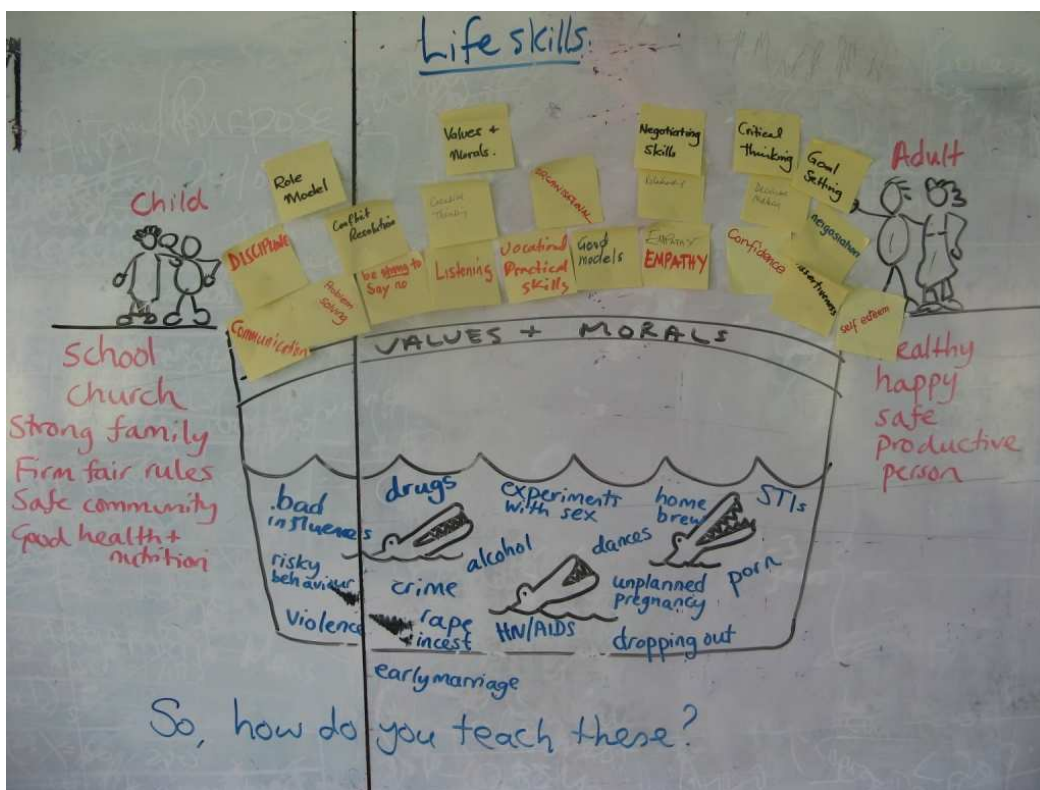
1. Give each teacher a piece of scrap paper.
2. Ask them to write at least ten skills we need to teach young people to keep them safe and healthy. For example, decision making, communication.

3. Countdown the time from two minutes and encourage the teachers to write quickly.
4. Ask the teachers to call out the words that they have written.
5. Ask these questions:
 - Q1: Which of these skills is in the Personal Development syllabus?
 - Q2: Which subjects are they in?
 - Q3: Why is it used in teaching the subject?

In-service activities

Discussion (30 minutes)

1. Introduce and explain to the teachers in brief about the term life skill/s. You may wish to draw this bridge on the board to explain how students can use life skills to mature from children to healthy and happy adults.



2. In the group explain how best the following life skills could be used in different situations?

Assertiveness	Self-Esteem	Decision Making	Communication	Empathy
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3. Give out the butcher's paper and allow each group to write about one life skill and explain how it can be used best used in real life situation.

Drama (30 minutes)

1. Divide teachers into small groups and give one of the following life skills to each of them:
 - Decision making
 - Assertiveness

- Empathy
 - Conflict resolution
 - Communication
 - Self awareness
 - Self esteem
2. Ask each group prepare a role-play to show how that particular life skill can help used in different situations in school

For example – life skill of self-esteem:

Janet's netball team has just lost their Grand Final. Janet is upset and thinks that if she had played better then the team might not have lost. She's explains this to her mother who tells her that the loss is not her fault and that she played very well in the game. Janet thinks about what her mother says during the nighttime and remembers that she is a very good netball player. Janet goes to school the next day much happier about herself and the game she played.

3. Ask groups to show their role-plays
4. Ask the teachers what they have learned from their session. You could ask the following:
- Why is it important to know about life skills
 - What life skills you are familiar with?
 - What life skills you are not familiar with?
 - How can this life skill be used when teaching Personal Development?
 - What should you do to improve your students changing behaviour?

Conclusion

Open discussion and reflection (10 minutes)

- Look at the learning outcomes from the Personal Development syllabus. List what values and moral underpin these skills?
- Give each of the players an opportunity to express their feelings about the characters and situations they acted out. Discus what everyone learned from their drama. Encourage them to reflect back to their life situation and make some positive decisions about their life.

References

NDOE (2009) *HIV/AIDS & Reproductive Health Lecturer's Guide and Student Teacher Course Book, 4th Edition*

NDOE (2008) *Health and Personal Development sample units of work supplementary material*

International HIV/AIDS Alliance (2008) *Our Future: Preparing to teach sexuality and life-skills – an awareness training manual for teachers and community workers*

Self reflection session

Now that you have learnt about life skills can you think of a time when you might have used these without understanding what they were? Did using one of the life skills help you in a difficult situation? How?

Rate your own skills, experience and confidence in teaching life skills to students.

Session 1.9: Life Skills - Problem Solving

Session outcomes

By the end of the session teachers can...

- Develop problem solving strategies as a life skills approach.
- Identify relevant contexts for the use of problem solving skills.

Background information

We all have problems and worries in our lives. Some are big and some are smaller. It is important that we learn how to solve our problems as much as possible and to live positively with problems that we can't solve. We can understand our problems better by looking at why they happen and we can then think of ways to avoid them.

Understanding how to approach and solve problems is an important life skill for student and teachers to have.

International HIV/AIDS Alliance Sexuality and Life Skills (2008) p. 112

Resources

Scrap papers, pens, flip chart or board to write on.

Introduction

Brain Storming and Discussion (10 minutes)

Tell teachers that this session is basically to recap our minds to all those problems and challenges or issue we looked at in **Session 1.4: Challenges we face in our schools when teaching Personal Development**. These problems seem to be direct barriers to effective teaching and learning - Personal Development. Therefore, having to identify those challenges and issues, we can provide alternate strategies to counteract them so the whole purpose of teaching Personal Development in schools is accomplished as anticipated.

Warm up questions in pairs:

1. Did you come across any members of the community surrounding your schools that oppose the idea of explicit teaching about sexuality? If yes, how did you go about solving that problem?
2. Where you able to have sufficient and relevant resources in the classroom to teach life skills and sexuality effectively. How did you solve that problem?
3. How do your children react towards learning about sexuality in the classroom? How did you solve that problem?
4. Do you have enough qualified and confident teachers to teach explicitly sexuality and life skills? What did you and your school administration and your school BOM solve that problem?

In-service activities

Margolis Wheel (60 minutes)

1. Tell teachers that the aim of the activity - called **Margolis Wheel** - is to find solutions to the much talked about problems/issues in the earlier session that are barriers to effective teaching and learning about sexuality and life skills.
2. Have separate strips of papers in a small box (maybe a chalk box will do) with all the problems and issues identified written on them.

For example:

strip of paper with problem

Problem: elders feel that teaching sexuality in schools goes against acceptable traditional norms.

3. Allow every participant to choose one of the problems identified by picking from the box without looking inside the box so that everyone has a different problem to solve.
4. Now divide the whole group into half equally. One group becomes 'clients' while the other 'consultants'. But all will have turn in becoming either a client or a consultant by swapping around. *Note: we have called the groups clients and consultants but you may wish to call them other names that your teachers identify with!*
5. Give them two to three minutes to think about how they will explain their problems to their consultant and vice -versa. Each client should be ready with a piece of paper also to note down solutions.
6. Firstly, ask all the consultants to make a circle in the middle of the room with their chairs facing outwards.
7. Next, ask the clients to take their chairs and place them in front of the consultants so everyone has a partner/consultant.
8. Start the group by allowing the clients to present their problems to their consultants. The consultant has exactly 3 minutes to suggest solutions. The client should write down the solutions provided by the consultant.
9. Clap hands or give freeze command after three minutes so teachers should stop and move to the next two consultants on the left and repeat the process and have their different answers noted down.
10. Then change positions so the first client becomes the consultant while the first consultant becomes the client. From here move to the right to have the next two consultants' advice and have them noted down also.
11. Ask each person to write up all the suggestions that were given by their consultants. In groups with the same cluster heading, write on flip chart all the suggestions or solutions for that problem or issue cluster group. Through the discussion, combine, revise and restructure or remove any part of the given suggestions and finalise so that all are practical and manageable.

Cluster Heading:

Problem/ Issue	Alternate Solutions	Final Accepted Solutions After Discussion

12. Ask each group to make a grid or table showing which activities they want to carry out immediately, soon and later to address the challenges and problems.

Order of Addressing	Problems/Challenges	Action Plan & Activities	Checklist Done or Not Done
Immediately			

Soon			
Later			

13. Ask each group to present their grid or table to other members of the session.

International HIV/AIDS Alliance Preparing to teach sexuality and life skills (2008) p. 24

Conclusion

Chart Presentation (30 minutes)

1. Ask all groups to display all their group works on the walls.
2. Ask them "what did we learn and how will we use what we have provided for each problem?"
3. Do you feel that you can now address all those unresolved issues back in your schools? How?
4. Summarise that all we did today was to arrive at appropriate solutions to address those existing problems and likely to pop up issues and challenges that are in one way or another are some sort of barriers to our own effective teaching learning about the sensitive topic – Sexuality and Life Skills in Personal Development.
5. Finally remind teachers about School Based Counselling Training

References

International HIV/AIDS Alliance (2008) *Our Future: Preparing to teach sexuality and life-skills – an awareness training manual for teachers and community workers*
 NDOE (2009) *HIV/AIDS & STIs Resource Book, 6th Edition*

Self reflection session

Before the next session teachers should...

Trial the Margolis Wheel activity or another teaching and learning activity from this session with their class. After this report back to the group how they found the activity, was it useful, why?

Session 1.10: Life Skills - Self-esteem and sexuality

Session outcomes

By the end of the session teachers can...

- Describe the concept of self esteem and its relevance to HIV and sexual reproductive health education
- To understand the importance of self-esteem in our own lives and lives of our pupils and children
- To learn how we can raise our own self-esteem and those of our pupils and children

Background information

Self-esteem is very important for all of us. If we have high self-esteem, we value ourselves and expect others to treat us well. We believe that we can achieve our goals and have love for others because we love ourselves.

Teachers have a special role in helping raise their students' self-esteem. They can do this by praising students, treating them with respect and helping them to develop with positive suggestions for improvement.

Self-esteem is another important life skill for teachers to understand and apply in their lives.

Resources

Flip chart or board to write on, markers, papers, pens.

Introduction

Discussion (10 minutes)

Ask teachers to discuss the following:

- What is self-esteem?
- Why is self-esteem an important life skill for our students?
- How do you think self-esteem relates to personal development and reproductive health?

Teaching Activity

What do we know? (20 minutes)

1. Work in pairs to list down 3 items that are known in each of the boxes below:

<p>Things I know and my pupils know about me (<i>public</i>) e.g. subject taught</p> <p>1. 2. 3.</p>	<p>Things I know and my pupil don't know about (<i>private</i>) e.g. sexual relationship</p> <p>1. 2. 3.</p>
<p>Things my pupils know and I don't know about me. (<i>blind</i>) e.g. the effect I have on my students 'self-esteem.</p> <p>1. 2. 3.</p>	<p>Things that neither of us knows (<i>hidden</i>) e.g. HIV status</p> <p>1. 2. 3.</p>

Group Discussion and Reporting (20 minutes)

Write answers to the following questions on the blackboard:

1. Why do you think it is important to teach sexuality and reproductive health to the students?
2. What are some of the obstacles or barriers that prevent you as a teacher to talk about Sexuality and Reproductive Health?
3. List down two (2) positive characteristics in you that allow students to imitate you as role model to your students
4. List down two (2) negative characteristics in you would like to improve in order to become good role model.

Conclusion

Complete the Table (10 minutes)

Self-esteem is a belief in ourselves, it helps us to achieve set goals. When we respect and love others we first start because we love ourselves.

Draw the following table on a board and then read out the statement to teachers. Ask them to agree whether this is acceptable or unacceptable behaviour and tick the box.

Ask teachers why they think these behaviours are acceptable or unacceptable (remind them to think about self-esteem for their students when they answer). For example,

Statements (Dealing with pupil and children in the class and in the community)	Acceptable behaviour	Not acceptable behaviour
1. Praise for task well completed		
2. Label them with names of others		
3. Empower them with life skills		
4. Make them respect you all the time		
5. Encourage them to take challenging roles		

To summarize teachers are role models of good behaviours and wisdom. They are leaders to lead and guide students towards a better future. They have to appreciate gender involvement in teaching and learning for equal participation. Girls are often bullied and that makes more vulnerable to sexual and reproductive health problems.

References

NDOE (2009) *HIV/AIDS & Reproductive Health Lecturer's Guide and Student Teacher Course Book, 4th Edition*

International HIV/AIDS Alliance (2008) *Our Future: Preparing to teach sexuality and life-skills – an awareness training manual for teachers and community workers*

Self reflection session

Before the next session teachers should...

1. Reflect on comments they may have made in the past which had a negative impact on students' self-esteem. How could you have made a positive statement to these students?
2. Read the Guidance on the Behaviour Management Policy – what does it say about how to discipline students?

Session 1.11: Life Skills - Assertiveness

Session outcomes

By the end of the session teachers can...

- Identify different aspects of assertiveness as a communication style
- Design strategies to enable young people to develop and utilise this skill

Background information

Did you know a third of our messages that we give to other people are through words and two thirds are through our body language? If we learn to express our thoughts and feelings clearly and in assertive and confident ways then we can have good communication styles and therefore good relationships.

International HIV/AIDS Alliance, Sexuality and Life Skills (2008). p. 48

Resources

Most of the activities for this session are dramas and role plays. You may need a board to write teacher responses to questions.

Introduction

Warm up Activity (30minutes)

Explain that there are different ways of behaving in a situation, and the way we behave affects whether things go well or badly. For example:

- **Being passive:** To take no action on our rights and always put others first so we lose in the end.
- **Being assertive:** Stand up for our rights without putting down the rights of others.
- **Being aggressive:** Take our own rights with no thought for others and saying bad things about others to get what we want.

Show three dramas below of the same situation with one of the characters responding to the situation in three different ways: passive; aggressive; and assertive.

Drama One

A husband comes home very late and drunk. He starts to shout at his wife and demands his food aggressively. She looks afraid and submissive, backs away, says that she is very sorry, pleads that she wasn't able to cook because he did not leave her any money for ingredients. He becomes angrier and starts to beat her.

Drama Two

A husband comes home from work, very late and drunk. He starts to shout at his wife to bring his food. She shouts back that she is heating the water but there is no food because he spent all their money on beer. He starts to beat her and she throws the pot of boiling water over his head.

Drama Three

The husband comes home very late and drunk and shouts for his food. The wife puts her arm round him and helps him to bed, she encourages him to sleep. Next morning, she gives him breakfast and says how sad she feels when she doesn't see him in the evenings because she loves him and a husband and wife should spend time together. She suggests that he could bring along some of his friends and they all could socialize together at home with her. He is surprised and pleased with this idea and says that he will invite his friends to their home. The wife agrees and they plan to have their friends next time.

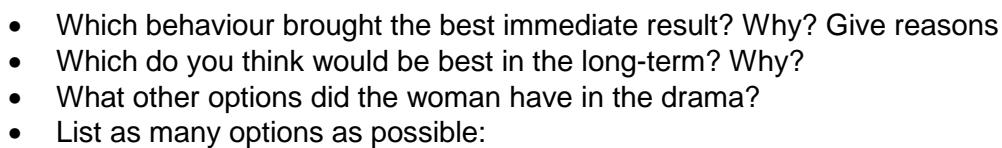
International HIV/AIDS Alliance, Sexuality and Life-skills (2008). p. 68-71

After the reading of *each* drama, ask participants what they observe in the story by asking these questions:

Note: This means that each drama will have its own set of answers to each question

- What did you see happening in the drama?
- How did the husband and the wife behave in each role?
- How would you describe the husband's behaviour?
- How would you describe the wife's behaviour?
- What was the outcome of the behaviour of the husband? (comments)
- What was the outcome of the behaviour of the wife? (comments)
- What do you think will happen next after each of the drama? Make a conclusion of what may happen next after each of the dramas.
- Which behaviour would you prefer if you were the woman? Why?
- Which behaviour would you prefer if you were the man? Why?

Now after the three dramas ask:

- 
- Which behaviour brought the best immediate result? Why? Give reasons
 - Which do you think would be best in the long-term? Why?
 - What other options did the woman have in the drama?
 - List as many options as possible:

In-service activities

Assertiveness Activity (60 minutes)

1. Invite participants to show other ways that the woman may have dealt with the situation used in the introduction, including involving others.
 - What would have happened if other *aggressive* members were involved? Why?
 - What would have happened if other *assertive* members were involved? Why?
 - What would have happened if other *passive* members were involved? Why?
2. Get into groups and invite participants to come and drama other **positive ways** the woman may have dealt with the situation.
3. Ask which strategy people preferred overall. Why?
4. Ask ALL participants to go into groups of three and act some dramas of situations, when they behaved in the three ways: the assertive behaviour; the passive behaviour and the aggressive behaviour.
5. Ask them what was the outcome and Why?

Divide the participants by numbering them one, two and three until all the participants are numbered.

- All the ones to drama (1) strong or assertive ways.
- All the two's to drama (2) fighting or aggressive ways.
- All the three's to drama (3) weak or passive ways.

Participants will now sit and watch each of the dramas as different group members present each of their dramas.

Participants must now assess, conclude and analyse from the dramas what important aspects of decision making is involved. You may wish to write the following questions on the board for participants:

- What is involved in assertive decision making?
- How is assertive decision made?
- Why is assertive decision better than being just passive in decision making?
- As young participants in assertive decisions what does assertive decision protect you from?
- How can your assertiveness influence others to do good ?
- How can your assertiveness influence you to lead others astray?
- What choice is there for you as a teacher, student, community leader to demonstrate the assertive behaviour?
- How could you do this activity with your class? Would it be effective?

After this discuss and write down the steps we use when making a decision (we will learn more about this in the next session as well). You may wish to ask these questions to begin with:

Steps to decision making

Ask yourself:

- What is important to you?
- What do you hope will be the result of the decision?
- What choices do you have?
- What are the advantages and disadvantages of each choice?
- What do you think might happen if you make this choice in the short, medium and long-term?
- What are the consequences of your decision for yourself and others?
- Do you need to change it?

Activity Two: Example of Saying “No” To Sex Assertively (60 minutes)

Step One:

Tell the group to imagine that they have decided that they want to say ‘No’ to sex. Tell them to think of all the places and situations where they might be in danger of having sex because someone is proposing to have sex with them.

- List the places or situations that the participants might be in danger of having sex because someone is proposing it.
- Ask what assertive decisions can be made that can prevent the participant from being involved in life threatening danger. Why is assertive decision important?

Step Two:

Divide the group into pairs. Give each pair two of the situations listed above to drama. Start with the first situation. One person should try to persuade the other one to have sex, using any ways they wish. The person who wants to say ‘No’ should use strong ways to keep to his or her decision to abstain.

Ask each pair to discuss:

- What determines why a person says no?
- What are some strong ways of saying no to keep the decision to abstain?

Step Three:

The pairs now change over and drama the second situation, with the person who wanted to abstain playing the one who wants to have sex, and vice versa. This allows them both to practice being strong in saying no.

Step Four:

Bring everyone together and watch some of the dramas, choosing different situations. For example, the female wants to have sex and the male does not, and vice versa; people of different ages; the pair love each other, or they have just met, or money is offered.

Step Five:

Ask:

- Which ways worked well to keep to your decision about delaying sex?
- Which ways used by the proposer were difficult to resist?
- Which were the best ways to resist them?

Step Six:

Ask what people have learned from the activities they have participated during this session and summarise.

International HIV/AIDS Alliance Sexuality and Life-Skills page 68-71

Conclusion**Reflection (15 minutes)**

Say that we have spent a lot of time on this activity. Ask teachers to reflect and comment on what they have learned on assertiveness in the activities done and why it has been important to learn about this. Next ask teachers to relate personal experience of being assertive and saying 'no' to life threatening situations. How did you come out of these experiences?

References

International HIV/AIDS Alliance (2008) *Our Future: Preparing to teach sexuality and life-skills – an awareness training manual for teachers and community workers*

Self reflection session

Before the next session teachers should...

Answer the following:

- Do you think you would be comfortable to demonstrate to your students how to be assertive in different situations?
- Try this with your next class and report back to the group before the next session.

Session 1.12: Life Skills - Decision Making**Session outcomes**

By the end of the session teachers can...

- Understand that every decision has a consequence
- Understand that we make many decisions in our daily lives and some can change our lives for better or worse
- Recognise the importance of keeping to a decision
- Learn some strategies for teaching decision making

Background information

We make decisions everyday in our lives and these can be either small decisions (“what shirt will I wear today?”) or big decisions (“should I take the money this man is offering for sex to pay my school fees?”). Our decision about issues including friendships and sexuality are important and can have a big impact on our lives. Every day we have ‘decision points’ – where we must choose to do one thing or another. Before we make decisions it’s good to think about the positive and negative points of each choice and to weigh these up.

International HIV/AIDS Alliance Sexuality and Life-skills (2008). p.54

Resources

Most of these are speaking activities although you may wish to write some points on a flip chart or board.

Introduction

Warm up Activity (30 minutes)

Read the passage below to the group. Tell the group that when you stop reading the group must help decide what the next part of the story should be:

Momoro is a smart young man who is learning to be a carpenter. He meets his pretty neighbour Lisa, aged 16 years, on the way to market. She has just completed school and is selling vegetables.

Momoro invites her to go to a night entertainment with him in the evening at the next village. He will borrow a bicycle and take her there and back.

At first Lisa refuses, but then she agrees if he will promise her certain things.....
Continue the story.....

International HIV/AIDS Alliance, Sexuality and Life Skills (2008) p. 54

Ask the group:

- What promises does Lisa want Momoro to make before she goes to the entertainment?
- If he makes the promises, should she agree to go? Why or why not?
- What might be the good or bad consequences of going?
- How can she keep safe if she does go with Momoro?

In-service activities

1. Making a Sexual Decision (20 minutes)

Ask people to shut their eyes and individually think about a time when they made a sexual decision.

Ask the following questions one by one, leaving enough time for people to answer them in their heads (**make sure people know they don't have to say the answers out loud! This could be a sensitive topic and you only want people to think about the following points**):

- What did you consider when making this decision?
- How did you feel?

- What other factors influenced your decision?
- How much control did you have?
- What was the outcome of the decision?
- If you were to make this decision again, how would you change it?
- How does your own experience of making sexual and reproductive health decisions affect how you feel about the decisions that pupils take in their sexual lives?

Ask people to share anything they feel like sharing with the person sitting next to them.

Ask people what they learnt from the activity in plenary.

2. The steps we take in making a decision (1 hour)

Present the steps we use when making a decision:

1. What is important to you? What do you hope will be the result of the decision?
2. What choices do you have?
3. Find out as much as you can about each of these choices.
4. What are the advantages and disadvantages of each choice?
5. What do you think might happen if you make this choice in the short, medium and long-term?
6. What are your feelings about each choice? For example, happy, anxious, excited? Which choices best fit your values?
7. Which other people should you think about and talk to before you make the choice? What effect will each choice have on other people?
8. Make your choice after weighing up the good and bad points and your values.
9. Put the decision that you have made into action.
10. What are the consequences of your decision for yourself and others? Do you need to change it?

Divide participants into pairs and give each pair one of the following topics:

Option 1: Shall we use a condom or not in our marriage?

Option 2: Shall we have a love affair outside our marriage?

Ask for two people to volunteer to role-play being the couple making the decision. Give them ten minutes to get into role. Try to make the roles as realistic as possible for the group.

Ask the rest of the group to think of the questions that they will ask to help the couple make a good decision. The questions should be open and not tell the couple what to do or judge them.

Conclusion

Reflection (10 minutes)

Explain that for the last two sessions we have spoken about how to make decisions in a positive assertive manner.

Ask teachers to call out which part of this session they have enjoyed the most. Why? What have they learnt?

References

International HIV/AIDS Alliance (2008) *Our Future: Preparing to teach sexuality and life-skills – an awareness training manual for teachers and community workers*

Self reflection session

Before the next session teachers should...

- Think of a recent decision they have made. Ask them to write down the steps they used to make their own decision.
- Try one of these new activities with your class and report back on how it went.

Module 2 Teaching about sexual reproductive health and sexuality

In order to work effectively with young people, teachers need to understand adolescent development issues and see sexual reproductive health including HIV&AIDS and STIs within the broader social and cultural context. By assisting young people to grow up holistically, teachers can facilitate intellectual, moral and social development by providing them with skills for dealing with the challenges in life and taking a responsible and safe approach to sexual behaviour.

Behaviours relating to sexual reproductive health, HIV&AIDS and STIs are strongly shaped by cultural practices, traditional beliefs, family background and religious values. It is vital that the young people are given the opportunity to assess their own sexual attitudes and behaviours and what influences them.

It is important to also address gender issues. This is so young people understand the fact that reproductive health is a shared responsibility between men and women.

Teachers further need to understand that young people may be unsure about their sexual identities or sexual orientations. Some young people may identify themselves as being homosexual (gay and lesbians) or bisexual. Homosexual men are at higher risk of being infected with HIV and STIs so it is important to consider the needs of these groups of people when providing information on SRH and HIV&AIDS and STIs.

Session 2.1: Teaching about Sexual and Reproductive Health

Session Outcomes

By the end of the session teachers can...

- Understand the importance of guiding students in understanding sexual and reproductive health
- List qualities and skills that make a good sexuality and reproductive health teacher

Background information

Students of Papua New Guinea are challenged daily with changes taking place as they observe and experience these changes and events in their lives. Teaching students about their own personal development through sexual and reproductive health (SRH) will allow teachers to deal with needs and issues that are sensitive.

There is not always a right answer to these needs and issues because they are based on individual and cultural values and beliefs. When learning about reproduction students are learning and understanding about themselves, how their bodies grow and develop the relationships they form and activities in which they participate. It is important that as teachers we ensure that students should also understand their own and other cultural practices associated with rules and values that they will uphold as they grow.

Some people enjoy teaching young people about SRH and find it easy to work in a participatory and non-judgemental way with their students. Some people find it more difficult. However, most of us can develop the qualities and skills needed to teach basic sexuality and life-skills and help young people to grow up happy, health and safe

NDoE Personal Development Units of Health Work, 2008

Resources

Butchers paper, markers, flip chart or a board to write on.

Introduction

Teacher Map (20 minutes)

1. In groups, draw a picture of a teacher in the middle of butcher's paper and write around it all the qualities and skills that they think make a good Personal Development teacher.

For example: be open and honest, be a good role model, able to listen to students concerns

2. Share the pictures and ask groups to discuss why different these qualities and skills are important when teaching about sexual and reproductive health.
3. Write all the skills and qualities on a board. Ask all teachers to vote on their top 10 skills and qualities and to explain why they chose these.

In-service activities

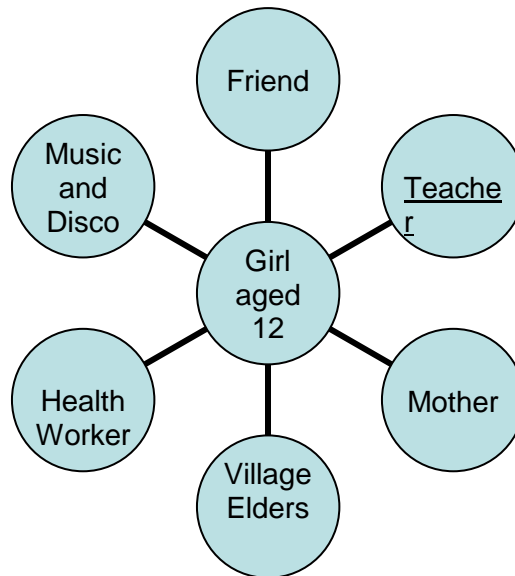
Plenary (40 minutes)

1. Ask teachers to individually think about their own qualities and skills that you discussed in the introduction. Ask them to think about the qualities and skills that they are strong in and those that they would like to develop further.
2. In a group together, make a line on the ground or on a board. Mark one end 'Not confident' and at the other 'Very confident'. Invite teachers to stand along the line in the place that matches their feelings at the moment.
3. Ask, 'Are you a person who is...'
 - interested and committed to teaching sexuality and life-skills
 - knowledgeable about sexual and reproductive health, HIV and AIDS
 - committed to good values and a good role model
 - liked, trusted and respected by learners
 - a skilled facilitator
 - able to encourage the community to accept sexuality and life-skills lessons
 - humorous and confident
 - gender sensitive and sensitive about other peoples' feelings
 - not judgemental or stigmatising but realistic
 - confident using words like sex, penis and vagina
4. Explain that the purpose of this Module Two will be to help teachers feel more confident with these qualities and skills to ensure that they can teach their students what they need to know about SRH to become healthy and happy adults.

Conclusion

Mind Map (15 minutes)

1. Divide into the same groups as the previous activity.
2. Ask each group to draw mind map to show the different ways that the young person in centre of their picture might learn about SRH. The mind map could look something like this:



3. Ask teachers 'What can we learn from this mind-map?' Hint: think about the sources of information for the young girl, are these safe? Are they trustworthy?
4. After teachers have answered explain that this mind map shows us that young people learn about SRH from many different sources. As teachers it is our role and responsibility to teach information in an accurate and open manner.

References

NDOE (2003) *Upper Primary Personal Development Syllabus & Teacher Guide*
 International HIV/AIDS Alliance (2008) *Our Future: Preparing to teach sexuality and life-skills – an awareness training manual for teachers and community workers*

Self reflection session

Before the next session teachers should...

Answer the following:

- What teaching strategies do you think you would use to teach SRH to your students? It might be useful for you to look at either the Primary Personal Development units of work book or secondary Personal Development teachers guides for some ideas. Which activities would you like to use?

Session 2.2: The Reproductive organs

Session outcomes

By the end of the session teachers can...

- Read and recognize the key terms and concepts of puberty.
- Draw and compare the different stages of growth in both males and females reproduction organs and its functions.
- Practice a range of teaching and learning activities for reproduction learning outcomes

Background information

The sexual reproductive system is one of the body's systems and is designed for sexual intercourse and producing babies. Other systems of the human body include the respiratory

system (how we breathe), the digestive system (how our food is processed in our body), our immune system (how we stay healthy), circulatory system (how our blood flows) and skeletal system (our bones). All of these systems are natural parts of human beings.

In the sexual reproductive system males and females each have their own specific reproductive organs unique to their sex. It is important that we learn about reproductive organs and feel comfortable talking about this with our students.

Resources

Paper, flip chart or a board to write on, makers.

Introduction

Mind Map (15 minutes)

1. With a partner, map every word and phrase you know about puberty in a mind map and write it on the piece of paper and tick it on the black board.
2. Ask the following questions:
 - Do you ever teach puberty in schools? Why?
 - Why is it important to teach reproduction in your school?

In-service activities

Discussion of Body Functions (60 minutes)

1. Divide the participants into separate male and female groups.
2. Ask each group to draw a picture of a male and female reproductive organ.
3. Label sexual reproductive organs.
4. In their groups, they will call their sexual organs and functions of those reproductive organs.
5. Discuss in your groups the following questions.
 - Q1. How do you teach this topic in your school?
 - Q2. Did you ever teach this topic? If not, why not?
 - Q3. What did you find difficult in teaching this topic?
 - Q4. Do you think you can be able to say the reproductive in your vernacular?
 - Q5. Do you find opposition from the community in this teaching this topic?
 - Q6. Do you think it is important to teach this topic to students? If yes, why? If no, why?
6. Write their different functions of the male and female reproductive organs in the table below.

Male (Organs)	Functions of Male's Organs	Females (Organs)	Functions of Female's Organs
Penis		Vagina	
Scrotum		Uterus (womb)	
Testes		Cervix	
Urethra		Oviducts (fallopian tube)	
Epididymis		Ovary	
Prostate gland		Endometrium	

Seminal Vesicle		Progesterone	
Vas Deferens		Oestrogen	

In pairs, ask teachers to discuss the functions of the Reproductive Organs

Conclusion

Game - Reproductive Word Bingo (15 minutes)

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 teachers 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. Teachers should

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

Words:

Penis	Puberty
Vagina	Anus
Labia	Foreskin
Testicles	Cervix
Semen	Precum
Vaginal fluid	Hymen
Uterus	Ejaculate
Pubic hair	Sperm
Ovary	Fallopian Tube
Menopause	Uterus

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 them.** Bridging – you may need to read the definitions in Tok Pisin or tok ples.

Labelling body parts (15 minutes)

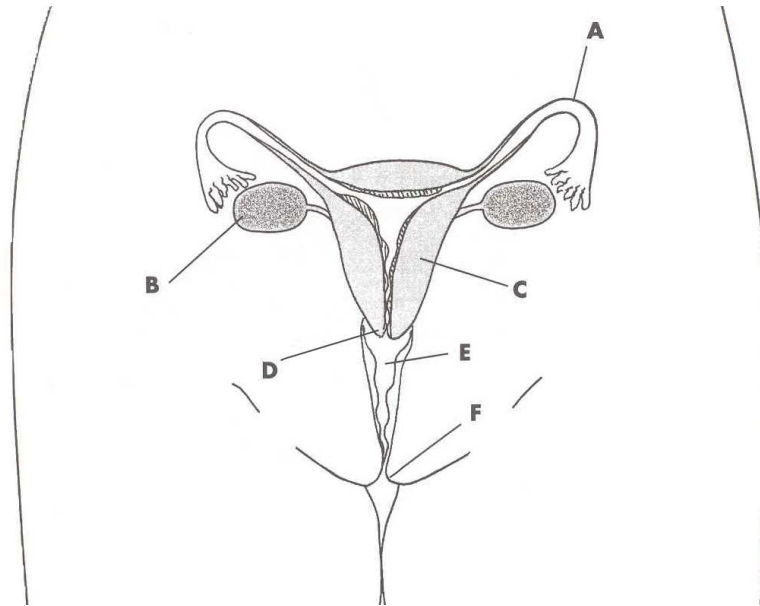
Tell teachers that they are now going to label parts of the female and male reproductive organs. It is important to explain that most of the female reproductive organs are inside her body and protected. These parts include the **vagina**, **uterus** (womb), **cervix** (opening to the uterus), **oviducts** (Fallopian tubes) and two **ovaries**.

Female genitals also have external organs. These 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.**

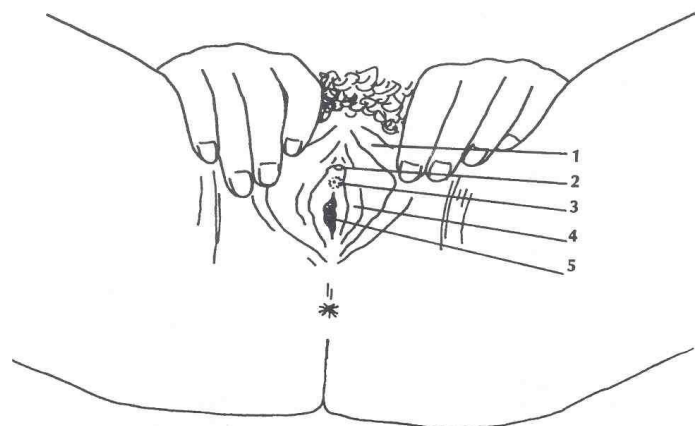
Female genitalia are particularly vulnerable to infection with STIs and HIV. All reproductive organs should be treated with respect.

1. Label these words into the two diagrams below for female internal reproductive organs: vagina, uterus (womb), cervix (opening to the uterus), oviducts (Fallopian tubes) and two ovaries



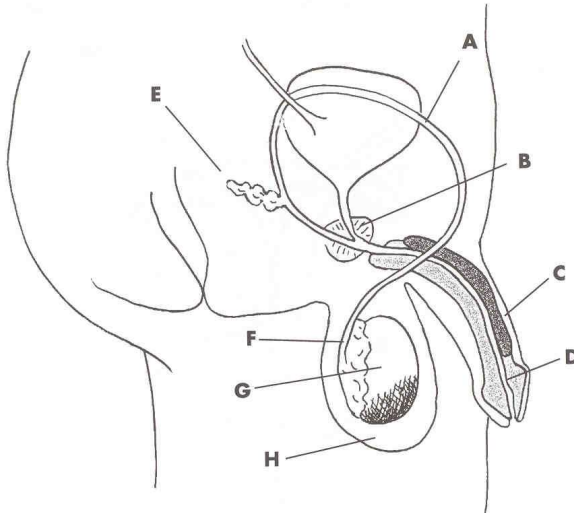
Sexual Health Education, a training manual for the Pacific, 3rd Edition, Family Planning Australia, 2002

1. Label these words into the diagram for female external reproductive organs: labia majora, labia minora, clitoris, urethral opening, vaginal opening and anus



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

1. Label these words into the diagram: urethra, epididymis, prostate gland, seminal vesicle and vas deferens, testes, scrotum,



References

NDOE (2009) *HIV/AIDS & Reproductive Health Lecturer's Guide and Student Teacher Course Book, 4th Edition*

Self reflection session

Learning about reproductive organs can be embarrassing or uncomfortable for young students. How can you as a teacher make students feel more comfortable about discussing this important topic? For example, using the Personal Development text books.

Practice explaining why we need to use accurate diagrams to teach about the reproductive system

Session 2.3: Puberty in schools

Session Outcomes

By the end of the session teachers can...

- Name and label the body parts of the physical changes that happens to people during puberty
- Confidently explain that puberty is a normal part of growing up in both female and male
- To identify a variety of teaching strategies they can use to teach puberty

Background information

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. Everyone begins puberty at different times – it is not the same for everyone.

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.

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*

Department of Education HIV/AIDS and Reproductive Health Student Teacher Course Book, p.20

Resources

Papers, pens, flip chart or a board to write on, markers.

Introduction

Warm up Activity (5 minutes)

Give all teachers a piece of paper to names some parts of the human body where changes take place during puberty. This could include for females: breast, pubic hair, menstruation, sexual feelings and for males: broken voice, development of sex, public hair, sexual feelings, wet dreams.

In-service activities

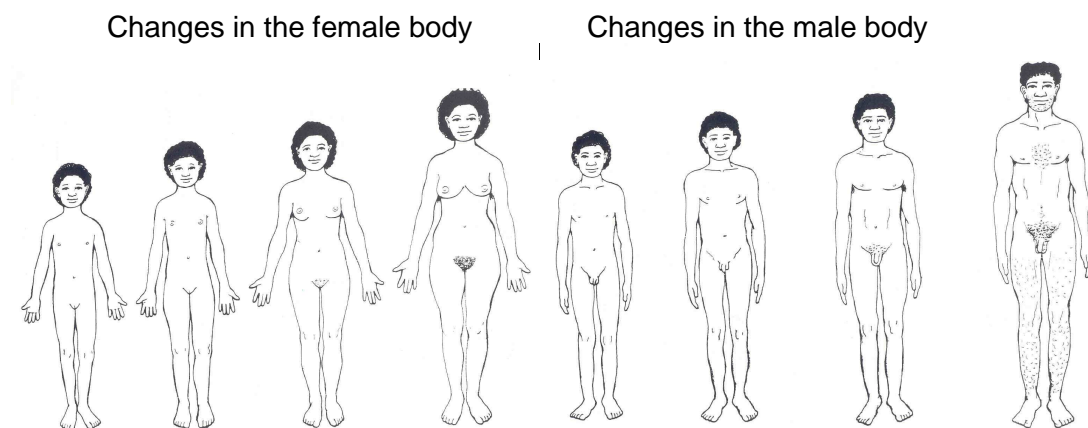
1. Body Mapping (20 minutes)

With a partner map every word and phrase you know about puberty in a mind map. You can add more to these as the topic continues. Don't forget to include male and female similarities and differences. Read out the Background information for this session to teachers.

1. Put teachers into single sex. Ask one person to stand against the wall and draw around her/him with a chalk
2. Ask them to mark on the body all the changes that happen to you during puberty
3. Ask teachers to discuss
 - i) what are the good things about growing up?
 - ii) what are the bad things about growing up?
 - iii) how do you feel about them?
 - iv) what questions do students have about growing up?
 - v) what problems do students have with the changes?

2. Physical Changes during Puberty: (20 minutes)

Below are illustrations of what physical changes happen during puberty for females and males.



1. Name some things that happened during physical changes
2. Teachers in pairs discuss and label the physical changes during puberty
3. Teachers in pairs discuss and make a list of physical changes during puberty
4. Teachers in pairs discuss and list the physical changes during puberty in female and in male
5. In pairs discuss and explain by demonstrating how teachers can teach physical changes that happen during puberty in female and in male

Ask the teachers the following questions:

1. How do people in your community teach physical changes of female and male?
2. How do people in your community teach physical changes of female and male?
3. Do you feel confident in teaching of physical changes of female if you are a male teacher or vice versa?
4. Can you teach physical changes of female and of male to female and male students together in one class? If not, why not?
5. Why do students feel shy to learn about their physical changes?
6. How can you as a teacher help students to appreciate that physical changes of female and male is normal and part of growing up?
7. In your professional opinion, what is the best age (or grade) to start teaching about puberty?

Invite the pairs to provide feedback on the above activity

Together the teachers write up a summary from their discussion.

Remember puberty is the physical, social, mental, emotional and behavioural changes that happen to young people as they move from being children to being adults.

3. Question posing (15 minutes)

Ask teachers to get into pairs with a same sex partner ask and list questions that men, or women could have about puberty. Collect the feedback onto the board. Remind the teachers that same sex groups and teachers are sometimes more effective for teaching puberty and those teachers may need help from community leaders and health workers to teach this. Remind them that it is alright to say "I don't know but I will find out". Remember puberty is a difficult time for young people and you need to be supportive and accurate.

Some examples of common questions...

<i>From young men...</i>	<i>From young women...</i>
When will it start? When will it finish? How will I change? Will puberty hurt? What is a wet dream? Is it bad? Why is it happening to me? Why has my friend started growing a beard and I haven't? How do I shave? One testicle is lower than the other. Why? Sometimes I have an erection in public. Why? Do men have periods? What is the right length for a penis? Can semen and urine leave the body at the same time? Is it normal if my penis is curved a little	When will it start? When will it finish? How will I change? Will puberty hurt? Why hasn't my period started yet? What do I do when I have my period? I feel sick when I have my period. Why? Sometimes my period doesn't come on time. Why? Why are my friends breasts bigger than mine? Can anyone tell if a girl is having her period? Can a virgin use a tampon? Why do my sister and I have our periods at the same time? Is masturbation bad? When can I have sex?

bit? Is masturbation bad? When can I have sex? What are sperm and semen? How do I keep myself clean?	When can I get pregnant? How do I conceive? Why does my vagina get wet and slippery? How can I keep myself clean?
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4. Role play (20 minutes)

Role play the answers to the questions. With a partner plan an answer to one of the questions. Remember your counselling skills – be sensitive, be understanding and listen carefully. Ask them what they know and think. “Tok stret” and be accurate with your facts. If you don’t know – tell them you will find out.

e.g. A question from a young woman...

Question	Possible answer
“Can I have sex when I am having my period?”	“Abstaining equals 100% safety from HIV and STIs and pregnancy. But if you want to have sex during your period you could (some cultures don’t allow this). If you are not married you may not feel right having sex anyway. You should use a condom because there will be some blood in your vagina. There is also a chance you might get pregnant.”

Conclusion

1. Questions and answers (15 minutes)

Divide into pairs and ask people to consider the following questions from the perspective of a young person seeking information about puberty or sexuality.

- Who might young people choose to talk to? Why?
- Do you think there are issues that the young person could not get good help for? Why?
- Who could help with our worries?

2. Reflection (10 minutes)

Reflect on how you learnt about puberty. Did your teacher teach you? Why or why not? Who else gave you information? Was it accurate?

References

International HIV/AIDS Alliance (2008) *Feel! Think! Act! A guide to interactive drama for sexual and reproductive health with young people*
 NDOE (2009) *HIV/AIDS & Reproductive Health Lecturer’s Guide and Student Teacher Course Book, 4th Edition*)

Self reflection session

Before the next session teachers should...

Answer the following:

- Sometimes we use energizers, motivators or warm-up activities before we teach SRH. Why do you think these activities would be useful before we teach puberty to our students?

Session 2.4: What is sexuality?

Session outcomes

By the end of the session teachers can...

- Explain the concept of sexuality and what this means for young women and men.
- Identify positive and negative examples of displaying ones sexuality.
- Demonstrate an understanding of the difference between sexuality and sexual intercourse.
- Discover ways in which a person can enjoy their own sexuality safely throughout their lives.

Background information

We grow through many stages in our lives. The table below outlines stages of life and what sexual gestures are normally associated with these.

Stages of life	Sexual Gestures
Baby:	Boy has erections, boys and girls enjoy being touched, cleaned, sucking the breast.
Child of 6 years	Plays mummies and daddies, enjoy dressing as a girl or boy, learning how to dance, may imitate sexual intercourse if they have seen others doing it.
Child of 15 years	Wet dreams, feeling sexy near others, interested in being a girl or boy, touching their own private parts.
Married couple	Do what they have been taught at initiation, enjoy married life or not, having sexual intercourse, explore their sexual needs and desires
Couple with baby	Mother enjoys giving breast milk and cuddling baby, feels like a woman, tender love for baby, man feels like a man, frustrated if woman shows love to the baby more than him.
Elderly couple	Don't have to worry about pregnancy, free from hard work (maybe), enjoy each other as man and woman, enjoy dancing, singing, caressing each other, having sexual intercourse, explore their sexual needs and desires

Resources

Butchers paper, markers,

Introduction

Warm up: Body-Writing (10 minutes)

Use your body to write and say the word SEXUALITY.

1. Get everyone to stand and up give themselves space to move.
2. Start with few breathing exercise. Do three (3) rounds of breathing in and out.
3. Take a deep breath, hold and then as you breathe out say the word SEXUALITY.
4. Next use your body to write the word SEXUALITY starting with your left and right hand, your elbow, your left and right leg, your head and your whole body.

In-service activities

Brainstorm and Mind Map (1 hour and 20 minutes)

In this teaching activity we are going to look at sexuality throughout our lives

1. Start by asking these questions.

- *What is sexuality?*
- *What is the difference between sexuality and sexual intercourse?*
- *Where do we find sexuality in our syllabuses?*

One a wall place the word 'sexuality' on a butcher paper and get each member to brainstorm and mind map all the possible ideas that come to their mind relating to sexuality.

2. Divide everyone into six small groups and give each group one of the following to discuss:

- a baby boy and girl
- a boy and girl aged 6 years
- a boy and girl aged 15 years
- a married man and woman aged 22 years
- a woman and a man with a baby an elderly man and woman.

Ask each pair to talk about how the person they have been given might feel and express his or her sexuality.

Some examples are in the background information given above.

Conclusion

Group Discussion (20 minutes)

1. Ask each group to tell the big group their ideas about sexuality in the age group they talked about. What can they do to change any misconceptions to their students?
2. Ask them what they learned from the activity and how they will use it in their lives when they return to where they live.
3. Provide appropriate definitions for the term – you could say that:

“Sexuality is what we think about ourselves and our bodies and how we act towards others. It is a powerful force in our lives that develops from an early age and can be expressed in different ways. It can be shaped by many factors.”
4. Refer to Peer Education Training Manual p 39 – 41 and identify the different aspects of sexuality.
5. Point out that we can enjoy our sexuality at all ages even without sexual intercourse. We should not be in a hurry to have sexual intercourse, but wait until our minds and bodies are mature. We should trust ourselves that, when the time comes, we shall do it well.
6. Why is there confusion between sexuality and sexual intercourse?
7. Discuss the different ways of displaying the correct definitions for sexuality in their respective classrooms.
8. Identify component of the syllabuses that is on sexuality.
9. What do you think about these learning outcomes? When would you teach them? Why?
10. Are you comfortable teaching these outcomes? Why?
11. Will your students be comfortable discussing these outcomes?

References

None

Self reflection session

Before the next session teachers should...

Answer the following:

- Sometimes our sexuality has a lot to do with our culture. How do you think culture impacts on your students sexuality?
- How can you use teaching and learning strategies to help them?

Session 2.5: Gender and Sexuality

Session Outcomes

By the end of the session teachers can...

- Reflect on how we are expected to behave as men and women in the family and community.
- Reflect on the reality of our gender roles and experiences.

Background information

Gender is about the roles and responsibilities that society has decided belong to men and women. It tells us how we are expected to behave in our day to day lives and how to act within our relationships. Our gender, and the expected activities, can have both a positive and negative impact on our lives. Our gender or being male and female is different than our sex. Our sex refers to biological differences between the sexes, it is not something that is changeable. However, our gender, how we act as a man or a woman, is something which is developed from our community, culture and experiences.

Resources

Old magazine's and/or newspapers.

Introduction

Warm up Activity (10 minutes)

Show them photographs from magazine's or the newspaper of people doing different roles in the community including teachers.

Ask teachers to look at the different roles and see if they can group different roles or work that males and females are doing in the pictures.

You may ask teachers to consider in this activity:

- Sexuality
- Gender roles
- Expectations and reality of gender roles.

In-service activities

Group Discussion (20 minutes)

Write the answers on the black board

1. What is the biological make of the woman? And how it different from the man? And describe its purpose.
2. What is the biological make of the man? And how it is different from the woman and describes its purpose.
3. What are the differences and similarities we can see?
4. What is the role of the father and a husband?
5. What is the role of a mother and a wife?

Discuss and Complete (20 minutes)

1. Ask the teachers to work in pairs.
2. Give the teachers A4 scrap paper.
3. Show the table on the board or on prepared butcher paper.
4. Ask the teachers to list down at least 4 points for each box.
5. Discuss the answers. Ask these questions:

Q: What is the difference between homosexual and heterosexual behaviours?

Q: Explain how gender norms are changing and for what reasons.

Q: In your area what is the expected responsibility of the married man/woman.

Q: What can men and women do individually to increase their power to make a balance in their lives to serve in the community.

6. Complete this table.

Characteristics of a good mother/wife 1. 2. 3. 4.	Characteristics of a good father/husband 1. 2. 3. 4.
Unacceptable behaviour of the mother/wife 1. 2. 3. 4.	Unacceptable behaviour of the father/husband 1. 2. 3. 4.

Conclusion

Which is right? (20 minutes)

Write the table below up on the board. Ask teachers to come up and tick whether they think the statements are positive or negative effects.

Statements	Positive effects	Negative effects
1. An ideal girl abstains from sex until she		

marries for life		
2 The new role of educated mothers/wives working for steady income.		
3 Men are expected to have sex whenever they need it and women are expected to submit to men's needs for sex		
4. Unplanned pregnancy for under aged girl		
5. The use of condom to stop STI, HIV&AIDS and unwanted pregnancy.		

References

None

Self reflection session

Before the next session teachers should...

Answer and complete the following:

1. How do you think gender and sexuality impacts on your life? Think about how it might also impact on the life of two other family members (one male and one female).
2. Discuss homosexuality with a peer. Why should teachers try and be non-judgemental about homosexuality?

Session 2.6: Teaching about parenthood and family planning

Session outcomes

By the end of the session teachers can...

- Identify the roles and responsibilities of parents so they can guide students in planning well for their future
- Identify and list the importance of family planning
- Describe the family planning methods

Background information

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.

There many factors for young people to consider when thinking about marriage, parenthood and family planning. 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? Are you ready for children; are you able to financially support a child? Do I know about family planning? Do I know how to talk about family planning with my partner?

As teachers we can help them by providing time to discuss the consequences of getting married too young or too the wrong person, having children and having sex too young and the strategies to avoid these risks.

Resources

Papers and pens.

Introduction

Warm up: 'Vote with your feet' (10 minutes)

This is an interactive strategy for discussing attitudes and knowledge about parenthood, family planning and their values.

1. Place three labels on the floor: **I agree, I disagree and I don't know/I'm not sure.**
2. The group stands and you read the statements
3. The students then individually choose where to stand.
4. You ask them why they chose that particular place. (Eg: "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*
- *People in PNG have too many children*
- *The wife usually works harder than the husband*
- *It is okay for a man to have more than one wife*
- *It is okay for a woman to have more than one husband*
- *Condoms should be distributed freely to all young people*
- *A husband should be with his wife when she is giving birth*
- *Married couples should be allowed to show affection for each other in public*
- *Teaching about sex makes young people want to have sex*
- *Married couples should use family planning methods*
- *Married couples should share household responsibilities*

These are just some ideas and you can come up with more.

In-service activities

Main activity (20 minutes) Brainstorming Qualities

a) Ask the teachers to divide a piece of paper in half and record the qualities of a good and a bad parent. This is the life skill of self awareness (knowing yourself). For example,

A good parent would be...	A bad parent would be...
<ul style="list-style-type: none"> • Kind • Calm but firm • Well prepared • Honest • Open minded 	<ul style="list-style-type: none"> • Too busy with work or education • Angry or lose their temper • Travelling a lot • Uninterested in children • Someone who drinks

<ul style="list-style-type: none"> • Happily married to a good partner • Have enough money to feed and clothe the child • Happy to have a boy or a girl 	<ul style="list-style-type: none"> • A wife/husband beater • Someone who is too young or too immature • An adulterer
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A follow up activity is a list of **what material things parents need to support and look after their children** (e.g. nappies, sleeping mats, another mosquito net, house, money for medicines and school fees).

Finally, ask them if they think they make good parents at the moment. What qualities have they got? Which ones do they still need to develop? Ask them to reflect on this in their notes.

Consequences (20 minutes)

Write out these statements on pieces of paper and give one to each group. Ask each group to discuss them and identify the problems that these lead to. This is the life skill of critical analysis.

I want children because I need company when I get older
I want sex to feel good
I want children because my husband/wife wants them
I want to have children so my partner doesn't leave me
I want children to work the garden
I want more children because I want a boy to inherit the land
I want children to keep my parents happy
I want children because I like children
I want sex to make sure I am not left out
I want children while I am young

Conclusion

Focus on teaching (15 minutes)

1. In mixed sex pairs ask each other why they think it is important to teach accurately about family planning in Personal Development.
2. Check where is family planning in your Personal Development syllabus?
3. What would you say to a community member or church member who asked you why you teach it?

References

NDOE (2009) *HIV/AIDS & Reproductive Health Lecturer's Guide and Student Teacher Course Book, 4th Edition*

International HIV/AIDS Alliance (2008) *Sexuality and Life-Skills - Participatory activities on sexual and reproductive health with young people*

Self reflection session

Before the next session teachers should...

Reflect on how you discovered information on parenthood and family planning. Did you feel that you had enough information? How can accurate information about family planning make a difference to the lives of families in PNG?

Module 3 Teaching about HIV&AIDS and STIs

In the previous module teachers learnt how to discuss and teach sensitive issues regarding Personal Development. This module explains how to equip teachers with the skills and knowledge to teach about HIV&AIDS and STIs to their students.

We all recognise that HIV&AIDS and STIs are important and challenging subjects for teachers. Teachers are lucky though that there are many excellent resources and support systems to assist them in the dissemination of this information. The information that you will read in Module Three will talk about how to be honest, accurate and how to “tok stret” about HIV&AIDS and STIs to students. It reflects the information and resources that teachers can also access in many of the Department of Education resources.

Teaching about HIV&AIDS and STIs, like teaching about SRH, involves understanding the cultural practices, traditional beliefs, family background and religious values that shape our behaviours and actions. By understanding these factors we can understand the driving factors behind the HIV epidemic in PNG and how we can work together to minimise the impact of the epidemic for us all.

Teachers also need to understand issues around positive living, stigma and discrimination. With more people in PNG becoming infected by the HIV virus it is important that young people learn how to support these friends, family and community members to live positively.

Session 3.1: Basic Facts about HIV&AIDS

Session outcomes

By the end of the session teachers can...

- Understand the basic facts about HIV&AIDS
- Share basic HIV&AIDS information with others.

Background information and references

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

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 immune system is no longer able to defend the body infections and illnesses such as TB, pneumonia, fever, diarrhoea and sores that won't heal.

The symptoms are similar to those 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 somebody else is infected with HIV is to have an HIV blood test.

More information on HIV and AIDS is covered in this session below.

Department of Education HIV/AIDS & STIs Resource Book, 6th Edition 2009.

Resources

Scrap papers or notebook

Introduction

Warm up activity (25 minutes)

Teachers answer TRUE or FALSE in the given statements on HIV&AIDS.

Instructions:

1. The facilitator cuts out 10 pieces of papers and gives to each of the teachers.
2. The facilitator reads out the questions to the teachers.
3. The teachers write true or false on the paper and give back to the facilitator.

Here are questions to ask the teachers:

1. HIV is a deadly virus.
2. You can catch get HIV virus if touch an infected person.
3. A person can get HIV from oral sex.
4. A person can get HIV from anal sex.
5. A person can get HIV from wet kissing with an infected partner.
6. Spermicidal cream protects against HIV and STI.
7. An HIV negative test results means that you have not been infected with the virus.
8. The HIV virus weakens the immune system of the body.
9. People should practise safer sex with or without knowing their HIV status.
10. There are no medicine available to cure HIV

4. A tally is taken to determine how many teachers have understood each question. From the tally have a brief discussion. Some questions to consider,

- Why did you think that? How do you know it is correct? How could we check it is correct? (e.g. We can ring the free BAHA Advice Hotline on 7200 2244)
- What did we learn? How could it be applicable in our setting eg; family, school, community etc?
- Any other resource centres readily available in the community to provide basic information? Are the information provided up to date and correct?

In-service activities

Vote with your feet (60 minutes)

1. An interactive and student centred strategy for discussing **attitudes and knowledge** about HIV&AIDS.
2. Place three statements on the floor:
 - **“I AGREE” - on the right**
 - **“I DON'T KNOW” - at the centre**
 - **“I DISAGREE” - on the left**
3. The class stands outside the desk and the facilitator reads the statement.
4. They then choose where to stand.

5. The facilitator can question them. Good questions would be:

- a. "Why did you choose to stand there?"
- b. "What would it take for you to change your mind?"
- c. "How do you know you are right?"

Some possible statements to vote on....

1. You can contract HIV through someone coughing or sneezing on you
1. Papua New Guinea will become as badly affected by HIV&AIDS as Africa
2. Condoms are 100% safe
3. People living with HIV should be treated equally
4. Primary school is too soon to teach about sex
5. Condoms should always be used when having sex
6. There is no cure for HIV
7. Breast milk is safe
8. Mosquito bites sometimes carry HIV
9. Parents expect teachers to teach their children about HIV&AIDS
10. Everyone should be forced to be tested for HIV
11. If you have HIV you must have been a sinful person
12. Women are more vulnerable to HIV&AIDS than men
13. The ABC approach will never work in Papua New Guinea
14. HIV and AIDS are the same thing
15. Kissing is risky behaviour and you could catch HIV
16. Men are the big problem with the epidemic
17. HIV&AIDS is God's punishment for sinners
18. Having another STI means you are more likely to get infected
19. HIV&AIDS is the biggest health problem facing Papua New Guinea
20. Condoms should be distributed freely to all young people

Just make sure you know the correct facts!!

Knowing the correct facts about HIV&AIDS is VERY important for when you wish to teach other students or teachers.

You may wish to go through one or more of the following quizzes to make sure that your teachers and students know the CORRECT basic facts about HIV&AIDS.

Quiz for basic facts about HIV&AIDS

Arrange the participants in **pairs**. They need scrap paper or note book for answers.

Ask the questions in blocks of 5, followed by answers, marking and explanation of the answers.

Refer to the correct HIV&AIDS & STI Resource Book pages for each answer. If they have more questions ask them to write it on a Post Stick note and stick it on the Question Wall for you to answer later.

Quiz Part 1

1. What do the letters H I V stand for?

Human Immunodeficiency Virus

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.

2. What do the letters A I D S stand for?

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.

3. There is a cure for HIV&AIDS True or False?

False. There is no cure and no vaccine for HIV&AIDS. There are medicines which help your body fight the infection and these are called Anti Retroviral Therapy but these do not cure HIV&AIDS. There are no bush cures which cure HIV&AIDS. Scientists and doctors have been searching for a cure or vaccine for HIV&AIDS for over 20 years.

4. HIV and AIDS are the same thing True or False.

False. 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. People with AIDS always have the virus.

5. Write down the three ways HIV can be transmitted to another person.

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. 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.

Quiz Part 2

1. Which 4 bodily fluids transmit HIV? List all four.

- Semen
- Vaginal fluid
- Blood
- Breast milk

When these infected bodily fluids enter the blood stream the person can be infected by the HIV virus.

2. List four ways that HIV is not transmitted. For example, it is not transmitted by holding hands

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

It is also **not** transmitted by insect bites, hugging, shaking hands, sharing cutlery, sharing buai, sharing clothes or sheets, sharing a mosquito net, sorcery or spells or spirits, washing in the same river, sharing a toilet or kissing (unless both people have open bleeding sores in their mouths). You cannot be infected by body fluids touching your hands, arms or legs.

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

3. True or false. HIV was invented or made in a laboratory.

False. HIV is a natural retrovirus. It was not invented or made.

4. What is the origin of HIV?

Scientists believe that HIV originally came from the Simian (monkey) Immunodeficiency Virus (SIV) found in chimpanzees. SIV is a virus that is very closely related to HIV. SIV crossed to humans when hunters killed chimpanzees that were infected with SIV. The hunters either ate infected meat, or blood from the chimpanzee got into cuts and wounds of the hunters. Once SIV was inside the human body, it quickly mutated to HIV. Researchers think that HIV originally came from a group of chimpanzees living in Cameroon in Africa. It crossed to humans in the 1930's.

5. True or false. People infected with HIV die quickly.

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

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

Quiz Part 3

1. How does HIV damage the body?

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

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

As these special CD4 cells are destroyed the body produces more to replace them, so the person remains healthy. After a period of years the body cannot longer keep producing enough defence cells to replace all those being destroyed by HIV. When this happens, the number of defence cells drop to a low level where the body can no longer defend itself from infections.

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

2. True or false. You can tell someone has HIV just by looking at them.

False. When a person is HIV positive they look and feel completely healthy. This may last many years. When a person's immune system is badly damaged by HIV they will develop AIDS. But the symptoms of AIDS are similar to those of other diseases so the **only** way of knowing a person has HIV&AIDS is for them to have a voluntary confidential HIV blood test.

3. What are the symptoms of AIDS. List 2.

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 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.

4. What do the letters ABC stand for?

ABC are simple strategies to reduce the spread of HIV&AIDS.

Abstain from penetrative sex or abstain from unfaithfulness or abstain from sex when you are away from your partner.

Both be faithful and both get tested.

Use a male or female condom every time you have sex.

However, there are many other strategies such as reduce your number of sexual partners, delay sex, use lubricants with condoms, avoid alcohol and other drugs, do not have sex with a sex worker, having non-penetrative sex, having oral sex etc.

5. Where are HIV&AIDS and STIs, puberty and sex education taught in the reform syllabus?

Grade 5 Health, Grade 6-8 Personal Development, Grade 9-10 Personal Development and Grade 11-12 Personal Development (launched in 2009) and Science. Also in the TVET HIV course and in all teachers colleges and Universities.

Quiz Part 4

1. What do the letters STI stand for?

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

Remember, HIV has no symptoms.

STIs are transmitted by unprotected vaginal or anal sex.

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

2. What do the letters VCT stand for?

Voluntary Counselling and Testing. A process where you get a confidential voluntary HIV blood test. There are VCT clinics in every town. It is free to have an HIV blood test.

3. True or false. HIV can pass through a condom

False. The virus cannot pass through the material the condoms are made of. The condom is a barrier to fluids which the virus is found in. HIV cannot pass through the material. There are no holes in condoms. Condoms prevent semen reaching the vagina or anus. Condoms prevent vaginal fluid touching the head of the penis.

This has been proved beyond doubt over the last 20 years. For example, with couples where one person is HIV positive and they use condoms all the time. Countries where condoms are widely used have lower HIV & STI rates. But you need to use condoms all the time for maximum protection. Male and female condoms are free in PNG.

There is a large body of evidence that suggests being taught how to use condoms safely and responsibly does not make people more promiscuous and actually makes people's behaviour less risky. Condoms are very effective in preventing the spread of HIV and STIs. They are also good for family planning. Condom failure is rare and is usually caused by people not using them properly. This is why it is important for young men and young women to learn the correct way of using them.

4. When was the Dept of Education HIV/AIDS Policy launched?

World AIDS Day 1st December 2005. It states the rights and responsibilities of teachers, students, schools, officers and administrators in how to protect themselves, their students and others. For example, it says that students have the right to accurate information about HIV&AIDS and teachers have the right to easy access to male and female condoms.

5. True or false. Mothers who are HIV positive can still breastfeed.

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

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

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

Mothers and babies can also be given anti retro viral medicines to help prevent the baby getting infected during labour, birth and breast feeding.

Conclusion

Plenary (10minutes)

From your professional experiences as a teacher and reading and teaching the HIV&AIDS and STIs Resource book, one copy was sent to every teacher in 2007 and 2008 complete this conclusion activity.

1. All teachers must present a simplified versions to the group by choosing the most effective words on HIV&AIDS eg: HIV, AIDS, Virus, Immune system, HIV-positive etc.
2. Each teacher is to explain to the group why it is very important to teach accurate facts about HIV&AIDS.
3. How it will help the children in the school?
4. Why it is important to the school and community?
5. What are the strategies that you will use to educate people on HIV&AIDS?
6. Which of the strategies used will be more effective?
7. Will it reach wider community of people and children?
8. How do we measure the achievement?
9. Are the community ready to accept the basic facts on HIV&AIDS?

References

NDOE (2009) *HIV/AIDS & STIs Resource Book, 6th Edition*

Self reflection session

Before the next session teachers should...

List all the information from this session that was new to you (i.e. information that you never knew about until today). Why is this important information?

Session 3.2: Basic facts on STIs

Session Outcomes

By the end of the session teachers can...

- Know the signs and symptoms of infections spread through sex.
- Understand that STIs are treatable and can cause damage to our bodies if not treated.

Background information

The table below outlines the symptoms and treatments of different STIs.

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

		remains in the body and can reappear later
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Resources

Flip chart or board to write on, markers.

Introduction

What do you know (10 minutes)

- Ask what diseases do you know that are passed through sex?
- Ask teachers to call out all the names of STIs that they know?
- Ask what signs and symptoms do people see when they have an STI?

For all of these questions tell teachers they can give their response in Tok Ples, Tok Pisin or English.

In-service activities

Story and Questions on STIs (20 minutes)

Read Maria's story below:

When I was 14 years old, I really loved a boy from school called Ila and I had sex with him. One day, he refused to talk to me. He said bad things about me to his friend Alu, who called me a prostitute. I tried to forget Ila and work hard at my schooling. Sometime later, I started to have a pain at the bottom of my belly and some bad-smelling fluid came from my private parts. I told my friend Kila and she gave me some herbs. I was too frightened to tell my mother. Then one day I had fever and a terrible pain in my belly. My father took me to hospital. They gave me antibiotics. They told me that I had a disease you get from sex, and I might never be able to have children. My father was so upset and angry and I cried and cried. I only had sex with that one boy – why was I so unlucky?

International HIV/AIDS Alliance, Sexuality and Life Skills (2008) p. 126

Ask the teachers to get into pairs and respond to the following questions. You may wish to read the story out to them another time.

- Who's responsibility is Maria's problem? Is it Maria, her boyfriend Ila or someone else?
- How could Maria have prevented the problem? How could Ila?
- If you were Maria's friend what would you say to her and how would you help her now?
- How can Maria avoid this problem in the future? How can Ila? Can anyone else help to avoid this problem in the future? (for example could the Village Health Volunteer, Community Health Worker, or other health officer provide awareness in the community?)
- Maria did not have much information about sex. What do you think happened in her school?

Ask the pairs to come back to the group and report back on what they answered.

Flow chart on the bad effects of STIs (50 minutes)

Help participants to brain storm on the dangers of untreated STIs. Each time a person adds a point, ask: What might happen then?

Add any dangers that the teachers have not mentioned.

Dangers can include:

- Quarrels with boyfriend/girlfriend or family. This could also lead to violence, divorce or mistrust.
- Stigma about having an STI. This could be from your family, your community etc.
- If you are pregnant and do not get an STI treated your baby could get infected, could be born blind, or could even be stillborn.
- If you are not treated for some STIs you can damage your reproductive organs and it could be difficult or impossible to have a baby.
- Sickness.
- Having an STI can make you very sick and can increase your chances of contracting HIV. This is because any sore on the genitals acts as a “doorway” for HIV to pass into the body. It also means that white blood cells are found in large numbers at the site of the infection and HIV infects white blood cells. Finally getting an STI is a sign you have had unprotected sex and your partner has also had unprotected sex with someone else.

Explain that it's important for everyone to know that most STIs are curable if the person rushes to the clinic at once and takes all their treatment correctly.

International HIV/AIDS Alliance Sexuality and Life skills (2008) p. 125

Conclusion

Complete the table (15 minutes)

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		

References

International HIV/AIDS Alliance (2008) *Sexuality and Life-Skills - Participatory activities on sexual and reproductive health with young people*

Self reflection session

Before the next session teachers should...

Answer the following:

1. Imagine you have a student who suspects they have an STI. How would you advise them? How can you support them? Where would you go for treatment?
2. PNG has a very high rate of STI infections. Why do you think this is? Which behaviour in your schools and community are causes of the STI epidemic?

Session 3.3: The Epidemic in PNG

Session outcomes

By the end of the session teachers can...

- List the root causes of the HIV&AIDS epidemic in PNG
- Identify which root causes affect young men and women and explain the possible consequences

Background information

Since HIV was first recorded by doctors in 1981 it has spread to every country in the world. By 2007 33 million people around the world were living with HIV and about 8,500 were dying every day. We say that HIV&AIDS is a global pandemic, this means it is a disease that spreads over a whole country or across the whole world.

In PNG our first positive HIV blood test was in 1987 but it is possible that the virus may have been in PNG before then though. We say that PNG is 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). We know that PNG's HIV epidemic is the worst in the Pacific region.

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

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

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

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

Introduction

Warm up – HIV Transmission Game: (20 minutes)

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

- Two pieces of paper should be marked with an 'X'.
- Two pieces should be marked with 'C'.
- Two other pieces of paper write 'Refuse to shake hands'.
- On two other pieces of paper write "Only shake hands once".

- On two pieces of paper write “Shake hands with 6 people”
 - On the remaining pieces of paper, write ‘O’.
1. Randomly distribute a piece of paper to each participant, telling them to keep the information on it secret.
 2. Make sure each person has a pen or pencil. Ask each participant to shake hands with three other participants. They should all write down the names of the people they shook hands with on their piece of paper.
 3. Gather the group together again and ask them to sit in a circle. Ask the person with the ‘X’ on his/her piece of paper to stand up. Then ask everyone who shook hands with this person to stand up. Now tell the group to pretend that the ‘X’ person was infected by HIV, and the three people who shook hands with ‘X’ had unprotected sexual intercourse with ‘X’. (Remind the participants that this is only pretending and that HIV is not spread through handshakes).
 4. Now ask the three participants if any of them had a ‘C’ on their pieces of paper. If they did, that means they used a condom, so they did not get infected, and can sit down.
 5. The ones standing should then list the names of the three people they shook hands with (had sex with). These people should stand up. Anyone in this group with a ‘C’ (condom card) can sit down again.
 6. Those standing then should name the names on their cards, etc. until no other participants are called to stand up. At the end, only the people who used condoms (‘C’) cards, and those with the “do not shake hands” instructions which meant “abstain from sex” should be sitting. Often they will also have shaken hands too! (this is peer pressure)
 7. Did being faithful protect people (only shake hands once)? Why not? Reinforce the message of Both being Faithful and Both being tested
 8. What about the promiscuous people (shake hands 6 times)? Having multiple sexual partners is risky. Think about polygamy in PNG.
 9. Ask the participants the following questions:
 - a) How did the ‘X’ – person feel when they found out they were HIV infected?
 - b) How did the other participants feel towards the ‘X’ person?
 - c) Why is it difficult not to participate in an activity that everyone else is doing(ask the “abstain and be faithful participants)?
 - d) How did the people who were faithful feel (“only shake hands once) – did it protect them? Why? Why not?
 - e) As person ‘X’ didn’t know he or she was infected, how could we have known ahead of time? (for instance because of past ‘risky’ sexual behaviour of the person).

Teaching Activity

Causes and Consequences Tree (60 minutes)

Remind teachers that we used the causes and consequences tree previously in Session 1.5. This is another great activity to use for understanding the epidemic in PNG.

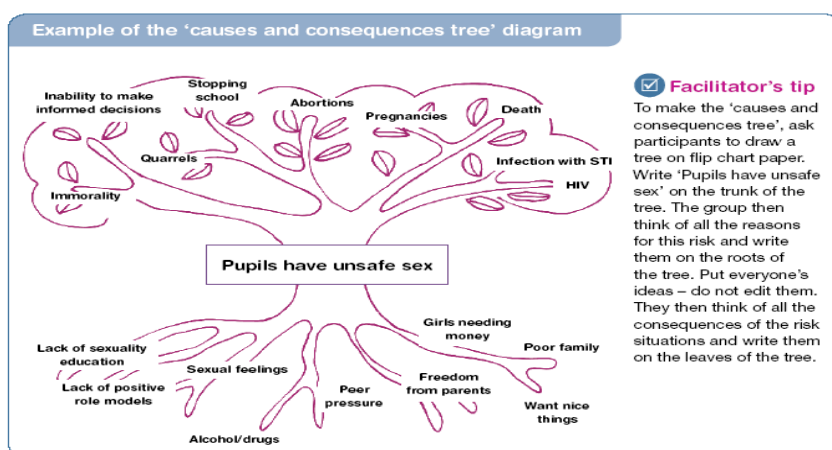
Begin by drawing the table below on the board.

Root Causes of the epidemic in PNG
•
•
•

•
•
Consequences
•
•
•
•
•

In small groups of four ask teachers to:

1. Discuss and identify the root causes of the epidemic in PNG. Which are the most important factors/causes? Ask them to record these on the table below.
2. Suggest the possible consequences of these causes. Record them on the table below. What will be the consequences for you and your class? Your school?
3. Draw the diagram below on the board or butchers paper. Compare your list of causes and the consequences with those on the tree diagram for unsafe sex below.



International HIV/AIDS Alliance: Preparing to teach sexuality and life skills p 11.

4. In the communities where you come from have you noted any of the consequences discussed above from your students?
5. How are the community handling these situations?
6. What is the school doing to address this?

Conclusion

Reflect and discuss (10 minutes)

Ask teachers to think about and write down the following:

- In your Personal Development Syllabus in what module can you teach the causes and consequences of HIV&AIDS?
- Read and find what the Department of Education HIV/AIDS Policy say about the schools responsibility in regards to HIV&AIDS.
- What teaching strategies can you use to teach about causes and consequences of HIV&AIDS?

References

International HIV/AIDS Alliance (2008) *Our Future: Preparing to teach sexuality and life-skills – an awareness training manual for teachers and community workers*

NDOE (2005) *HIV/AIDS Policy for the National Education System of Papua New Guinea*

Self reflection session

Before the next session teachers should...

Complete the following:

- Think about what are the relevant learning outcomes you find in the PD syllabus that will deal with this issue in the school?
- Discussing the epidemic with others could be difficult to explain. Think about 3 suitable teaching and learning activities for this activity.

Session 3.4: Gender and Vulnerability

Session outcomes

B By the end of the session teachers can...v

- List factors that make people more vulnerable to HIV at their sex and age group.
- Discuss roles of gender in the family, school and the community.

Background information

We have already heard in **Session 2.5: Gender and Sexuality**, that gender is socially constructed. *When we talk about gender, we are recognising that men and women behave differently not only because of their biological sex, but also because of what roles and responsibilities their society or community has taught them about how men and women are supposed to behave.*

Vulnerability tells us why some people in some places at some times are more likely to get infected with HIV than others. It helps us to understand the reasons behind the risk of HIV infection. The factors that determine vulnerability include:

- *Likelihood of being infected if we have sex with a person with HIV.*
- *This relates to our bodies – how we are made and how healthy we are.*
- *Level of exposure to risk: This relates to the prevalence of HIV in different groups in the community and the number and type of sexual activities between people.*
- *Choices available to deal with the risk, for example abstinence, having mutually faithful partners, HIV testing and using condoms.*
- *Knowledge, values, skills, support and resources that people have to make safe choices and maintain their health.*
- *People's motivation to use these abilities to make safe choices.*
- *Pressures to take risks.*

This session talks about Gender and Vulnerability, which is how our gender makes us more vulnerable to HIV infection. It is important that as teachers we talk about gender and vulnerability with our students. In PNG, gender behaviours and unequal relations between men and women are key factors contributing to the spread of HIV. We need to change not only our individual risky behaviours but also change the gender differences between men and women that make females more vulnerable to HIV&AIDS and less able to protect themselves against it.

National AIDS Council (2006) Integrating Gender into HIV and AIDS Activities p.4

Resources

Flip chart or board to write on and markers

Introduction

Group Decider (15 minutes)

1. Have the participants move into any of the 5 groups below made up of 4 teachers per group
2. The five groups are:
 - a) Women are more vulnerable to HIV than men
 - b) Men are more vulnerable to HIV than women
 - c) Teenage girls are more vulnerable to HIV
 - d) Teenage boys are more vulnerable to HIV
 - e) Children are more vulnerable to HIV
3. Ask teachers to briefly explain why they have chosen this group i.e. "Why do you think Women are more vulnerable to HIV than men?"

Have the participants seated in these groups and to go onto the main activity

In-service activities

Group Discussion and Presentation (60 minutes)

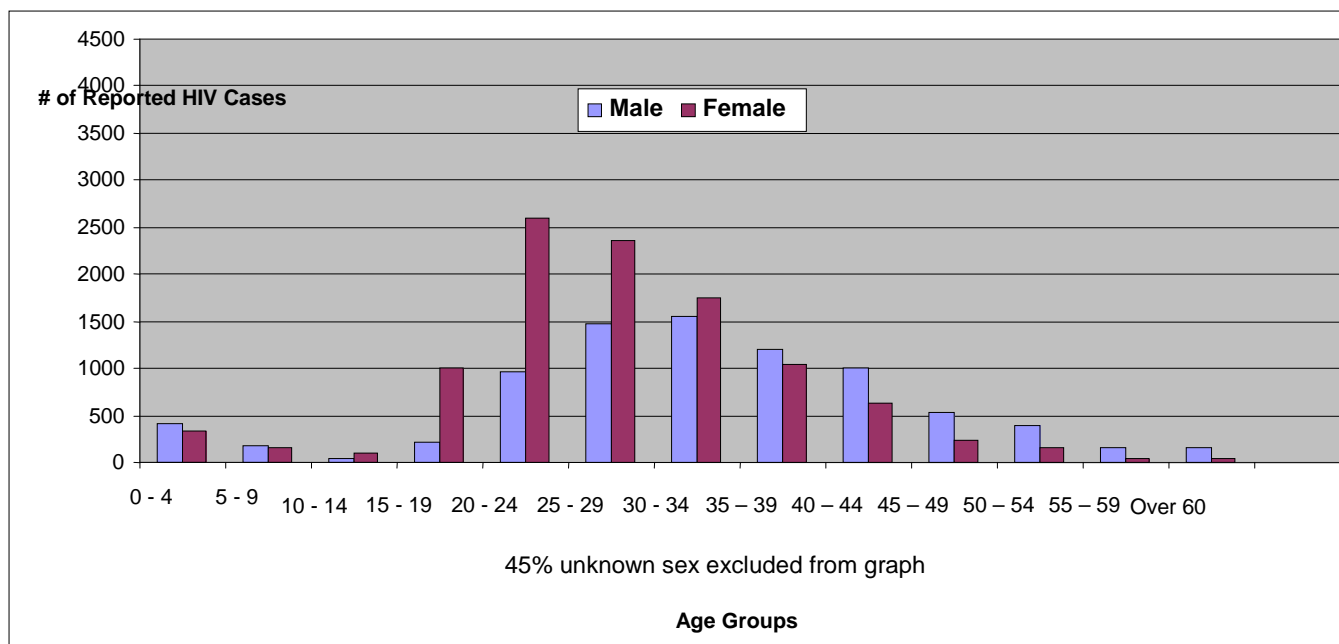
Write the table below on a board. Ask teachers in their groups to complete the following:

1. Which of the following group by gender and age are more vulnerable to HIV?
2. Select one of these groups and write down the possible causes/reasons why this group is more vulnerable.

Age group	Male	Female	Vulnerable Gender
0 – 4			
5 – 9			
10 – 14			
15 – 19			
20 – 24			
25 – 29			
30 – 34			
35 – 39			
40 – 44			
45 – 49			
50 – 54			
55 – 59			

3. Rank in order from the highest to lowest vulnerable group by age and sex giving reasons for the choices

Teachers may want to look at the graph below to help them with this activity. The graph shows the age and sex distribution of confirmed HIV cases in PNG (NDoH, 2009).



4. Ask teachers in their groups to next do a presentation answering each question below:
 - a) Which age group by gender is more vulnerable than others? Why? Analyse this by looking at this from different points of view and give reasons....
 - b) Do we have any vulnerable group in our school what age group is it? What is our school doing to address vulnerability of our students, staff and their families?
 - c) What does the Department of Education HIV/AIDS Policy state about vulnerable students, staff and their families? Are there any laws that protect these people? Explain further.
 - d) Has the school adapted the National HIV/AIDS Policy and HAMP act on its SLIP program?
 - e) What is the SLIP doing to protect girls and boys from HIV and STIs?

5. Write the table below up on the board. Ask teachers to discuss in a group and agree to use a tick to indicate who makes the decisions. List other situations in your school, eg; staff meetings, timetables, P&C meetings, sports

Situation	Man	Woman	Both
Deciding when to have the next child			
Deciding to use a condom to have sex			
Paying school fees for the children			
Deciding when their children to get married			
To make decisions on issues affecting their family			
Make a public speech			
Meet with other families clan/tribe to make a decision			
Deciding when to have sex			
Having other relationships that are social/work related			
Other examples??			

6. Ask teachers as a whole group to discuss:
 - a) Is it possible to have all decisions in all situations done by both? Why? If not why not? Explain further

- b) Are the schools decision making dominated by male/ female alone?
- c) Is there a Gender Equity in Education Policy in the school? Has the school developed its own policy using the National HIV/AIDS and Gender Equity Policies? Are the student leaders both male and male? Do teachers encourage gender equity in your classrooms when obtaining answers, giving work, responsibilities etc?

Conclusion

True False and Discussion (15 minutes)

On a sheet of paper label 1 – 14 and write T or F beside each statement number.

1. Generally women are more vulnerable than men.
2. Young women at the ages of 13 – 19 are high risk age group.
3. Elderly men have sexual relationships outside of their marriage.
4. Young women are spreading HIV
5. Teenage boys are free from HIV
6. The spread of HIV is a concern for every member of the population.
7. Unprotected penetrative vaginal sex is on the rise.
8. Urban migration, poverty and hunger the causes of spreading HIV.
9. Married women have no power to decide when to have sex with their partner.
10. Vulnerability for mothers is higher than teenage girls.
11. Many decisions of the activities in the family are made by the men
12. Women are considered inferior in decision making by men
13. Decision making is better when all people are involved in the process.
14. Teachers in the school have been observed to be Gender conscious

References

NDoH National Surveillance Report (2009)
 International HIV/AIDS Alliance (2008) *Our Future: Preparing to teach sexuality and life-skills – an awareness training manual for teachers and community workers*
 National AIDS Council (2004) *HIV&AIDS Management and Prevention Act – A User's Guide*
 National AIDS Council (2006) *Integrating Gender into HIV and AIDS Activities*
 NDOE (2009) *HIV/AIDS & STIs Resource Book, 6th Edition*

Self reflection session

Before the next session teachers should...

Answer the following:

1. Think about the different gender roles in your own community. Can you list down examples which may make men or women more vulnerable to HIV? For example, if women collect water is it from a safe source close to the community or do they have to travel?
2. Completing basic education halves the risk of contracting HIV. Explain to three (3) parents the importance of Universal Basic Education?

Session 3.5: Protecting ourselves from HIV and STIs

Session outcomes

By the end of the session teachers can...

- Discuss how they can protect themselves from HIV and STIs
- Identify and discuss best teaching and learning strategies that can be used in disseminating information on why people still get STIs and HIV even though they are well informed about the ABCD methods

Background information

- HIV & STIs are spread by germs or viruses that go from person with an STI or HIV to another person during sex.
- We can reduce the risk of the germs and the virus getting into our bodies in these ways:
 - By not having sex. This is the best way for young people, because it is 100% safe.
 - Using condoms properly every time we have sex because they stop the germs going from one person to another 90% of the time. Only condoms protect us from STIs and HIV – no other contraceptive can do this. Doing sexy things together without having sexual intercourse in the vagina or anus, or touching the private parts, body fluids or sores, not doing deep kissing if either of us has mouth ulcers or bleeding gums.
 - Only having sex with one uninfected person who only has sex with us. The more partners we have, the higher our chances of catching an STI.
 - Not having sex with someone if they have got any rashes, sores, ulcers or other symptoms around their private parts
 - However, we shouldn't think a person is safe just because he or she has no signs of STI. The germs could still be living in his or her body. We need to have a check-up for STIs
 - Wash our private parts every day, taking care to clean under the foreskin in uncircumcised boys and between the labia in girls with plain water.
 - Wash our private parts before and after sex.
 - Go to a health worker as soon as we notice any symptoms of STI. In this way, we won't spread the germs
 - Don't abuse drugs and alcohol
 - Delay the first time we have sexual intercourse
 - Get fully circumcised in a hospital
 - Take ART if you are HIV positive
 - Choose sexual partners and husbands and wives carefully, avoid abusive partners
 - Herbs do not cure STIs; they also don't mix with antiretroviral treatment.
 - Take all our medicine as instructed and do not have sex before we are cured.
 - Encourage all our sexual partners to go for a check-up and VCT and treatment. Go together, if possible.
 - Abstain or use condoms from now on!

Introduction

Warm Up Activity (5 minutes)

Ask teachers to come up to the board and write down the ways that they can protect themselves from STIs including HIV.

Some reasons they may include could be:

- don't have sex

- use a condoms
- have sex with one uninfected person who only has sex with you.

Find advantages and disadvantages for ABCD and write them down

Abstain from sex		Both be faithful and both get tested		Use a condom correctly every time you have sex		Delay time of first sex	
+	-	+	-	+	-	+	-

Tell teachers:

“Remember this list is very basic. There are lots of other strategies that we can use to protect ourselves from HIV and STIs.”

In-service activities

Main activity (1 hour and 20 minutes)

This section has two activities that we can use.

Activity 1: Mini Teaching strategy - STI attacker game 20

1. Ask teachers to turn to the person seating next them and talk about the ways that they could get STIs and HIV
For example,
 - have sex without a condoms
 - have unprotected sex with more than one person
 - have unprotected sex with one person who also has unprotected sex with another person.
2. In pairs teachers draw picture on a piece of paper to show the way of preventing or getting STI that they were given.
For example, they could draw a picture of a condom or draw stick figures to show ‘Saying no to sex’ or ‘Two people having sex only with each other’.
3. Collect and mix up all the papers.
4. Attach one piece of paper showing a way to prevent or get STIs on the chest of each participant with the drawing hidden. Attach the STI pictures to the rest of the participants with the picture showing.
5. Stand in a circle with two of the STI people in the middle. Ask six people with hidden pictures to try to cross the circle. The STI attackers try to catch them.
6. When they are caught, turn the paper round to see the picture.
7. If the activity shown could give them an STI, the person sits down. If it protects them from STI, the person continues to the other side. The people caught should look at the picture and explain whether they think they are in danger of STI or not, and why. Others can then give their ideas until everyone agrees.

8. Continue taking it in turns to be the STI attacker until everyone is either sitting down or safe.
9. Ask the people sitting down to say what they are going to do to prevent them from getting an STI in future. When they say it, they can stand up.

For example: *We only have sex with each other.*

Questions facilitators can ask

What was the purpose of playing this game?

Is this game appropriate to use with your class group? Why?

Could you think of another strategy that can be used instead of this one? Why would it be better?



International HIV/AIDS Alliance, Sexuality and Life Skills (2008), p.130-131

Activity 2: Group Discussions and presentations (60 minutes)

In this activity we ask teachers discuss why people still get STIs and HIV even though they are well informed about the ABCD methods.

Remind teachers that ABCD is the Government's basic 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) but there are other strategies that can help and we should use a range of them.

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)

To begin place teachers into groups of 4 and ask them

- What is ABCD?
- Which group of people is each strategy ABCD aimed at? For your class group which one will it be?

- What other strategies are there to protect yourself? E.g. not drinking alcohol, not using skin cutting or tattooing etc
- Can people use more than one strategy? Why is this sensible?
- How important is the topic on protecting ourselves from STIs and HIV?
- Which strategies would you teach about in Grade 5, Grade 6, Grade 7, Grade 8, Grade 9, Grade 10, Grade 11, Grade 12?

For example teachers may want to use methods such as role play, same sex groups, peer teaching, video shows, inviting a HIV positive person to come and talk, providing accurate information from an article etc.

Ask the teachers:

- Why should you as a teacher teach about STIs, HIV&AIDS and prevention methods?
- Where do you find this content in your Personal Development teacher's guide?
- What knowledge, skills and attitudes are mentioned there?
- Plan a lesson from a unit of work in your health and personal development sample units of work to show how you would teach this topic to your groups of students.

Collect feedback onto the board. Remind them there is more to fighting the spread of STIs and HIV than ABCD! (E.g. helping girls complete their education; reducing the level of rape and domestic violence; teaching about life skills, gender and human rights, making sure new born babies and rape victims have ART treatment etc)

Conclusion

Whole group – reflection (10 minutes)

1. What do you think will be some of the problems you will face when you talk to students about ways to protect yourself from HIV and STIs?
2. How would you cope or face up with the challenges from the students and your school?

References

NDOE (2007) *Peer Education Training Manual, for the training of Peer Educators and Peer Education Advisors in Secondary Schools*

International HIV/AIDS Alliance (2008) *Sexuality and Life-Skills - Participatory activities on sexual and reproductive health with young people*

NDOE (2008) *Health and Personal Development sample units of work supplementary materials*

Self reflection session

Before the next session teachers should...

Critically analyse the ABCD prevention methods – can you name two In-service activities that you could use to teach about this.

Session 3.6: Condom Demonstration

Session outcomes

By the end of the session, teachers can...

- Discuss and list down different beliefs, thoughts and stories about condom use

- Read the instructions of how to use a condom and demonstrate using a condom

Background information

Male and female condoms protect us against STIs, including HIV and HIV re-infection, and pregnancy when we have sex. They do not have any bad effects on the body.

We can obtain them without a prescription or cost from a health worker or buy them from pharmacies.

The male condom is a thin rubber tube that fits over the hard penis and catches the semen so that it cannot enter the vagina, anus or mouth.

The female condom is made out of plastic and has a ring at each end. It is inserted into the vagina before intercourse. It lines the vagina and the ring keeps it in place.

If condoms are properly used, they provide around 90% protection from HIV, STIs and pregnancy if used correctly and every time you have sex.

Resources

Flip chart or a board to write on. Enough male and female condoms for each teacher to practice on. A carved wooden penis for demonstration (if you don't have one of these use a carrot, an eggplant, a ruler etc) and a carved wooden vagina for demonstration (if you don't have one of these use an empty toilet paper tube, bamboo, plastic bottles such as orchid bottles with the tops cut off).

Introduction

Warm Up (20 minutes)

1. Draw a condom on the board and a 'Y' diagram on the condom
2. In A section of the 'Y', write down background information about the male and female condoms
3. In section B of the 'Y', write negative notes and comments about condoms
4. In section C, write all the reasons why teachers or students do not want to use condom

In-service activities

Main activity - Demonstration (40 minutes)

Demonstrating how to use a condom does not only mean that you do the demonstration! Give teachers the opportunity to do the demonstration as well in same-sex pairs. No-one should be forced to do the demonstration.

After reading the instructions below teachers should:

1. Demonstrate the insertion of a male condom on a wooden penis (or another suitable object as explained in the resources).
2. Demonstrate a female condom with a wooden vagina (or another suitable object as explained in the resources).

Male Condom

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.

Female Condom

You may have to demonstrate how to use a female condom correctly to young people. 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
- 95% effective at preventing the transmission of HIV and STIs if used every time you have sex
- Only use one condom at a time
- Only use the condom once but strong enough to be reused
- Can be put inside the woman's vagina for 3-4 hours before sex
- More lubricated than the male condom
- Woman is in control of safe sex

How to use a female condom

1. Do you **really** want to have sex? Does your partner **really** want to have sex? Is either of you feeling under pressure or feeling uncomfortable? **Abstinence is 100% safe.**

Alternatives to sex include masturbation, massaging, rubbing, kissing and hugging.

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

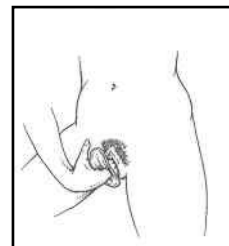
3. A woman can wear the female condom inside her vagina for up to 4 hours before sex

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.

After the demonstration ask teachers:

1. Can you teach and demonstrate the use of male and female condoms?
2. What are some of the religious beliefs that prevents students and teachers from discussing condoms?
3. What are some of the cultural beliefs discussing about condoms?

These last two questions could raise some problems for teachers discussing condoms. Ask teachers to discuss ways that they will be able to resolve these issues.

Conclusion

Plenary strategy (20 minutes)

1. Review the facts about condoms
2. Review barriers to teaching and discussing condom use and how they can resolve this
3. Under the HAMP Act and DoE HIV Policy teachers should have access to condoms in the workplace and boarding students in schools – What do you think about this?

References

NDOE (2009) *HIV/AIDS & Reproductive Health Lecturer's Guide and Student Teacher Course Book, 4th Edition*

Self reflection session

Before the next session teachers should...

1. List two potential issues in teaching about using male and female condoms and write down what solutions they believe will be appropriate in their communities.
2. Discuss with parents which grade/age is the best to start to teach about condoms.

Session 3.7: Safe-sex and risky behaviour

Session outcomes

By the end of the session teachers can...

- Discuss and develop other strategies for safer sex which young people could use
- Identify and categorise sexual and other relationship behaviours into no, low and high risk for HIV transmission

Background information

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. 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.

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.

The sexual practices listed below 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”
- Cross generational sex
- Sex when drunk or when high on drugs
- Unprotected sex if you or your partner has an untreated STI

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.

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

Our sexual behaviours can also be listed as positive sexual behaviours (behaviours we can enjoy which involve pleasant, loving feelings) and negative sexual behaviour (behaviours which could hurt us)

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

Resources

Risky behaviour sorting cards (enough for one for each group), butcher paper, markers

Introduction

STI prevention game (10 minutes)

1. Ask people to call out the ways that they can protect themselves from STIs.
 - Don't have sex
 - Use a condom
 - Have sex with one un-infected person who only has sex with you
 - etc

2. Ask people to call out the ways that they could get an STI.
 - Have sex without a condom
 - Have sex with more than one person
 - Have sex with one person who also has sex with another person
 - etc

In-service activities

Main activity (110 minutes) Risk sorting

1. Arrange the participants into same sex groups of 4. Give them a set of cards with the words listed below. Ask the groups to sort them along a line in order from VERY HIGH RISK to HIGH RISK to LOW RISK to NO RISK. Also allow them to put behaviours into DON'T KNOW place.

The Cards

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

After they have completed this task ask teachers:

- What would be the reaction or feedback of the activity amongst their sex grouping that relates to sexuality?
- Will the activity cover some of the specific learning outcomes in Personal Development? Why?

2. Work in the same groups and ask participants to list how students can reduce the risk of HIV for their peers. Think about knowledge, skills and behaviour/attitudes.

For example:

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

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

3. Use the same groups and give them each three of the behaviour cards used in activity one. Ask them to write reasons down for that situation (for example having sex too young might be because of peer pressure, being forced to have sex, etc). At the end of the activity a member of each group presents their activity task.

4. In their groups discuss and write down groups of person who are at risk and identify their specific risk behaviour they practice. Report back to the whole group.

5. Ask the participants questions about their understanding about the safe-sex and risky behaviour practice.

Ask teachers:

- Why is safe-sex the best method if fighting against HIV?
- Why young men/women are at risk of HIV?
- Why young people use condoms during unsafe sex practices?
- What are the traditional safe-sex practices of your traditional society?

Conclusion

Feedback (10 minutes)

Ask for feedback from the activities you have just done. What have teachers learnt over this session? Answers should include some of the following.

- Sex should be responsible and safe
- Sex should not hurt anyone emotionally, physically or spiritually
- There are always consequences for sex and every individual should know these consequences and be prepared to face these.

References

International HIV/AIDS Alliance (2008) *Our Future: Preparing to teach sexuality and life-skills – an awareness training manual for teachers and community worker*
 NDOE (2007) *Peer Education Training Manual, for the training of Peer Educators and Peer Education Advisors in Secondary Schools*

Self reflection session

Before the next session teachers should...

Try the sorting activity with a family member - is it an effective teaching and learning activity? How?

Session 3.8: ART and Positive Living

Session outcomes

By the end of the session teachers can...

- Answer common questions about treating HIV
- Demonstrate understandings of what anti-retroviral therapy (ART) are, where to get them and how they can help people affected with HIV.
- Demonstrate an understanding of Positive Living in people and identify practical strategies of Positive Living.

Background information

Key facts

- The human immunodeficiency virus (HIV) causes low immunity by attacking the body's defence system, which fights germs.
- At first those of us with HIV have no signs or symptoms of illness. We may enjoy good health for 10 years or more without knowing that we have HIV.
- Slowly, over some years, HIV reduces our body's ability to fight off the germs. Then we get sick more often than usual. If each illness is treated quickly, we can stay healthy for longer.
- Later, those of us who have HIV and are not taking antiretroviral (ARV) may develop AIDS. Then we suffer from serious sicknesses. If these diseases are treated well, we can go on living positively again.
- At present there is no cure for AIDS, but there are antiretroviral drugs, which can greatly slow the disease and help those of us with HIV to stay healthy and live longer. The Ministry of Health in Papua New Guinea is working hard to make these drugs available for those who need them.
- If people do not have a HIV test, even healthy people with HIV can infect others without either of them knowing it.

How to live positively

- Use condoms or make love without sexual intercourse to avoid getting STIs and more HIV into our bodies and to protect others.
- Eat a healthy diet of staple foods; beans, nuts, egg, meat or fish, vegetables and fruit and oil or fat to keep our bodies strong.
- Avoid too much alcohol and do not take drugs or smoke because they weaken our body's defence system.
- Avoid infections as much as possible by practicing good hygiene and get treatment quickly.
- Take gentle exercise.
- Carry on with our work and lives.
- Spend time with those we love, talk about our feelings and dreams, pray and have fun to reduce stress.
- Meet with other people who are living with HIV to support each other, educate others, help others, reduce stigma and advocate for treatment.
- Through prayer and your community or church.
- Look after each other at home unless you need hospital treatment.
- Prevent infection by boiling blood stained clothes or putting them in bleach. Cover any sores or cuts on your hands. Wash your hands often.
- Post Exposure Prophylaxis (PEP) is available for rape victims and for babies born to mothers who are HIV-positive

Resources

Papers and pens.

Introduction

Warm up: True or false (10 minutes)

Play this game with your teachers. Ask them to record their answer on a piece of paper and then tell them the correct answers.

Questions	Answer
Modern, expensive Western medicines cure HIV. True or false?	<i>FALSE – anti-retro viral drugs or ART only slow the disease down by slowing the reproduction of the virus. They are free in PNG</i>
There are bush cures for HIV. True or false?	<i>FALSE – no cure has been found for HIV. People who tell you they are selling one are lying and making money from people's desperation</i>
If you commit your life to God and confess your sins you will be cured by God.	<i>FALSE – many committed and faithful Christians (and Muslims, Hindus, Jews and others) have prayed to be cured and none have been. There is no cure for HIV. Prayer does help some people feel better</i>
There are people who have miraculously recovered from HIV. True or false?	<i>FALSE – no recovery has been proved. It is more likely the HIV test wasn't accurate</i>
You can get better from AIDS. True or false?	<i>TRUE – sometimes, in rare cases, your immune system can recover enough to suppress the virus. But you will still have HIV and will develop AIDS later in life. ARTs can also help your immune system recover from AIDS but can't remove the virus from your body</i>
ARTs are only found in Western countries. True or false?	<i>FALSE – they are found in PNG but not many people have access to them yet. This is changing quickly</i>
There will be a vaccine or cure soon. True or false?	<i>FALSE – viruses like HIV are very difficult to vaccinate against because they change so often. They also attack the immune cells which are supposed to stop the virus. Doctors are trying to find a cure. They have been looking for since 1981 and have not found one yet. The only option is prevention</i>
HIV was invented by man so can be cured by man. True or false?	<i>FALSE – HIV is a natural virus. No-one made it. It has probably been infecting humans since at least the 1930's and originally came from African chimpanzees. Other animals get viruses like HIV</i>
Only sinners are at risk of HIV. True or false?	<i>FALSE – HIV can infect anyone who has sex. It also infects babies and faithful wives. Many people lead very moral lives and still get HIV because their partner has the virus. It is dangerous to say only sinners are at risk</i>

In-service activity

People Living with HIV Infection (60 minutes)

Explain that we are going to talk about those of us living with HIV infection. Almost three in a hundred people in Papua New Guinea are living with HIV. Many of us do not know whether

we have HIV or not. We should praise those among us who have had the courage to take the test and are taking action to avoid or live positively with the virus.

Take care!

There may be people in the group who know that they have HIV or who are worried that they might have it. Welcome the group, and particularly anyone who has had the courage to go for an HIV test or who is open about living with HIV. Explain that we can all learn a lot from each other about ways that we have found to cope with HIV.

Make sure that the activity does not make anyone of us with HIV feel bad. Encourage people to think carefully before telling the group that they are living with HIV.

Welcome everyone to the group, whatever their HIV status. If anyone has already told the group that they are living with HIV, say that we are all looking forward to learning a lot from their experiences.

Go into small groups (of no more than 4) to listen to the story below. Read the story in steps and ask participants to discuss some questions at each step. Make sure that the names of the characters are not the names of anyone in the group.

Read the story in steps and ask participants to discuss some questions at each step. Make sure that the names of the characters are not the names of anyone in the group.

Daniel is 18 years old. He has completed 10 years in school and now he is a hardworking farmer and learning carpentry. He is a good dancer and the girls have always liked him. Now he is going out with Lynne and they plan to marry after the yam harvest. Daniel attended an AIDS talk and is worried that he might have HIV because he has had four girlfriends before Lynne. He is trying to decide whether to have an HIV antibody test or not.

Ask:

- *What do you think Daniel is feeling?*
- *What is going through his mind?*
- *What might be the good and bad points for taking the test?*
- *Will he discuss it with Lynne?*
- *Is there any group member who knows someone with similar experience and would like to share the type of feelings they went through.*

Share your views or ideas on these questions with people in your group.

Next continue reading the story as below.

Daniel decides to have the HIV test. He has to wait one day for the result.

Ask:

- *What is Daniel feeling as he waits?*
- *What is he thinking about?*
- *Who is helping him?*
- *Where can you get a HIV test in your local community?*

Daniel gets his test results. He is HIV positive.



Ask:

- *How does he feel when he hears the news?*
- *What does he decide to do?*
- *Who does he tell about his results?*
- *Does he tell Lynne the results?*
- *Identify the principles and the processes involved in VCT. (Refer to HIV&AIDS & STIs Resource Book)*

Daniel tells Lynne the results of his test

Ask:

- *How does she feel?*
- *What does she do?*
- *How can Daniel and Lynne help each other?*

Lynne decides to have the HIV test. She is also HIV positive.

Ask:

- *What do they decide to do?*

Daniel and Lynne decide to marry because they love each other and want to be happy together. They decide to live as positively as they can. They both feel healthy and get on with their work.

Ask:

- *What can Daniel and Lynne do to live positively with HIV?*
- *How can they stay healthy?*
- *How can they enjoy their love together?*
- *Will they have a baby?*
- *Who and what might help them? Who and what might make their lives difficult?*
- *How does the law in PNG protect people living with HIV&AIDS?*



Daniel and Lynne have three happy years together with no problems. They decide not to have a child because they do not want it to be in danger of getting HIV or to be left an orphan.

Ask:

- *How will Daniel and Lynne feel about not having a child?*
- *What will other people say about them?*

A drug becomes available at the hospital for pregnant women to prevent transmission of HIV from mother to child. Daniel and Lynne decide to have a child. The baby does not have HIV and grows well. Lynne gives him only breast milk for six months and then stops and gives him nutritious foods.

Ask:

- *How do you feel about Daniel and Lynne having a child?*
- *How can they protect the baby from HIV infection?*

Lynne starts to get sick more frequently. She goes for treatment quickly and stays as well in between. Then she gets tuberculosis (TB). She has to take drugs every day to cure it. Daniel has to take care that he does not catch TB from her. She has her own bowls and cups and covers her mouth and nose when she coughs. After she starts taking the drugs, she is less infectious. Daniel looks after her and their child when she is sick.

Then they learn about a new drug that helps people with HIV to live for a long time. They go to the hospital and Lynne starts taking the antiretroviral (ARV) drugs. She has to take them correctly every day. Daniel helps her. She starts to feel much better and goes on with her life and work. The doctor tells Daniel that they will check his blood regularly and start him on antiretroviral treatment (ART) when he needs it.

Ask:

- *What kind of sickness might Lynne get? How can she and Daniel cope?*
- *What help can they get?*
- *What can they do to keep as healthy as possible?*
- *How can Daniel help Lynne to take her ARVs correctly?*
- *What plans does your school (SLIP) have to assist a person who requires constant medication?*

When you have finished the story,

Ask:

- *How did you feel when you heard the story of Daniel and Lynne?*
- *(Encourage them to bring out all their feelings.)*
- *What were the good and bad points of Daniel taking the test?*
- *How did Daniel and Lynne live positively with HIV infection?*
- *If Daniel and Lynne were your friends, how would you help them?*
- *How would you learn from them?*
- *How can those of us with HIV help people in our community to avoid HIV, to get tested and to go for treatment?*

Ask teachers to think quietly to themselves whether it would be good for them to have an HIV test or not. What would be the good and bad points?

Ask:

- *Where could they go for counselling and support?*
- *Get people's ideas on good and bad points from the groups without mentioning who said what.*

Ask teachers what they have learned and how they will use what they have learned.

International HIV/AIDS Alliance, Sexuality and Life Skills (2008), p. 143-145

Conclusion

Discussion (20 minutes)

What are the challenges in getting access to ART in PNG?

Discuss this with your group and feedback.

Possible answers:

- many people live in remote areas
- hard to get the dose right
- side effects
- poor health infrastructure
- need expert health workers to help get dose right
- need to take pills every single day

Remind them that Post Exposure Prophylaxis (PEP) is available for rape victims and for babies born to mothers who are HIV-positive. Ask them where they can get ART and PEP in their local area (your Provincial AIDS Committee, local health centre and VCT centre can tell you where).

Ask for feedback and then highlight the Home Based Care instructions from the HIV&AIDS and STIs Resource Book. Remind them that they may well have to care for people who are dying of AIDS in their family and community and so it is important they know the right way to care for others.

Remind them it is their Christian duty to care for people who are sick.

Case study

Read this true story from an MTC graduate.

Lisa, student teacher

During the semester break I went to Lae 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 been in Lae. 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.

Think about yourself and how you would deal with this situation?

What three messages about caring for people with HIV should you try and live by?

- You could choose a Biblical message if you wish.
- Discuss the different ways of displaying the correct definitions for sexuality in their respective classrooms.
- Identify component of the syllabuses that is on ART.
- What do you think about these learning outcomes? When would you teach them? Why?
- Are you comfortable teaching these outcomes? Why?

- Will you students be comfortable discussing these outcomes?

Additional activity: Personal testimony from a person living with HIV: It is highly recommended you invite a person living with HIV to come in and share their life with the students. If possible invite them in for two sessions (in the first one they can be a trainer or helper and will not tell the students their HIV-positive status...they could share buai, shake hands etc with the students.

References

NDOE (2009) *HIV/AIDS & STIs Resource Book, 6th Edition*

International HIV/AIDS Alliance (2008) *Sexuality and Life-Skills - Participatory activities on sexual and reproductive health with young people*

Self study Session

Before the next session teachers should...

1. Reflect on what new information they have learnt during this session. What life-skills do they practice when they consider the feelings and lives of people living with HIV&AIDS?
2. What can your class do to show Christian love and care to people who are sick?
3. A student in your class is raped. What should you do? Write an action plan for PEP.

Session 3.9: Voluntary Counselling and Testing

Session outcomes

By the end of the session teachers can...

- Explain the importance of voluntary counselling and testing and the steps involved.
- Identify where the nearest VCT sites are for referral purposes and where to access anti-retro viral therapy.

Background information

What is Voluntary Counselling and Testing (VCT)?

- 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).
- **Confidentiality** of testing – all testing is confidential to protect human rights and encourage more people to be tested for HIV
- **Testing** happens right there at the VCT centre so there is no doubt about the result. The person who is being tested can see the blood test result straight away within 15 minutes. An HIV blood test is free.
- The VCT centre provides **support** to individuals and families. Some people come on their own, some with their wife/husband and some come with a family member or friend.

The list below includes advantages and disadvantages of going for VCT.

Advantages of going for Voluntary Counselling and Testing

1. We will know our HIV status and be better able to plan our lives. For example, by practicing safer sex to protect ourselves and others and by making informed decisions about having children.
2. It can free our minds from uncertainty. People do not have HIV and have sex only with each other can stop using condoms and choose another contraceptive.
3. The counselling helps us to become more aware of our sexual lives and risks and to make a plan to practice safer sex, whether we decide to take the test or not and whether we are positive or negative.
4. If we test HIV positive, we can take steps to boost our immune system and stay well. We can begin ART when necessary to maintain our health.



International HIV/AIDS Alliance, Sexuality and life skills (2008) p.54

Disadvantages of going for Voluntary Counselling and Testing

It's very important to know that these disadvantages mainly happen if we are not well counselled, do not get support, and the community is ignorant about HIV and stigmatises or discriminates against those of us living with the virus.

1. Some of us who test positive may not be able to cope with our results in a good way. This is especially true if we are not well counselled, stigmatised, or supported. We might suffer from depression and low self-esteem. We may get sick and die earlier because of this.
2. Our partner might react badly and beat or reject us.
3. If we test negative, we might believe that we are immune to HIV and go on having unsafe sex. If we are positive, we might feel angry and want to infect others or blame our partner and treat him or her badly.
4. If others learn that we have tested positive, they may discriminate against us and refuse to work with us, or eat, live or socialise with us. Counselling should be provided both before the test and after the test result comes in. The counselling should be completely confidential. The counsellor has no right to tell anyone the results.

Resources

Scrap papers, pens, butchers paper

Introduction

Warm up– Transmission game (20 minutes).

For this activity we will be using a teaching method called “Cass’s Method”

1. Drawn an ‘X’ on one fifth of the pieces of papers and fold so no one can see what is written.
2. Ask the teachers to take a piece of paper, but not to look at it until instructed to.
3. Ask teachers to walk around the room and shake hands with one person and remember their name.

4. Repeat so that teachers shake hands again with one person.
5. Ask everyone to look at what is written on his or her slip of paper
6. Ask people with the 'X' to come forward. These people are those who have HIV infection in the game.
7. Ask everyone who shook hands with X in the second round to come and sit in the middle.
 - Q: What is the handshake pretending to be?
 - Q: How many people have been exposed to HIV through shaking hands?
 - Q: What did the people who were not exposed do to stay safe?

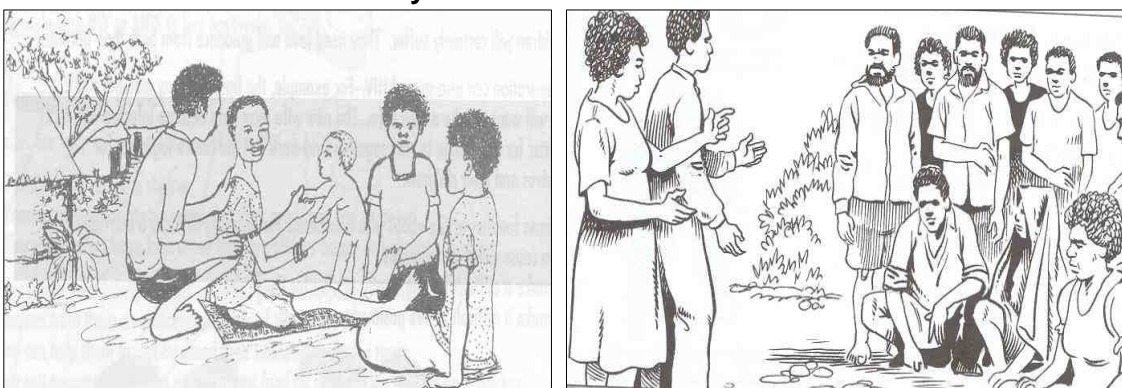
This game is to help understand how people are exposed to HIV in the community and how one can protect himself or herself and the impact of individual behaviour on spread of HIV in the community. Remember that concurrent multiple partners are very risky!

In-service activities

Main Activity: Picture reflection (30 minutes)

1. Use the picture below and think about how teachers treat people with HIV&AIDS in the community.
 - Q: What would be your advice to your pupils, friends, relatives and family?
 - Q: What would you do or say if someone in your family is living with HIV&AIDS?
2. Ask students to reflect on these pictures for 10 minutes and then tell a partner how she/he would respond if someone in his or her own family was diagnosed as HIV-positive.

Treat this session sensitively because some teachers may have family members who are affected by HIV&AIDS.



Activity 2 (30 minutes)

1. Pair teachers in mixed sex groups of 4.
2. Brainstorm and list VCT sites in their local community and write on butcher papers.
 - Q: Where is your nearest VCT centre?
 - Q: Who should have an HIV test?
 - Q: Why is it important to go for an HIV blood test?

- Q: What happens when they go for an HIV blood test?
- Q: What are the advantages and disadvantage of going for VCT?
- Q: From your own point of view, do you think that VCT should be compulsory or voluntary?
- Q: As a teacher in a school what is your role in encouraging and supporting the VCT to change student's behaviour?

Conclusion

Trainer stresses the key concepts to the teachers: (Peer Education training manual page 99) (10 minutes)

- Q. Can you force anyone to have a blood test for HIV and why?
- Q. In what ways can you as a teacher encourage your colleagues and friends to change their behaviour?
- Q. Why is maintaining confidentiality an important aspect in testing?
- Q. How long does it take for a blood test to be done? How much is it to pay for a blood test?
- Q. Who benefits from the VCT and why?

Department of Education, Peer Education Training Manual (2007) p.99

References

NDOE (2007) *Peer Education Training Manual, for the training of Peer Educators and Peer Education Advisors in Secondary Schools*

NDOE (2009) *HIV/AIDS & STIs Resource Book, 6th Edition*

International HIV/AIDS Alliance (2008) *Our Future: Preparing to teach sexuality and life-skills – an awareness training manual for teachers and community workers*

Self study Session

Before the next session teachers should...

- Reflect on how open they are to getting a VCT test. Encourage teachers to be open about having a test and can talk about it. Do not force people to reveal if they have had a test or not.
- Go for an HIV Test. How does it feel?

Session 3.10: Challenging stigma and discrimination

Session outcomes

By the end of the session teachers can...

- Give a recount of a time you have been stigmatized by someone and how you felt about the discrimination
- Give a recount of a time you have stigmatized someone.
- Read and extract statements in the HIV & AIDS and HAMP Act policies that states against stigma and discrimination

Background information

Stigma is when people think that a person or group is worth less than others. People may be stigmatised because of illness, sex, race, gender, age, disability, their work or religion.

Discrimination is when a stigmatised person is treated unfairly or unjustly because they have HIV or they belong to a group seen as at high risk of HIV. HIV stigma

builds on bad thoughts, inequalities and injustice that already exist about gender, age, poverty, race or sexual behaviour in others. For example, many people blame women, young people or people from outside the country or community for HIV. Institutions may also discriminate against people.

Causes of stigma

Stigma towards people with HIV may result from: a lack of understanding and fear of the disease and how it spreads; prejudice; poverty; lack of treatment; fear of illness and death; social fears about sexuality; and messages about HIV and AIDS which increase fear.

Consequences of stigma

Stigma and discrimination lead to denying those of us living with HIV our human rights. For example, we are denied the right to get a job, to marry, to stay at school, to get health care, to travel or return to our own country, to live in our community and even to life. Stigma, discrimination and the violation of rights worsen the results of the epidemic. Those of us living with HIV or thinking that we are at risk may feel embarrassed, guilty and fear – we stigmatise ourselves. This may cause us to hide our worries and avoid going for a test or practising safer sex in case people suspect us of having HIV. It prevents us from obtaining good care for ourselves and family members if they have HIV. Stigma and discrimination cause more anxiety and distress, which makes those of us with HIV become ill more quickly.

Resources

Copies of the DoE HIV&AIDS Policy and the HAMP Act, or copies of the HIV&AIDS and STIs Resource Book. Board or flip chart to write on. Papers and pens.

Introduction

Warm up: Stigma vs Love (15 minutes)

1. Ask teachers to write phrases and words that stigmatise people living with HIV&AIDS on squares of paper and pin these to the wall like the photograph below (e.g. You are a sinner; I am scared of you, get out of here)



2. Next, ask them

- How are these statements making people living with HIV&AIDS feel?
- Remember learning about life skills? This activity asks people to use the life skill of empathy. E.g. scared, lonely, angry, denial.
- They can tell a partner and share these feelings

3. Next, ask them to tell a partner

- What are some likely consequences of these feelings? (The life skill of critical analysis). E.g. not wanting to get tested, revenge, loss of hope and early death, breakdown in Christian and traditional culture

4. Then ask the teachers to write love hearts containing Christian words of love, hope and care and pin these over the words of hate and stigma on the wall. E.g. I will care for you, you are not alone, I am not afraid of HIV

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

In-service activities

Case Studies (40 minutes)

Divide participants into pairs. Ask each pair to read the case studies below and answer these three questions:

- What is causing the stigma and discrimination?
- What is the effect on the person affected by HIV&AIDS?
- What would you have done? What is the solution?

Case Study One

Lorraine 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 dies not many people come to his funeral and haus krai. She hears people whispering that her husband had been up ton o good in town and had died of sik AIDS. Eventually the school Headteacher calls her to the office and suggests she might want to go and work at another school. Some parents have been saying they don't want their children to stay at the local school with this teacher.

Case Study Two

Matthew's uncle has contracted HIV. He has started to work with the local Provincial AIDS Committee and sharing his story. When he comes to Mary's village he walk 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.

Case Study Three

At your local church the pastor is making a speech about AIDS. He says that anyone

who is HIV Positive is a sinner who will go to hell. He tells the congregation that people with AIDS should be locked up. Many of the congregation nod their heads.

Conclusion

Document Review (20 minutes)

Remind teachers of the HIV&AIDS Education Policy and the HAMP Act Read that they learned about during **Session 1.2: The DoE HIV&AIDS Policy and Session 1.3: The HAMP Act and students rights**

Ask teachers to read and extract the statements in the DoE HIV&AIDS Education Policy and the HAMP Act that states against and prevents stigma and discrimination (you can find these in the HIV&AIDS and STI Resource Book).

- How do we use the policies to protect ourselves from the effects of discrimination against ourselves or our discrimination towards others?
- How can we best challenge and cope with discrimination?
- Summarise the sections of the HAMP Act and the DoE HIV&AIDS Policy that stops people from stigmatising and discriminating against others.

References

International HIV/AIDS Alliance (2008) *Sexuality and Life-Skills - Participatory activities on sexual and reproductive health with young people*
 NDOE (2009) *HIV/AIDS & STIs Resource Book, 6th Edition*

Self reflection session

Before the next session teachers should...

Read a case study of himself or herself of the time he or she was stigmatised.

Session 3.11: Life Skills - Resisting Pressure

Session outcomes

By the end of the session teachers can...

- Demonstrate assertively resisting pressure
- List and identify ways in which they can help their students to resist pressures
- Demonstrate ways they could teach their students to resist pressures

Background information

People often try to stop others from staying strong and sticking with their decisions. Others may often find ways to make you change your mind or give up on trying to get/achieve what you want. Sometimes we feel pressured by these people to change your mind instead of staying strong with the decision we have made. Resisting pressure, and staying strong to what you want to do, is an important life skill for students who may face pressure in their sexual and reproductive health.

International HIV/AIDS Alliance, Sexuality and Life Skills (2008).p. 52

Resources

Notebook and pens, flip chart or board to write on.

Introduction

Warm up: 'Yes/No' (10 minutes)

Divide into pairs, one will say 'yes' and the other 'no'. Try to persuade your partner to say either 'yes' or 'no' with you. You can beg or scream but do not touch, hit or physically force your partner. See if you can persuade your partner. You can swap words and persuade your partner.

Resisting pressure is an important part of life skills teaching. Young people need to learn how to resist pressure to:

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

In-service activities

Main activity (45 minutes) Resisting pressure strategies

Remind teachers that resisting pressure to have sex too young or before marriage is very important in protecting young men and women against risk. Abstinence depends on **strong values, good decision making, high self esteem and strong assertiveness**. Imagine that your students are experiencing these situations.

Demonstrate this life skill activity.

1. Divide the page into three columns as below.

What you could say to resist this pressure	What they would say to persuade you...	What you would say or do if they said this...
<i>e.g. "No, even though I like you I don't want to have extra marital relationship"</i>	<i>e.g. "Well, don't worry because I love you and no one will find out"</i>	<i>e.g. "No, if you loved me you would respect my views. Think about it. I will see you tomorrow." (and leave)</i>

2. Tell them this dilemma:

"A parent has bribed you with some money so you can enroll their child in school."

3. Next teachers brainstorm possible responses to the pressure in the first column. Ask them to write the responses in "" marks because later we might role play them. Ask them to write as many. (5 minutes)

E.g. "No, accepting money without proper arrangement for enrollment is illegal so I cannot accept."

4. Stop the group and hear some examples. Remind them that all the sentences must begin with the word "no" to be assertive and must give a strong personal reason.

5. Next ask them to imagine this situation with their students. This is between a boyfriend/girlfriend what would they say to persuade each other. E.g. "I feel ready and you were very keen last night in the garden". Again they should write the responses to each "no" sentence in speech marks in column (2. 5 minutes.)

6. Stop the group and hear some example conversations. How might someone try and persuade you?

E.g. Emotional pressure (e.g. "If you loved me, you would"), physical pressure (a threat like "If you don't I will bash you"), material pressure (a bribe or gift like "I'll pay for your school fees"), a promise (e.g. "But I will use a condom"), using previous events (e.g. "You were happy to have sex last month") or peer pressure (e.g. "All your friends do it, why don't you?")

7. Finally ask them to write a reply or action you would make to each of the possible bribe experience or boyfriend/girlfriend responses. Remind them to be assertive and avoid conflict. (5 minutes)

8. Stop the group and hear the complete conversations with their final action or speech.

9. Next we would ask teachers to give their personal experiences (column 1) in resisting pressure. Which ones would work best for you? Which would be the most effective way of resisting pressure? Why? Is there pressure in your workplace? What are the pressures?

10. Finally, with a partner and observer triangle role play the best responses and practice the right body language. The observer can give you feedback on whether you were assertive or not!

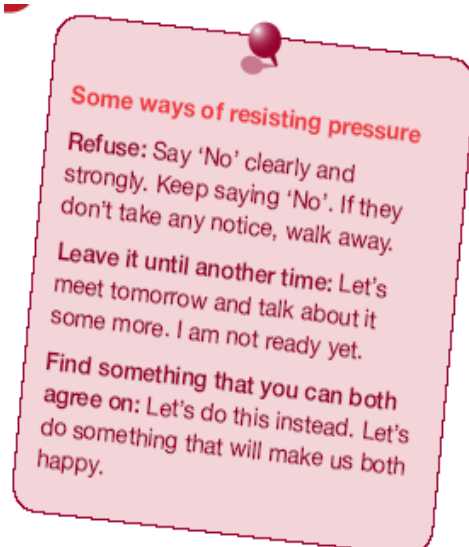
Remind them that by practicing how to resist pressure we can prepare ourselves and help young people for risky times.

Conclusion

Adapting the resisting pressure strategy (15 minutes)

Working with a partner, brainstorm other likely dilemmas for young men and young women where they need to resist pressure to take risks. Discuss this for 5 minutes and then collect ideas for other dilemmas on the board. Remember many of these apply to young men and young women.

Dilemmas for young women	Dilemmas for young men
e.g. An older man wants you to marry him/have sex with him e.g. A friend wants you to stay away from school for the day and go to the beach	e.g. A peer wants you to drink homebrew with the gang e.g. Your friend wants you to help them steal something from the trade store



1. How does your school deal with situations in relation to pressure? Do you have laws to protect teachers and students who are under such pressures and deal with those who put pressure on others?
2. Do your students know how they can assertively resist pressure?
3. How can you help students build their confidence in resisting pressure?

International HIV/AIDS Alliance, *Sexuality and Life Skills* (2008) p.53

References

NDOE (2009) *HIV/AIDS & Reproductive Health Lecturer's Guide and Student Teacher Course Book, 4th Edition*

International HIV/AIDS Alliance (2008) *Sexuality and Life-Skills - Participatory activities on sexual and reproductive health with young people*

Self reflection session

Before the next session teachers should...

- Think about times that you have felt pressure to change your mind or to agree with another person even if you might not feel 100% that you agree.
- How can you address resisting pressure in your schools?

Session 3.12: Life Skills - Negotiating safer sex

Session outcomes

By the end of the session teachers can...

- Role play assertive strategies for safe sex and abstinence
- Make good decisions about our sexual lives

Background information

Negotiating safe sex is another important *life skill* for students. Consider the following points:

- Many young people have sex without thinking carefully about the results.
- Young people often do not make a decision to have sex. It just 'happens' to them in an unplanned way.
- Sex is a very powerful feeling and can overcome people's common sense.
- Some young people are forced into sex against their will.

- It is very important that young people learn to make strong decisions on whether to have sex or not; to say the real 'No' and the real 'Yes' when it is right for them.
- Young people may decide to have sex for a number of reasons, including love, desire, power, money or to be part of a group.

Resources

Flip chart or board to write on.

Introduction

Warm Up (20 minutes) Case Study

1. Put this case study up on the board.

Kabo and Lindi are in Grade 8. They are starting to feel serious about each other. One day, after school, they go to the garden when no one else is home. They start to hug and kiss each other, and Kabo tells Lindi he loves her. She is happy to hear that, but when he says he wants to have sex with her, she doesn't know what to say. She remembers a friend of hers telling her that everyone is having sex.

Questions

- a) If you were Lindi, how would you respond? What do you think Kabo will say then?
- b) If you were one of their parents, what would you do?
- c) Have you ever experienced such situations? If you have, was your response assertive? Why or why not?
- d) With a partner, look in the Personal Development Syllabus and identify where life skills of assertiveness or decision making is taught.
- e) In pairs discuss what Kabo and Lindi should do using this life skill format.

What someone might say to persuade you to have sex...	
What might someone say....	What could be an assertive response...(words or actions)
e.g. <i>I'm sure I don't have a disease—do I look sick to you?</i>	e.g. <i>No, you look good, but sometimes you can have a disease and not even know it. I want to take care of myself and not take any risks.</i>

2. Explain that negotiation:

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

In-service activities

Main activity (50 minutes) Role play ' Shall we have sex or not?'

1. Ask for two people to play the role of a boy and girl who are thinking about whether to have sex or not.

2. Give the pair names. Ask them to leave the group and get into their roles. They should agree on their past, how long they have known each other, how and where they are together and how they feel about each other.
3. Put the rest of the group into pairs and tell them to imagine that they are thinking about having sex with someone (most probably their partner)

Question:

- a) What questions would you need to answer to make a good decision?
 - b) Is there a difference in the decisions you make in having sex before and after marriage? If yes, why?
4. Tell them to remember their questions so that they can ask them to the boy and girl who are making the decision.
 5. Invite the couple to join the group. Explain that the group members are going to help them to make a decision on whether to have sex or not by asking them some questions.
 6. Ask the couple to introduce themselves, giving only their names.
 7. Then 'hot-seat' them (asking questions while the pair are seated facing the audience).
 8. Tell people to make sure that they ask questions to both the boy and the girl, because they should make the decision together.
 9. Tell people to take care that they ask open questions that do not tell the couple the answers that they want to hear. Tell them not to ask moral questions.

For example, don't ask: 'Don't you think that it is wrong to have sex before marriage?' Instead ask: 'What do you think about having sex before marriage?' Tell them to try to ask questions that follow on from the question the person before them asked. For example: 'Do you want to have a child with this person?' If the answer is no, ask: 'What are you going to do to prevent pregnancy if you have sex?'

10. When people have asked all the questions that they can think of, ask any of the following questions that they have left out (or give them to members of the group to ask):
 - *Why are you thinking of having sex with this person?*
 - *If you do have sex, what will be your reasons for doing it?*
 - *Do you want to have sex with this person? Does he or she make you feel sexy? How do you know this?*
 - *Have you talked with this person about having sex?*
 - *Are you high from drinking alcohol or using drugs?*
 - *If so, would you still want to have sex with this person if you were sober?*
 - *Do you want to have a child with this person? Does he or she want to have a child with you?*
 - *If you don't want a child, what will you do to avoid pregnancy?*
 - *Methods of avoiding pregnancy can fail. If this happens, what will you do?*
 - *How would your life change if you have to bring up a child at this time?*
 - *Will you share the responsibility?*
 - *Could you have a safe abortion if you wanted it?*

- *Could either of you have HIV or another STI?*
 - *What will you do to protect yourself from this possibility?*
11. When they have answered all the questions, give the couple five minutes to decide whether to have sex or not. Ask them to weigh up the good points about having sex and the bad points, and see which one weighs heavier.
 12. Ask the group to vote on whether they think the couple should have sex or not.
 13. Invite the couple back to give their decision and the reasons for it. Tell them how the group voted.

International HIV/AIDS Alliance, *Sexuality and Life Skills* (2008). p.67

Conclusion

Evaluation and feedback (20 minutes)

Following from the activity above ask teachers the following questions:

- What are the good and bad points about the decision made by the pair?
- What did you learn from the activity?
- If you were to teach this topic what other teaching strategy could you use? And why?
- Would you be comfortable teaching this topic to both boys and girls? If not then how would you go about it?
- Have such topics been taught in your school? If yes, good. If no, why?
- Do you feel confident to teach such issues? Why or why not?

References

International HIV/AIDS Alliance (2008) *Sexuality and Life-Skills - Participatory activities on sexual and reproductive health with young people*
 NDOE (2009) *HIV/AIDS & Reproductive Health Lecturer's Guide and Student Teacher Course Book, 4th Edition*
 NDOE (2007) *Peer Education Training Manual, for the training of Peer Educators and Peer Education Advisors in Secondary Schools*

Self reflection session

Before the next session teachers should...

Prepare another case study like the one used in the warm up that is based in a school.

If each participant writes a case study for use in primary school then the trainer could photocopy and distribute them to all participants/ teachers for their school.

Module 4: How to plan, program and assess Personal Development

It is important as a teacher to have the skills of planning, programming and assessing Personal Development. The sessions in this module are designed to help teachers improve their teaching.

Primary teachers should have copies of the Health and Personal Development sample units of work book along with their syllabus and teacher guides. The sample units of work also contain ideas for participatory teaching and learning activities and assessment tasks.

Secondary teachers should have the excellent Personal Development Teacher Guides for Grade 9-10 and Grad11-12 and the Peer Education Manual.

TVET teachers will have their Health Education to Prevent HIV&AIDS and STIs Teacher Guide.

All schools should have the HIV&AIDS and STIs Resources Book, HIV and AIDS text books and Guidance posters. **Every teacher should have a copy of the HIV&AIDS & STI Resource Book for the sessions in this module.**

Teachers must remember that they are in the best position to decide how to plan, program and assess Personal Development for their students and their own communities. They should work as a team whenever possible and share their planning with their communities.

Session 4.1: The Personal Development subject (primary and secondary only)

Session Outcomes

By the end of the session teachers can...

- Explain where HIV&AIDS, STIs and sexual reproductive health can be found in the Personal Development Syllabus
- List learning outcomes and their knowledge, skills and attitudes which relate to HIV&AIDS

Background information

Personal Development (PD) is a compulsory subject for all Grade 6-12 students. It is to be taught for 240 minutes every week in upper primary and lower secondary and 120 minutes a week in upper secondary. **Personal Development promotes a life skills approach with an emphasis on values, personal responsibility and behaviour change.**

HIV&AIDS and sexual 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; social justice, 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.

Good programming of Personal Development and Health should take into consideration the following points:

- 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 challenging 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 sex gender groups
- Use the sample units of work book or teacher guides to help. Build and adapt from these.
- Add your own ideas of knowledge, skills and attitudes to the Elaborations in the Teacher Guides. Your students may need additional information.
- 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. Many teachers use the BAHA free HIV helpline if they get a tricky question!

Remember that HIV&AIDS, STIs and sexual 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 further 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

It is important to understand your Health and Personal Development teacher guides and syllabuses so that you know how to program for the teaching of those two subjects.

Resources

Copies of the Health and Personal Development Syllabus for teachers; copies of the teacher guides for Health and Personal Development Syllabus; flip chart or a board to write on; markers. A recent teaching graduate could help with this session.

Introduction

Discussion and highlight (30 minutes)

Remind teachers that the Health and Personal Development Syllabus is organised into topics or units. For example, in upper primary:

Strand: Health of individuals and population

Sub-strand:

- Growth and development
- Nutrition
- Personal health and safety
- Community health
- Use of drugs.

1. Ask teachers to study the way the PD syllabus for their grades is structured. They should work with a partner to map the content.
2. Then ask the teachers to list the learning outcomes (or if secondary, the units) which relate to HIV&AIDS and sexual reproductive health. Ask them to justify their reasons.

For example, would drugs and alcohol or social justice be “related” outcomes?
3. After the teachers have presented their findings ask them to list three topics/outcomes that they were surprised to find in the PD syllabus.

In-service activities

Brainstorm (40 minutes)

1. Working with a partner, teachers choose one learning outcome (or, for secondary, one unit) for sexual reproductive health from Personal Development
2. Read the elaborations (knowledge, skills and attitudes) for this learning outcome in the Teacher Guide. Make a note of any new content.
3. As a pair start to add new knowledge, skills and teaching and learning activities you have learnt from this manual
4. After you have completed this, choose another two learning outcomes (make sure that they relate to different subjects or grades) and repeat the activity.
5. Present this work as a buzz walk and allow participants to add up to three additional KSA to other teacher's work.

Conclusion

Name Ten (20 minutes)

Ask teachers to write down ten things they learnt about PD in this session.

References

None

Self reflection session

Read one sample unit of work from either the sample units of work book or the secondary PD teacher guides. Do they include the content discussed during your training? How could you write this unit of work better? Bring your own PD planning and your ideas for improving the sample unit of work to the next session.

Session 4.2: Writing a primary unit of work for Personal Development (primary teachers only) Part 1

Session Outcomes

By the end of the session teachers can...

- Develop a primary unit of work for Personal Development

Background information

This session is designed to help you train teachers develop units of work in HIV&AIDS and reproductive health learning outcomes in primary units of work. These are important and challenging subjects for teachers. Primary teachers have a set of supplementary sample units of work to help (secondary teachers have units of work in their teachers guides). The unit of work is the most important part of the planning process. Good units of work can be adapted, shared and used over and over again. In the first session we will look at starting a new unit of work.

Resources

Flip chart and board to write on, pens and paper. A recent teaching graduate could help with this session. It is essential teachers have copies of the PD syllabus, teachers guides and sample units of work book.

Introduction

Mind Map (20 minutes)

1. Ask teachers:

- What are the sections of a unit of work?
- What makes a good unit of work?

2. Collect and summarise feedback (for example below). Remember some teachers may have different names for some of the sections.

Sections of a unit of work	What makes a good unit of work?
<ul style="list-style-type: none"> • Grade • Subjects • Clustered learning outcomes • Theme or title 	<ul style="list-style-type: none"> • Student centred with lots of paired work • Participatory teaching and learning activities

<ul style="list-style-type: none"> • Purpose • Content table <ul style="list-style-type: none"> ○ Knowledge ○ Skills ○ Attitudes • Teaching and learning activities • Assessment tasks • Time needed for teaching the unit • Resources 	<ul style="list-style-type: none"> • Additional content if students need it • Planned in pairs • Wide range of effective teaching strategies • Careful clustering • Interesting and challenging
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3. Remind teachers that there are several ways of planning a unit of work but it is worth doing properly. Units of work are the key part of the planning process.

In-service activities

Writing a unit of work (60 minutes)

1. Stress to teachers that writing units of work gets easier with practice. It is best that teachers have photocopies of the elaborations from the teachers guide to save time – they can cut them out and paste them into the Knowledge, Skills and Attitudes section.

There are good sample units of work for Personal Development in the Student Teacher Resource Book, HIV&AIDS & STI Resource Book, and in the sample units of work book which can be evaluated, adapted and used.

2. Put the participants in pairs. Give them scissors, glue, butcher paper, markers, syllabus and teacher guide (one for each pair)

2. Pass out the photocopied PD learning outcomes and KSA

3. Explain they will write a detailed unit of work for Personal Development. Show them the sample units of work book and explain what it is designed for but don't give it to them yet! Their task today is to try and write one better than the samples from DoE!

Today they will design a stand alone (one subject) one grade unit of work for sexual reproductive health learning outcomes.

4. Clustering (15 minutes)

Ask participants to cut out all the PD learning outcomes for one grade only. Then they should cluster the ones which are similar or could be taught together. A good rule of thumb is a cluster should have 2-4 outcomes. From this clustering ask them to select **one** cluster which they will then develop into a unit of work. It should be related to sexual reproductive health of course! In real life teachers have to write units of work which cover all the outcomes in all the subjects.

Glue down the cluster on the top of the butchers paper

5. KSA check (10 minutes)

Ask participants to cut out the KSA for their chosen learning outcomes and read them carefully. Remember, KSA is only suggested content. They will add more later in the

process. Double check the clustering is sensible. Remember, if we were writing an integrated unit of work we would add other subject outcomes in now e.g. MAL or Language

6. Write the title of your unit of work (10 minutes)

This should be student centred, interesting and catchy. It can be Tok Pisin or tok ples (especially for lower primary) and should reflect the clustered outcomes. Read out the names of the units from the sample units book to give participants an idea of good ones.

Write the chosen title at the top of the butcher paper. Watch out for boring or confusing titles

7. Write the purpose of the unit of work (20 minutes)

This (again) should be student centred language. It should be in English and should explain what will be learnt in the unit of work and why it is important. It should be one paragraph – about 3-4 lines only. It should cover all the outcomes content. Participants should draft it on scrap paper.

Cut out and stick in the final Purpose under the outcomes on the butcher paper. Watch out for purposes which are poorly written or don't explain what the unit is about.

So far the teachers should have clustered the outcomes, named the units of work, chosen one to work on in detail and written the purpose. In the next session teachers will complete the teaching and learning activities.

Conclusion

Ask teachers to review the steps they have learnt so far. Are these different to the steps they usually take to write a unit of work?

Self reflection session

Before the next session teachers should...

- Compare the start of the unit of work they have begun with their previous planning. How is it different? Is it better?

Session 4.3: Writing a primary unit of work for Personal Development (primary teachers only) Part 2

Session Outcome

By the end of these sessions teachers can:

- Develop a primary unit of work for Personal Development

Background information

The most critical parts of a unit of work are the teaching and learning activities. These should be student centred and participatory. An experienced teacher should be able to teach directly from their unit of work. The TLA are based on the detailed elaborations – the knowledge, skills and attitudes the students will learn in the unit.

Resources

Draft units of work, sample units of work books, PD syllabus and teacher guides

Introduction

Knowledge, skills and attitudes brainstorm (25 minutes)

In pairs ask the teachers to look at the content of their draft unit of work and add any missing knowledge, skills and attitudes. The teacher guide is just that – a **guide**. However, a good teacher will add additional KSA (which still meets the learning outcomes). Some things were missed out for lack of space e.g. detailed information on HIV, on ART, on VCT etc. Using their own knowledge, the participants should now write in additional knowledge, skills and attitudes to flesh out the unit. Everything they write they will have to teach. So, if they add the skill “assertiveness” they will need teaching and learning activities for developing this skill.

For example,



For example,

Knowledge	Skills	Attitudes
<p>Cultural beliefs and values about sexuality</p> <ul style="list-style-type: none"> - sexuality is everything about a person to do with 	<p>Recommended processes and skills</p> <ul style="list-style-type: none"> - discuss negative sexual behaviour 	<p>Sexual responsibilities</p> <ul style="list-style-type: none"> - respect yourself and others - stay faithful

<p>sex and females and males have equal rights concerning sexuality. Sexuality includes:</p> <ul style="list-style-type: none"> - sexual intercourse - changes during puberty - sexual feelings and thoughts - relations with others of the media, family beliefs, values, religions, cultures, peers, emotional and physical feelings and personal values, being male and female <ul style="list-style-type: none"> - Current HIV&AIDS statistics - Gender issues and human rights (the HAMP Act) – stigma and discrimination - Facts on HIV (modes of transmission, treatment. Prevention including ABCD) - Discussion about the causes of the HIV epidemic in PNG with a focus on youth - Facts on STIs and their treatment - Sexual intercourse and arousal 	<ul style="list-style-type: none"> - identify sexual responsibilities of males and females - recognise importance of using condoms - demonstrate ways to promote healthy living <p>Recommended processes and skills</p> <ul style="list-style-type: none"> - demonstrating responsibility for handling sexuality - making decisions about sexuality <ul style="list-style-type: none"> - Collecting data and presenting - Interpretation of graphical statistics - Persuasive writing and speaking 	<ul style="list-style-type: none"> - use condoms <ul style="list-style-type: none"> - Showing positive attitude and actions among peers, opposite sex, at home and in the community - Fighting discrimination and stigma - Moral lessons from the Bible <p>Safe sexual behaviour</p> <ul style="list-style-type: none"> - have only one sexual partner - no sex outside of marriage - use condoms for protection - avoid unwanted pregnancies
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In-service activities

Writing a unit of work (60 minutes) Part 2

1. Remind the teachers that teaching and learning activities should:

- Be student centred and participatory (no more than 4 in groups, “pairs are perfect!”)
- Build towards the learning outcomes
- Be in a logical order in a numbered list
- Be varied and interesting
- Be written in a way that a teacher can understand. Another teacher should be able to pick up the unit of work and know what to do in the activity.
- Cover all the KSA!

e.g. 4. In groups of 4, students play the STI Matching Game once. Teacher gives correct answers. Students shuffle cards and play again. Teacher gives correct answers. English. Students work with a same sex partner, list common symptoms of STIs and discuss how to avoid and treat them .

e.g. 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

The teaching and learning activities in the KSA section of the PD teacher guide are not very detailed but there is a good range of strategies on page 10 and 11 of the PD teacher guide and loads in the sample units of work book.

Teachers would normally write 4-8 teaching and learning activities for each outcome but of course it depends on the KSA – they must cover all the KSA. A common mistake is to miss out key KSA in the activities – especially the S and A.

2. In pairs the teachers should draft the TLA and sort them into a sensible order.

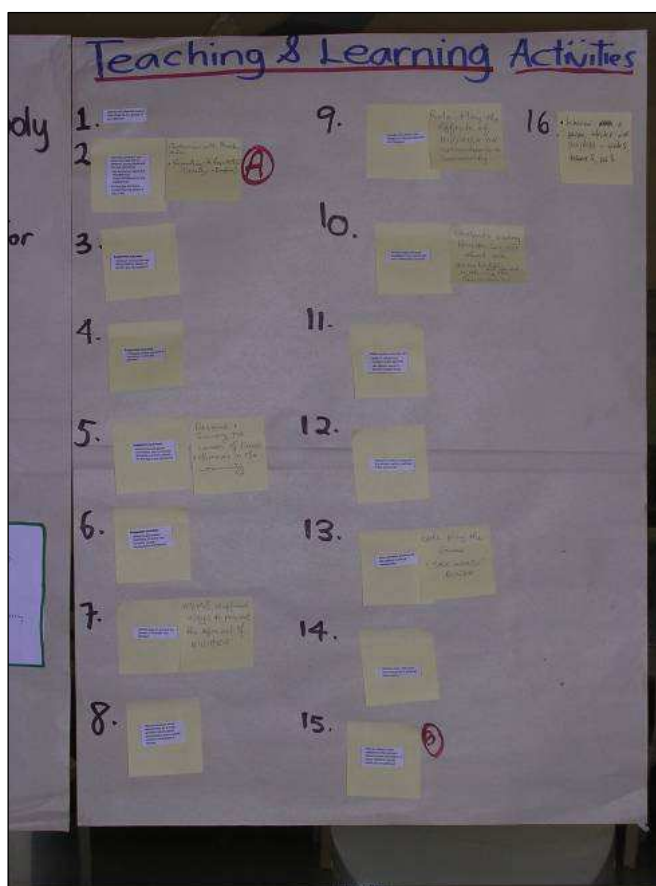
3. Ask these questions as you supervise:

Is the list of activities in a logical order?

Do the activities work towards the learning outcomes?

Are they relevant, student centred and interesting?

For example,



Conclusion

Developing assessment tasks for a unit of work

1. There are many different types of assessment for PD – the PD teacher guide on p16-17 has good ones. However, it is best to use teaching and learning activities the teams have already written.

There should be at least one assessment task for each learning outcome. Pairs select the TLA for their outcome to assess and write detailed criteria.

For example,

Method	Task	Criteria	Recording
Written (individual) Assessing 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"> ➤ List and explain at least 3 personal and 3 community practices about sexuality (10 marks) ➤ List and explain at least 2 positive and 2 negative taboos about sexuality in the local community (10 marks) ➤ Explain your own point of view about these taboos (Do you agree with them or not? Why?) (5 marks) ➤ Give at least 3 clear reasons for your opinion (5 marks) ➤ 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) ➤ Use and spell key words correctly: taboo, community, cultural, personal, practices, sexuality, behaviour, gender, belief, value (10 marks) 	Reports collected and marked by the teacher Total=50 marks

Usually teachers like the total marks in a unit of work to add up to 100! There should be a range of tasks. And watch out for criteria – often they will put spelling and layout (which should be used for assessing Language!) They must assess whether the student achieved the outcome or not. Nothing else! The assessment tasks should be clear and simple – because they should be shared with the students.

References

None

Self reflection session

1. Finally, teachers should use their self study time to list the resources and time needed for the unit.

Resources: PD Teachers Guide, Male and female condoms (enough for one for each student), wooden penis or large carrots/bananas (enough for one between 2 students), HIV posters and leaflets from Provincial AIDS Committee, Personal Development student text books, access to a health worker or NGO/PAC worker, community elder to discuss sexual roles and responsibilities

Remember PD is 240 minutes a week. If a lesson in the TLA is an hour, then four TLA = one week.

2. Teachers should then prepare and edit their unit of work ready for assessment and evaluation in the next session. They can use the sample units of work to help guide theirs. Which ones are the best?

Session 4.4: Analysing a unit of work (primary and secondary)

Session Outcomes

By the end of the session teachers

- Evaluate and analyse a unit of work

Background information

It is always important when teachers design units of work that they take the time to review their work and to reflect on whether it needs improvement or changes. This is referred to as analysis. In the process of analysis we look at each part of a unit of work and ask ourselves how we can make this better and why we want to improve it. By analysing how we write and deliver units of work for Health and Personal Development we can keep improving the way we teach and learn.

Resources

Flip chart or board, pens and paper, Health & Personal Development Supplementary Materials Sample Units of Work book or secondary PD teachers guides.

Introduction

Review with the teachers the key ingredients of a unit of work and what they have learned about the teacher guides from developing their own. Ask them to review their own unit of work using these prompt questions on the board.

Is it a sensible cluster?

Is the title student centred and interesting?

Does the purpose clearly explain what will be learnt and why?

Has the teacher added more KSA and are these sensible?

Do the TLA cover the KSA and learning outcomes?

Are the TLA in a sensible order? Numbered list?

Do the TLA indicate the grouping, the strategy, the language and the links to other subjects?

Are there 4-6 TLA per outcome?

Is it clear which TLA will be assessed?

Do the assessment tasks have detailed criteria?

In-service activities

Critical Analysis (40 minutes)

1. As a group select one unit of work from the samples in the Unit of Work Book or from the secondary PD teachers guides.

2. Ask teachers to work in pairs for this activity.

3. Tell the pairs that they are going to read through and evaluate this unit of work. This means they will need to look through the unit of work and talk about good parts and parts that could be improved. Tell teachers to answer the following questions:

- How could you improve the unit of work?
- What are the highlights?
- What are the weaknesses?
- Is this unit of work realistic for your school? Why or why not?

After they have answered the questions ask the pairs to write down five major changes that they would make to the unit before they taught it to their students. Alongside each reason ask teachers to write down why they thought this change was necessary.

Compare and contrast (20 minutes)

In this activity teachers will compare and contrast one of their own units of work with the unit of work they just discussed in the previous activity.

Look at both units of work and ask teachers to write down:

- How are they the same?
- How are they different?
- What would you do differently next time you write a unit of work?
- Why would you do this differently?

Ask teachers to report back to the group on one of the changes they have highlighted for their own unit of work and explain why they chose to change this.

Conclusion

Name Ten (40 minutes)

After reviewing some different units of work ask teachers to work together in pairs and to discuss the ten important lessons they have learnt from this session. Tell teachers that these lessons should be used to help them improve writing their own units of work.

After each pair has a list of ten ask them to report back to the group. Does the group have a similar list of ten? Ask the group to now agree on a list of ten together and write these on the board.

References

None

Self reflection session

1. Ask a group of students to have a look at the unit of work you designed. Do they like the activities and the assessment tasks? What suggestions do they have for improving the unit of work?
2. Ask the teachers to read the ideas on how to use the sample units of work book. Remember to remind them that they can use, adapt, copy or extract these units of work. Page 117 and p118 of the units of work book lists some ways the book can be used for in-service.

For example,

1. Design their own unit of work
2. Choose one TLA and design an assessment task
3. Choose one Unit of work and design a timetable.
4. Evaluate one assessment criteria – does it assess the outcome
5. Give them the theme – they design their unit of work
6. Use then learning outcome and theme from one unit of work –add some new TLA
7. Select a TLA, write and micro teach a lesson plan
8. Evaluate the TLA – effective or not
9. Write all the lesson plans for one unit of work

10. Personalise a unit of work
11. Staff in-service sessions
12. Block teaching/practicum

Session 4.5: Assessing students in Personal Development

Session Outcomes

By the end of this the session teachers can:

- Assess students in Personal Development

Background information

The sample units of work book and the secondary PD teachers guide contain sample assessment tasks for students. These are only suggested assessment activities and you should feel free to use, adapt or change them to suit your own class.

It is important when assessing students in Personal Development that you set specific criteria for each task to measure the achievement of the learning outcomes. These should be made clear to students before they begin their assessment activity. It is also important to choose student centred tasks and activities which includes student participation in the assessment and marking where appropriate.

Resources

Copies of the Health and Personal Development sample unit of work or the secondary PD teachers guides, STI Matching Game or Follow Me sets (p46-48 HIV&AIDS & STI Resource Book)

Introduction

1. Ask teachers to feedback on the ideas from their students. What did the students think of the TLA or assessment tasks? Which ones did they suggest to change?

In-service activities

1. Select one of the assessment tasks from the teachers guide (secondary) or from the sample units of work book.

For example,

Method	Task	Criteria	Recording
Table of knowledge Health 5.1.2	Individual students draw up a table showing the causes, symptoms and treatments for 10 common communicable illnesses	<ul style="list-style-type: none"> ➤ 10 common communicable illnesses each with correct symptoms and correct treatment (4 marks for each) ➤ Must include 2 STIs ➤ Must include HIV&AIDS ➤ Must include malaria ➤ Must include tuberculosis <p style="text-align: right;">Total: 40 marks</p>	Tables collected and marked by the teacher

Map making Health 5.2.1 Health 5.2.2	Individual students draw a labelled map showing the location of health services in the community and unsafe/unhealthy places	<ul style="list-style-type: none"> ➤ Map correctly shows 6 health services (6 marks) ➤ Map correctly shows 10 unsafe/healthy places (10 marks) ➤ Map is accurate and neat (4 marks) ➤ Each label explains how to make the unsafe/unhealthy place better for the community (1 mark for each label = 10 marks) <p style="text-align: right;">Total: 30 marks</p>	Checklist & marked by teacher
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2. Evaluate the assessment task. How can it be improved? What are the key parts to a good PD assessment task?

3. With your group brainstorm other good assessment strategies for Personal Development. **Remind them that many of the activities they have participated in during these in-service sessions can easily be adapted for their own class!**

Conclusion

1. HIV&AIDS questions are starting to be added to the Grade 8, 10 and 12 exams. Which topics have you seen so far and which subjects were they in? Do you think it is a good idea to have HIV&AIDS questions in the exams? Why?

2. Finish off by playing a couple of rounds of either the STI Matching Game or Follow Me!

References

None

Self reflection session

Before the next session teachers should...

Collect a sample set of student's work on Personal Development. What was the assessment task for the work? Was it an effective task at measuring the learning outcome? How could it be improved?

Session 4.6: Evaluating teaching and learning activities (TLA)

Session outcomes

By the end of the session teachers can...

- Evaluate teaching and learning activities
- Microteach their own teaching and learning activities

Resources

Butcher papers; markers; HIV&AIDS Resource Book, Personal Development sample units of work, PD teacher guides

Background information

Teachers need to learn new teaching and learning activities so they can become better teachers in the field. A child learns better when he/she is happy, alert in the classroom and working on activities on their own but guided by the teacher. The Outcome Based Curriculum (OBE) curriculum requires teachers to be smart and creative in their lesson preparation and lesson presentation.

Introduction

Name 10 (10 minutes)

1. Name 10 teaching and learning activities that you know that would work well with Personal Development.
2. Give them 3 minutes to write down their answers.
3. Choose a couple of teachers to call out their 10 teaching and learning activities that they listed.
4. In pairs, have a look at their list and say whether those teaching and learning activities are effective, students centred or not.
5. Finally, ask the teachers to compare their list with the list on page 44 of the HIV&AIDS & STI Resource Book 6th Edition

Following from this activity ask teachers the following questions about the Name 10 activity

- Is this teaching and learning activity (name 10) effective or not? If yes, why? If not, then why?
- In what part/segment of the lesson warm-ups should this teaching and learning activity be used? Explain why.
- Does it really prepare students physically and mentally for that lesson? If yes, then how does it prepare the students?
- If it is not an effective teaching and learning activity, how would you improve that session and why would you do that?

In-service activities

Evaluating teaching and learning activities (70 minutes)

1. Look at the list of teaching and learning activities in the HIV&AIDS & STI Resource Book from p44-50 or from the HIV&AIDS in-service sessions so far. For example: Follow Me
2. In pairs, choose one new teaching and learning activities, try it out and evaluate them.
3. List the advantages and disadvantages for each teaching and learning activity.

Teaching and learning activities	Advantages	Disadvantages
Eg. Body writing		

<p>Physical body warm up. Choose a name from the group and ask the participants to stand up and write this name with...an arm, their head, leg or whole body. Excellent for self confidence and building self esteem.</p>	<p>It physically wakens or motivates the child before the lesson. It is fun and encourages self confidence and self esteem. It is an excellent activity for lessons after lunch.</p>	<p>It is just a general warm up activity and has no link to the lesson that is going to be taught.</p>
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4. Then ask teachers:

- Is this an effective teaching and learning activity? Why? Why not?
- In what part/segment of the lesson should this teaching and learning activity be used? Explain why.
- Does it really prepare students physically and mentally for that lesson? If yes, then how does it prepare the students?
- If it is not an effective teaching and learning activity, how would you improve that session and why would you do that?

5. Share your ideas with another pair.

6. In groups of 4, have a look at the Health and Personal Development Sample units of work activities on page 117-118 or the suggested activities in the secondary teacher guide or TVET HIV book.

7. Each group selects an activity each and analyse it. Use the questions listed above. Write answers on the butcher papers.

8. Use that session idea and do the activity that has been explained.

9. Complete the work on the butcher papers.

10. Display work on the walls or blackboard.

11. Do a print walk to assess each group's work.

12. Write critical comments for improvement.

Conclusion

Summary by questions and feedback (10 minutes)

Ask teachers to write down:

1. What have you learnt from this session?
2. How will you apply this teaching and learning activities in your teaching?
3. Have you been using a variety of teaching and learning activities to teach your lessons? If not, how can you improve your teaching?
4. Do you think that using a variety of teaching and learning activities will help the students learn better?
5. What is your impression about the Personal Development curriculum? Does it demand a use of variety teaching and learning activities or not? Are you using the teaching and learning activities in the Teachers' Guides to plan and teach your lessons?

References

None

Self reflection session

Before the next session teachers should...

1. Review the teaching and learning activities from the Health and Personal Development Teachers Guides and other resource materials.
2. Write down two new teaching and learning activities of your own and also state where those teaching and learning activities can be used. Why should those teaching and learning activities be used?

Session 4.7: Working with your community and churches

Session outcomes

By the end of the session teachers can...

- Predict and suggest solutions to problems which may arise between the school and community as a result of teaching Personal Development
- Suggest ways SLIP can integrate HIV&AIDS program with church and community programs

Background information

We have already discussed challenges that may occur for teachers when they try to teach topics of HIV/AIDS, SRH and Life Skills in their communities. Some members of the school, church or community are “gatekeepers” who can allow or deny young people accurate information or services. For example, a local pastor who will not allow condoms taught or a health worker who refuses to treat unmarried youth for STIs. Overcoming resistance from these gatekeepers is essential for healthy youth.

This topic aims to empower teachers to assist communities and churches can identify positive ways to promote/advocate for HIV & AIDS awareness.

Remind teachers that although it may be difficult, they will **need to educate** their students, their families, their fellow teachers and their communities about HIV&AIDS and reproductive health.

Resources

Papers; pens; flip chart or board to write on.

Introduction

Brainstorming (20minutes)

1. In pairs; brainstorm factors that are seen as barriers to the discussion of sexuality, HIV&AIDS and reproductive health; e.g. shyness
2. Why are these barriers there? For example; can't say penis, vagina, cultural taboos; use of technical vocabulary; and embarrassment of teachers and students
3. What ways can the School Learning Improvement Plan (SLIP) program assist to overcome these barriers?
4. Are the suggested programs in line with your school visions and the personal development?
5. Present feedback from pairs to the group.

In-service activities

Strategies for working with communities and churches (50minutes)

1. In groups of 4 discuss at least three possible problem/issues when working with communities and at least three possible problems/issues when working with churches.
2. Discuss how you would overcome these issues/problems
3. Record in a table issues and potential problems
4. Write actions to assist overcome such issues
5. Feedback the ideas. Each group should present 1 of their problems and possible solution to the class.

Use the table below as an example of what each group is expected to do.

Issues/potential problems	Responses/Actions
<i>Parents oppose the teaching of HIV&AIDS and reproductive health in the school</i>	<p>Create good relationships with parents in the community</p> <p>Inform the Board of Management and arrange for parental meetings. Then explain to the parents the policies of the Government and the Department, show them the planning and syllabus and allow them to ask questions.</p> <p>Community observer in the lessons.</p> <p>Involve health officers as guest speakers</p>
<i>Language barriers</i>	<p>Teachers must tok stret in English and Tok Pisin. Use diagrams, charts and books to convey meanings of sensitive words. Find out from the community the common words for sexual organs.</p>
<i>Church against contraceptive methods</i>	<p>Invite pastors or priests to discuss alternative contraceptive methods with students. Remind students that they have a choice and that depends on their belief.</p> <p>Share the DoE syllabus and the reasons behind it with your church. Explain HIV&AIDS is part of the School Learning Improvement Plan (SLIP).</p> <p>Share the life skills teaching strategies (i.e. abstinence role plays, negotiating safe sex). Share accurate facts on family planning</p>
<i>Agency schools against HIV&AIDS teaching</i>	<p>Use Biblical scriptures for teaching and awareness. Explain it is a national policy. Explain HIV&AIDS is part of the School Learning Improvement Plan (SLIP), primary syllabus and DoE HIV/AIDS Policy and HAMP Act. Offer to host a debate as part of the teaching.</p> <p>Give copies of these resources to the local church.</p>

Plenary (20minutes)

In groups of two identify two organisations that advocate positively for HIV&AIDS in your area and plan a simple awareness to be done together in the community where you are the organiser.

For example you could include:

- HIV&AIDS committee in the village: assign them to have a forum with the community to talk on the effects of the epidemic for the community's development.
- Health Centre Nurse, Community Health Worker or Village Health Volunteer: Give a talk on symptoms of HIV&AIDS, advise on treatments available and where to access them.

Conclusion**Alpha ladder (20 minutes)**

Ask teachers to write any words describing;

- Their feelings about teaching reproductive health.
- Work with a partner and act out these feelings and emotions eg. (A = anger, B = bravery, C = care etc)
- Presentation; each partner will present in front of the group

References

None

Self reflection session

Before the next session teachers should...

Answer the following:

- How do **you** feel about teaching reproductive health and HIV&AIDS?
- What would you do to be proactive if your belief contradicts with your work as a HIV trainer?
- Are the suggested programs for Health and Personal Development in line with your school visions and that of your community and church?

Session 4.8 Working with PLWHA and guest speakers**Session Outcomes**

By the end of this session teachers can:

- Plan and organise a visit for people living with HIV or guest speakers to the school

Background information

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.

Preparing for a guest speaker to your school can take some time to prepare but is an excellent activity and worth the effort.

HIV/AIDS and Reproductive Health, Student Teacher Course Book (2009), p.112

Resources

Flip chart or board to write on

Introduction

Brainstorm (40 minutes)

Ask teachers to brainstorm what is important to be included when a guest speaker who has HIV is invited to their class. Ask them to sort their ideas into BEFORE, DURING and AFTER.

For example,

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?

Etc.

2. Ask teachers to compare their list with the one on page 54-56 in the HIV&AIDS & STI Resource Book 6th Edition. Which ones did we miss out?

In-service activities

1. Stick this sentence up on the board

What would happen if....?

2. Tell the teachers that sometimes the unexpected happens when someone comes to visit a class. It is better to prepare for some of these events before they happen.

3. Give them this example and ask the teachers to discuss the questions in pairs.

The person with HIV talks to the class and at the end the students come over to shake their hand. However when the PLWHA goes to shake the class captain's hand the student refuses and keeps their hands in their pockets. Everyone looks embarrassed.

- Why did the student act the way they did?
- How would the student and the PLWHA feel?
- What might be a consequence of this action?
- What could you do about it?
- How could it be prevented?

4. Now ask the teachers to brainstorm other events that might happen if a PLWHA visits

For example, personal questions about their sex life, opposition from the headteacher or church, incorrect information given by the PLWHA (e.g. God cured me or don't use condoms), a student in the class reveals they are HIV positive

5. Ask teachers to share these ideas and their solutions.

6. Remind the teachers that all guest speakers should be prepared for in this way including health workers, NGO HIV trainers, peer educators etc.

Conclusion

1. Read the story of Don in the HIV&AIDS Resource Book 6th edition (older versions have an equally interesting story about Thomas). What lessons can you draw from the story? Why is it important young people get to meet people living with the virus?

2. How would you find a suitable person living with the virus to come and talk to the class? Which organisations can help?

References

None

Self reflection session

Before the next session teachers should...

Talk to your family about caring for people with HIV. Ask them what they would think if you or another loved one was diagnosed with HIV.

Session 4.9 Partnerships and stakeholders

Session Outcomes

By the end of the session teachers can...

- List local partners and stakeholders who can help them teach about Personal Development
- Describe ways partners and stakeholders can work with schools to improve the health of young people and protect them from HIV and STIs

Background information

Partners and stakeholders are people or organisations that we can work with who will often share a common interest or will be working to achieve similar goals.

There are many partners and stakeholders who are involved in the work of teaching students about Personal Development, HIV&AIDS and sexual reproductive health in PNG. These range from individuals, to local and international non-government organisations, faith based organisations or churches, local level, provincial and national level government, and international donor projects and programs.

Networking with these people or organisations and creating partnerships and stakeholder relationships can be a positive asset in the work teachers will complete in this area.

Resources

Notebooks and pens; flip chart or board to write on, copies of the Papua New Guinea Telephone Directory, HIV&AIDS & STI Resource Book 6th Edition

Introduction

Brain-storm (20 minutes)

1. Ask teachers to brain-storm what partners and stakeholders currently work with their community?

Note: These partners and stakeholders don't have to be currently working in the HIV&AIDS, SRH and Life Skills area; they may work with the local church, LLG member or on community projects.

2. Teachers should think about:

- How this partnership or stakeholder relationship benefits the community?
- How the community involvement benefits the partner or the stakeholder?
- What activities/agreements are involved in this partnership or stakeholder relationship?
- How do we know they are a good partner to work with?

3. After they have completed their own brain-storm ask teachers to report back to the group and see if everyone agrees or what different opinions are in the group.

In-service activities

Brainstorm and List (40 minutes)

Teachers may be aware of different organisations that work in the area of HIV&AIDS, SRH and life skills.

Draw the following table and one of the examples up on the board. Ask teachers to complete the list with more examples of people or organisations that can help them and how this partnership/stakeholder relationship can assist teaching these subjects.

Example of table:

	Person or Organisation	<i>How can this partnership help me teach about HIV&AIDS, Sexual and reproductive health and life skills?</i>
1	<i>VCT Centres</i>	Raise awareness on VCT centres and the process of getting tested for HIV&AIDS
2	<i>Provincial AIDS Committee</i>	Up-to-date information on HIV&AIDS in PNG; Access to resources such as posters and pamphlets; Access to male and female condoms.
3	<i>Church counselling and care programs</i>	Invite church agents to help in teaching. Extend the work of the organization with counselling and care programs.
4	<i>Save the Children PNG</i>	Etc
5		

Did you know there are now two free numbers that you can ring for up to date information on HIV&AIDS and STI's??

You may wish to try ringing these numbers to ask for information

(HINT: you can even put your phone onto speaker so that everyone can listen to what the speaker has to say!)

BAHA HIV&AIDS Advice line (free) 7200 2242
Yangpela Hotline, Sexual and Reproductive Health (free) 7200 5314

Conclusion

Research (10 minutes)

1. Using a copy of the PNG Telephone Directory ask teachers to suggest where they could look to find partners or stakeholders that they could work with.
2. Ask teachers to call out the names of 10 individuals or organisations that they know work in the HIV&AIDS, SRH and life skills area (ie NGOs, Provincial AIDS Committees).

As a group find the names, addresses and contact numbers of these ten organisations.

3. Provide a complete contact list to teachers for them to use in their own partnerships and stakeholder relationships. There is a long list of partners, phone numbers and websites at the back of this manual.

Reference

None

Self reflection session

Before the next session teachers should...

1. Choose two of the contacts from the list above. How would you approach these organisations or individuals to work with you in teaching Personal Development to students?
2. With another teacher discuss what you would do BEFORE, DURING and AFTER a visit from a partner organisation to the school (e.g. a peer educator or theatre group). Then cross check your list with page 54 of the HIV&AIDS & STI Resource Book.

Resources and support people

As you complete the activities in this manual it is worth using all the great resources and support people that are available to you as a teacher.

Useful resources

The following resources should be available in all primary schools and institutions:

- G3-5 Health Lower Primary Syllabus and Teacher Guide (2004)
- G6-8 Personal Development Upper Primary Syllabus and Teacher Guide DoE (2003)
- Personal Development Supplementary Sample Units of Work (2008)
- G9-10 Personal Development Syllabus and Teacher Guide (2007)
- G11-12 Personal Development Syllabus and Teacher Guide (2009)
- Health Education to Prevent HIV&AIDS and STIs, TVET, 3rd Edition (2009)

These are additional resources which could be useful:

- Peer Education Training Manual, Population Education Project (2007)
- HIV/AIDS and Reproductive Health Lecturer's Guide (4^d Ed.)(2009)
- HIV/AIDS and Reproductive Health Student Teacher Course Book (4th Ed.) (2009)
- Sexuality and Life Skills, International HIV/AIDS Alliance (2008)
- OUR FUTURE, Preparing to teach sexuality and life-skills, pg.82, International HIV/AIDS Alliance (2008)
- Sexual reproductive health Facilitator's Manual and Resource Book, Population Education Project (2004)
- HIV/AIDS Policy Department of Education (2005)
- HAMP Act User's Guide, NACS (2003)

Useful people and organisations

- | | |
|---|--|
| • Recent student teacher graduate, | University, Pacific Adventist University |
| • Health worker with training in HIV and AIDS | • Provincial Guidance Officer |
| • Approved NGO HIV trainers | • Population Education Project trainers |
| • National AIDS Council approved trainer of trainers | • Welfare personnel |
| • Provincial AIDS Committee | • Church HIV workers |
| • Teachers College HIV trainers | • Parents (good role model parents) |
| • VCT Centres | • School based counsellors |
| • Peer Educators from approved partners like Save the Children | • District Women Facilitators |
| • Peer Education Advisers trained by Population Education | |
| • HIV trainers from tertiary institutions including University of Goroka, Divine Word | • People living with HIV who have received training in how to present to schools |

Warm-ups and energizers!

These are for you to use with your students as motivators, energisers or as a method for introducing your lesson.

1. Things We Share

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

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

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

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

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

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

3. Three truths and a lie

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

4. Body writing

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

5. Remember Me

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

6. Pictionary

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

Some possible cards...

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

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

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

7. Name 10....

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

...ways for a teacher to be a health role model. Then feedback onto the board listing as many ways as possible. Fast and furious and works well as revision in primary schools. Always play it again the next day to reinforce the 10 list.

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

...10 strategies for improving sexuality education

...10 common health issues for primary schools

...10 teachers who are good health role models

...10 ways to make a school a safe place for sexual health

...10 reasons gender equity is important in teaching about HIV

...10 strategies for involving stakeholders in protecting students from HIV

...10 communicable diseases

...10 rights of children

...10 rules for a healthy classroom or school

...10 acronyms we use in HIV education like "PD" and "SRH"

8. Reflection questions

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

9. Yes! No! game

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

10. My Bilum

Everyone has a bilum. In the bilum write pieces of 10 paper with People who are precious to me. With a partner students explain why they put that name in the bilum

Other things that could go in your bilum (e.g. things I am proud of...My strengths...5 things I have done this week for others...10 things that help me relax). Excellent for self esteem. People can also add things to your bilum (e.g. how you helped me this week)

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

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

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

12. Vote with your feet

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

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

- ...most schools teach about sex well
- ...I am not at risk of getting HIV
- ...the most important source of information about HIV is from teachers
- ...alcohol abuse is the most serious problem in our society
- ...the country will not develop until we have gender equity
- ...smaller families are healthier families
- ...my own students are not having sex
- ...condoms should be available for all upper primary and secondary students
- ...older men having sex with younger women is the most serious cause of the epidemic
- ...sex education should include masturbation and non-penetrative sex

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

14. Problem posing

In pairs students write questions for another pair. Excellent for checking for knowledge acquisition.

15. Group race

Participants race around the room and listen out for the trainer to call a grouping and a body part. Then they have to group themselves touching only those body parts

E.g. "Three heads" or "Four elbows" or "Three feet and three hands"

16. "Why" and "Because"

Two rows of people each with a slip of paper. In one row each person writes a "Why" question (e.g. "Why do we teach about HIV?"). The other row writes "Because" answers (e.g. Because sex should be pleasurable"). The two rows should not know

what the others are writing. Shuffle the people up and get them to read out their Why and Because alternately. Very funny!

17. Give each person a piece of paper with a word on it. They have to find the person who has the matching word as quickly as possible.

e.g. UBE/Universal Basic Education, love/hate, clean water/no diarrhoea

18. Ten Minute Poster Making

Give out a picture or photo to each group. Ask them to stick it on a piece of butcher paper and make an instant health promotion poster with a catchy slogan and clear message. Ask others to rate the posters. Tok Ples or Tok Pisin is ok!

19. Praise you!

- a. Find a space in or outside the room.
- b. Leader performs 3 praise actions repeated by students e.g. smile, watching blow kiss, shake hands.
- c. Leader says 3 phrases and students repeat e.g. I admire you, You're smart.
- d. Students tell each other "you are wonderful, you are!"

References

All activities and text has been credited in the manual wherever possible. The Department will correct and acknowledge the work of others in future editions if any errors have been made. The Department appreciates having access to the ideas of others, especially the AIDS Alliance.

Department of Education documents

NDOE (2004) *Lower Primary Health Syllabus & Teacher Guide*

NDOE (2003) *Upper Primary Personal Development Syllabus & Teacher Guide*

NDOE (2007) *Lower Secondary Personal Development Syllabus & Teacher Guide*

NDOE (2009) *Upper Secondary Personal Development Syllabus & Teacher Guide*

NDOE (2009) *Health Education to Prevent HIV&AIDS & STIs for TVET institutions Teacher Guide and Student Resource Book, 3rd Edition*

NDOE (2009) *HIV/AIDS & STIs Resource Book, 6th Edition*

NDOE (2008) *Health and Personal Development sample units of work supplementary materials*

NDOE (2005) *HIV/AIDS Policy for the National Education System of Papua New Guinea*

NDOE (2009) *Behaviour Management Policy for the National Education System of PNG & Guidance*

NDOE (2002) *Gender Equity in Education Policy*

NDOE (2009) *HIV/AIDS & Reproductive Health Lecturer's Guide and Student Teacher Course Book, 4th Edition*

NDOE (2007) *Peer Education Training Manual, for the training of Peer Educators and Peer Education Advisors in Secondary Schools*

NDOE & NDoH (2009) *Health Promoting Schools Lecturer's Guide & Student Teacher Course Book, draft*

NDOE (2007) *HIV&AIDS&STI Implementation Plan 2007-2012*

NDOE (2008) *HIV&AIDS Guidance Posters for Elementary, Primary and Secondary Schools, 2nd Edition*

NDOE/Population Education (2003) *Sexual Reproductive Health Education Teachers Training Manual Facilitator's Resource Book & Facilitator's Manual*

Approved HIV&AIDS resources for use in schools

Oxford University Press (2005) *Personal Development Teacher Resource Book, Student Book 1&2*

Oxford University Press (2007) *Health for the Pacific HIV/AIDS & STIs in Papua New Guinea 2nd Edition, Drugs of Addiction 1st Edition, Safety 1st Edition, First Aid 1st Edition*

National AIDS Council (2004) *HIV&AIDS Management and Prevention Act – A User's Guide*

International HIV/AIDS Alliance materials used in the development of this manual

International HIV/AIDS Alliance (2008) *Feel! Think! Act! A guide to interactive drama for sexual and reproductive health with young people*

International HIV/AIDS Alliance (2008) *Our Future: Preparing to teach sexuality and life-skills – an awareness training manual for teachers and community workers*

International HIV/AIDS Alliance (2008) *Sexuality and Life-Skills - Participatory activities on sexual and reproductive health with young people*

International HIV/AIDS Alliance (2008) *Our Future: Teaching sexuality and life-skills – a guide for teachers using Our Future pupils books*

International HIV/AIDS Alliance (2008) *Our Future: Grades 4-5, Grades 6-7, Grades 8-9 student books*

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 and your local aid post will also be able to tell you where to go for a confidential HIV blood test. They also often 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	Southern Highlands (Mendi) 549-1710
Gulf (Kerema) 648-1058	West New Britain (Kimbe) 983-5492
Madang (Madang) 852-3422	Western (Daru) 645-9090
Manus (Lorengau) 470-9643	Milne Bay (Alotau) 641-0433
Western Highlands (Mt. Hagen) 542-3835	New Ireland (Kavieng) 984-1134

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 (e) Daniel_Isaac@educationpng.gov.pg

www.education.gov.pg

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 Officers.

Standards and Guidance officers and school based counsellors

Non-governmental organisations working with schools and teachers

PNG Family Health Association (Morobe, ENB) 472-6523

Anglicare StopAIDS (NCD, Central, WHP, Morobe) 325 1855

VSO Tokaut AIDS (Madang and Simbu) 852 3385

Save the Children PNG (NCD, ESP, Madang, EHP, Morobe) 732 1825

Marie Stopes PNG (national)

Population Services International (PSI) 311 2190

UNICEF (national) 321 3000

IEA National HIV and AIDS Training Unit (NHATU) 321 4720
Teachers can access NACS training through their PAC

Hope Worldwide (NCD) 325 6901

ChildFund PNG (Gulf, Central) 323 2544

BAHA (Business Coalition Against HIV and AIDS) 325 1887 – BAHA also support the annual national teachers competition

ADRA 472 7088

Free advice lines

BAHA HIV/AIDS Advice line (free) 7200 2242

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

Meri Seif Ples Hotline (free) 7222 1234

Good websites for HIV&AIDS and sexual reproductive health

www.avert.org – excellent basic information on HIV and AIDS written for secondary school students

www.baha.com.pg – the best HIV website in PNG

www.aidsmap.com – the latest research on HIV. Excellent weekly email.

www.aidsalliance.org – the organisation who provided much source material for this manual

www.ruthinking.co.uk – advice about sex for teenagers

www.brook.org.uk – advice about family planning and contraception for young people

How to give feedback on this TIP facilitator's manual

We encourage all teachers to give us feedback on these materials. If you have any comments, suggestions for improving this manual or if you find any errors in the text, please contact:

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Learning about HIV&AIDS: our schools, our future, our
responsibility