‘HIV/AIDS Awareness’

for

Elementary, Community and Primary Schools

capacity building activities

for elementary and primary school communities

booklet 11

Department of Education and
Department for Community Development
This Flip chart is to be used with the HIV/AIDS booklet, it contains activities that will help participants understand HIV/AIDS and STI problems. This school–based capacity building series is a step towards institutionalising capacity building. This series contains activities to enhance the capacity of community members, primary school Boards of Management (BoM), head teachers, inservice coordinators, and teachers to better understand STI/HIVAIDS. These school-based activities support and strengthen work-place skills and knowledge and enhance individual personal development and community awareness. Teachers, BoMs and communities can decide which capacity building activities are needed and the approach you will use. Strategies developed during these school community inservice programs (SCIP) sessions, and during Teacher Inservice programs (TIP) should be included in your School Learning Improvement Plans (SLIP).

Primary school teachers and school community members can use these capacity building activities for your personal and professional development, the needs of children you teach and the awareness of the school community. These capacity building activities can be undertaken by groups or individually. The Papua New Guinea Education Institute will provide accreditation to their students on the completion of assessment tasks.

The capacity building activities in this booklet help you learn about:
- The HIV/AIDS Policy
- Where HIV is taught in the school syllabus
- What HIV is
- What AIDS is
- How HIV is transmitted from one person to another
- How HIV/AIDS is not transmitted
- How AIDS affects your body
- What STIs are,
- Testing and counselling
- Protection and prevention
- Support and treatment
- Gender and STIs, HIV/AIDS
- How to care for community members with HIV/AIDS

The Department of Education has developed an HIV/AIDS policy and these materials are in line with that policy.
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<tr>
<th>NATIONAL SONG</th>
<th>NATIONAL PLEDGE</th>
<th>PRAYER</th>
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<td>O arise all you sons of this land Let us sing of our joy to be free Praising God and rejoicing to be Papua New Guinea Shout our name from the mountains to seas Papua New Guinea Let us raise our voices and proclaim Papua New Guinea Now give thanks to the good Lord above For his kindness, his wisdom and love For this land of our fathers so free Papua New Guinea Shout again for the whole world to hear Papua New Guinea We’re independent and we’re free Papua New Guinea</td>
<td>We the people of Papua New Guinea Pledge ourselves, united in one nation We pay homage to our cultural heritage The source of our strength We pledge to build a democratic society Based on justice, equality, respect and prosperity for our people We pledge to stand together as One people, One nation One country God bless Papua New Guinea</td>
<td>Almighty and Eternal Father, We thank you and praise you. For the infinite love and mercy, You rain down blessings upon mankind, in spite of their faults and failings. Bless our nation PNG, and her people. We are pilgrims on our way to freedom, with good news for all we meet. Help us travel lightly, travel together. Learn as we go, we are disciples, The mission is urgent, The journey is long. Help us travel with authority, fearing no one. We are apostles, Opponents of evil. Let the cross be our compass, love be our sign. To lean upon your great strength, Trustfully and to wait patiently and serenely For the unfolding of Your Will.</td>
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**Background information**
- Made law in June 2003, passed in Parliament by all MPs
- Based on human rights and Christian principles
- Accepts that repression and abuse of people living with HIV/AIDS makes people too afraid to talk about HIV/AIDS, too afraid to be tested and, worst of all, too afraid to find out what to do to protect themselves and their families and loved ones from infection.
- The HAMP Act encourages voluntary counselling and testing (VCT).
- All people must be protected by law whether they have HIV/AIDS or not
- All people affected by HIV should have the same human rights as everyone else (right to work, housing, education, respect etc)
- People with the virus should act responsibly to make sure they do not pass HIV on to anyone else

**Sections of the HAMP Act**

1. **Discrimination** (treating people badly).
   - It is against the law to…
     - expel a pupil from school because they are HIV positive or have HIV positive families
     - refuse to employ a teacher because they are suspected of being HIV positive

2. **Stigmatisation** (do or say something to make people hate people with HIV/AIDS).
   - It is against the law to…
     - give a speech saying HIV only attacks sinners
     - accuse someone distributing condoms that they are spreading HIV
     - saying people with HIV should be locked up

3. **Right to protect yourself.**
   - It is against the law to…
     - refuse to teach approved curriculum materials on reproductive health or HIV/AIDS
     - refuse permission for HIV/AIDS awareness educators to talk to students
     - fail to provide equipment for dealing with blood spills in schools
     - fail to provide condoms and lubricant to staff and students (when they are old enough)

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

5. **People who create a risk to others.** People who know they are infected should…
   - use a condom
   - inform sexual partners
   - inform people they will share a needle or tattooing instrument with

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

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### Discussion questions

1. Discuss each of the seven background information sections of the HAMP Act and why this is the law for all of Papua New Guinea
2. Discuss the ‘Discrimination’ section of the HAMP Act. i.e. why it is against the law to expel students if they are HIV positive or not to employ teachers if they are HIV positive.
3. Discuss the ‘Stigma’ section of the HAMP Act. i.e. why it is against the law to say HIV only attacks sinners, accuse people distributing condoms of spreading HIV, and of saying that people with HIV should be locked up
4. Discuss the ‘Right to Protect Yourself’ section of the HAMP Act. i.e. why it is against the law to refuse to teach approved curriculum on health and HIV/AIDS, for HIV/AIDS educators to talk to students, to fail to provide equipment for cleaning up blood spills in schools, or for failing to provide condoms and lubricants for staff and students who are old enough.
5. Discuss the ‘HIV Testing’ section of the HAMP Act. i.e. why HIV testing must be confidential, why testing can’t be used to screen students or teachers, and why you must tell your partners if the test shows you are positive.
6. Discuss the ‘People Who Create a Risk to Others’ section of the HAMP Act. i.e. Why people who know they are infected must use a condom, must inform their partners, and must inform people if they are sharing a needle or tattooing instrument.
7. Discuss what your community should do when people break the laws in the HAMP Act.
Guiding Principles
1: Access to education
2: Access to information
3: Culture and context
4: Equity and equality
5: Privacy and confidentiality
6: Personal responsibility
7: Protection from stigma and discrimination
8: Access to care, treatment and support
9: Fair labour practices
10: Safety in workplace and learning institutions
11: Protection from sexual harassment and abuse
12: Gender responsiveness
13: Involvement of people living with HIV&AIDS
14: Student participation
15: Consultation and partnerships
16: Capacity Building
### HIV&AIDS Policy for the National Education System

#### Guiding Principles

1. **Access to education:** Every person of school age has a right to education. No student, including orphans and vulnerable children, will be denied access to education on the basis of his or her actual or perceived HIV status.

2. **Access to information:** Every person has the right to relevant and factual HIV and AIDS information, knowledge and life skills at every level of the national education system.

3. **Culture and context:** Information, education, counselling, care and support shall be sensitive to the age, gender, language, culture and social circumstances of all persons at all times.

4. **Equity and equality:** All students, teachers, trainee teachers, managers, administrators and support staff who are infected or affected have the same rights, opportunities and responsibilities as every other person in the national education system.

5. **Privacy and confidentiality**
   - Every person has the right to privacy and confidentiality regarding their health, including information related to their HIV status.
   - No institution or workplace is permitted to require a student, teacher, employee or member of a governing body to undergo an HIV test. However, people are encouraged to take the opportunity to access voluntary counselling and testing (VCT).
   - No person may disclose information relating to the HIV status of another person, without his or her consent. Any exceptions to this are documented in the HAMP Act (sections 22-23). In the case of children 16 years and under, the best interest of the child shall guide decisions concerning disclosure.

6. **Personal responsibility:** Every person has a moral responsibility to protect themselves and a moral and legal responsibility to protect others from HIV infection. Intentional transmission of HIV to another person is a serious criminal offence. (HAMP Act, Section 23.)

7. **Protection from stigma and discrimination:** Every person will be protected from all forms of stigma and discrimination, including discrimination based on actual, known or perceived HIV status of themselves or family members in all workplaces and learning environments.

8. **Access to care, treatment and support:** All infected and affected students, teachers and other personnel in the national education system have the right to referral services for care, treatment, support and counselling.

9. **Fair labour practices:** Every person whether infected or affected has the right to fair labour practices in terms of recruitment, appointment, deployment and continued enjoyment of employment, promotion, training and benefits. Fitness to work is a significant consideration.

10. **Safety in workplace and learning institutions:** All workplace and learning institutions have a responsibility to minimise the risk of HIV transmission by adopting universal infection control precautions in all blood-related incidents and accidents.

11. **Protection from sexual harassment and abuse:** Sexual harassment, bullying, abuse and exploitation will not be tolerated in any workplace or learning institution.

12. **Gender responsiveness:** HIV and AIDS affect and impact on women and men, girls and boys, differently due to their biological, socio-cultural and economic circumstances and opportunities. Application of all aspects of this policy will be responsive to the different needs of men and women, boys and girls.

13. **Involvement of people living with HIV and AIDS:** Within the boundaries of confidentiality, people living with HIV/AIDS will be encouraged and supported to be involved in the national education system’s response to HIV/AIDS.

14. **Student participation:** Students will be encouraged and supported to be active participants in HIV/AIDS advocacy, awareness and peer education activities.

15. **Consultation and partnerships:** The policy will be implemented by the national education system in consultation and partnership with communities, stakeholders and other organizations.

16. **Capacity Building:** There will be commitment to capacity building for all persons participating in the implementation of this policy through appropriate training and development.

#### Discussion

Discuss each of the 16 principles with the participants.

NB. You may wish to do this in groups and each group reports back to the whole group.
Key strategic areas

Guided by this policy, action must occur in:

1. Prevention for students
2. Care and support for students
3. HIV/AIDS in the workforce
4. Managing Education’s response to HIV/AIDS

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1 HIV/AIDS Policy for the National Education System of Papua New Guinea 2005 pg 6
HIV/AIDS Policy for the National Education System

Key strategic areas

Guided by this policy, action must occur in the four key strategic areas of:

1. Prevention for students
2. Care and support for students
3. HIV/AIDS in the workforce
4. Managing Education’s response to HIV/AIDS

Discussion

1. What does your school and community need to do to help prevent students from being infected with HIV/AIDS?
2. What does your school and community need to do to care and support students or community members who are sick with AIDS?
3. What does your school and community need to do if one of your school’s teachers is sick with AIDS or is HIV positive?
4. Discuss which people are most likely to be infected with HIV/AIDS. **Answer:** people with money who pay for sex; people who have power; people who need to make money; people who are ignorant; people who have cultural or family obligations to have sex with a person who has more than one sexual partner; people who are in an area where there is domestic violence and rape occurs. etc.
5. Discuss how you can help change this situation in your community.

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2 HIV/AIDS Policy for the National Education System of Papua New Guinea 2005 pg 6
Fact sheet: 1  HIV/AIDS AND THE IMMUNE SYSTEM

1. HIV virus enters a blood cell
2. The virus enters the core
3. New HIV viruses are made that attack other blood cells
Fact sheet: 1  HIV/AIDS AND THE IMMUNE SYSTEM

- HIV stands for the Human Immunodeficiency Virus
- AIDS stands for Acquired Immune Deficiency Syndrome – as the immune system fails this is called AIDS. These infections will eventually kill you.

HIV/AIDS spread from monkeys to humans in Africa in the 1930s and has spread around the world.
- HIV affects the immune system. The immune system is the body's defence against infection by bacteria and viruses that cause disease. HIV also causes dementia (going longlong) and diarrhea (pekpek wara)
- Over time HIV leads to a progressive damaging of the immune system, resulting in the infected person becoming sick and getting diseases such as TB and pneumonia. There are many diseases that look like AIDS. The only way to know is to have a HIV blood test.

In adults, the change from HIV infection to AIDS is:
- About 6 weeks to 3 months after becoming infected a person will develop antibodies to HIV. During this time some people will experience a fever.
- There is usually a long period - around 8 years - during which the person may have no symptoms and be healthy.
- Later on that infected persons get HIV-related diseases and AIDS. They may develop skin sores, diarrhea, weight loss or they might develop one or more diseases such as tuberculosis, pneumonia, fungal infections and meningitis.

In children the change from HIV infection to AIDS is:
- Many HIV infected infants are sickly, weak and often ill during the first three years of life and die.
- Common signs are:
  - More common childhood diseases
  - Sicknesses such as fever, diarrhea and skin diseases happen more often and medicine does not cure them

A common symptom is swollen lymph nodes under the arms and a swollen liver
- People with HIV can lead long and productive lives
- Most HIV related illnesses are preventable.
- There is no cure for HIV infection with either traditional or modern medicines
- Being fully circumcised halves the chance of a man being infected with HIV but this is still very risky behaviour and a condom should always be used.

Note: See the HIV/AIDS STI Resource Book for more information.

Discussion Questions
Explain the information on Fact Sheet 1 about how the HIV virus attacks blood cells and makes people weak so they can easily become sick from many other diseases.

1. What is HIV?
2. What is AIDS?
3. What is the Immune System?
4. What is the difference between HIV and AIDS?
5. Where did HIV come from? Answer: It is believed that the disease spread from African monkeys to humans in the 1930s.
6. Are there medicines for AIDS? Answer: Yes. The medicines will stop you from being sick – but will not cure you.
Fact sheet: 2. HOW HIV IS PASSED TO ANOTHER PERSON

**No Risk of HIV transmission**
Abstaining from sex; masturbating yourself or someone else; kissing; Deep kissing with tongues; Having sex with your partner when both have been tested negative and both are faithful.

**Little Risk of HIV transmission**
Oral sex; vaginal or anal sex using a condom.

**Very High Risk of HIV transmission**
Vaginal sex without a condom; Having sex too young; Polygamy (multiple sexual partners; unprotected sex during a woman's period.)
Fact Sheet 2: HOW HIV IS PASSED TO ANOTHER PERSON

HIV is a fragile virus that cannot survive long outside the human body. Although present in all body fluids, HIV is only present in sufficient strength to cause infection in:
- blood
- sexual fluids (sperm and vaginal secretions)
- breast milk

HIV can only be passed from an infected person by:
- Sexual intercourse (vaginal or anal). The major route of getting HIV is unprotected sex.
- Contact with infected blood, semen, cervical or vaginal fluids - in situations where the infected body fluid is able to enter a person's body.
- From an infected parent to child - during pregnancy or birth, or from breastfeeding.

In children and youth, sexual abuse, incest, and rape are common causes of how HIV is spread. Anybody who has unprotected sex is at risk regardless of race, religion, or whether they have sex with the opposite sex or with the same sex.

There is no risk of getting HIV from everyday contact with an infected person either at work, socially, or at home.

Key points
- A person with HIV infection is infectious for the rest of his or her life
- All sexually active people including husbands and wives must now protect themselves from infection
- Ensure safety measures taken and considered in workplace, schools, homes especially where the exposure risk is high.
- Oral sex rarely transmits HIV (no cases in PNG). Anal sex is the most risky.
- Married people are much more likely to be HIV positive than single people.

Discussion Questions
Discuss the poster on how you can and can't get HIV/AIDS.

1. What are the different ways that HIV is passed to another person?

2. What body fluids can transmit HIV? List them down. **Answer:** Blood, sexual fluids (sperm and vaginal secretions); breast milk.

3. List some ways HIV cannot be transmitted? **Answer:** from a cough or a sneeze, from holding hands, hugging and kissing, from mosquitoes, from swimming with someone with HIV; from sharing plates, knives, forks, and spoons.

4. What is the most common ways that HIV is spread? **Answer:** Unprotected sex; incest; rape; contact with infected blood, semen, vaginal fluids, infected mother to child during breast feeding.

5. Should an infected couple continue to have sex? **Answer:** Yes, if they use a condom correctly every time they have sex. This is important to stop re-infection.
Fact sheet 3: HOW HIV CAN BE PREVENTED

Students protect yourselves!

Abstain
Be Faithful
Use a Condom

Stay in the boats
Don't be eaten by the HIV/AIDS sharks
Fact Sheet 3: HOW HIV CAN BE PREVENTED

The ABCD poster of the boats shows the best ways of how HIV can be prevented.

The major cause of HIV is unprotected sex.

- ‘A’ The safest form of prevention is abstaining or not having unprotected sexual intercourse – especially abstain from penetrative sex.
- ‘B’ If both partners are HIV negative and both are faithful to each other and do not have other sexual partners, and both have been tested, they will not be infected with HIV.
- ‘C’ If condoms are used correctly all the time they will protect those who have different sexual partners or one partner from his or her partner who is infected. Everyone needs to use condoms – married or single.
- ‘D’ or deferring the time when you first have sex - or waiting until you are old enough to get married. This is the best way for school children and young people to protect themselves.

If a women is HIV positive her breast milk can infect a baby. Mothers should only breast feed their own baby.

Key points

- Different people need different methods of prevention. Each person needs to decide what method (A, B, C, or D) is best for himself or herself.
- The community needs to help protect their women and girls from rape and domestic violence.
- Parents need to openly discuss the options with their families and not try to force one way on their children.
- Mothers should not let other women breast feed their baby in case they are HIV positive.
- Safety measures need to be taken in homes, schools, and in towns, especially where the risk of unprotected sex is high.
- Male and female condoms are very, very effective at preventing STI, HIV and unplanned pregnancy if used correctly every time you have sex.
- Life Skills (for resisting pressure, self esteem, problem solving, strong morals and values, correct use of condoms, assertiveness, communication, etc.) are crucial for young people and will protect them from risk.

Discussion Questions

Discuss the poster on how you can prevent HIV/AIDS.

1. Discuss who the ‘A’ Abstain (don’t have sex) way of preventing HIV is good for. Answer: Unmarried children, youth and adults.

2. Discuss who the ‘B’ Both be faithful way of preventing HIV is good for. Answer: Married couples who have both have been tested negative and who remain faithful to each other.

3. Discuss who the ‘C’ use a Condom way of preventing HIV is good for. Answer: Those who have different sexual partners and those who need protection from pregnancy.

4. Discuss who the ‘D’ Defer sex and wait until you are older way of preventing HIV is good for. Answer: School students and young people.

5. Discuss why mothers should not let other women breast feed their baby. Answer: the other women might be HIV positive and infect your baby.
### Fact sheet 4: SEXUALLY TRANSMITTED INFECTIONS (STIs)

| Infection                  | PID (pelvic inflammatory disease - can be caused by an untreated STI) (bacteria) | Gonorrhea (bacteria) | Chlamydia (bacteria) | Donovanella (bacterial vaginosis) | Trichomoniasis (protozoan) | Thrush (candida (fungus)) | Genital warts (Human Papilloma Virus) | Hepatitis A (virus) | Hepatitis B (virus) | HIV (Human Immunodeficiency Virus) | Scabies parasite | Pubic lice parasite |
|----------------------------|---------------------------------------------------------------------------------|----------------------|---------------------|------------------------------|-------------------------------|--------------------------|------------------------|----------------------------|----------------|----------------|--------------------------------|----------------|----------------|
| **Symptoms in women**      | Lower abdominal pain, pain during sex, heavier periods and bleeding, fever. If untreated can lead to infertility | Almost no symptoms can lead to PID and/or infertility if untreated | Usually no symptoms - increased vaginal discharge or irritation during urination, irregular bleeding; can lead to PID; ectopic pregnancy and/or infertility if untreated | 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 | Grey/green discharge, smelly, itchy | Frothy discharge with an unpleasant smell and/or inflamed vagina and itchiness | Painful tingling and/or itchy blisters on the genitals. Flu like symptoms. | Tiny painless lumps (cauliflower like) around vagina, penis or anus. Sometimes no symptoms. Linked to cervical cancer. | Fever, tiredness, yellow skin and eyes. Transmitted from anus on fingers, tongue or penis. Usually clears up by itself in 2 months; rare cases have severe liver damage. | Can cause fever, tiredness and yellow skin and eyes. Can lead to liver failure. Usually clears up but some people remain carriers | Infected people show no symptoms for many years (may have flu-like symptoms shortly after infection). Lifelong damage to immune system and AIDS conditions begin between 1 and 20 years after infection (infections like diarrhoea, TB and pneumonia and cancers) | Itchiness in pubic area and warm parts of the body (armpits, behind knees). Tiny nits that burrow under the skin in pubic hair and cause itchiness |
| **Symptoms in men**        | Swelling of the testes and prostrate; if untreated can lead to infertility | Swelling of the testes and prostrate; if untreated can lead to infertility | May have no symptoms. Sometimes pain during urination and discharge from penis. May lead to infertility | Not found in men | Usually no symptoms | Itchy rash on penis or anus. Can be found in mouth and throat | Painful tingling and/or itchy blisters on the genitals. Flu like symptoms. | Tiny painless lumps (cauliflower like) around vagina, penis or anus. Sometimes no symptoms. Linked to cervical cancer. | Fever, tiredness, yellow skin and eyes. Transmitted from anus on fingers, tongue or penis. Usually clears up by itself in 2 months; rare cases have severe liver damage. | Can cause fever, tiredness and yellow skin and eyes. Can lead to liver failure. Usually clears up but some people remain carriers | Infected people show no symptoms for many years (may have flu-like symptoms shortly after infection). Lifelong damage to immune system and AIDS conditions begin between 1 and 20 years after infection (infections like diarrhoea, TB and pneumonia and cancers) | Itchiness in pubic area and warm parts of the body (armpits, behind knees). Tiny nits that burrow under the skin in pubic hair and cause itchiness |
| **Treatment**              | Cured with antibiotics | Cured with antibiotics | Cured with antibiotics | Cured with antibiotics | Cured with medicine | Anti fungal creams and other natural options | Clears up by itself but virus remains in the body and can reappear later | Treated with freezing or special paint. Virus remains in the body and can reappear later | Vaccine available. | Vaccine available. | No vaccine or cure. Anti retro viral drugs keep people healthier for longer as does a healthy lifestyle. | Curable with special medical shampoos | Curable with special medical shampoos |
Fact sheet 4: SEXUALLY TRANSMITTED INFECTIONS (STIs)

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

Some key points about STIs are:
- People with STIs are 10 times more likely to be infected with HIV because of their sexual behaviour
- PNG has a very high rate of STIs (the highest in the Pacific)
- STIs can lead to permanent damage to their reproductive organs (e.g. Pelvic Inflammatory Disease or PID in women) and infertility
- Many STIs can be easily detected and treated
- STIs can lead to domestic violence and damage relationships
- Many people do not know the signs and symptoms and causes of STIs
- Any sore on the genitals acts as a “doorway” for HIV to pass into the body
- White blood cells are found in large numbers at the site of the infection and HIV infects white blood cells
- Getting an STI is a sign you have had unprotected sex or your sexual partner had unprotected sex with someone else.

**Discussion Questions**

Discuss the different STIs and the symptoms that men and women have, and what treatment is available for each STI. See if there is a Tok Pisin and/or vernacular word for each STI.

1. **What is STI?** **Answer:** Sexually Transmitted infections such as Gonorrhea, Syphilis and HIV.
2. **Why do you think people with STIs are more likely to get HIV?** **Answer:** Because they are more likely to have many sexual partners, and to have sores that easily become infected.
3. **Are there medicines for STIs?** **Answer:** Yes, you can be cured from all the STIs, except HIV. The medicine for HIV will keep you healthy, but will not make the disease go away.
Fact Sheet 5: HIV TESTING AND COUNSELLING
Fact Sheet 5: HIV TESTING AND COUNSELLING

TESTING
HIV antibody testing is done for the following reasons:
- To see if someone has the HIV infection.
- To screen donated blood and blood products, tissues, organs, sperm and ova.
- To find out how HIV is spreading in PNG.
The commonly used test for HIV infection tests for antibodies to HIV, it does not test for the presence of the virus. The period between infection with HIV and when the body develops antibodies is called the ‘window period’. During this time the HIV antibody test will not detect the infection, even though the person is infected and infectious. This lasts for up to 3 months.
Rapid Testing kits are used to test for HIV antibodies. If the 1st test is positive a 2nd test is carried out to confirm the positive reading. Pre- and post-test counseling is compulsory for all HIV testing where the person will receive his or her test result from a Health worker. The 3 ‘C’s’ are used:
- Consent – the person agrees to the test.
- Counseling – there will be help to the person if the test is positive or negative.
- Confidentiality – no-one else will know the test results.

COUNSELLING
Free HIV counseling is a confidential discussion between the person being tested and a counselor to help the person being tested to make personal decisions about HIV/AIDS that will lead to a change in his or her behaviour.
Good counseling requires:
- Self awareness of one's beliefs and values
- A respectful non-judgmental attitude
- Active listening, including accurate reflection of issues and concerns
- Asking supportive questions that raise important issues
- Providing practical support, advice and information
- Discussing options for care, prevention and support
- Encouraging the person counseled and his/her family to make their own decisions
- Making sure that the discussion is confidential and not made known to anybody else.

Pre and post-test counseling
Counseling at the time of having an HIV antibody test has two main functions: prevention and support. It allows those tested to use preventive measures and, for those who are positive, to learn to live positively, accessing care and support at an early stage. Counseling children and youth affected by HIV/AIDS
Children and youth will react differently to crises in life, like the death of a family member, and will need different types of support. Counseling should be available to affected children and youth before the death of the family member and for as long afterwards as they may need it. Counseling should:
Give children and youth an opportunity to talk about death, about events leading up to death, about the death itself if it has occurred.

Discussion Questions
1. What is the window period? Explain.
2. What is pre-test counseling? Explain
3. What is post-test counseling? Explain
4. How could your community work together to encourage the members to go for voluntary counseling and HIV testing
5. Where is your nearest VCT centre?
6. Why can’t we make the VCT test compulsory?
**FACT SHEET 6: HIV TREATMENT**

<table>
<thead>
<tr>
<th>Family care, healthy food and cleanliness</th>
<th>ART drugs</th>
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©: AVERT
FACT SHEET 6: HIV TREATMENT

Treatment objectives:
- For the infected person to reduce suffering and improve quality and length of life
- To provide treatment for opportunistic infections where sustainable and affordable, to provide antiretroviral treatment
- For families to give practical support
- To provide support when someone dies
- To train and assist with home care
- To ensure they assist and support the partner

There are many points at which a person with HIV will require treatment and may include:
- Treatment of infections such as TB, pneumonia, STIs and other diseases
- Care while someone is ill
- Antiretroviral (ART) treatment: this currently is provided free through global funding and 3,000 people are being treated in PNG. Doctor’s support is necessary for antiretroviral treatment that needs to be taken every day.

Positive living
If you are HIV positive, this means taking control of aspects of your life such as:
- Seeking medical attention for any health problems
- Learning about HIV/AIDS
- Eating a good diet whenever possible
- Getting sufficient rest and sleep
- Reducing stress as far as possible
- Meeting and talking to friends and family
- Getting involved with religious groups for support and love

Vaccines
A vaccine is a substance that teaches the immune system to recognise and protect against a disease caused by an infectious organism or virus. Some experimental AIDS vaccines are being developed, but the availability of a HIV vaccine is still many years away.

Key Points
- Living positively can delay the start of diseases in a person who is infected with HIV.
- Care and treatment can lengthen and improve a person’s life.
- Antiretroviral (ART) is available free in major centres is being used to treat people living with HIV/AIDS in PNG.
- Communities should support their people to get tested and get the medicines.

Discussion Questions
Discuss the HIV treatment and then discuss these questions:

1. Why is healthy food important to treat HIV? Answer: It helps give your body strength to fight diseases
2. Why is family and friends care important for those with HIV/AIDS? Answer: It reduces stress and helps give the HIV positive person the will to live.
3. What are other diseases a person who is HIV positive might get? Answer: TB, pneumonia, STI.
4. What is the current treatment for AIDS? Answer: Antiretroviral (ART) treatment that is a number of tablets that together stop the HIV virus from spreading. The tablets need to be taken every day.
5. Where can you get ART medicine? Answer: Your nearest AID post worker will tell you where ART treatment is available.
6. What Christian principals of love, care and respect are important to help the community understand the value of caring for those with HIV/AIDS. Find good Bible texts to help support this message.
FACT SHEET 7: TAKING CARE

If you are looking after a person who is HIV positive the following ‘taking care’ information is important:

HIV and other blood infections spread by blood (like hepatitis B) can be passed on in an accident or caring situation where there is contact with infected blood or other body fluids. The risk of a person becoming infected with HIV in such a situation depends on how much contact or the sort of injury that allows the blood or body fluids to enter another person’s body. The average risk of being infected with HIV is low. Approximately 0.3% are infected following a needle stick-type injury.

The simple guidelines to manage the risk of getting HIV in an accident or caring situation are:
- Create a safe working environment by identifying any risk situations and minimising such risks
- Assume that everyone is HIV positive and always take precautions in an accident or caring situation
- Ensure that personal protective first aid equipment (such as rubber gloves) are available in the school first aid kit and that teachers have been trained to use the equipment
- In the event of accidental contact with blood or body fluids, follow standard first aid procedures
- Make sure that any contaminated materials are disposed of safely, ie buried or burnt.

Bucket

The use of buckets in keeping a person with AIDS clean is a simple effective method used in PNG. Buckets can be used a toilet; for washing clothes, as a shower, and as a sink. Waste material should be safely buried where children and animals cannot reach it.

Key Points
- Prevent exposure to blood and body fluids
- Unbroken skin is an effective barrier against infection.
- In an accident or caring situation, think that everyone has HIV and always be very careful
- Support from the Church is very important – prayer, Bible readings, and church fellowship can really help the morale of sick people
- Ensure that medicine is provided for the different sicknesses that occur. E.g. malaria, TB, pneumonia
- Exercise will stop bed sores from developing.

Discussion Questions

Discuss the picture of how buckets can be used and information for people looking after a person who is HIV positive. Then discuss these questions:

1. Why is it important for people who are looking after a person who is HIV positive to take care?
   Answer: If infected blood or other body fluids enter the carer’s body, the carer may become infected.

2. What guidelines must carers take to avoid getting HIV in an accident or caring situation?

3. Discuss four ways how buckets can help keep a person with AIDS clean.

4. What should you do if you do not have rubber gloves? Answer: Wash your hands properly with strong soap and water after caring for someone who is HIV positive.
FACT SHEET 8: WOMEN AND STI, HIV/AIDS

The risk of HIV infection for women is high. Where HIV is spread mainly through sex between men and women, women have a greater chance of infection than men. The reasons for this are:

- Women and girls are the main subjects of abusive male behaviours that spread HIV, such as sexual violence, rape and incest.
- The risk of becoming infected with HIV during unprotected vaginal intercourse is 2-4 times higher for women than for men. In addition, an untreated STI increases the risk of HIV transmission during unprotected sex by up to 10 times, and women with STIs are often unaware because the infections are ‘invisible’.
- Young girls are at an even greater risk - their immature reproductive organs are ineffective barriers to HIV and other STIs. Older women are also at a greater risk after menopause.
- Young girls lack the knowledge and power to control their sexual activities and how to protect themselves.
- The low status of women places them at high risk, and women are often forced into prostitution by their own family members.
- The financial dependence of women on men happens in the developing world, leaving women with little or no control over how and when they have sex. Traditionally women play the passive role in sexual encounters, which means they can’t ask for safer sexual practices with their partners. In PNG, simply being married is a major risk factor for women who have little control over abstinence or condom use at home or their husband’s sexual activity with other partners.
- Men are reluctant to use condoms as fertility is important in many societies. Most women do not have the power to ensure that men use condoms.
- Men behave irrationally when they are drunk and domestic violence often occurs.
- Women generally have less information about HIV/AIDS.

There are heavy demands on women resulting from the epidemic, ie:

- Women are the caregivers of infected husbands, often while being infected themselves, of infected children, and of ‘AIDS orphans’.
- Women are the main educators and health professionals who have to provide HIV prevention and care programs.
- There is a great burden on elderly women to care for and bring up grandchildren whose parents have died of AIDS.

Discussion Questions

Discuss the fact sheet on women and STI, HIV/AIDS. Then discuss these questions:

1. Why do you think women and girls are more likely to contract HIV than men and boys? List the reasons.

2. What are the social and cultural practices and beliefs in your community that make women and girls more vulnerable to STIs/HIV? List the reasons.

3. Discuss and develop strategies or ways in which your community could deal with cultural and social practices and beliefs that make women and girls more vulnerable to STIs and HIV in your community. Choose one example of a cultural belief and one social practice and develop strategies to change these beliefs.

4. Do you have an example of how the community mobilized themselves to deal with a cultural belief or a social practice in your area? If yes, share it with the group. E.g. how a practice like food taboos have changed in your community.
Final topic 1: What is our school doing to help our children learn about STI, HIV/AIDS?
What is our school doing to help our children learn about STI, HIV/AIDS?

Discussion Questions

Discuss these common concerns that communities have about schools teaching children about STIs, HIV/AIDS and then answer these questions:

1. What is the best way to answer the concern that some people have that education about STIs, HIV/AIDS will encourage children to have sex? **Answer:** Use the answer: If you think education is dangerous – try ignorance.”

2. What is the best way to answer the concern that some people have that education about STIs, HIV/AIDS is not needed until the children are grown up? **Answer:** Use the answer: Studies have shown that most children in PNG start experimenting with sex when they are teenagers so it is too late if you wait until the child is grown up.”

3. What is the best way the community can help support schools and teachers in teaching about STIs, HIV/AIDS? **Answer:** By also talking about STIs, HIV/AIDS in the home; By discussing the information with the teachers at teacher parent meetings; by encouraging your church leaders to support education about STI, HIV/AIDS in your school.

It is important that the school community supports the teachers in your school in the teaching about STIs, and HIV AIDS. A teacher needs to be:

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

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

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

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

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

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

Common concerns for parents in PNG

- “I feel ashamed to talk to my children about sex”
- “If I make a mistake my child might do something dangerous”
- “The community won’t let me talk about sexual health and HIV/AIDS”
- “Some of the words I have to use are taboo in my culture”
- “My Church won’t let me teach this subject”
- “My children are embarrassed when I teach about sex”
- “My child is 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”

Teaching about HIV/AIDS & STIs is challenging but it is vital for our nation and the future health of the young men and women in your community. The Education support materials for the teachers will help protect your children. It is important that you support your school and teachers in teaching about STI, HIV/AIDS.
Final topic 2: Primary School HIV/AIDS Curriculum

HIV/AIDS & Our Primary School

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

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

Department of Education
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### Final topic 2: Primary School HIV/AIDS Curriculum

**What do we need to do to implement the HIVAIDS Policy?**

1. Train all staff in HIV/AIDS/STIs for at least 2 days including planning & programming and life Skills
2. Give all staff a HIVAIDS Resource Book
3. All staff should read and discuss the HIVAIDS Policy and HIVAIDS/STI implementation Plan 2007-2012
4. Write HIVAIDS Activities and training into your SLIP
5. Have a first AID kit including bleach and rubber gloves for cleaning up blood spills
6. Train your BOM and your P&C in the HIVAIDS policy, Gender Equity and Basic HIVAIDS/STI information
7. Talk to your community about the plan, the policy and the syllabus.
8. Discuss how to protect staff and students from HIV and how you will teach it to your students. Lead HIV activities like World AIDS Day (1st December)
9. Teach Life Skills and HIVAIDS/STI and Reproductive Health in Grd 5; Health in Grd 6-8 Personal Development; Demonstrate the correct use of male and female condoms from Grade 5 along with how to resist pressure and saying “no” to risky behaviour
10. Be a Health Promoting School. For example, are there separate toilets for boys and girls? Is there water and soap for washing and clean water for drinking? Are girls and boys treated equally?
11. Male and female condoms and lubricant must be available for all staff; Upper Primary students need to know where condoms are available in their community.
12. Build links with your church HIV services, testing clinic, AIDS committee, NGOs and community Health workers.
13. Zero tolerance for teachers and students who abuse or harass others. Teachers must be role models for behaviour at all times.

### Discussion Questions

Discuss what is needed to implement the HIVAIDS Policy then answer these questions:

1. What is your school currently doing to implement the HIVAIDS policy. List the various activities.
2. What areas are not being covered at present? List these areas.
3. Prepare an action plan with the Headteacher and the BOM to implement all the areas of the HIVAIDS Policy

*“There is hope” – Catholic Church Slogan*
Final topic 3: Community Mobilisation to change behaviour
Final topic 3: Community Mobilisation to change behaviour

Community mobilisation needs be based on the importance of RESPECT for another human being regardless of what type of activity one is involved in or what situation the person is in. NO ONE has any RIGHT to ask a positive person how he/she got infected, when or where. However if they want to share this information they may, but other people do not have any right to retell their story to the whole world. It is also very important to have positive ways of looking at HIV; how to support the infected and affected; and provide awareness to those not yet infected. Communities need to think in terms of Positive Living, Positive Thinking and Positive Talking.

Areas to be Targeted for change
The government, the private sector, communities, churches, clans, families and individuals need to deal with the driving forces of HIV such as the lack of employment, unfair pay structures, violence and pack rape, alcohol, bride price (where women are ’owned’), not caring about other people, electoral excesses/buying votes, polygamy (men having many wives; older men looking after young girls, men with plenty of money to spend, situations where there is group sex, and domestic violence and rape.

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

Community Action Plans
Communities need to work together to address these issues, and in doing so, communities will be addressing HIV.

Discussion Questions
Discuss the Bridge Model poster. Then discuss these questions:

1. From the poster list the areas that need to be changed in your community, if your community is to protect people from being infected by STIs, HIV/AIDS.

2. Share any stories about changes that have already taken place in your community that are helping to protect the community from STIs, HIV/AIDS.

3. Prepare a community action plan on what the community can do to support your school in teaching children about living a positive healthy life style. In your action plan state how you are going to help care for those who are HIV positive.
## HIV/AIDS addresses

### Anglicare Stop AIDS PNG
- **Location**: Waigani, Port Moresby
- **Telephone**: 325 1855 or 325 11084

### Catholic Family Services
- **Location**: Four Mile, Port Moresby
- **Telephone**: 325 5250

### Three Angels Care
- **Location**: Koki, Port Moresby
- **Telephone**: 321 6005

### The Salvation Army
- **Location**: Boroko, NCD
- **Telephone**: 648 1285

### Three Angels Care
- **Location**: Oro Provincial Govt
- **Telephone**: 329 7782

### National AIDS Council Secretariat
- **Location**: NCD Provincial AIDS Committee
- **Telephone**: 325 6903

### Western Provincial AIDS Committee
- **Location**: P O Box 102 DARU
  - Chair: Mr Willi Kokora
  - HRC: Mr Robin Koria
  - PCC: Mr Gabriel Marowa

### Eastern Highlands Provincial AIDS Committee
- **Location**: P O Box 223 GOROKA, EHP
  - Chair: Dr Thomas Koenmu
  - HRC: Mrs Ruth Paliau
  - PCC: Takeso Totaya

### Morobe Provincial AIDS Committee
- **Location**: P O Box 15477 LAE
  - Chair: Mr. Patilios Gamato
  - HRC: Mr Charles Pepe
  - PCC: Mr Gasper Poilele

### Sandaun Provincial AIDS Committee
- **Location**: P O Box 123 VANIMO
  - Chair: Mr Joseph Sungi
  - HRC: Mrs Rose Uti
  - PCC: Mr Ricky Saren

### Sandaun Provincial AIDS Committee
- **Location**: East Sepik Provincial AIDS Committee
  - Chair: Mr Clement Paine
  - HRC: Mrs Emil Trovalwe
  - PCC: Sr Maura O'Shauhnessy

### Western Highlands Provincial AIDS Committee
- **Location**: P O Box 91 MT HAGEN
  - Chair: Rev James Koi
  - HRC: Mr Joshua K Meninga
  - PCC: Rev Apollinari Mubak

### Southern Highlands Provincial AIDS Committee
- **Location**: P O Box 701 Mendi
  - Chair: Rev David Sikia
  - HRC: Mr Henry Happen
  - PCC: Ms Veronica Temokang

### VSO Tokaids AIDS
- **Location**: PO Box 1061 Madang
  - Ph: 852 1924/ 852 3385

### PNG Family Health Association
- **Location**: Lae: Ph: 472 6523/ 272 6296

### National AIDS Council Secretariat
- **Location**: P O Box 322 BUKA

### Madang Provincial AIDS Committee
- **Location**: P O Box 106 MADANG
  - Chair: Mr Markus Kuchau
  - HRC: Mrs Matricia Mari
  - PCC: Conrad Waduna
  - Ph: 852 3422/852 3698
  - Fax: 852 2886

### Sandaun Provincial AIDS Committee
- **Location**: PO Box 161 WEWAK
  - Chair: Mr Clement Paine
  - HRC: Mr Emil Trovalwe
  - PCC: Sr Maura O'Shauhnessy

### PNG Family Health Association
- **Location**: Lae: Ph: 472 6523/ 272 6296

### West New Britain Provincial AIDS Committee
- **Location**: P O Box 192 KUNDALI
  - Chair: Mr Aloys Gende
  - HRC: Mr Ben Nema
  - PCC: Mr James Kuri

### Enga Provincial AIDS Committee
- **Location**: P O Box 110 WABAG
  - Chair: Mr John Yaka
  - HRC: Mr Peter Mann

### VSO Tokaids AIDS
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  - HRC: Mr Peter Mann

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