



*"Be a **LEADER**; Promote **SPORT**; Prevent **HIV**"*  
*"Kamap **LIDA**; Strongim **SPORT**; Banisim **HIV**"*



# HIV PREVENTION THROUGH SPORT

## A Toolkit for Sport in Papua New Guinea

DRAFT 2010.05.25



Australian Government  
AusAID





This toolkit is dedicated in memory of the late Florence Bundu, who gave so much of her energy and passion to sport in Papua New Guinea, to our national effort to address HIV, to our Committee on HIV Prevention Through Sport, and to the production of this Toolkit.

The production of this toolkit has been made possible by funding to the Committee from:

- The PNG Sports Foundation (PNGSF)'s "Sport For Development Initiative"(SFDI), supported by the Australian Government's Agency for International Development (AusAID);
- The PNG National AIDS Council (NACS); and
- The International Olympic Committee (IOC).

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This toolkit has been produced for the PNG sports community by the PNG Committee on HIV Prevention Through Sport.

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## Abbreviations

ARV	Anti Retro Viral
HAMP	HIV and AIDS Management and Prevention ACT
IOC	International Olympic Committee
MTDS	Medium Term Development Strategy
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
OI	Opportunistic Infections
PAC	Provincial AIDS Committee
PEP	Post Exposure Prophylaxis
PLHIV	Person Living with HIV
PNGSF	Papua New Guinea Sports Foundation
PNGSFOC	Papua New Guinea Sports Federation & Olympic Committee
STI	Sexual Transmitted Infection
VCT	Voluntary Counselling and Testing



## Acknowledgements

This HIV Toolkit has been designed specifically for the PNG sporting community. It is inspired by the joint International Olympic Committee (IOC) and UNAIDS publication “*Together for HIV and AIDS Prevention: a toolkit for the sports community*” and our friends in sport who participated at the Oceania Forum on HIV Prevention Through Sport, hosted in Port Moresby in April 2007. We are indebted to the IOC and UNAIDS for their permission to adapt their Toolkit to suit our context and needs in PNG.

PNG Sports Foundation is proud to be a member of the international Kicking AIDS Out Network, and we are very grateful for their permission to include Kicking AIDS Out games in this Toolkit.

Production of the Toolkit has been funded as a collaborative effort by PNG Sports Foundation’s “Sport For Development Initiative” (supported by the Australian Government’s Agency for International Development); the National AIDS Council Secretariat (NACS); and the IOC.

The Toolkit could not have been produced without the tireless effort and time dedicated by numerous individuals, players, athletes, organisations and sporting codes.

Utmost credit is due to my fellow Members on the PNG Committee on HIV Prevention Through Sport, representing the following stakeholders:

- **Peter Momo**, Ambassador For Hope, Igat Hope and Positive Care Foundation
- **Andrew Lepani**, Athletes Commission, PNGSFOC
- **David Passirem**, National AIDS Council Secretariat
- **Auvita Rapilla**, PNG Sports Federation & Olympic Committee (PNGSFOC)
- **Peter Chalapan**, PNG Sports Foundation
- **Thomas Kahai**, PNG Sports Foundation
- **Mark Clark MBE**, Sport For Development Advisor
- **Ako Mariana**, Tingim Laip Program
- **Tim Rabuhemba**, UNAIDS
- **Maria Nepel**, UNAIDS
- **Florence Bundu**, Women in Sport Commission, PNGSFOC

Special recognition is due to Margaret Pale for her work coordinating progressive earlier drafts of the Toolkit, and to our partners and stakeholders for their ongoing guidance and feedback, including in particular the PNG-Australia HIV Program and the PNG Business Coalition Against HIV and AIDS (BAHA).

Finally, I want to highlight the immense contribution by athletes, role models and executives/officials from the sporting community through their enthusiastic support and the use of their photographs and quotations in support of our HIV education messages.

**Sir John Dawanincura Kt. OBE**  
Chairman  
Committee on HIV Prevention Through Sport





## Foreword

Today, more than 30 million people are living with HIV, and many of them are involved in sport, either as spectators or as participants. Because preventing HIV/AIDS and combating discrimination are two fields in which sport can clearly make a difference, and because sport breaks down barriers, builds self-esteem and teaches life skills and healthy behaviour, the sports movement has decided to join the global campaign against the HIV/AIDS epidemic.

A few years ago, the International Olympic Committee (IOC) and the United Nations Programme on HIV/AIDS (UNAIDS) jointly published a toolkit on HIV & AIDS prevention through sport. Today, I am very pleased that the Papua New Guinea Olympic Committee has decided to adapt this toolkit to both the local and regional environment. This commendable initiative joins those already taken by the NOC in the fight against this pandemic, thus taking the lead within Oceania.

Through this toolkit, the Papua New Guinea NOC illustrates perfectly how the sports community can be a key protagonist in reaching out to communities in villages and cities. The participation of sporting icons in an advocacy and stigmatisation campaign has to be encouraged, as has talking to the young generation using the language of sport.

Nor should we forget that sports events, clubs and gyms offer a perfect platform to make young people aware of the issue, promote preventive messages, and ensure that people living with HIV are not discriminated against.

We are all concerned because HIV can affect anyone, anywhere. By changing our own attitudes, beliefs and behaviour, we can make Papua New Guinea and the world a better (and safer) place for us all.

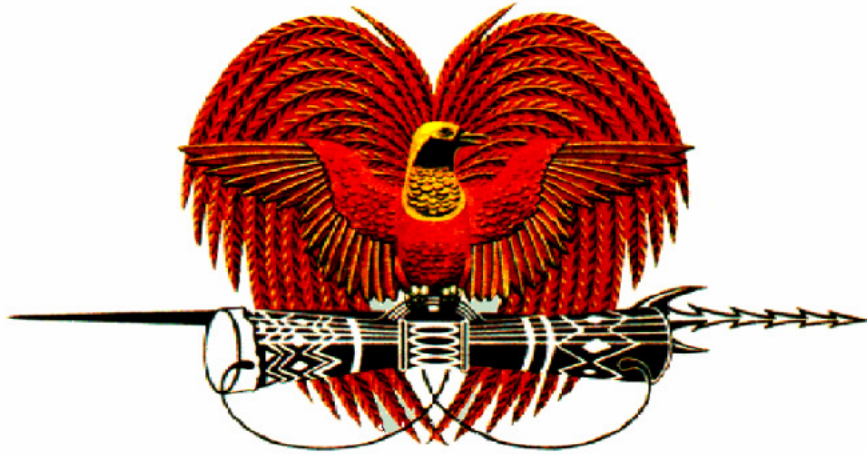
A handwritten signature in black ink, reading 'Jacques Rogge'.

**Dr Jacques Rogge**  
President  
International Olympic Committee





## Ministerial Statements



“The threat of HIV requires each one of us to take responsibility to make the right choices and to help educate others. Young men and women are most at risk, and the sports community has a duty to look after its people. Sport has a unique power to mobilise the youth in our communities, and sports role models have a responsibility to lead education and behaviour change, to set the right example to ensure a caring, supportive, and inclusive attitude is shown to all those in the community, including those infected and affected by HIV.”

– **Hon. Philemon Embel OBE, MP, Minister for Sport**



“As we stand together to address HIV in PNG, I believe that the sports community has an enormous role to play. I am convinced that investment in sport has *direct* benefits in terms of healthy lifestyles, empowerment and leadership, as well as *indirect* benefits from the use of sport situations as a platform and entry point for education on health issues. Investment in sport now is a cost-effective way to help reduce the burden on our health sector in the future.”

– **Hon. Sasa Zibe, MP, Minister for Health and HIV/AIDS**



“Sport is an international language that brings individuals and communities together, highlighting commonalities and bridging cultural and ethnic divides.....The practice of sport is vital to the holistic development of young people, fostering their physical and emotional health and building social connections. Sport offers a powerful avenue to reach the youth who are most at risk, to engage them in active peer-group education, and to harness the supportive sports network to promote inclusiveness and care for PLHIV and prevent stigma and discrimination.”

– **Hon. Dame Carol Kidu DBE, MP, Minister for Community Development**



## Section 1: Aim of the Toolkit and How To Use It

### 1.1 Aim of the Toolkit

This Toolkit is intended to be a useful resource prepared specifically for the sporting community in Papua New Guinea, to help mobilize sports organizations, coaches, trainers, sport administrators and our sportsmen and sportswomen to address HIV in their sport and community.

The Toolkit aims to:

- Improve awareness and knowledge of everyone in the sporting community about the facts of HIV and AIDS
- Promote behaviour change to prevent the spread of HIV
- Encourage Voluntary Counselling and Testing so that everyone in the sporting community can know their status
- Encourage early treatment and a caring and supportive environment for those people living with HIV
- To eliminate stigmatization and discrimination and to promote inclusiveness of people living with HIV in community sport activities.

Sport has a unique power to mobilize people together for awareness and education about HIV, and sports situations can be an effective entry point for peer group discussion and behaviour change. The Toolkit has very practical games, quizzes and discussion activities and ideas that you can use to help introduce HIV education while fostering appropriate behaviour change amongst participants in all your sporting activities and events.

### 1.2 How to Use the Toolkit

The prevention of HIV infection is the responsibility of everyone in the sports community: all employees of sports organisations, all sports managers, sports administrators, sports officials, coaches, volunteers and players. If you're reading this, then you have a responsibility to get involved and to help in your sport, your family, and your community! This Toolkit will help you do that.

The Toolkit contains different sections aimed at different types of people within the sport setting:

- Step 1:** Go through the whole toolkit to understand what is in each Section
- Step 2:** Identify the Sections that might be of most use to you, your friends and colleagues.
- Step 3:** Keep searching into the Sections you find useful. Take the Toolkit to your sporting activities and think when something in it could be used.
- Step 4:** Feel free to photocopy and distribute pages and Sections from the Toolkit (example the checklists, or games activities, HIV Quiz, or topics for group discussions).
- Step 5:** Use the toolkit as a flexible reference manual and a source of ideas and information.

**Whoever you are, there is important and useful information in here for you!**



<p>“The Papua New Guinea Hockey Federation is committed to the prevention of the spread of HIV through educating its members to live healthy and positive lives and behave responsibly at all times. We believe sport is a wonderful way for people to gather as families and friends to engage in healthy and safe fun social activity. We encourage our members to use this HIV Toolkit.” <b>Trev or Birney, PNG Hocket Federation</b></p>	<p>[insert photo of hockey]</p>
<p>[insert photo of squash]</p>	<p>“The Toolkit will help transcend greater community awareness about HIV prevention through its single most powerful avenue: Sports. I believe Sport is the single most strongest advocate for the development of the community and its health” <b>Edmond Pereira, PNG Squash Federation</b></p>
<p>“PNG Softball Federation is a signatory to the PNG National Dedaration on HIV Prevention Through Sport and is committed to continue supporting any related activities to achieve one of its visions of all PNG citizens having the 8 basic human rights.” <b>Chris Bais, PNG Softball Federation</b></p>	<p>[insert photo of softball]</p>
<p>[insert photo of tennis]</p>	<p>PNG Tennis welcomes any chance to support the HIV Toolkit for the PNG Sporting Community as we clearly view sport as a great means to positively influence and educate the future generation of PNG. <b>Troy Stubbins, PNG Tennis Association</b></p>
<p>PNG Outrigger Canoeing is committed in the fight against HIV and AIDS. We accept and comment the idea of this HIV Toolkit for the sports community. The Toolkit will be highly beneficial, as it will assist with communicating and driving awareness of this disease within our own sporting codes and also within our communities. <b>Xenia Peni, PNG Canoeing Association</b></p>	<p>[insert photo of canoeing]</p>



## Section 2: The Impact of HIV and AIDS in PNG, and the National Response

### 2.2 How many people are infected and who is most at risk?

#### 2.2.1 Comparing PNG with global and regional data



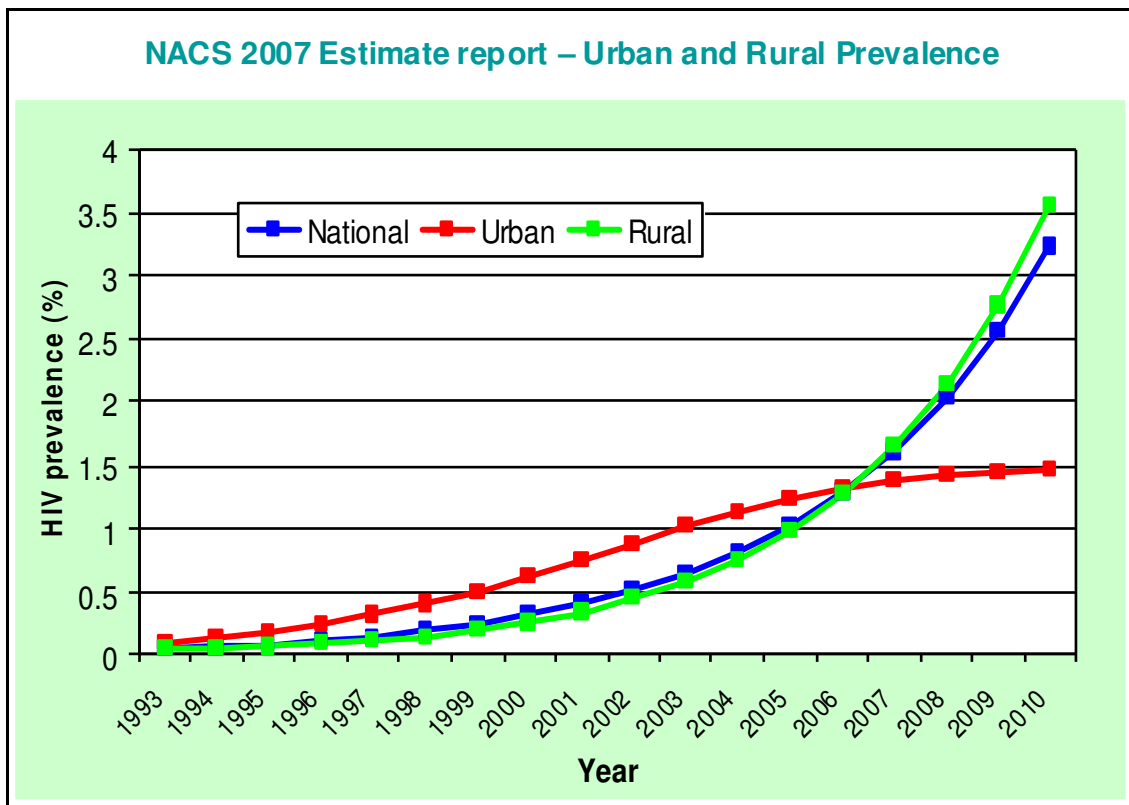
	Adults and Children living with HIV and AIDS at the end of 2007:
Global	33 million
Oceania	74,000
PNG	59,537

Source: UNAIDS 2008 report on Global and AIDS epidemic (Global & Oceania), UNGASS 2008 Country Progress Report (PNG)

- Globally 33 million adults and children were living with HIV and AIDS by end 2007 (Of these, 2 million are children less than 15 years old)
- In Oceania, 74,000 adults and children were living with HIV and AIDS by end 2007
- PNG had 59,537 adults and children living with HIV and AIDS by end 2007 (Of these, it is estimated that 1,100 are children aged less than 15 years old)

#### 2.1.2 What are the numbers for PNG?

The following diagram shows the estimated “prevalence” (ie percentage of people infected with) HIV in PNG, and compares the data from urban and rural communities:

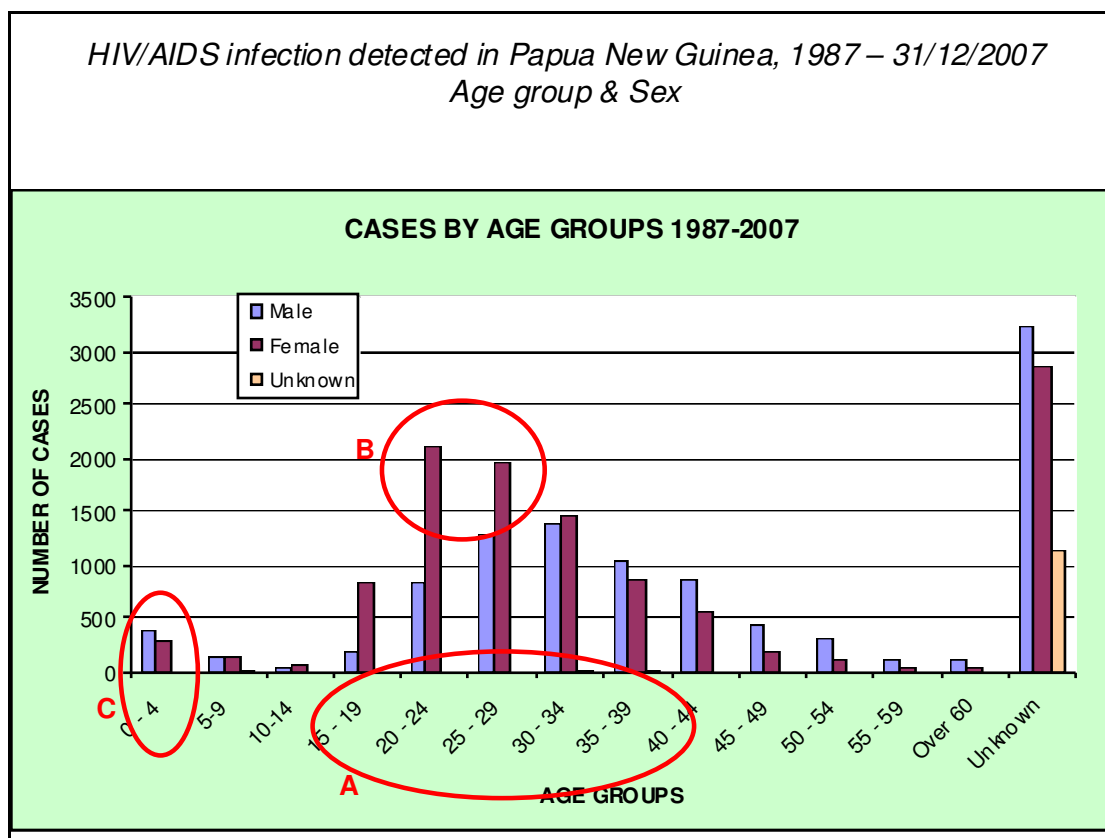




The blue curve shows how fast HIV is spreading in PNG: the numbers are increasing every year at a faster and faster rate. The curve on the graph is like a tsunami wave that is crashing on PNG. The wave is getting bigger and bigger and faster and faster. Only if we all work together to produce a response to HIV that itself is bigger and faster than the tsunami wave will we be able to turn it around. The green curve shows the situation in rural communities. Because 85% of PNG's population is in rural communities, the green curve closely matches the overall national situation (the blue curve). This means the situation is getting worse most rapidly in the rural areas of PNG, rather than the urban areas. If we are to respond to HIV and turn the situation around, we must reach the rural communities with education and behaviour change.

The red curve shows the situation in the urban communities. It is beginning to flatten out, perhaps because it is easier to reach people in urban areas with education and they are beginning to change their behaviour. The danger is that if the rapid increase in the number of infections in rural communities continues, then movement of people between rural and urban communities will continue to spread HIV infections. The situation can only be turned around if we work in ALL communities to spread education and help people change their behaviour to be safe and prevent infection.

The diagram below shows the number of HIV/AIDS cases for different age groups (male and female) in PNG between 1987 and 2007:



Area "A" shows that the age groups most at risk of HIV are 15 to 45: this is the same age group most active in sport. This means sport events and sport situations are good ways to reach people with HIV messages and education.

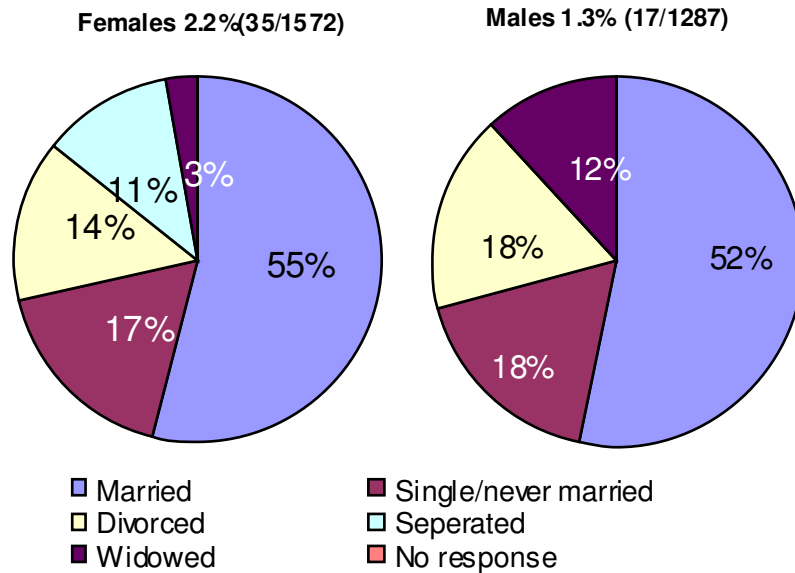
Area "B" indicates that girls and young women aged 15 to 34 are more vulnerable to HIV. Young girls and women are particularly at risk because gender roles and gender inequality makes them more vulnerable than young men.

Area "C" shows the rise in the number of babies being born with HIV. HIV infection is being passed from mothers to their babies during pregnancy, childbirth, and breast feeding. This means a new generation is growing up with HIV from birth.



The diagram below compares the marital status of people living with HIV or AIDS in PNG:

## Marital Status of HIV-1 Positive Persons



Source: PNG-IMR 2006 National HIV/STI National Mapping Project

The pie charts show that the majority of men living with HIV and the majority of women living with HIV are married: HIV is not something that is mainly affecting single people.

One of the biggest challenges in responding to HIV is the difficulty of gathering correct up-to-date information about the spread of HIV infections around the country. This is because people may be living in ignorance and may not know about HIV; they may not have access to health services or HIV voluntary counselling and testing facilities; they may be afraid of knowing their HIV status, or be afraid of facing stigma or discrimination.

HIV is very much a "hidden epidemic" in NG:

## HIV/AIDS - the hidden epidemic





The epidemic is hidden because only a small fraction of it is visible. Like a pukpuk or crocodile, most of the body is hidden below the surface out of sight. Because people can be living with HIV for many years without displaying any visible symptoms, they may not even know they have the virus unless they have a proper blood test to confirm their HIV status.

This presents a huge challenge for us all:

***We can only overcome the epidemic if we start **talking openly about it** and addressing it together head-on.***

The sports community can play a leading role in the response to HIV because sports activity attracts large numbers of people and can reach the most vulnerable age groups quickly and effectively all over the country.

## **2.2 The Impact HIV is having in PNG**

HIV has a devastating impact on the whole of PNG: on families, on communities, on the working population, on the economy, and on the country's development.

The spread of HIV in PNG is:

- creating and deepening poverty
- imposing a burden of care at all levels
- overwhelming the health sector at all levels
- eroding the ability of government to maintain essential services
- reversing achievements in education
- undermining and reversing economic growth
- deepening gender inequalities
- killing thousands of people in most productive age groups
- reducing labour, productivity and supply
- orphaning children and transmitting HIV infection to the next generation

In simple terms, unless the spread of HIV is brought under control and reversed, the impact of HIV and AIDS will wipe out all the potential benefits of all the combined development efforts in the country.

## **2.3 PNG's Response to the HIV Epidemic**

### **2.3.1 The PNG National Response**

Key elements making up PNG's National Response to HIV include:

- The National AIDS Council Secretariat (NACS) is the national organisation responsible for planning, leading and coordinating the response, and monitoring and evaluating its effectiveness.
- The NACS is supported by many other organisations including a Special Parliamentary Committee on HIV and AIDS, the Minister for Health and HIV and the Department of Health, international aid agencies, non-governmental organisations and civil society organisations. All these organisations have to report to and coordinate with NACS to ensure they are contributing effectively to the





combined national response. The sports community also has a role to play to help NACS implement the national response.

- In each Province, a Provincial AIDS Committee (PAC) has been established to act as the Provincial arm of the NACS.
- Laws have already passed in PNG to provide the legal framework to address HIV and AIDS. One of the most important is the HIV and AIDS Management and Prevention (HAMP) Act 2003 which states that:
  - Discrimination is against the law.
  - Stigmatisation is against the law.
  - Everyone has the right to access information and education about HIV.
  - Everyone has the right to access means to protect themselves from HIV, including the right to access condoms.
  - HIV testing must be voluntary. It is against the law to make it compulsory for someone to have an HIV test.
  - Everyone has the right to confidentiality and privacy. For example, it is against the law to breach someone's privacy by spreading rumours or information about their HIV status.
  - Reckless unsafe sexual behaviour is against the law.
- In 2000, a Policy approving 100% condom use was approved by NACS. It is against the law to obstruct or prevent anyone from using condoms.

### 2.3.2 Response by the PNG Sports Community

In April 2007, PNG hosted an Oceania Forum on "HIV Prevention Through Sport" in Port Moresby, attended by National Olympic Committees and other stakeholders from around Oceania.



Following on from that Oceania Forum, the key stakeholders in PNG established a PNG Committee on HIV Prevention Through Sport. The Committee's members represent:

- PNG Sports Federation and Olympic Committee
- PNG Sports Foundation
- Athletes' Commission
- Women in Sport Commission
- National Aids Council Secretariat
- UNAIDS
- Tingim Laip
- Igat Hope



The Committee is funded jointly by the National AIDS Council Secretariat (NACS) and the PNG Sports Foundation (PNGSF)'s "Sport For Development Initiative" (SFDI). The Committee has a full time Coordinator and a full time Monitoring & Evaluation Officer, based at the PNG Sports Federation & Olympic Committee (PNGSFOC) office in Port Moresby.

The Committee works closely with the National AIDS Council and each Provincial AIDS Committee.

The Committee's slogan is:



## **Kamap Lida: Strongim Sport – Banisim HIV Be a Leader: Promote Sport – Prevent HIV**

The Committee represents a partnership between the key national sports bodies in PNG and the key national HIV organizations, supporting national efforts in the response to HIV.



These different stakeholders signed a "National Declaration on HIV Prevention Through Sport" in 2007 (see **Annex 2** for the full text of the National Declaration).

In accordance with the National Declaration, the Committee's work is based on following seven priorities:



1. Being the single point of contact between sports and HIV organisations
2. Promoting the HIV “Sports Place” Policy (see Annex 4) for all sports organisations and all sports codes
3. Distributing and promoting use of this “HIV Toolkit” as an effective practical resource for the PNG sports community
4. Providing resources, information and contacts to support sports organisations to use sport to promote awareness about HIV, deliver HIV education, facilitate peer-group discussions and behaviour change, while promoting gender equality and a caring supportive network free from stigma and discrimination
5. Supporting development of sporting role models to help promote HIV education messages and activities
6. Working closely with people living with HIV on activities with them and for them and ensuring inclusiveness of PLHIV in all Committee activities and community sports activities
7. Working to help change attitudes and behaviour within sports organisations

### 2.3.6 Where should your sports organisation go for help with HIV education activities?

For any sports organisation, your two points of contact for help and ideas to respond to HIV are:

- **The Coordinator**  
**The Committee on HIV prevention Through Sports**  
PNG Sports Federation & Olympic Committee  
Telephone: (+675) 3251449 / 3230114 / 3230108  
Email: HIVcommittee@pngsfo.org.pg
- **Your local Provincial AIDS Committee**  
Contact information for each PAC is listed at **Annex 5**

You can call to discuss ideas with them: see how your sport can help them and how they can help you. Depending on your ideas and activities, they will then be able to put you in touch with any other appropriate organisation that might also be able to help you.

#### **IMPORTANT:**

To respect the coordination of the national response, you must always keep both the **Committee** and your local **Provincial AIDS Committee** informed of your activities, even if you are doing them by yourself or with the help of another organisation.

### 2.3.7 What support can the Committee on HIV Prevention Through Sport provide?

The Committee offers four main types of support:

- Technical assistance advice on what sort of activities and methods work best
- Coordination assistance and provision of contacts to help you
- Training for sports leaders
- Small amounts of funding to help you implement your HIV education activities.  
(The application form and guidance for how to obtain this funding support can be obtained from the Committee’s Coordinator at the contact details above.)



**EXAMPLE of a training delivered by the Committee:**

The Committee believes that it is essential to mobilize sports leaders across the country to be active in supporting the national response. To kick-start this, the Committee has delivered what we call “HIV Leadership Support Initiative” training to male and female sports leaders in all four regions of PNG.



This two day training examines the nature of the HIV epidemic and the devastating impact it is having on individuals, on families, on communities, on the workforce and the economy, the public and private sector, and on PNG’s plans for development.



Participants then learn more about HIV Prevention, including practical demonstration of male and female condoms.



As always, we include sessions delivered by Positive Advocates, about the life of People Living With HIV. These are always the most emotional sessions of all and they have the biggest impact on the participants.



Finally, Participants learn about inspirational leaders around the world, and examine what makes them great leaders. They learn about techniques to lead Change. And they make a public commitment to implement a specific plan of activities in their sport.





**EXAMPLE of a small grant to a National Federation to implement their HIV SportsPlace Policy:**  
The Judo Federation were organising a training camp to develop their sport. But they realised it was also an opportunity to deliver HIV education.

They contacted the Committee and applied for some funding support to help them, and also received help with their ideas for activities and with engaging Peter Momo, the Committee's "Ambassador For Hope" as Positive Advocate from Positive Care Foundation to attend and facilitate the training.

The impact of the HIV education went well beyond the judo athletes to the wider community itself, as can be seen in the photos:



### 2.3.8 What support can your local Provincial AIDS Committee provide?

Your local PAC should be able to offers the following types of support:

- Coordination assistance and provision of local contacts in the Province to help you
- Provision of information leaflets on HIV, STIs, and VCT, etc
- Provision of male and female condoms
- Assistance with engaging a local expert to facilitate training and condom demonstrations
- Assistance with engaging local Positive advocates (PLHIV who have been trained as advocates) to come and speak with your sportsmen and sportswomen
- Assistance with engaging local HIV Education Theatre Groups



## **Section 3: Basic Facts about HIV and AIDS**

### **3.1 Basic Facts: What you need to know about HIV and AIDS**

#### **3.1.1 What is HIV? And what is AIDS?**

HIV stands for “Human Immunodeficiency Virus”. It is a virus that causes AIDS.

AIDS stands for “Acquired Immunodeficiency Syndrome”. It is the condition or set of symptoms that occur when the HIV virus has destroyed the body’s ability to fight off infection.

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

The HIV virus attacks and destroys the body’s immune system - the defence system that fights against infections.

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

**No:** there is no cure for HIV infection. However, treatment with the right combination of antiretroviral drugs can delay the onset of AIDS.

#### **3.1.4 Who is affected?**

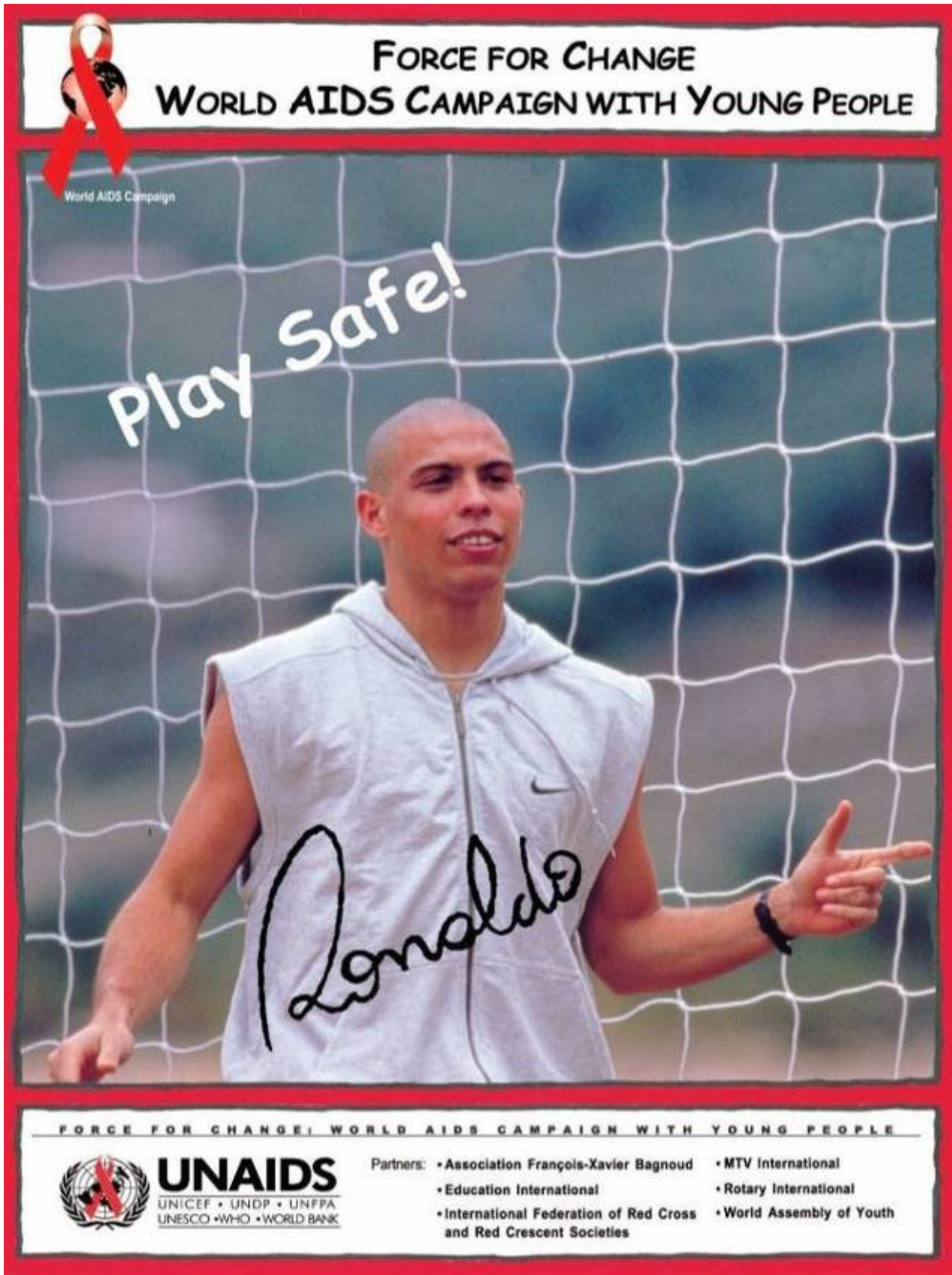
HIV does not discriminate: anyone is at risk of being infected with HIV.

#### **3.1.5 Can you tell someone has HIV just by looking at them?**

**No:** you cannot tell just by looking at them. Someone living with the HIV virus may not know it and may feel good and appear to be healthy; but they can still transmit the virus to another person. An HIV blood test is the only sure way a person can find out if he or she has HIV.

#### **3.1.6 What does it mean to be HIV “Positive”?**

When a person gets a blood test to check for HIV, if the result of the test is “negative” then HIV has not been detected, but if the result is “positive” then HIV has been detected and the person is said to be “HIV positive” or a person living with HIV (PLHIV).




**FORCE FOR CHANGE**  
**WORLD AIDS CAMPAIGN WITH YOUNG PEOPLE**

World AIDS Campaign

play safe!

Ronaldo

**FORCE FOR CHANGE: WORLD AIDS CAMPAIGN WITH YOUNG PEOPLE**

 **UNAIDS**  
UNICEF • UNDP • UNFPA  
UNESCO • WHO • WORLD BANK

Partners:

- Association François-Xavier Bagnoud
- Education International
- International Federation of Red Cross and Red Crescent Societies
- MTV International
- Rotary International
- World Assembly of Youth

***“You cannot tell just by looking at someone that they are infected with HIV. Be safe – wear a condom.”*** Ronaldo, Brazilian football star, UNDP Goodwill Ambassador, Special Representative for the World AIDS Campaign.



***“It’s good to be a champion, but the most important game is the one played outside the four lines. Don’t play with your life.”***  
*Luis Figo, Portuguese international football star*







## 3.2 HIV Transmission

There are three situations in which HIV can be transmitted from one person to another:

- Through **Sexual** transmission
- Through contact with **Blood**
- From **Parent to Child**

Let's look at each in turn:

### 3.2.1 Sexual Transmission

- HIV can be transmitted through penetrative Sex (when a man's penis penetrates the vagina of a woman or the anus of a woman or a man) without being protected by a condom.
- The risk of infection through Anal Sex is 10 times higher than vaginal sex.
- The presence of any untreated Sexual Transmitted Infections (ulcers or discharges) make it on average 6-10 times more likely that HIV will be passed on or acquired during sex.
- Oral Sex is regarded low risk activity. However, the risk can increase if there is a cut or sore around or in the mouth and if ejaculation (release of sperm) occurs in the mouth.

### 3.2.2 Contact with Blood

HIV can be transmitted through the blood in the following ways:

- Blood transfusion if the patient receives infected blood or blood products. However, blood safety standards are in place in PNG to ensure that all blood provided in health facilities is safe for all patients.
- The re-use or sharing of syringes or needles or other drug preparation equipment (for example athletes sharing the same needle to inject drugs).
- The re-use or sharing of blades, needles or other sharp objects used for tattooing or scarring (for example during cultural initiation ceremonies).
- A blood injury, such as a cut or open wound, on the sports field where a player comes into contact with blood of a HIV positive person.

### 3.2.3 Parent to Child Transmission

- During pregnancy, labour and at delivery, the infant can get the HIV virus if the mother is HIV-positive.
- During the period after birth, the virus can also be transmitted through the breast milk to the baby.



***“I take great care of my body on and off the field, because I respect my body and feel responsible not just for me but for my girlfriend and also my team mates. HIV affects us all and that’s why I act responsibly and take care to prevent HIV. Everyone should feel and act responsibly because good sportsmen and sportswomen are those that respect their bodies” David Muta - Midfielder, PNG Men’s Football.***



Photo: David Muta [Hekari no.12] - Courtesy of Wantok Newspaper



### 3.3 Preventing HIV transmission

#### 3.3.1 Preventing HIV transmission during Sex

Through the application of “ABCD” behaviour, sexual transmission of HIV can be prevented. It works like this:

- A** is for **A**bstinence - no sex
- B** is for **B**eing faithful - to one sexual partner who is also faithful to you
- C** is for **C**ondom use - **C**orrectly & **C**onsistently every time
- D** is for **D**elay first sex - among young people

Note, though, that the “ABCD” strategy does not help protect a woman if she is raped.

Having sex within a faithful relationship is safe if

- Both partners are sure that they are uninfected – ie they have had an HIV test and the result has been negative
- Both are 100% faithful to each other – ie they only have sex with each other
- Neither gets exposed to other risky activities, such as drug use, use of same needles, sharp objects used for tattoo, scarring and shaving etc.

Kissing, erotic massage and masturbation are safe sexual activities that can be enjoyable for partners to try instead of penetrative vaginal or anal sex.

**Remember:** no sexual act is 100% safe. It is safer to say no to sex or to use a condom correctly and consistently every time when having sex.

Correct and consistent use of condom stops the spread of HIV by blocking the exchange of the body fluids that carry the HIV virus (semen and blood) during vaginal and anal sexual intercourse.

#### **Condom use Tips:**

- Use new condom every time you have sexual intercourse.
- Never use the same condom twice
- Put condom on after the penis is erect (sanap)
- Male & female condom should not be used at the same time-friction between the two may cause condom to break

Step by step illustrations on how to use male and female condom can be found in **Annex 8**.

Ideas on how to persuade your sexual partner to use a condom can be found in **Annex 9**.

Further tips on confident use of condoms can be found in **Annex 10**.



### **3.3.2 Prevention of HIV transmission through Contact with Blood**

Preventing HIV transmission from Contact with Blood is easy if you follow these simple rules:

- Never re-use syringes or share needles and drug preparation equipment
- Never re-use blades, needles, sharp object used for tattooing or scarring
- Always avoid coming into direct contact with blood. Wear gloves or use plastic
- Make sure open wounds on the hand/fingers are covered and securely dressed etc.

### **3.3.3 Parent to child transmission**

A pregnant woman or woman planning to get pregnant should consider being tested for HIV. Antiretroviral (**ARV**) drugs can be provided to help prevent the spread of HIV to the baby during birth, if she tests positive.



***“With the HIV epidemic around, it’s safer to abstain from sex or stick to one faithful partner”***  
*Francis Kompaon, Paralympic silver medallist-Track and Field Events.*



[Photo source: PNGSFOC]



***“HIV does not discriminate so play safe and be a winner for your team and community - Stick to one partner or use condom” Willie Rikis – 2<sup>nd</sup> Row Lock Forward- Pukpuk National Rugby Union Team***



Willie Rikis [facing with ball.] Photo: Courtesy of Wantok Newspaper



### 3.4 Sexual Transmitted Infections (STI)

Sexual Transmitted infections are infections that may be passed from one person to another during sex. There are more than 20 different Sexual Transmitted Infections.

Sexual Transmitted Infections which are common in PNG include:

- gonorrhoea
- chlamydia
- syphilis
- trichomonas
- genital warts
- genital herpes
- donovanosis
- hepatitis B (although in PNG this is more commonly spread from mother to baby)
- HIV infection

#### 3.4.1 Some facts about Sexual Transmitted Infections

- PNG has the highest rates of sexual transmitted infection in the Asia-Pacific Region, and one of the highest in the world
- A large number of people in PNG have sexual transmitted infection and don't know if because they have no symptoms or do not recognize the symptoms
- A person with an untreated sexual transmitted infection can always transmit it to his/her sexual partner(s)
- Having a sexual transmitted infection increases your risk of getting HIV, the virus that causes AIDS
- The main way sexual transmitted infection including HIV are passed from one person to another is by unprotected sex (i.e. sexual intercourse without a condom)

#### 3.4.2 Can Sexual Transmitted Infections be cured?

Sexual Transmitted Infections caused by bacteria (such as gonorrhoea, chlamydia, syphilis, donovanosis), fungi and parasites (such as trichomonas, scabies, and pubic lice) can be cured easily if treated early with the right medicine.

But STIs caused by viruses (genital warts, hepatitis B, genital herpes, HIV) cannot be cured easily and many cannot be cured at all.

#### 3.4.3 How do you know if you have a Sexual Transmitted Infection?

It is important to remember that often sexual transmitted infections do not have any symptoms. In particular, women with a sexual transmitted infection may not know for a long time that they are infected, although in the meantime they can infect others. Symptoms of common sexual transmitted infection, other than HIV, in men and women include:

- a discharge from the genital area, including a yellow/green fluid from the vagina or penis
- a burning sensation during urination
- ulcers or sores in the genital area
- itching in the genital area
- pain in the lower abdomen
- sometimes fever

**Anyone who has had a sexual contact with someone who is not their sexual partner and did not use a condom, could have an STI and not know it, so they should go for a check-up**



### **3.4.4 How can you reduce your risk of catching Sexual Transmitted Infections?**

You can avoid becoming infected or infecting others with sexual transmitted infection if you:

- Always use condom if you are not a faithful partner or have more than one partner
- Have regular checkups if you don't practice safe sex (if you don't use a condom). This will not prevent you getting infected but will detect infections early
- Don't share needles, blades or anything contaminated by blood
- Limit the amount of drugs or alcohol you take, so you are able to negotiate safe sex
- Don't have sex if you are infected until you and your partner(s) have completed treatment

### **3.4.5 What is the relationship between Sexual Transmitted Infections and HIV?**

- HIV is one example of a Sexual Transmitted Infection
- Anyone with any sexual transmitted infection has a greater risk of getting another sexual transmitted infection including HIV
- Anyone with HIV has a greater risk of developing more serious health problems from any other sexual transmitted infection





### 3.5 Misconceptions and myths

There are many misconceptions and myths about certain behaviours causing HIV.


Here are the **true facts** about some of the most common misconceptions or myths:

- HIV is not spread through casual contacts like playing, working together, shaking hands, hugging or kissing, sharing room, breathing same air, using same drinking and eating utensils, using same washing water and swimming in the same water.
- HIV is not spread through the air, like flu, cold virus [bug]
- Mosquitoes or insects and animals do not spread HIV
- Having HIV is not a death sentence: you can live with HIV for many years
- Losing weight does not mean that someone has HIV: they could have many other health problems that are unrelated to HIV.
- Condoms do not encourage people to have sex: rather, condoms allow people to make safe choices. Choices about condoms are not only related to protection from HIV, but also from other sexual transmitted infections, or from an unplanned pregnancy.

**Make sure you know your facts!  
And make sure you correct anyone you hear spreading the wrong facts!**




**YOU CANNOT GET AIDS BY**




GOING TO SCHOOL

**YOU CANNOT GET AIDS BY**




PLAYING

**YOU CANNOT GET AIDS BY**




TALKING TO SOMEONE

**YOU CANNOT GET AIDS BY**



WORKING IN THE SAME OFFICE

**YOU CANNOT GET AIDS BY**




BEING A FRIEND

**YOU CANNOT GET AIDS BY**




SHAKING HANDS

**YOU CANNOT GET AIDS BY**




HUGGING EACH OTHER

**YOU CANNOT GET AIDS BY**




SHARING A MEAL

**YOU CANNOT GET AIDS BY**




A MOSQUITO BITE

**YOU CANNOT GET AIDS BY**




SWIMMING IN THE POOL

**YOU CANNOT GET AIDS BY**




SHARING A GLASS

**YOU CANNOT GET AIDS BY**



KISSING

**YOU CANNOT GET AIDS BY**




USING THE SAME CUP

**YOU CANNOT GET AIDS BY**



HAVING A SHOWER

**YOU CANNOT GET AIDS BY**



USING THE SAME TOILET

**KNOWING  
THE TRUTH  
WILL HELP  
STOP AIDS**

**The truth about AIDS. Pass it on...**





## 3.6 Risky Behaviours

“Risky” means doing something or taking a chance which may hurt you. Therefore when we talk about HIV, “risky behaviour” means behaving in a way where you may catch a sexual transmitted infection or HIV.

### 3.6.1 Behaviour which increases the risk

The following examples are Behaviour which increases the risk of being infected with a sexual transmitted infection or HIV:

- Having unprotected sex with a partner who is not your regular faithful partner
- Having sex with commercial sex workers, without using a condom
- Having sex with a partner who has other sex partners
- Continuing to have sex when you have symptoms of sexual transmitted infection and without using condoms

### 3.6.2 Sport situations which increase the risk:

Sport itself can present situations of increased risk, such as:

- Big events or gatherings, match awards or fundraising events, celebrating sport victories etc: because it provides opportunities for intense social interaction
- Alcohol consumption or use of marijuana, because it may reduce the ability to make good decisions and safe choices, leading to people having unsafe sex
- Being away from home (sports travel during representative games & training), because feelings of loneliness or freedom may encourage people to make unsafe choices

**Responsible behaviour reflects good sportsmanship:  
Good sportsmanship is about discipline on and off the field.**



**"Your Life is Your Choice. With HIV/AIDS, choose to live - Play it Safe!"**  
*Julie Alau-Midfielder-PNG Women's Football*



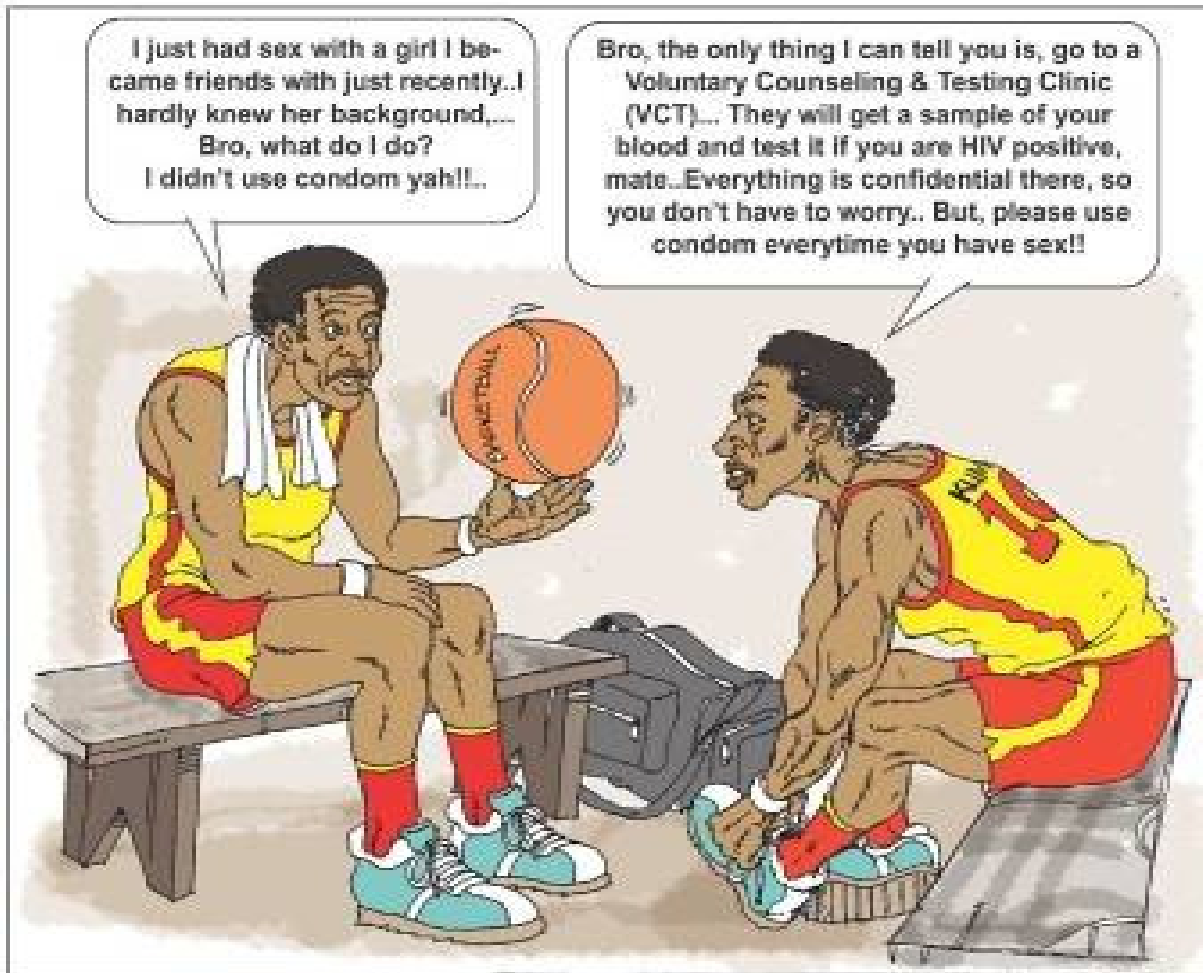
Julie Alau playing for PNG vs. Tonga in the Grand Final of the XIII Pacific Games in Samoa 2007. PNG won the Gold Medal, beating Tonga 3-1. [Photo courtesy of Julie Alau]



### 3.7 HIV Testing

#### 3.7.1 What is an HIV Test?

HIV tests usually work by detecting the antibodies in your blood produced by your body's defence system in response to an infection. If the antibodies are found, it shows that an infection is present.



#### 3.7.2 Why get an HIV test?

Getting a proper HIV test is the only way you can be sure of your own HIV status. Because you cannot tell by your appearance or how you feel, and you can become infected and carry the HIV virus for many years without even knowing it, it's important to get an HIV test to know for sure. If you are not sure of your status then you should use a condom every time you have sex, otherwise you could be passing the HIV virus on to your sexual partner(s) without knowing it. Getting tested gives you peace of mind and means you, and your sexual partner, can plan your future properly.

#### 3.7.3 What to do if I think I may have actually been exposed to HIV?

If you have been raped, had unsafe sex (ie sex without a condom) or have accidentally come into contact with someone else's blood, you should visit an accredited Voluntary Counseling and Testing (VCT) service provider near you **IMMEDIATELY (preferably within 24 hours and no later than 72 hours after the exposure)** for advice, counselling and possible treatment. A list of some accredited VCT centres is given in **Annex 11**, but you can also contact your Provincial AIDS Committee for contact details because new VCT centres are opening all the time.

Immediate treatment using "Post Exposure Prophylaxis" (PEP) drugs at this early stage can help prevent the HIV virus taking hold in your body.



Until you have been tested, take precautions to prevent spreading HIV to others and avoid further risky behaviour or activities.

### 3.7.4. When should I go to get an HIV test?

If you are infected by the HIV virus, it takes some time for your body to produce the antibodies (defensive cells) to try to fight the HIV virus. Because an HIV test actually works by detecting these antigen cells, it means that an HIV test is only a good check of your HIV status if it made at least three months after your last possible exposure to HIV (eg the last time you had unsafe sex).

The period between being exposed to the HIV virus and antibodies appearing is called “**the Window Period**” and it is different in different people and can be between two weeks and six months.

**The Window Period means that the only way to be sure of your HIV status is to follow 4 Steps:**

**STEP ONE:** go to a VCT centre for counselling and your first HIV test

**STEP TWO:** wait six months, making sure you avoid any risky behaviour (eg unsafe sex) during this period

**STEP THREE:** after the six months period, get a second HIV test

**STEP FOUR:** make sure you continue avoiding any risky behaviour. If you are exposed to HIV at any point then go back to STEP ONE again.

### 3.7.5 What happens when I get my HIV test result?

You will given expert professional advice and counselling at your local VCT centre before and after getting your HIV test.

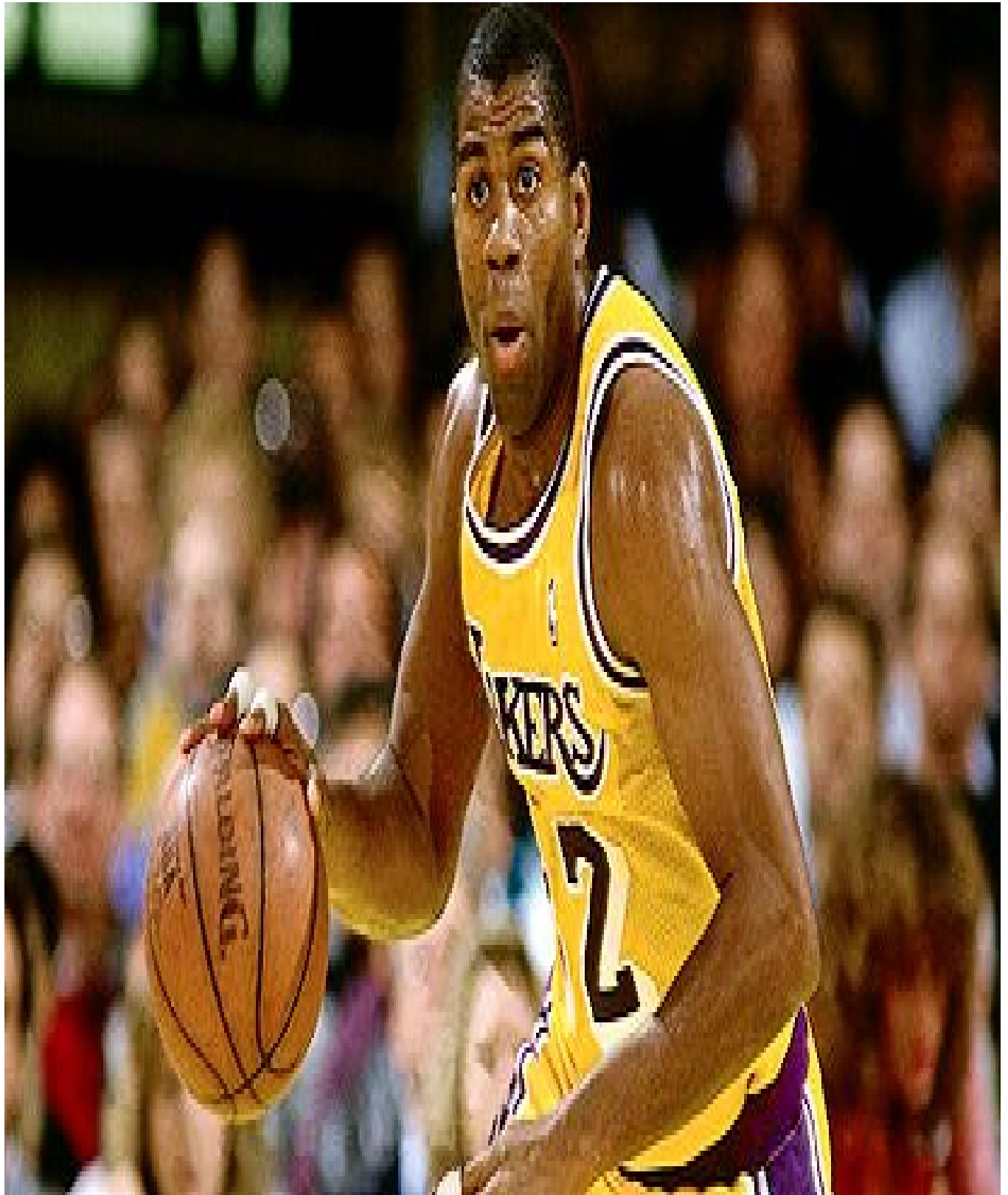
- If you are **HIV-positive** then you will be given advice and guidance on how learn to live positively by eating well, resting well, taking regular exercises, and having appropriate Antiretroviral (**ARV**) drug treatment and treatment for opportunistic infections.
- If you are **HIV- negative** then you should continue to avoid all risky behaviour. If this is only your first HIV test then you should have a second HIV test in six months time, because of the Window Period (see Steps One to Four in the box above).

### 3.7.6 What is an incubation period?

An HIV positive person can live with the HIV virus in their body for a long time without showing or feeling any symptoms. The incubation period is the time between the HIV virus entering the body and the development of the disease symptoms associated with AIDS (symptoms which may be similar to TB or several other diseases). During the incubation period people remain healthy and active and there are no signs of infection but they can still pass the virus to others through unsafe sex. By living positively and following the advice of your health experts, the incubation period can be many years and the onset of AIDS related symptoms can be delayed.



***“Enjoy life. Live. For people who have HIV, come out and share your life with somebody and make them feel better. Try to hold it among parents or brothers or sisters. People put so much pressure on themselves by holding it to themselves. You carry a lot of weight when you keep it to yourself.”*** Magic Johnson, United States, NBA Basketball legend, HIV positive, in 1996 after his return to professional Basketball following antiretroviral therapy.





## 3.8 Care, Support and Treatment

### 3.8.1 What is Positive Living?

It's perfectly possible for a person living with HIV to live a long, happy and productive life, if they focus on positive living. Positive living includes:

- Choosing to adopt a positive attitude
- Living a normal healthy lifestyle, keeping active and productive
- Never giving up: continue to do the things you love doing
- Eating nutritious food like fresh vegetables and protein
- Avoiding bad eating habits like cigarettes and alcohol
- Taking regular exercise
- Getting adequate rest and sleep
- Following Antiretroviral treatment carefully and consistently
- Looking after your physical health and well-being: getting regular medical check-ups and treating any opportunistic infections early
- Looking after your spiritual health
- Receiving love care and support from family and relatives
- Continuing to participate actively in community activities like sport

#### **Living Positively**

HIV-positive also means having responsibility in protecting others-informing sexual partners that you are HIV positive and always use a condom every time you have sex. In maintaining this lifestyle, HIV-positive people can live for many years without developing AIDS.

### 3.8.2 Is there a cure or treatment for HIV?

- There is no cure or vaccine for HIV;
- There are medicines that slow down the spread of the virus within the body. These are called **anti retro viral drugs** (Information on ARV is provided in **Annex 11**).
- Antiretroviral (**ARV**) drugs can be given to rape victims and babies born to HIV-positive mothers as well to reduce the chance of them being infected.
- Contact your nearest Provincial AIDS Committee to get information on Antiretroviral treatment services

#### **Health Warning!**

There are no bush medicine cures for HIV or AIDS.  
People who sell these are making money from other people's suffering





### 3.8.3 How can I care for my community?

You can help your community through some simple but important actions:

- Leading by example, in your family, your work-place, your sport, and your community
- Educating and providing accurate information about HIV
- Helping spread information local HIV services available to the community
- Stamping out all forms of Stigma and Discrimination
- Being the first to openly demand better care for PLHIV in your community
- Getting to know a Person Living with HIV and supporting them and their family
- Asking a PLHIV to come and talk to your family, your work colleagues, your sports friends, and your community
- Assisting organisations and community based groups with their HIV programs

#### **Our shared Duty of Care**

Caring for a loved one is a responsibility we must not ignore. As more and more people become HIV positive, we will have many more people to take care of at home. We should not be afraid of those with HIV and AIDS. Caring for a sick loved one is a Christian duty and a strong Melanesian tradition.

### 3.8.4 Stigma and Discrimination

Stigma and discrimination is important in the fight against HIV because everyone regardless of their HIV status, have the right to participate and make decisions. The HIV and AIDS Management and Prevention Act also protects people living with HIV. It is against the law to discriminate against people living with HIV.

*Cathy Freeman promoting the message of inclusiveness:*



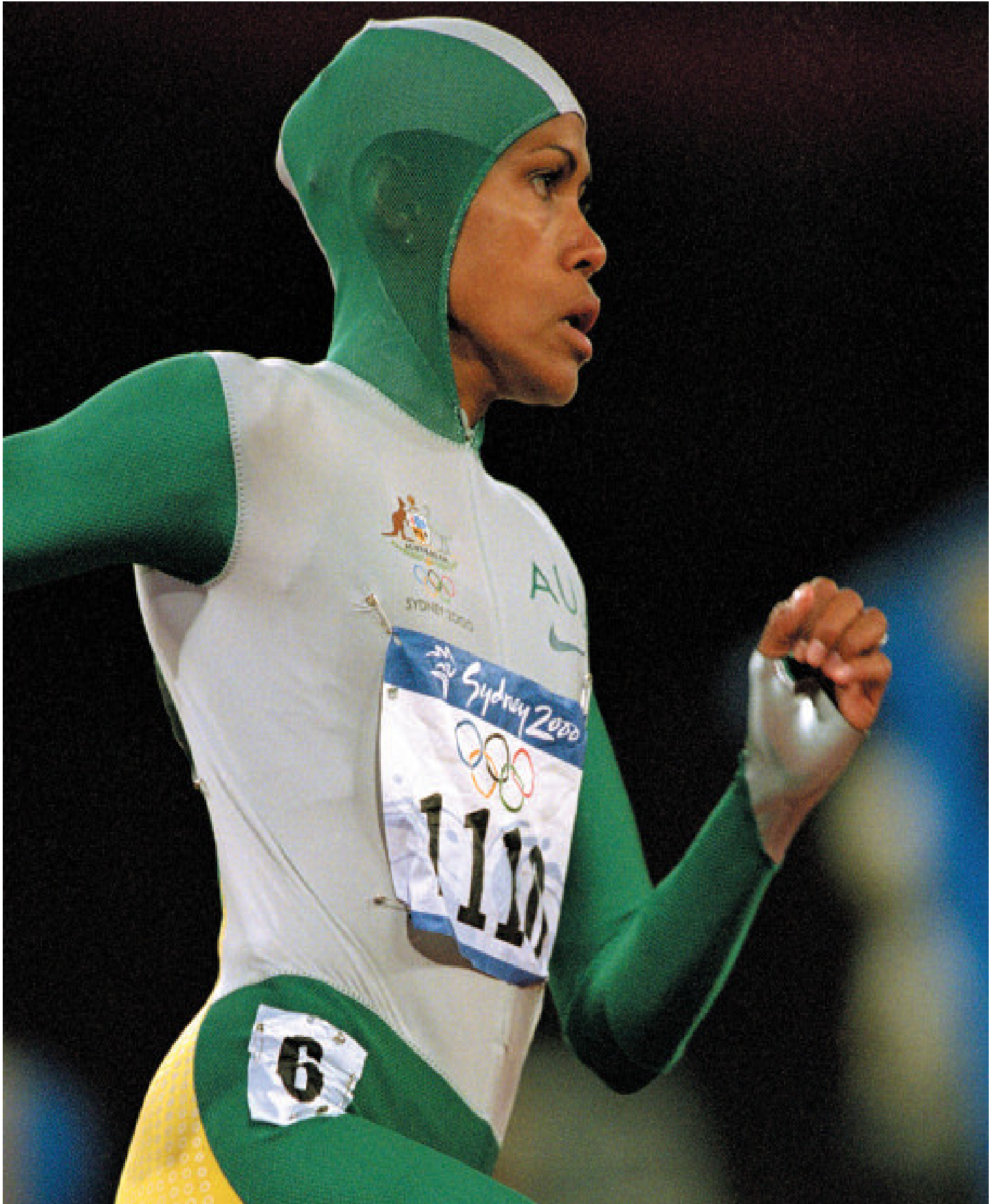
*"Don't Look Down On Anybody...."*

*"...Unless You Are Helping Them Up!"*





***“Discrimination can stop people from fulfilling their potential. Don’t discriminate against people living with HIV.” Cathy Freeman, Australian, Track and Field Olympic Gold Medallist***





**Stigma and discrimination is killing people in PNG!  
HIV does not discriminate, people do!**

Examples of acts of stigma and discrimination in sport settings include:

- Refusing to offer a leadership role to a player in a team because she/he is HIV positive;
- Throwing a player off a team because there is a rumour that she/he has AIDS;
- Expelling a player from participating in a game because his/her parents have both died from AIDS;
- Placing HIV-positive prisoners in a separate “HIV and AIDS” section of a prison or excluding them from educational, recreational or other normal activities within the prison;
- Telling team/dub members to stay away from or to be violent towards a person because he/she is believed to be HIV positive
- Giving a speech or publishing a leaflet saying that the AIDS virus only attacks bad people or sinners
- Publicly accusing a volunteer or a player who is distributing condoms or HIV and AIDS information that she/he is a spreader of HIV and AIDS
- Writing in a newspaper column that sport persons with HIV and AIDS should be locked up and should not participate in sport
- Putting up a notice that says players should be thrown out of their teams because one of their family members is sick with AIDS
- Giving a training session to administrators, managers, coaches, trainers, sport men and women that tells them not allow HIV positive people to participate in sport



***“Discrimination is like a disease. Stop discrimination”***  
Stanley Nandex 2004-2008 A1 World Combat Cup Kick-Boxing Champion



[Photo source: Stanley Nandex Pictures]

**Know your Law!!**

HIV-related Stigma and Discrimination is against the law in Papua New Guinea under the HIV Prevention and Management (HAMP) Act 2003



### 3.9 Peer Group Education



For many development issues we face, whether related to health or HIV, crime or violence, gender equality or violence against women, drugs or alcohol, one of the most effective means to create behaviour change is through peer group discussion and peer group education.

A “peer group” is just a group of people of the same age, same sex, sharing some interest together.

It just happens that sports teams are perfect peer groups. Look at the photos above: they are all people of roughly the same age, the same sex, they have a strong shared bond which also happens to be a physical activity, and they usually have a special relationship with a Coach who can act as a mentor in a way that is different to the relationship youth may have with a parent, school teacher, or pastor.

The sports situation mobilizes youth and creates these peer group situations *naturally*. They are then perfect for discussions on issues of concern in the community, whatever those issues may be.

**Start harnessing the power of sport by making use of every opportunity you can for some peer group discussions on issues including HIV.**



### 3.10 Ideas to try in your sport to improve HIV awareness and knowledge:

1. Get participants (competition or training) to complete an HIV Quiz before being allowed to play or train.
2. As part of training or a warm-down session, kick-start a group discussion about HIV, using some of the discussion ideas in **Section 7.4.3**, or the Frequently Asked Questions in **Annex 7**.

Try out some of the fun HIV games that are designed for different age-groups to learn about HIV. See **Section 7.4** for lots of activities to try. Choose a game appropriate for the age group of your participants. Perhaps get your older sportsmen and women to organise games for younger teams.

3. Have a condom demonstration to teach people in your sport how to use male and female condoms – see **Annexes 8, 9 and 10**.
4. As a fun team-bonding activity, try out some of role play ideas set out in **Section 7.4.4**.
5. Ask someone from your Provincial AIDS Committee or a local HIV organisation to come and speak at a competition or training session. See **Annex 5** for contact information.

#### ***Ambassador For Hope, Mr Peter Momo, meeting Cathy Freeman, Olympic 400m Champion***





## Section 4: HIV and Playing Sport

### 4.1 Benefits of Exercise on HIV

Sport and exercise can be very beneficial for PLHIV. Moderate exercise:

- *Strengthens* the body's immune (defence) system and better equips the body to fight HIV and delay the onset of AIDS. It also helps against the possibility of becoming infected with other opportunistic infections
- *Boosts* immunity for those unaware of their HIV status
- *Helps* minimize stress, depression and anger
- *Maintains* and keeps the body's circulatory system (heart) functioning
- *Provides* opportunities for socializing and making friends - crucial for PLHIV

### 4.2 Effects of HIV on exercise

PLHIV wishing to play sport and take exercise, and Sports coaches and administrators, should be aware of the following effects of HIV on exercise:

- It's important to have good Knowledge of how HIV, and any treatment, affects the body and energy levels and ability to play sport or take exercise at different levels. Everyone is different so individual advice is needed. PLHIV should take regular advice from a qualified doctor about the sort of sport activity and exercise they should be doing.
- Day to day, the decision as to how much exercise (type and duration and intensity) should be done is up to the individual PLHIV athlete. Only they alone can know and understand how they feel that particular day. Coaches and administrators should support and encourage PLHIV athletes but let them set their own limits.
- Being on antiretroviral (ARV) treatment will also present new challenges trying to cope with the side effects of the drugs. PLHIV should assess how they feel each day, and can discuss with their coach what they would like to do. Sports coaches and team mates can also provide support to PLHIV to help them stick carefully to the ARV treatment regime so that the treatment has the best chance of maximum success.

### 4.3 Positive Approach

You need to have a Positive approach to:

- Recognise that your relationship with sport and physical activity may need to be adjusted a bit, but that your physical fitness and your sporting friendships are still very important.
- Understand your body and believe and have faith in your body to accommodate changes.
- Listen to medical advice, and listen to your body, and taking responsibility for deciding what level of sport and physical exercise you should do on any particular day.
- Become a role model in your sport, helping to educate others and reduce fear, stigma and discrimination.

**If you can take a Positive Approach, you will find your commitment to your sport and your health is renewed and strengthened.**



#### 4.4 Guidelines if an athlete has no HIV associated symptoms

Here are some general guidelines for a PLHIV who has no HIV associated symptoms and wishes to play sport:

- **Remember that having HIV is no reason to quit sport!** Keep participating in your favourite sports and exercises if you feel able to. Maintain your circle of sports friends and get support and encouragement from them.
- Participate in low intensity weight programmes to help in building and toning the body.
- Participate in sports like walking, jogging, swimming, aerobics, and cycling, that are good for aerobic fitness but have relatively low impact and risk of injury.
- Be prepared for erratic or unexpected changes in your performance day to day. Listen to your body and respect the limits it sets.
- Combat sports such as boxing and Tae Kwon Do may pose a small risk of HIV transmission to others due to blood splash and may not be beneficial to the body.

#### 4.5 Guidelines if an athlete has HIV associated symptoms

- **Remember that having HIV is no reason to quit sport!** However if your symptoms cause excessive fatigue this may not be good for you. Adjust the sort of exercise you do. But keep as involved as you can in any sport you are passionate about: if you feel you can no longer play then get involved as a coach or official or administrator.
- Be knowledgeable about your body limits and respect them: don't overload your immune system with further stress or exhaustion.
- Keep participating in sport such as walking, swimming, aerobics, cycling, and light strength work as it is beneficial and valuable to the body.
- Body contact sports like all football codes and basketball, as well as combat sports like boxing and Tae Kwon Do may pose a small risk of HIV transmission to others and also could increase your risk to injury and stress to your body, so may not be advisable.

#### 4.6 Disclosing your HIV status to someone involved with your sport

- It's very important to consider whether and when a PLHIV should tell their sports coach, sports administrators or officials, or sports team mates that they are HIV positive. There is no legal obligation to tell them, and a PLHIV can choose not to tell anyone. However, it can be very helpful to tell your closest sports friends and your sports coach, so that they can help and support you to continue to live a full and active sporting life. They are bound by law to respect your rights and keep your HIV status confidential.
- If you are HIV positive and want to disclose your HIV status to your sports coach or sports team mates, it is very useful for you to get support to help you first. Your Provincial AIDS Committee and your local Voluntary Counselling & Testing Centre will be able to give you advice and support, and to put you in contact with other PLHIV. Ideally some general HIV sensitization and education should be conducted in your sports team and sports organisation before you disclose your status. This will help raise their knowledge and understanding of HIV and what you are going through, and to reduce the fear that comes from uncertainty and ignorance, or misconceptions and myths. In this way you can help them prepare to react positively and to show you the friendship and understanding and support you want when you announce your status to them,
- Remember: No person or sport organisation can force or require you to disclose your HIV status: you have the right of privacy. If you choose to disclose your HIV status to someone, then you have a right of confidentiality which, by law, they must respect.





***“They said playing basketball would kill me. Well, not playing basketball was killing me”***  
*Magic Johnson, United States, NBA basketball legend and Olympic Gold Medallist, upon his return to playing basketball in 1996 after antiretroviral treatment for HIV.*





***“At this moment, I am fully prepared, I know my jumps, and I know that fatigue from HIV-related anaemia won’t slow me down” Rudy Galindo, United States, Ice Figure Skating Champion living with HIV***





## 4.7 Minimizing HIV Transmission on the Sport Field

All PLHIV, and all sports coaches, sports officials, and sports administrators should be aware of the following precautions to minimize the risk of HIV transmission on the sports field:

- Before any training or competition check to see all open skin wounds and lesions are covered with a fixed dressing. If sick wait until well and cleared by medical personnel to play again.
- On the field remove players with active bleeding as soon as possible and can only return when deemed safe by the medical team.
- Treat injury and bleeding with water proof dressing and treat as if the injured person could be HIV-positive.
- Uniform soaked with blood must be removed before the player may return to the field.
- If blood or body fluids are transferred from an injured or bleeding player to the intact skin of another player, the event must be stopped, the skin cleaned to remove gross contaminate, and the athlete instructed to wash with soap and water as soon as possible.
- All personnel involved in sports who care for injured or bleeding should be properly trained in first aid, and standard/Universal Precaution.
- Enforce use of protective sport equipments (mouth guards, shin guards, shoulder pads etc.
- All people responsible for dealing with injuries should have necessary vaccinations (including for Hepatitis).
- Personnel must make use of the appropriate personal protective equipment (PPE) in all situations so they themselves do not come into contact with blood or body fluids. This must be changed after treating each individual. Sideline emergency medical kits should be made available.
- Disposable non latex gloves must be worn when handling blood or body fluid. If needed, heavy towelling may be used until gloves can be obtained. Wash hands after removing glove.
- Hands and skin surfaces that come into contact with any blood or other body fluids should be washed immediately with soap and water or other anti- germicidal agents.
- Used First Aid equipment such as bandages, dressings, and other waste should be disposed of according to facility protocol. During events, uniforms or other contaminated linens should be disposed of in a designated container to prevent contamination of other items or personnel. At the end of competition, the linen should be laundered and dried according to facility protocol.



**Women in Sport: *pushing the limits!***



Dika Toua was the first ever woman to lift weight at an Olympic Games, competing in the 48kg category at the Sydney Olympics in 2000. At the 2004 Olympic Games in Athens, she was flag-bearer for Team PNG, and finished sixth in the women's 53 kg class, lifting a total of 177.5 kg.

In 2006 she won the Silver Medal in the same weight class at the Commonwealth Games in Melbourne. At the 2007 Pacific Games in Samoa, she won the Gold Medal in the 53 kg class, setting a new Games record. In 2008, she won the Gold Medal in the 53 kg category at the Oceania Weightlifting Championships, with a total of 190 kg. At the 2008 Olympic Games in Beijing, Toua ranked 8th with a total of 184 kg.



**Record breaker: *Leading from the front:* sportswomen as role models!**



On 2<sup>nd</sup> May 2010 at the University of California, IAAF scholarship holder **Salome Dell** set a stunning new national record for the women's 400m with a time of 54.21 seconds.



## Section 5: Gender, Sport and HIV

### 5.1 What is the “sex” of a person?

The term sex refers to biological characteristics that make someone female or male.

Sex roles are the same in all societies, for example:

- Only women give birth to babies and breast feed them.

### 5.2 What is the “gender” of a person?

‘Gender’ refers to differences in social roles and relations between man and woman.

Gender roles differ between societies and between provinces, for example

- Caring for children is seen as women’s work, this is a gender role because both males and females can perform this role.

Gender behaviours and expectations:

- Are learnt
- Vary from culture to culture (age, race, ethnicity, religion etc)
- Change over time due to changes in social or environmental conditions.

The difference between sex roles and gender roles is a **very important distinction**, because if expectations about behaviour, and behaviours themselves, increase a person’s risk of HIV and AIDS, then these expectations and behaviours can and must be changed.

When necessary, men and women must share each other’s work or do the work of the other gender to break down barriers in order to bring about important changes.

*Read more about this in Section 5.4 below*

### 5.3 What is gender equality and gender equity?

Gender equality means that women and men have equal value, equal rights, and equal opportunities to participate in every aspect of life, at every level of society (numerical equality).

Gender equality in sport is not just about encouraging more girls and women to play instead encourage girls and women become officials, coaches, administrators, planners and leaders in sport activities, and even more than that, to promote positive attitudes and understanding between genders within the sporting community.

Gender equity is the process of being fair to women and men. For example, if 80% of players are women, a gender equitable approach to promotion would ensure that 80% of leaders, coaches, officials are women, rather than aiming at 50% women and 50% men (which would represent gender equality).



## 5.4 Why does HIV and AIDS need a gendered approach?

- Gender roles make it harder for women and girls to say no to sex or to negotiate for use of a condom. This makes women and girls particularly vulnerable to HIV infection from men.
- Gender roles mean women have the burden of caring for the family and providing for them. When money is short, women and girls are vulnerable to offering sex for money, to men who may be highly mobile and have money to spend.
- Gender roles mean women may not have freedom to travel to a clinic for testing or treatment
- Gender roles mean women are more likely to suffer stigma, discrimination, abuse and violence upon being diagnosed HIV positive
- Gender roles mean that the burden of caring for people living with HIV falls on woman and girls in the home, placing an extra burden on them on top of their other gender-based domestic duties.

## 5.5 Ideas to try in your sport

Here are some ideas to try in your sport, to improve awareness and understanding of the importance of Gender in HIV response:

1. Get participants to complete a gender activity before being allowed to play or train (see **Section 7.4.7**).
2. Try out some of the fun Gender games-roles plays that are designed for different age-groups (see **Section 7.4.7 - Activity 4**). Depending on your age group choose the role plays appropriately.
3. Invite a gender expert from a local organization to come and talk at the end of a training session about gender issues and to start a peer group discussion.
4. Encourage female sport models to be advocates for women and to encourage empowerment of women and give them a role model example to follow. Create opportunities for female sport stars to come and talk about their own challenges [motivations in their field of sport] what has brought them to where they are now.



## 5.6 Checklist when planning girls' and women's sport activities

Here's a Checklist of things to consider when planning sports activities for girls and women:

1. Provide a friendly, safe and supportive environment that meets the needs of girls and women who would otherwise choose not to participate.
2. Make sure appropriate toilet and changing facilities are available for girls and women separate from boys and men.
3. Provide a choice of activities. Ask participants what *they want* to do! Respond to their needs and concerns and work to remove the barriers they identify.
4. Provide activities appropriate to their age: girls and women prefer to be with their peers.
5. Focus on activities that are for fun, rather than serious competition for scores or a tryout etc. The aim is to encourage participation and confidence first before developing performance.
6. Try including some activities outside the traditional realm of sport - like crafts, baking or group discussions on issues like HIV or gender etc.
7. Build up individual skills and then teamwork through fun activities.
8. Allow girls and young women to participate in physical activity in their own way.
9. Try some activities just for girls / women, and some activities with males and females mixed. Often the presence of males changes how girls and young women participate and alters their experience.
10. Incorporate food into launch events or in each session. It's a good opportunity to talk about nutrition, healthy eating, self esteem and body image, and a good way to attract participants.
11. Adding a bit of music or singing may create a happy environment and help reduce tension.
12. Promote avenues for women to plan, organize and lead activities. Find a female role model.





## **Girl Power! - It takes hard work and commitment**



**Abigail Tere Apisah, winner of Junior Female Athlete of the Year 2009**



## Section 6: What Sports Organisations can do

### 6.1 First steps for your Sport Organisation!

Sport organisations recognise that HIV and AIDS is a serious problem and that sportsmen and sportswomen are particularly vulnerable to HIV. One of the key roles Sport Organisations can play in the fight against HIV is to be able to make sure all employees and players are “HIV competent”. This means that have the necessary basic knowledge on HIV.

The following things can be done to improve HIV competency;

- Display and distribute necessary HIV information (especially about HIV transmission and prevention) to all your sports people. Include a demonstration on how to use male and female condom (see **Annex 8**).
- Display and distribute information about Sexually Transmitted Infections (STIs) and how this relates to HIV.
- Display and distribute information about Voluntary, Counselling and Testing, and about Treatment and where to get these services (See **Annex 11**).
- Invite and encourage People Living with HIV to be involved in your sport and to speak with your other sportsmen and sportswomen to reduce fear and stigma.

The **National Declaration** on HIV Prevention Through Sport (see **Annexes 2 and 3**) and the **HIV “SportsPlace” Policy** (see **Annex 4**) were produced by the Committee on HIV Prevention Through Sport to help sports organisations, by compressing all the legislation and policy and suggested activities into a set of recommendations relevant to the sporting community.

A version of the **National Declaration** has been prepared for National Federations and other sports organisations to adopt themselves (see **Annex 3**). It sets out seven key recommendations:

- Build partnerships at all levels with other organisations to address HIV
- Develop and Adopt an HIV “SportsPlace” Policy for the sport
- Distribute and Promote the use of this Toolkit
- Prepare an Events-Based Campaign
- Develop leaders in your Sport to lead your response to HIV
- Promote involvement of People Living with HIV
- Change individual attitudes

The **HIV “SportsPlace” Policy** provides guidance to sports organisations on what policy rules to set in their sport, and what actions to take, to ensure the sports organisation is contributing to the National Response to HIV and AIDS.

Both the National Declaration and the HIV “SportsPlace” Policy need to be adopted by a National Federation or sports organization before they can be eligible to receive Policy implementation Grant (PIG) funding support from the Committee on HIV Prevention Through Sport to help their organisation with implementation.

The PIG Guidelines and Application Forms can be obtained from:

The Coordinator  
Committee on HIV Prevention Through Sport,  
PNG Sports Federation & Olympic Committee  
PO BOX 467 Boroko, NCD  
Telephone: (+675) 325 1411 / 325 1449 / 323 0114 / 323 0108  
Email: **HIVcommittee@pngsfc.org.pg**



## 6.2 Leadership and Change Management

We need sports leaders to stand up and show leadership in the response to HIV.

Below are some powerful quotations from leaders who made a difference in history. Try using them to start discussions in your sport:

***“People learn to lead because they care about something” (Charlotte Bunch)***

*Thought:* Please take a moment to decide how much you care about HIV and what it is doing in your community and to PNG! Decide if you care enough to take a stand to do something to help.

***“In a world where there is so much to be done, I feel strongly impressed that there must be something for me to do” (Dorothea Dix).***

There is so much to be done. Unless everyone plays their part HIV will destroy PNG’s development.

*Thought:* Please take a moment to think what **you** can do, in your family, in your sport, in your workplace, in your community, to help the national response to HIV.

***“We must become the change we want to see” (Mahatma Ghandi)***

The response to HIV requires behaviour change. It can only start inside you: you must become the change you want to see in others; you must make the change in your own thoughts and actions and lead by example.

*Thought:* Please take a moment to starting the change within yourself.

***“People are persuaded by reason, but moved by emotion; (the leader) must both persuade and move them” (Richard Nixon)***

HIV awareness and education about the facts of HIV and the impact on PNG is important for people to understand, but it won’t be enough for you to persuade them to change their behaviour.

*Thought:* Please take a moment to think how, as well as giving people the facts, you can find ways to connect with each person and hit their emotions. Make them see the facts in relation to their own lives, and the lives of their loved ones. Inviting person living with HIV advocates to share their personal story is a great way to do this.

***“The secret to getting ahead is getting started” (Sally Berger)***

The devastating impact of HIV is already upon us like a huge fast tsunami wave. The national response needs to be bigger and faster than the tsunami wave if it is to have a hope of turning it around. The task is enormous, but can be achieved if only we can mobilize everyone to get involved NOW. The journey cannot start without the first step.

*Thought:* Please take a moment to decide one small quick way in which you can start to help. And now JUST DO IT, TODAY!



### 6.3 Using Kotter’s “8 Steps” to plan and implement change

Taking action in your sport in response to HIV and AIDS requires changes in attitude and changes in behaviour: these things require careful “change management” by the leadership of the sports organisation.

A really excellent guide for any “change management” process is the following 8 Step process. Try following it for your HIV response, and also for any other changes your sport organisation faces.

(You can photocopy this page and write on it to develop your plan).

Step	Examples of actions to be taken	Actions I will take
1. Establish a sense of urgency, what are the facts? What is likely to be most persuasive? How will not resolving the problem impact on people personally?	Gather data. Get facts that are meaningful to the group. Find opportunities to discuss the crisis. Identify the potential solutions. Paint a clear picture of likely scenarios. Use metaphor for effect	
2. Creating a guiding coalition, who should be involved? Where lies the power? Are all significant stakeholders on board?	Identify and develop the team-training, support and networking opportunities. Database needed. Establish network. Ensure ownership. Facilitate teamwork	
3. Developing a vision and strategy, whose vision? Whose strategy? Must be shared	This is essentially the art of balancing the Dream and the Nightmare. Undertake necessary consultations. Formulate key messages. Ensure stakeholders are committed	
4. Communicating the change vision, what are the key messages? How will they be communicated?	Personal example important. Strength and unity come from within the group. Message and vision must appeal to the values and needs of particular groups	
5. Empowering broad-based action, what are the roles of all the various team members? What resources do we need? What resources do we have? How can we mobilise more people and resources?	Removing obstacles. Changing systems or structures that undermine the change vision. Supporting risk-taking and unconventional ideas and actions. Encouraging creative ideas	
6. Creating “Quick wins”, what are the things we can achieve most easily? Which groups can we target first to get success? What prior success can we build on?	Making sure that successes are documented and progress is tracked. Promoting and publicising. Building morale and confidence in success.	
7. Consolidating gains and producing more change, where are we now? What needs to happen next?	Recognition and celebration of effort. Institute the cycle of planning, implementing and reviewing. Reinvigorating people-they get tired and burnt-out in change processes that sometimes take a decade or more.	
8. Anchoring new approaches in the culture, How can we achieve sustainability? What is needed to institutionalise the change? Who are our new leaders?	Planning succession strategies for leadership. Ensuring effective management strategies to support the change. Planning for the future.	



## 6.4 Examples of Quick Win Activities

Here are some good simple ideas for “Quick Win” activities for Step 6 of your plan to implement change in your sport:

1. Invite a PLHIV to deliver HIV awareness training for your sport
2. Get everyone involved in your sport to complete the HIV Quiz and discuss the answers
3. Get an HIV awareness theatre group to present to your sport
4. Do your own HIV awareness events in your sport
5. Run regular “Peer Group Discussion” in your sport sessions
6. Add an HIV awareness activity to your sports events
7. Distribute HIV Awareness materials (posters/t-shirts)
8. Contact your PAC and distribute condoms in your facilities and at your events
9. Display Voluntary Counselling & Testing (VCT) contacts at facilities
10. Display Post Exposure Prophylaxis (PEP) Treatment contacts
11. Display Universal Blood Precautions posters at your facilities
12. Provide First Aid Kits for your sport
13. Provide HIV Team Travel Kits for teams in your sport
14. Train people in application of Universal Blood Precautions & First Aid
15. Train up selected people as “Sports Champion” role models





## 6.5 Major Events

### 6.5.1 Major Rugby League Matches

High profile international sporting fixtures are another good vehicle for messaging. For the youth of PNG, rugby league sporting stars are a major attraction.

Here the PNG and Australian teams both wear uniforms carrying messaging promoting use of Condoms, and supporting a campaign to Stop Violence Against Women.



But messaging on uniforms is only one way to communicate, and in order to prolong the impact of our HIV messaging both prior to and after the event, the Committee organised a National essay and poster competition on the topic “How Sport helps my community address HIV and AIDS”.

With the competition winners and their parent or guardian being given free air tickets and accommodation in Port Moresby, some HIV education and HIV materials to take back to their communities, a private reception to meet the Players and Coaches, and VIP stadium seats at the Match, the competition stimulated considerable interest in communities around PNG, and the impact was evaluated to be much greater and to extend far beyond the match venue in Port Moresby.



At the 2008 Pacific Cup Rugby League Competition, rugby league stars from Cook Islands, Tonga, and Fiji as well as the PNG team players received HIV awareness and education.

The sessions included condom demonstrations and an emotive “Choosing What to Lose” session where participants face the reality of what it is like to live with HIV.





### 6.5.2 Trukai Olympic Day Fun Run

Each year, the Committee on HIV Prevention Through Sport supports the Trukai “Olympic Day” Fun Run. This is a fun, family-oriented, mass participation event promoting fitness and healthy lifestyles, but it’s also a great opportunity to promote HIV messages.

Distributing more than 120,000 t-shirts, all carrying the HIV red ribbon, the “*Be A Leader; Promote Sport; Prevent HIV*” slogan of the Committee, and the message “*Know your HIV Status and Plan Your Future*”, the Committee is seeking to encourage people to visit VCT centres.

With every t-shirt distributed, a pocket-sized VCT Referral Card provides details of VCT centres and how to contact them. This not only promotes access to VCT, but also enables us to monitor the link between our campaign and numbers of visitors to a VCT, since they are asked to take the card with them and hand it in.



### 6.5.3 World AIDS Day

The Committee also encourages and supports different sport codes to organise sport and HIV education activities on World AIDS Day each year.



### 6.5.4 PNG Games

The largest scale sporting event of all in PNG is the biennial PNG National Games, at which the twenty different Provinces compete against one another in a multi-sports program similar to the Pacific Games.

Hosted in Port Moresby, the 2009 Games welcomed 10,000 athletes, officials, and volunteers from all twenty provinces of the country.



The Committee organised Positive Advocates and HIV Theatre Groups to visit each Provincial Team in the evenings, and Committee partners manned HIV stalls and distributed condoms and HIV information and education materials.

The opening ceremony included a choreographed HIV Red Ribbon dance and speeches about HIV Prevention, and the closing ceremony included a White Ribbon and speeches about peace and the unacceptability of gender-based violence.



The biggest activity of all though, was the distribution of an HIV Quiz Survey with 60 questions on it, covering HIV awareness, knowledge, attitudes, access, and behaviour.

Every person who completed the Quiz was given an HIV Goody Bag containing an HIV T-Shirt, male and female condoms and HIV information. A hard working team of volunteers administered the process, stamping accreditation cards to prevent any individual submitting duplicate survey forms.

All in all, the response rate was staggering, with more than 6,200 completed survey forms received.

This makes the survey the biggest ever in PNG.

It is intended that this process should be repeated at each PNG Games. The detailed data analysis and evaluation will guide the Committee (and indeed NACS and the national response) on which precise aspects of awareness, knowledge, attitudes, access and behaviour, and which geographical locations, sports, and age groups, should be the focus for HIV interventions.







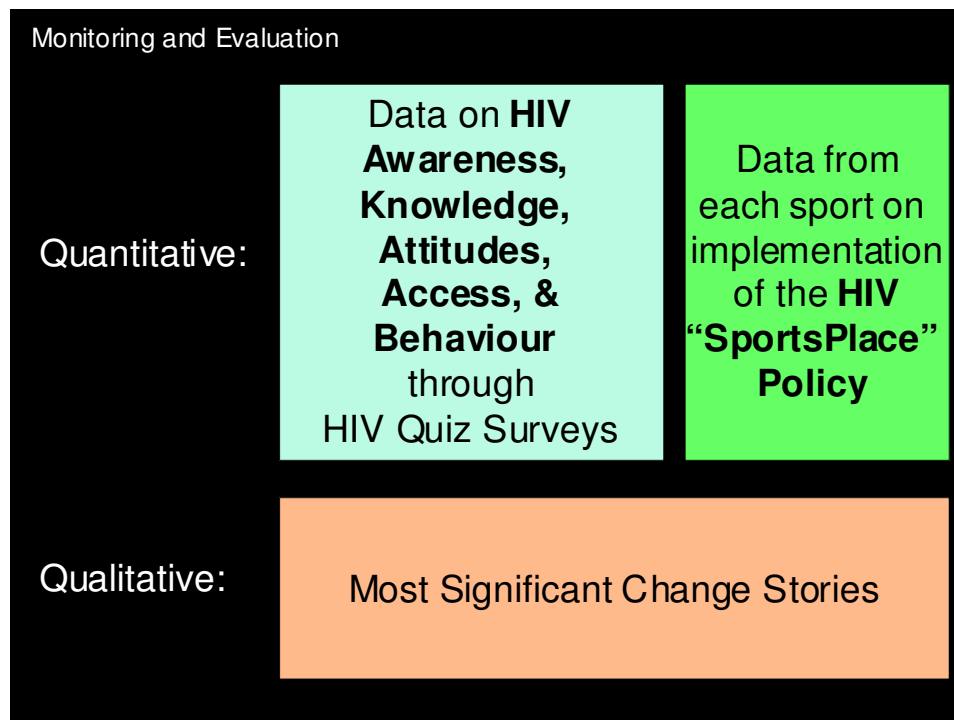
## 6.6 Monitoring and Evaluating the effect your HIV activities are having

As every sports coach knows well, it is critical to keep monitoring progress and collecting data on which to make adjustments to the plan and decisions for the future.

Our HIV work is no different. The Committee on HIV Prevention Through Sport works to collect data in two key ways:

- from completed HIV Quiz Survey forms submitted back to the Committee
- from each sport code's update to the Committee on their implementation of the HIV SportsPlace Policy

The Committee is also keen to collect "Most Significant Change" Stories which can provide powerful anecdotal evidence that may not be captured in data alone.



Gathering all this information is a very important activity, because only with good data can the right decisions be taken about allocation of resources to different aspects of the national response to HIV and AIDS.

Sports organisations have a very important role to help the Committee to gather this information.

Here are the ways you can help:

- get your sport actively to support the Committee's major efforts at each PNG Games to get as many HIV Quiz Survey forms completed as possible.
- provide regular updates to the Coordinator of the Committee on your progress towards implementing your HIV SportsPlace Policy. The Coordinator will be able to provide you with a simple form to complete for this update report.
- provide the Committee with any anecdotal evidence or stories you may have which you believe demonstrate real behaviour change and show the impact your HIV activities are having.



## 6.7 Checklist for Sports Organisations

Here's a useful checklist for sports organisations to measure themselves up against:

1. Approved information materials on STI's including HIV and AIDS, Violence Against Women, VCT, Treatment & location/address, PEP & location/address are displayed and distributed in our training facilities, and competition events.
2. The environment at our sports facilities and events is supportive for group discussion, health promotion, education and information sharing about HIV and other issues.
3. Our sports organisation has signed up to and adopted the National Declarations On HIV Prevention Through Sport establish an HIV "SportsPlace" Policy and actions are consistent with the Policy.
4. Use of the HIV toolkit is promoted and activities introduced for HIV awareness and education at its training and competition events.
5. People Living with HIV are actively encouraged and supported to participate in our sport activities, and in our awareness and education programmes.
6. Our managers, coaches and officials are trained in application of the Universal Blood Precautions and treatment of blood injuries.
7. We ensure that condoms are made available and freely accessible and distributed free in all our "sports places": our facilities, training areas, competition venues, and for all its teams travelling to sports events.
8. Fully stocked First Aid Kits are available at all our training and competition events.
9. An "HIV Team Travel Kit" is made available to all members of our Teams when travelling.
10. Our officials, coaches, volunteers and players are knowledgeable about post exposure prophylaxis (PEP) treatment.
11. In our sport, we promote gender equity and a safe friendly environment free from discrimination and violence.
12. We regularly distribute the HIV Quiz and we collect the completed Quiz sheets and send them to the Committee for monitoring and evaluation purposes. We then distribute Quiz Answer sheets to promote group discussion and learning.

Sport Organisations are encouraged to contact the Coordinator of the Committee on HIV Prevention Through Sport if they need help at all.



## Rugby League Legend: Paul Aiton



*“I’m a rugby player: I’m not a doctor or an expert on HIV. But I’m smart enough to know that it’s very important I learn something about HIV, and it was easy for me to find someone in my community who is an expert.*

*I feel a responsibility to myself, to my team-mates, to my girl-friend and to my community to learn about HIV and to pass on that knowledge”*





## Section 7: What Sport Coaches, Trainers & Team Managers can do

Coaches, trainers and team managers should really be the key people making sure policy *words* are turned into effective *action* by members of the sport community. It is pointless if there is a policy without action. At the same time, coaches, trainers and team managers must lead by example.

### 7.1 How to respond if someone tells you they are HIV Positive

As a coach, trainer or team manager, you are looked up to and respected by your players, and have a responsibility to set a good example to them, to care for them and mentor them. One situation you may face is a player coming to you to tell you they are HIV Positive. You should prepare yourself now for how you will respond:

- There must not be a change of attitude from the coaches, trainers or team managers towards them
- Encourage them to continue and participate in sport.
- Respect their privacy, however if they wish to talk openly about their status, make sure the support is provided and ensure a supportive environment is created.
- Inform them of the risks of transmission to others.
- Provide them with information or introduce them to counselling services available
- Just be there for them, be a true friend, they need to be talked to and will appreciate every moment spent.
- Provide them with education on the benefit of healthy diet and adequate rest.
- Provide them with information on issues of 'rights' and 'interests' surrounding PLHIV.
- YOU NEED TO WALK YOUR TALK: reflect on own habits that contradict the message you want players to learn. For example: you cannot at one moment impart messages on stigma & discrimination and another moment make jokes that are stigmatising to PLHIV.
- Invite an experienced PLHIV advocate to come and talk to your players/team at a training session or after a game

*Winner of 2008 PM's XIII Rugby League Match Essay Competition, Molly Aluy from Lae, flanked by Australian league star Craig Wing and Papua New Guinea Kumul's Charlie Wabo. Molly's winning Essay talked about the very clear benefits of using Sport activities to help with HIV awareness and education, to dispel fear by providing basic information about HIV, and to provide a caring and supportive community environment*

"You know, as a member of the national team, I am looked up to by a lot of young people.

I feel that I am responsible to them, to help them learn not just about sport, but about life too.

I was young once and I looked up to my heroes. Now it's my turn to be responsible and to be a good role model.

All our communities face the risk of HIV. In my community I feel it's up to me to help our young people to learn about HIV and to learn how to avoid it." **Charlie Wabo**





## 7.2 Example Statements you can promote as a Coach, and your players can promote:

These statements are examples of the sort of messages that can be passed to the youth in communities by sports champion role models, sports administrators, coaches and volunteers:

1. "More than 69,000 people are currently living with HIV in PNG. Equal numbers of men and women have become infected and the age group most affected are people between the ages of 15 and 49. This means that active people who play sport are within the most affected age group. That means me, and you too. We cannot ignore HIV. It's time to take notice!"
2. "Sports activity itself can present high risk situations: we attend competition events and travel in teams away from home, and we experience highs and lows of competition, and parties and celebrations present many risks. When I'm travelling as a player I know that irresponsible behaviour on or off the pitch will lead to a bad result that will come home with me: I might be injured or suspended from the team, or I might catch a sexually transmitted disease that I bring home with me. It's just not worth it."
3. "The sports community has a duty to look after its people, to educate them about the risks of HIV and AIDS, and to reduce the risks to the greatest extent possible. Sportsmen and sportswomen may also be role models in their community, and have a responsibility to lead by example. Sports activity attracts all age groups in PNG, and the sports community has an opportunity to play its part in the nationwide effort to stop the spread of HIV, and to provide care and support for people living with HIV."
4. "Safe sport is about obeying the rules when playing. That means obeying the rules of the sports code, and the referee or umpire. These rules help keep sport safe and sportsmen and sportswomen healthy. As a Coach, I think I have a responsibility to teach my players about HIV and safe behaviour, to keep them safe and healthy."
5. "Good sportsmen and sportswomen have respect for their bodies. They train hard and keep fit, and they take great care to avoid injuries. Off the field, they also take care of their food and nutrition, and they have self discipline. They don't get drunk all the time or risk their health or their place on the team with drugs and homebrew. It's the same with HIV: I have respect for my body and I want to remain fit and healthy, so I know it's important to learn about HIV, and to take care to avoid it."
6. "I'm part of a team. I feel a responsibility not just for myself but also for my team mates. I know if I take risks or do something stupid on or off the field, I'm letting my team-mates down. That's what really helps me stay disciplined. It's the same with HIV: I feel responsible not just for me but for my partner too, and for everyone in my community. HIV affects us all and we're in this as a team together. That's why I act responsibly and take care to prevent HIV."
7. "You know, as a member of the national team I am looked up to by a lot of young people. I feel that I am responsible to them, to help them learn not just about sport, but about life too. I was young once and I looked up to my heroes. Now it's my turn to be responsible and to be a good role model. All our communities face the risk of HIV. In my community I feel it's up to me to help our young people to learn about HIV and to learn how to avoid it."
8. "Rugby is a tough game and you can take a lot of knocks, but it's about playing within the rules. Those rules help us play the game safely and with respect ourselves and for each other. It's the same with HIV: it has rules too that we can follow: like A for Abstinence; B for Being faithful to one partner; and C for using a Condom. By playing within the rules and having safe sex we can play the game safely and with respect for ourselves and for each other."
9. "I'm an athlete: I'm not a doctor or an expert on HIV. But I'm smart enough to know that it's very important I learn something about HIV, and it was easy for me to find someone in my community who is an expert. I feel a responsibility to myself, to my team-mates, to my partner and to my community to learn about HIV and to pass on that knowledge."



10. "Sport is a wonderful way to bring lots of people together. This sports event is a good example, with a large crowd of people and lots of media interest. But it's the same even at village and provincial competition level. As a sporting community we can help the nationwide response to HIV by using these big sports occasions to pass on awareness messages about HIV and discrimination. As sporting role models, I feel that's part of our responsibility."
11. "The experts say that the best way to learn about HIV and to really change behaviour is through "Peer Group" discussions. That means a group of people of the same sex, about the same age, and sharing an interest or bond of some sort. You know, sports teams are perfect Peer Groups! As sports Coaches/ Team Captains, I think we all have an opportunity not just to learn about our sport, but also to learn and talk about health and HIV, drugs and homebrew, violence and crime, and all the other issues that affect our community. It just takes a few minutes at the end of a training session, but it can save lives."
12. "As a sports star, I have to have respect for my body. It is my profession. If I don't look after it, then my sporting career is over. That means I must keep fit and healthy, and take care on and off the field. I must learn the right way to warm up and the right way to tackle to reduce risk of injury on the field. It's the same with HIV off the field: I must learn the safe way to have sex to reduce the risk of HIV."
13. "I'm concerned about my health and I take precautions to avoid injury. I make sure I wear my mouth-guard to protect my teeth, I warm up properly before training or playing, and stretch properly to reduce the risk of injury. It's the same for me with HIV. I know that with simple precautions - like A for Abstinence, B for Being Faithful, and C for always using a Condom - I can reduce the risk of HIV. But the best way for me to have peace of mind is to know my HIV status by visiting a Voluntary Counselling and Testing, or VCT, centre."
14. "HIV doesn't discriminate: it can infect anyone. You or me. In fact active sports people are in the most affected age-group. But what I hate is when I see someone discriminating or stigmatizing another person in their community because they may have HIV. We are all one team and we must work as a team in our communities to respond to HIV. That means caring for and supporting our loved ones and friends living with HIV, and learning from them what they need. You know, HIV doesn't discriminate: so why do people?"
15. "You know, many people living with HIV play sport. As a sportsperson, I think that is a wonderful thing. There is nothing wrong with any HIV-Positive person playing sport on my team. All sports have rules to allow safe play, such as the Universal Blood Precautions and rules to deal with blood injuries. To me, the sports field is open to everyone to come and share a passion for sport, to help stay fit and strong and healthy, and to strive for excellence in their sport. No one has a right to tell anyone they're not welcome on my team! I don't care if someone is HIV positive or negative: it's none of my business: I'm only interested to know if they can run fast, tackle hard, pass the ball, side step, or goal kick!"

*Encourage sportsmen and sportswomen to put these messages into their own words, or to develop their own messages from these examples, and to be leaders in their community: promoting sport – preventing HIV.*



*Winner of the 2008 PM XIII Rugby League Match Essay Competition, 16 year old Steven Simon from Tabubil High School, flanked by Australian League Star Ben Cross and Papua New Guinea Kumul Menzie Yere:*

*"In our sports teams, we all can learn not just about our sport, but also learn and talk about health and HIV, drugs and home brew and crime, and other issues that affect our community. It takes just a few minutes at the end of a training session, but it can change lives."*



### 7.3 Checklist of things Coaches, Trainers, and Team Managers can do:

Here's a useful checklist of the things that coaches, trainers and team managers can be doing to turn policy words into action, to care for and protect their athletes, and contribute to the national response:

1. Ensure approved information materials are distributed during training/ competition events and education programmes implemented.
2. Ensure the natural environment is conducive for group discussion, health promotion, education and information sharing.
3. Take this HIV toolkit with you and use it for HIV awareness and education activities at your training and competition events.
4. Try the ice breakers, energisers, discussions and role plays, and fun games activities in **Section 7.4** of this Toolkit with your sports teams.
5. Keep in regular contact with a local HIV organisation and get them to facilitate HIV training.
6. Ensure that ALL coaches, trainers or managers are trained in the application of Universal Blood Precautions and treatment of blood injuries.
7. Ensure that male and female Condoms are made available, accessible and freely distributed in training, competition events and for teams travelling.
8. Ensure a First Aid Kit, adequately stocked with personal protective equipment, is available at all training and competition events.
9. Ensure Universal Blood Precautions are applied in all injuries and blood spills
10. Ensure 'HIV Team Travel Kits' is made available to teams travelling for events.
11. Ensure that Players, Coaches or Volunteers who are HIV positive are provided care, support and information on counselling and treatment services.
12. Promote gender equity, non-discrimination and an environment free from any form of violence.
13. Take a lead in participation in HIV events such as World AIDS Day (1<sup>st</sup> December each year).



## Sports Champion Role Model: Ryan Pini



At the 2006 Commonwealth Games in Melbourne, Pini became the just the second individual from Papua New Guinea to win an individual gold medal at any Olympic or Commonwealth Games, when he won the Men's 100 m Butterfly. In doing so, Pini also won Papua New Guinea's first ever swimming medal at an Olympic or Commonwealth Games. His winning time of 52.64 was enough to edge out Michael Klim of Australia and Moss Burnester of New Zealand.

At the 2008 Olympic Games in Beijing, Pini was the proud flag bearer for Team PNG. He finished 8th overall in the 100m Butterfly, in a tough line up which included American big fish Michael Phelps, who took gold. Pini was the first Papua New Guinean ever to swim an Olympic final.





## 7.4 Fun Games Activities to include HIV education into sports training

Because one of the most important aims of this Toolkit is to provide the PNG sports community practical, fun, and effective ways to include HIV education into sports training, this is one of the most important sections of the entire Toolkit!

It sets out a whole range of activities that you can try out in your training sessions and as fun warm-up, side-line or evening activities at competitions or other events.

The three essential ingredients that must be present in all activity games are:

- Must be fun
- Must have some element of sport skills development-whether its running or movement or throwing or ball coordination or working strategically as a team
- Must have some element of HIV education that is introduced at the start and is then also discussed at the end of the game.

To help you select the best activities to use for your particular needs and the age group of your athletes, use the Index below:

Suggested Activities	Recommended Age Group	Page
<b>7.4.1 Ice Breakers</b> Ice Breaker 1: "Introductions" Ice Breaker 2: "Greetings" Ice Breaker 3: "Changing Spot on Command" Ice Breaker 4: "Number on Forehead" Ice Breaker 5: "Human Bingo" Ice Breaker 6: "Undo the Knot Handshake" Ice Breaker 7: "Blind Walk" Ice Breaker 8: "Memory Game" Ice Breaker 9: "Fruit Salad"	8 years to adult 8 years to adult 8 years to adult 8 years to adult 8 years to adult 8 years to adult 8 years to adult 8 years to adult 8 years to adult	<b>73</b> 73 73 73 74 74 75 75 75 75
<b>7.4.2 Energizers</b> Energizer 1: "Circular Waves" Energizer 2: "4-Up" Energizer 3: "Lap Walk" Energizer 4: "Force The Circle" Energizer 5: "Spontaneous Task" Energizer 6: "Body Spelling" Energizer 7: "Special Claps"	8 years to adult 8 years to adult 8 years to adult 8 years to adult 8 years to adult 8 years to adult 8 years to adult	<b>76</b> 76 76 76 76 76 77
<b>7.4.3 Scenarios for Group Discussions</b> Scenario 1: "Positions of Power" Scenario 2: "Let's Talk About Sex" Scenario 3: "Attitudes to Pregnancy" Scenario 4: "Personal Choices" Scenario 5: "Girls' Attitudes to Condoms" Scenario 6: "Attitudes to Female Participation in Sport" Scenario 7: "How to respond if a player tells you he/she is HIV positive" Scenario 8: "Socio-Economic Factors Fuelling the Spread of HIV" Scenario 9: "Team Selection and Abuse of Power" Scenario 10: "Attitudes to People Living with HIV" Scenario 11: "Attitudes to HIV Testing" Scenario 12: "Facing up to the Losses facing People Living with HIV" Scenario 13: "Leadership and Change"	12 years to adult 12 years to adult 12 years to adult 12 years to adult 12 years to adult 12 years to adult 12 years to adult 12 years to adult 12 years to adult 12 years to adult 12 years to adult 12 years to adult 12 years to adult	<b>78</b> 78 78 78 78 79 79 79 79 80 80 80 80 81 83



Suggested Activities	Recommended Age Group	Page
<b>7.4.4 Assertive Role Plays</b>	12 years to adult	<b>85</b>
<b>7.4.5 Question, Answer, and Discussion</b>	12 years to adult	<b>86</b>
<b>7.4.6 Fun Games Activities</b> Game 1: "Water" Game 2: "Galu Maina" Game 3: "Don't Trust Your Eyes" Game 4: "Pusa Piri Nali (Hide & Seek)" Game 5: "Common Tag Game" Game 6: "Living with HIV and AIDS" Game 7: "Skipping Rope" Game 8: "Magic Shoe" Game 9: "Risky" Game 10: "Jumpers" Game 11: "Blindfolded" Game 12: "Survival" Game 13: "Ball Control" Game 14: "Circle Ball" Game 15: "Skills Circuit" Game 16: "Common Relay"	8 years to adult 8 years to adult 12 years to adult 12 years to adult All ages 12 years to adult 12 years to adult 10 years to adult 12 years to adult 12 years to adult 12 years to adult 12 years to adult 12 years to adult 14 years to adult 12 years to adult	<b>88</b> 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104
<b>7.4.7 Gender Activities</b> Gender Activity 1: "True/False Statement" Gender Activity 2: "Gender or Sex Roles" Gender Activity 3: "Sex and Gender Relay Game" Gender Activity 4: "Gender Roles & Relationship Role Plays"	12 years to adult 12 years to adult 12 years to adult 12 years to adult	<b>107</b> 107 108 109 110



### 7.4.1 ICE BEAKERS

Below are examples of *ice breakers*. Players can come up with their own games for new ideas. Ice breakers help people to get to know each other and feel more comfortable in the group. However the target group when choosing games [age, background, how well they know each other]. These games can be used to link up with a specific session theme or to have a break.

#### **Ice Breaker 1: “Introductions”**

**8 years to adult**

Participants are asked to introduce themselves in turn by simply telling their name and saying something about themselves that the rest of the team/group don't know.

Example: *“I am Kila Raka: You didn't know that I play guitar”.*

This can be done either seated or standing; any one person in any order stands up to introduce himself or herself until everyone has had their turn.

When everyone has introduced himself or herself, it is time to learn the names. The first person says their name. The next person should repeat the first person's name and add their own. The third person in the circle repeats the first and the second names, and adds their own. This continues until the last person has repeated all the names including their own. Then repeat the same exercise but starting from the last person.

#### **Ice Breaker 2: “Greetings”**

**8 years to adult**

Prepare papers with instructions on how the participants should greet the others. If there is not paper verbally instructions can be given.

Each participant gets a paper with one instruction on it. Let them walk around in the Room and greet each other. They all have different ways of greeting according to the Instructions you have been given and this will lead to a lot of confusion and laughter.

Examples of instructions you can write on the papers or verbally instruct:

- Shake hands, move your hand upwards and grab each other's thumb, then move into a normal handshake again.
- Put hands together under your chin, look them in the eye and bow
- Give a good hug and pat on the back
- Hop on one leg whenever you shake hands

#### **Ice Breaker 3: “Changing spot on command”**

**8 years to adult**

Divide into teams and inform them that this is a competition. They are not allowed to speak – only to use sign language to solve the tasks you give. The group that is quickest gets one point. Each time asking them to line up according to one of the following:

- Birthday Day and Month (1<sup>st</sup> January to 31<sup>st</sup> December)
- Age (the oldest one in front)
- Height (the tallest one in the front)
- Size of feet (smallest size in front)
- Years of playing the sport (most years in the front)

In real life, we are placing people in groups according to different factors all the time. This exercise can be used as an introduction to a discussion on how we place people in different categories and what that may lead to.



**Ice Breaker 4: Number on forehead**

**8 years to adult**

Write numbers on small stickers (one sticker per participant)/ if no sticker write on forehead. If you want to have 4 groups, you write 1, 2, 3, 4 and then start with 1 again on the next person and so on.

Put one sticker on each participant's forehead/if no sticker write on forehead – they are allowed to see the numbers of the others, but not their own. Make sure you inform them that they are not allowed to tell anyone what number they have.

The participants are then told that, for this exercise, the participants with number 1 are very popular, and everybody wants to be with them. Number 2's are OK, but less popular. Those with the largest numbers are the least popular. In fact, nobody wants to talk to them!

Then ask the participants to move around and try to MAKE FRIENDS. After a time, stop them and ask them to stand in a row or a corner corresponding to the number they THINK they have. No one is to tell them whether they are right or wrong.

Talk a bit about how we are all "labelled" somehow in different situations, and how that might affect who wants to be friends with us.

*This is also an excellent game to use as a basis for discussion around discrimination and Stigma*

This ice breaker is also one way to form four groups for the next task: inform them that all the number 1's are one group, number 2's are another group etc.

**Ice Breaker 5: Human Bingo**

**8 years to adult**

Facilitator talks with the participants when they register to identify some interesting fact about each one, and prepares a paper with the questions below for each participant. For example:

Name	Fact about them
	has recently moved to a new place
	likes cooking
	has travelled to another village/Province/Country
	played in a tournament in the last six months
	likes football
	plays a musical instrument
	has broken a leg before
	has participated in more than three sports
	is a referee
	is coaching a team
	keeps animals
	prefers reading a book to watching TV
	likes water sports

Explain that the aim is for each person to talk to as many different people as possible, to find out something different about each one and to write a different name in each box. When the first one shouts BINGO! Stop the game and let the players sit down in a circle on the floor.

Go through the questions with the whole group. The people have to confirm that their names are in the right boxes. Then go through all the questions one by one and ask those who put their name in the box to stand up. Try to get a different name in each box.



### Ice Breaker 6: Undo the Knot Handshake

8 years to adult

Form groups of 8 or 10 who stand in a circle facing inwards. Everybody puts their right hand across the circle and grabs one other person's right hand in a handshake, says hello, and then holds it. Then everyone puts their left hand into the circle and grabs one other person's left hand in a handshake and holds it. They may not take two hands from the same person and they may not take either of their neighbour's hands. Now the challenge for the group together is try to untie the knot without letting go of any of the hands. Possible end states are:

- everyone in a circle (some facing out, some facing in)
- a figure of eight
- two circles one inside the other



It's a good ice breaker to establish some physical contact between men and women.

### Ice Breaker 7: Blind walk

8 years to adult

Everybody closes their eyes and walks around for a minute or two. You get a point every time you touch someone else. As Facilitator/Coach, don't close your OWN eyes, but walk round too, bumping into people to ensure everyone gets touched. Then everybody says something about themselves for each point they received. At last it is the Facilitator/Coach's turn to tell. Inform the group that you had your eyes open (cheated). So you have no points since it was easy to avoid touching the others. This can be a good introduction to a discussion around fair play.

### Ice Breaker 8: Memory game

8 years to adult

Sit in a circle and tell everybody to close their eyes. Then ask different people questions like: Tell us what the person next to you (left or right) is wearing, tell us about the father of the person next to you, tell us how they *contribute to the team or to the community*. This can be a good introduction to discussing how difficult, but how important, it is to be aware of the other participants.

### Ice Breaker 9: Fruit salad

8 years to adult

Sit in a circle; name each person either watermelon or pineapple or banana. One person starts in standing in the middle and shouts the name of one (or more) of the fruits. All those fruits have to jump up and swap places/seats (they cannot sit down where they were again). If shouting FRUIT SALAD everyone has to change places/seats. The one who does not get a seat has to stand in the middle.



## 7.4.2 ENERGIZERS

Below are examples of 'energizers'. These are used to inject some quick energy into a group.

### **Energiser 1: Circular Waves**

**8 years to adult**

Stand or sit in a very close circle facing each other. Start lifting up your shoulders and keep them lifted, then ask the person to your left to lift up their shoulders and then the next and the next until the "wave" reaches you. Then you lower your shoulders again, and the person to the left lowers their shoulders and the next is followed by the next etc. Try to get the wave to go around faster and faster.

### **Energiser 2: 4-Up**

**8 years to adult**

Ask everyone to sit in a circle. Explain that the rule of this game is that 4 people should be standing at any point in time and that no player may stand for more than 10 seconds, though they may stand for less if they wish. There should be no attempts to communicate between players, but everyone in the group has to watch what is happening to make sure that four people, no more, no less, are standing at any one time. It will take a few minutes for people to get the hang of this game but once they do they will get a good rhythm going of people standing up and sitting down and all working together. It is very exciting and gives a good feeling to the group.

### **Energiser 3: Lap Walk**

**8 years to adult**

Form groups of 8 to 10 people. Stand in a very tight circle – everybody should turn so their left shoulder is towards the middle of the circle. Close up as close as possible so everyone is touching. Place hands on hips of the person in front of you. Now everybody bends their knees and carefully sits down on the knees of the person behind them and tries to balance. Pause and take strength from each other's support. Now try to crab walk forwards and backwards as an entire formation, rotating the circle, and moving it across the ground. This requires maximum team-work but is excellent when it works.

### **Energiser 4: Force the circle**

**8 years to adult**

Divide into groups of 6 to 8 people. Ask each group to choose one to be the "outsider". Tell the other members of the group to stand shoulder to shoulder to form as tight a circle as possible so as not to leave any space between them. Explain that the "outsider" must try to get into the circle while those in the circle try to keep them out. After two or three minutes, regardless of whether they managed to enter the circle or not, the "outsider" joins the circle and another member has a turn. The activity is over once all the members of the group have tried to force the circle. Then bring everybody together to discuss what happened and how they felt being excluded, and how they felt being included.

### **Energiser 5: Spontaneous Task**

**8 years to adult**

When you realise that the participants are tired or restless you can spontaneously get them up to do something. For example, "Run to the tree and back", "Run and find a stone, but not any stone; try to find the most beautiful stone you can", or "Run round the building and back", or "Run out and find out how many windows this building has!"

### **Energiser 6: Body Spelling**

**8 years to adult**

Everyone stands up. Choose a part of the body, eg Hips, or Left big toe, or Nose. Then together in unison, everyone is to use that part of their body to spell out in as big letters in the air as possible a word relevant to the topic being taught: eg "teamwork" or "prevention" or "inclusiveness" or "anti-retroviral" or "stigma" or "discrimination", etc. This is a good quick energiser to start a session and helps people remember and focus on the topic being taught.



## Energiser 7: Special Claps

8 years to adult

Special Claps are a great very quick way to inject some energy into the group.

The “**Rain Clap**” starts with clapping just one finger against the other hand (as clouds gather and small rain drops start to fall) then two fingers, then three, then four, then all five, louder and louder and finishing with a climax: Thunder! Thunder! Thunder!”.

The “**Train Clap**” simulates a train accelerating away from station: the facilitator makes two fists and pumps his fists up and down alternately, slowly at first and then faster and faster to maximum speed: each time they pass the group must clap.

The “**Circle Clap**” is a good clap when people are standing in a tight circle. Instead of clapping their own hands, they cross arms with their neighbours so their right hand claps their right-side neighbour’s left hand, and their left hand claps their left-side neighbour’s right hand.

“**Mexican Waves**” are also good. They can be done as claps or some other body movement, standing-up, jumping, shrugging shoulders, waving arms etc etc.



### 7.4.3 SCENARIOS FOR GROUP DISCUSSIONS

Below are some *scenarios* for group discussions.

#### **Scenario 1: Positions of Power**

**12 years to adult**

You are assisting with **HIV** activities in a local sports club. They have managed to organise several girl's teams, but only have male coaches. One evening after practice you see a male coach walk away, his arm around one of the female players. Another time you see him with a different player. Will you do something about this? If yes – what? (The coach does not know that you have seen him)

**Discussion points:**

- What do you think about the situation?
- What does it mean to walk hand in hand or with your arm around someone?
- How do you relate this to your own behaviour?

#### **Scenario 2: Let's talk about Sex**

**12 years to adult**

You are having a **HIV** workshop for the coaches and trainers. The objective is to include **HIV** activities in their trainings programmes. Some of the coaches and trainers are very reluctant; they tell you that teaching young people about sex will only encourage them to have sex.

**Discussion points:**

- How do you respond to this?
- What is the background to this attitude – is it likely that the parents will think the same?
- Will you try to convince them – and how?

#### **Scenario 3: Attitudes to pregnancy**

**12 years to adult**

Talk is going around on the sports field about a girl in Grade 9 that has dropped out of school because she is pregnant. A player tells you that the parents have taken her out of school since it is a waste of money to pay her school fees now.

**Discussion points:**

- Many of the players are in this age group.
- What do they think about this situation?
- About teenage pregnancy?
- About letting the girl stay in school or not?
- What about the father of the child?
- What effects do teenage pregnancies have on the young parent(s), the child, the community?
- What do they think should be done?

#### **Scenario 4: Personal Choices**

**12 years to adult**

The Coach or head trainer in your club or village strongly encourages the players to abstain from having sex. "Being a virgin guarantees your health". He suggests making every player sign a pledge that they will abstain from having sex. He got the idea from a neighbouring village, and is showing you the pledge.

**Discussion points:**

- What do the participants think about this approach?
- What would it mean for the choices they make in their lives?
- Do they want the Coach or head trainer to tell them what to do?
- Who influences their choices?
- Discuss the effect on those that have already had sex.





### **Scenario 5: Girls' attitudes to Condoms**

**12 years to adult**

You are coaching a girls U16-team in soccer. One girl reveals to you the Coach that her boyfriend has suggested that they use a condom. She is now very suspicious and she is asking for your advice.

#### **Discussion points:**

- What are your first thoughts?
- How would you respond?
- What kind of advice or information do you think this girl needs?
- Do you know what the attitudes in the team are around condom use?
- Could this situation be used to initiate a discussion about condom use – and how would you go about it?

### **Scenarios 6: Attitudes to female participation in sport**

**12 years to adult**

A sports volunteer has just arrived in the village and has been invited to present at a church meeting. The information from the volunteer is mainly focused on the programs for girls, and the importance for girls to also participate in sports. One parent argues that the girls don't have time for playing. Several parents argue the only safe place for a girl is at home!

#### **Discussion points:**

- Is this a common situation?
- How can we make sport a safe arena?
- Is this the real concern of the parents or are there other aspects that make them reluctant to let girls play sports?
- Is the road to the sports field safe for a girl?
- Are they worried that the girls will meet boys and fall pregnant?
- Do they feel that the girls should stay home and tend to chores?
- How can we make sure that the different aspects don't conflict with each other?

### **Scenario 7: How to respond if a player tells you he/she is HIV positive**

**12yrs+**

One of the players on your team pulls you aside and reveals to you that he/she has tested positive for HIV. They want your advice on what to do now; they are afraid that they will be rejected by the team if they reveal their HIV status.

#### **Discussion points:**

- What role are you playing, and what are you comfortable with?
- Do you know where to refer the player if he needs more help?
- How can one create a team environment that is open and caring for all?
- Are there other similar situations you can think of?
- (Homosexuality; including a new player with different background – disability, language, or race etc)

### **Scenario 8: Socio-Economic factors fuelling the spread of HIV**

**12yrs+**

In a HIV workshop you confront the participants with a shocking newspaper article about how poor young women trade sex for material goods, such as deodorants and sanitary pads. The participants argue that there is nothing that can be done about that as long as there is poverty.

#### **Discussion points:**

- What can be done?
- Is this really the only solution for the girls?
- How does this situation develop – who initiates the trade?
- What consequences can a situation like this have for the individual and for the community?
- How do you deal with different reactions and cultural beliefs?



**Scenario 9: Team selection and abuse of Power**

**12 years to adult**

You are introducing **HIV** activities in a girl's team qualified to go to a Provincial/National tournament. At a meeting to inform about the trip, people start discussing who should select the players, and with what criteria. The coach claims to be the one to select the team because he knows who the best players are. The others buy into this argument. After the meeting, the mother of one of the players tells you that the girls claim that they have to be willing to have sex with the coach in order to be selected. What do you do about this?

**Discussion points:**

- Has the trainer really asked for sex, or do the players think it will give them a better chance of being selected?
- Different angles of using sexual favours must be discussed.
- How can this issue be addressed and prevented within a team?  
(Setting up clear rules and channels for reporting – both ways; insisting on having a female adult on the team)

**Scenario 10: Attitudes to people living with HIV**

**12 years to adult**

Ask the team to consider for a minute or two the sentence: "My friend with HIV is still my friend". Then ask them round the circle to discuss their own thoughts and attitudes to the sentence.

**Discussion points:**

- Does anyone know of someone in their village with HIV?
- Does anyone have a friend or relative with HIV?
- Why do people's attitudes to their friend sometime change if they discover their friend has HIV?
- What fears make people take this attitude?
- How would you behave if it was your friend? Or your relative? Or your child?
- How would you feel if it was you that was telling your friend that You are HIV positive?

**Scenario 11: Attitudes to HIV testing**

**12 years to adult**

Ask the team to consider for a minute or two the sentence: "An HIV Positive Test result is no death sentence". Then ask them round the circle to discuss their own thoughts and attitudes to this.

**Discussion points:**

- Why do some people die quickly and others seem to be living a normal life?
- Who knows the difference between HIV and AIDS?
- What can one do to live longer with HIV?

As a summary, explain that it is important to know your status early in order to maintain your health. Many people only test for HIV when they have already developed AIDS. If you know your status you can prevent re-infection and take care of your health, and live a normal life for a long time.



<b>Scenario 12: Facing up to the Losses facing People Living with HIV</b>	<b>12yrs+</b>
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**Preparation:** Photocopy the next page twenty times and cut up the words into cards. Give each participant a complete set of 12 cards together.

Explain the scenario is that they have just been tested for HIV and the result has come back positive: they are infected with the HIV virus.

**Stage 1**

Individually, the participants are to review the 12 cards, each of which represents something important and precious in their lives. They must choose which 6 cards they will now live without, and which 6 cards they would like to keep above all others.

Go round the group one by one getting participants to express how they feel about what they have lost, and what they have kept as being important to them.

**Stage 2**

The participants pick up the 6 cards they chose to keep, arranged in a fan with the words facing them. They turn to a neighbour who, without being able to see the words on the cards, now removes any three of the cards, leaving the participant with just three cards.

Go round the group again one by one getting participants to express how they feel now about what they have lost, and what they have left.

Ask participants to discuss whether this game has changed how they feel towards People Living With HIV.

**NOTE: this exercise is particularly effective is conducted by a PLHIV advocate, who can then relate their own life story experience to the group.**



<b>Loved One:</b> spouse, child, parent, brother/ sister, best friend	<b>Social Life:</b> relationships to lovers, friends, neighbours, co-workers, family
<b>Future Plans:</b> career, children, schooling, marriage, travel	<b>Residence:</b> house, apartment, room
<b>Interdependence:</b> Community support and acceptance, family ties, friendships, social standing	<b>Physical Mobility:</b> ability to run/ walk, ability to operate a bike, car or other means of transport
<b>Favourite Activity:</b> dancing, sports, hiking, art, music, pets	<b>Mental Reasoning:</b> state of mind, memory, speech coordination, comprehension
<b>Bodily Functions:</b> sight, hearing, taste, sexual function, bowel and bladder control	<b>Physical Appearance:</b> weight loss, skin condition (ie Kaposi's), muscle tone, overall physical condition
<b>Rights:</b> to dignity, respect, equality & equity, participation, non-violence, non-discrimination, confidentiality	<b>Financial Security:</b> job, bank account balance, earnings, savings



## **Scenario 13: Leadership and Change**

**12 years to adult**

Pass the leadership quotations listed on the next page around the group.

Quotation by Quotation, ask each participant to read out a quotation to the group, and then ask the group what it means to them.

Once everyone has had a go you can continue going round until all the quotations have been discussed.

Finally, ask the group:

- What are the issues they care about in their community?
- Who are the leaders who can lead on these issues?
- What leadership role do they themselves have, in their families, amongst their friends, in their work place, in their sport team, in their community?



## Quotations on leadership, from great leaders

**People learn to lead because they care about something.**

Charlotte Bunch

**Leadership should be born out of an understanding of the needs of those who would be affected by it.**

Marian Anderson

**In a world where there is so much to be done, I feel strongly impressed that there must be something for me to do.**

Dorothea Dix

**We must become the change we want to see.**

Mahatma Gandhi

**People are persuaded by reason, but moved by emotion; [the leader] must both persuade and move them.**

Richard Nixon

**Great necessities call forth great leaders.**

Abigail Adams

**Whether our task is fighting poverty, stemming the spread of disease or saving innocent lives from mass murder, we have seen that we cannot succeed without the Leadership of the strong and the engagement of all.**

Kofi Annan

**A leader takes people where they want to go. A great leader takes people where they don't necessarily want to go but ought to be.**

Rosalynn Carter

**I discovered I always have choices and sometimes it's only a choice of attitude.**

Judith M. Knowlton

**Never doubt that a small group of thoughtful, concerned citizens can change the world. Indeed it is the only thing that ever has.**

Margaret Mead

**Example is not the main thing in influencing others. It is the only Thing.**

Albert Schweitzer

**Leaders are more powerful role models when they learn than when they teach.**

Rosabeth Moss Kantor

**Until all of us have made it, none of us have made it.**

Rosemary Brown

**Great leaders are not defined by the positions they hold – but by the spirit and skill they bring to those opportunities.**

Sandra Thurman

**Kind words can be short and easy to speak, but their echoes are truly timeless.**

Mother Theresa

**The function of leadership is to produce more leaders, not more followers.**

Ralph Nader

**As we look into the next century, leaders will be those who empower others.**

Bill Gates

**Don't be afraid to take a big step when one is indicated. You can't cross a chasm in two small steps.**

David Lloyd George

**The ultimate measure of a man is not where he stands in moments of comfort but where he stands at times of challenge and controversy.**

Martin Luther King

**You gain strength, courage and confidence by every experience in which you really stop to look fear in the face. You must do the thing you think you cannot do.**

Eleanor Roosevelt

**My grandfather once told me that there were two kinds of people: those who do the work and those who take the credit. He told me to try to be in the first group. There is much less competition.**

Indira Gandhi

**When it comes to getting things done, we need fewer architects and more bricklayers**

Colleen C. Barrett

**The main dangers in life are the people who want to change everything...or nothing.**

Nancy Astor

**The secret to getting ahead is getting started.**

Sally Berger



## 7.4.4 ASSERTIVE ROLE PLAYS

**Purpose:** To provide participants with an opportunity to practice assertive communication.

**Time:** 40-60 min each

**Age group:** These Assertiveness Role-Plays are most appropriate for 14-18-year-olds. The scenarios are focused on puberty and early experimentation with sex, and are therefore aimed at teenage youths, but getting adults to conduct the role plays can help them understand and educate their own children or youth in their community.

**Procedure:** Divide all participants into small groups (5-10). Read one of the following scenarios out loud to each group:

Within each group, participants discuss the scenario. They must create a role-play in which the main character (Susan, Mary, or Peter) responds passively to the situation, and a second role-play in which the main character responds assertively. The groups then present their role-plays for one another. The audience can contribute suggestions while the role-plays are presented

### Scenario 1: Susan and Jacob

Susan has been seeing Jacob for about one month. He wants her to come to his house since his parents are not at home. Jacob thinks Susan is crazy and stupid for not wanting to have sex and interrupts when she tries to talk about her feelings. How should Susan respond?

### Scenario 2: Mary and David

Mary is an adolescent and her body is beginning to change. Whenever David, one of the boys at school, is with his friends, he shouts and makes fun of her. Mary feels humiliated. How should Mary respond?

### Scenario 3: Peter and Neema

Peter and Neema have not had sex, but they have fooled around a lot. Peter likes Neema and likes fooling around, but he is not ready to go further. Neema wants to have sexual intercourse. Peter has told Neema that he's not ready, but Neema thinks a little persuasion may bring him around. How should Peter respond?



## 7.4.5 QUESTION, ANSWER, AND DISCUSSION

This is a good discussion session for you as Coach to have with your team. Read out each Question below and ask for answers from the group. Encourage your team to not be afraid to get the answer wrong: the important thing is for them to learn. See if you can get a discussion going about any of the answers.

**Question: Is there a cure for AIDS?**

Answer: No. Scientists have not yet been able to find a cure.

**Question: Can AIDS related illnesses be treated?**

Yes. Tuberculosis, Pneumonia and other illnesses that often occur in people living with AIDS can be treated. It is important to act early on any symptoms.

**Question: Can you get HIV...**

**...by having sexual intercourse without a condom?**

Answer: Yes. Having sexual intercourse with a condom to protect you is a high risk activity.

**...from mosquito bites?**

Answer: No. HIV stands for HUMAN immunodeficiency Virus. It cannot survive in the mosquito or be transmitted from one person to another by a mosquito.

**...when having sex for the first time**

Answer: Yes. Virgins are more at risk of some tearing of the skin membrane around the genitals and so also to the virus entering the body.

**...hugging a person infected with HIV**

Answer: No. HIV needs an entry point through broken skin or mucous membrane. Social contact is not dangerous

**...sharing injection needles or razor blades**

Answer: Yes. Fresh blood from an infected person can be injected directly into the blood stream of another person and infect them.

**Question: Can a healthy looking person be HIV positive?**

Answer: Yes. Many people live healthily with HIV for many years. We cannot tell by looking at someone if they are HIV positive.

**Question: Can children can get HIV?**

Answer: Yes. Some children are born with HIV, others get it through blood transmission and yet others through rape and sexual abuse.

**Question: Is it true that Men do not get HIV?**

Answer: No. Men and women, young and old can get HIV. This virus does not leave out a population group and affects everyone.

**Question: Are Women more at risk of contracting HIV than men?**

Answer: Yes. Women are biologically more at risk because of the anatomy of the female sexual organs, and the thin mucous membranes of the vagina which are more prone to tears. Other factors like power relations and gender inequality also play a role.

**Question: If a woman uses the contraceptive pill, does it mean she is no longer at risk of contracting HIV?**

Answer: No. The contraceptive pill only protects against pregnancy. It does not reduce risk of contracting HIV. Only condoms (male and female) protect *both* against pregnancy *and* sexual transmitted infections.

**Question: Are Sex workers the only ones who have HIV and are spreading it?**

Answer: No. anyone can get HIV, and whoever is HIV positive can be able to pass it on to another.





**Question: Does AIDS stand for Anglican Ideas Discouraging Sex?**

Answer: No. AIDS stands for **Acquired Immuno Deficiency Syndrome**. It is a syndrome that can be acquired or passed on from one human to another, and it weakens the immune system, which is the body's defensive system.

**Question: Do Condoms protect people from HIV infection if used correctly?**

Answer: Yes. Condoms are safe if they are stored correctly to prevent damage, worn throughout the intercourse and removed properly, and if each condom is only used once. Incorrect use of condoms reduces the protection they give.

**Question: Can you get cured from HIV infection by drinking bleach?**

Answer: No. Drinking bleach is harmful to your body. There is no cure for HIV or AIDS.

**Question: Do Antiretroviral drugs shorten the life of a HIV positive person?**

Answer: No. Antiretroviral drugs, when taken correctly and consistently, can help prolong the life of people living with HIV and AIDS. It is important that each individual is given the type, combination and dose of medication that is right for them. This can only be done by a doctor qualified to administer Antiretroviral treatment.

**Question: Are you at high risk of HIV if you have sex without a condom?**

Answer: Yes. If you don't know your partner's HIV status and are not protected during sexual intercourse, you might be putting yourself at risk of HIV and other sexually transmitted infections.

**Question: Can a baby be born HIV positive?**

Answer: Yes. A baby born by an HIV positive mother can be born with the virus. Treatment with Antiretroviral drugs before and after the birth can reduce the chance of transmission from mother to child.

**Question: Can sexually transmitted infections (STIs) be treated with homemade medicine?**

Answer: No. It is important to be sure of which specific sexually transmitted infection the person has, and to get the correct treatment. The treatment course must be followed through to the end in order to treat the sexually transmitted infection successfully. For some sexually transmitted infections only the symptoms can be treated.

**Question: Using two condoms at a time is safer than only one?**

Answer: No and No – The use of two male condoms can cause friction which again can result in one or both of the condoms breaking. The use of male and female condoms together is not recommended. It is less likely that one notices if the male condom slips off or the penis enters on the outer side of the female condom.

**Question: Does having a sexually transmitted infection increase the risk of me catching HIV?**

Answer: Yes. Many sexual transmitted infections cause blisters and sores that create an opening for HIV to enter the body. Being exposed to a sexually transmitted infection also means that the person has been engaging in unprotected sex. This means their risky sexual behaviour makes it more likely that they might have the HIV virus.



## 7.4.6 FUN GAMES ACTIVITIES

The following games activities are based upon sports and traditional games played in communities. You should choose the game that suits your needs, based upon what time and space and equipment you have available, how many participants you have and what their age group is, and the specific message or education topic you want to focus on.

You are encouraged to build these games into your training sessions, especially as a warm-up or warm-down activity. You should feel free to adjust or amend the games as you wish to fit your needs, but remember that the key to these games is that they ALL contain three important ingredients:

- **First**, the Game must be **FUN** !
- **Secondly**, the Games must teach or develop some element of **sport skill**, (whether dribbling or passing a ball, teamwork, footwork, basic motor skills, coordination, speed, communication, etc)
- **Thirdly**, the Games must include an element of **HIV education**, and must include a short discussion after the Game to **discuss and reinforce** what has been learned in the Game.

**Leading by example!** Here are elite sportsmen and sportswomen having enjoying trying out some fun HIV Games Activities organised by the PNG Athletes' Commission:



Many of these fun Games Activities have been developed by the **Kicking AIDS Out Network** are printed here with permission. The PNG Sports Foundation became the first member of the Kicking AIDS Out Network in Oceania in 2008, and is now rolling out Kicking AIDS Out Training in all four Regions of PNG.



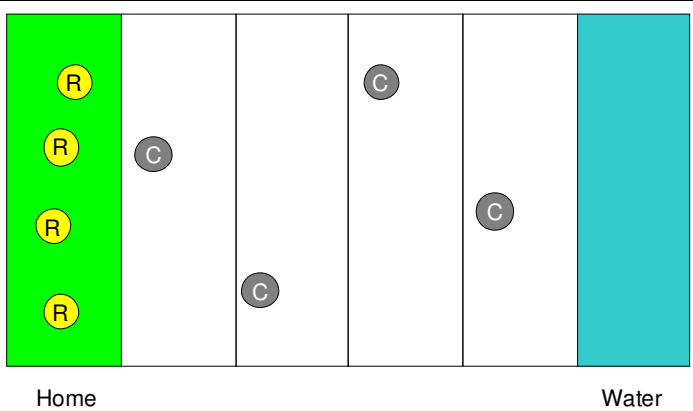
**Game 1: "Water"**

**8 years to adult**

"Water" game is a common touch/tag game played in many rural and urban parts of PNG. It involves two teams: one chasing; one running. It is played on flat ground that is easy to mark into segments:

**Requirement:**

- Marked field
- 4 players on each Team, ie total of 8.
- No equipment needed



**Rules:**

The game is played on an even flat ground all marked out with a home area then four even regions and then one region at the end that is supposed to be where the *fresh water* is.

The runners will have to try their best to run from Home to the Water to drink and collect fresh water, and then get back to Home again without being touched by any of the chasers. They should work together running as a team rather than one by one. If any of the runners are touched while attempting to drink or after drinking trying to head off home, they are automatically out of the game. Each chasers must remain in their marked zone.

A point is added or counted if one gets to drink the water and back to where the starting point without being touched. This continues on, until all the runners are out and then the teams swap over.

**Sports Skills:**

Basic motor skills like running, dodging, tracking and touching are developed together with respect for the rules. This game may be used as a pre requisite for higher and standardised games such as touch rugby, and athletics etc. Furthermore the runners and chasers also learn to strategise and to coordinate and co-operate as a team, and to show sporting values whether they win or lose.

**HIV and AIDS Integration:**

The chasers symbolize people infected with HIV who have not sought treatment and continue indulging in sex, putting others (the runners) at risk. The water represents a need that the runners have to fulfil: it could be the need to satisfy sexual desires but can also be more literal eg girls and women needing to walk to the market or to collect water, and the risks they could face from men whilst walking. Runners have to play safe and keep away from the chasers. In real life, playing safe will mean acquiring and utilizing basic life skills, adequate and correct information about HIV and AIDS. Consistency and correct application of these life skills will lead to maintenance of happy and healthy life styles.

A great addition to the game is for a trained HIV peer educator to be ready with HIV questions and answers. When a runner is out and leaves the game, they go to the educator and are asked one or more HIV Quiz questions. If they answer correctly, they can be given another "life" and can return to their team. If not then they are given a time penalty during which they should read up to learn the correct answer. If they answer correctly the next time then they can rejoin their team.

After the game itself, there should be a short focus group discussion on:

- How does the game relate to the risk of Sexually Transmitted Infections including HIV?
- Who do the chasers represent? Who do the runners represent? What does the water represent?
- What does being touched represent? How is HIV spread?
- What sorts of behaviour increase the risk of catching STIs including HIV?
- How can you protect yourself from STIs including HIV?

**Game 2: “Galú Maina”****8 years to adult**

“Galú Maina” is a traditional game played by small children in the Erave Area of the Southern Highlands Province. This is a leisure activity played anytime by children for fun. In a way, it prepares children in decision making and critical thinking.

**Requirement:**

- Very small round stone or small stick or leaf
- Players – can be any number, minimum two

**Game Description:**

Galú maina can be played anywhere indoors or outdoors. Two or more people play the game, with one person starting as “the Carrier”. The Carrier hides the stone under one of the ten fingers and folds/bends his or her fingers. After the stone is securely hidden, the Carrier turns around and faces the rest, and asks the children to open eyes and point to the finger that might be holding the stone. Each person takes turn until everyone has had their chance, the Carrier then reveals where the hidden stone is by opening his/her fingers out one at the time until the stone is sighted. Whoever is first to choose the right finger holding the stone automatically becomes the next Carrier; this continues on until they decide to stop themselves or have had enough and want to play another game. Ideally everyone will have a chance to play the Carrier role.

**Psychomotor and Psychosocial value:**

This is another one of those games that develops the child’s basic intellectual abilities through critical thinking and decision making. They learn to be analytical and make them think beyond what is visible. They also learn to be co-operative and follow rules, develop them to be good law abiding citizens.

**HIV and AIDS Integration:**

The 10 fingers represent people, while the small stone [alternate] represents the HIV virus. In the game, the children can’t tell which finger has the stone just by looking at it, in the same way, one can’t tell just by looking, who could be HIV positive. VCT is the only sure way of knowing ones HIV status, it is a service provided to those who want to voluntarily know their status. Counselling is provided before the test and after the test, which is provided by trained and experienced people. Other HIV and AIDS information are also provided at the same time for educational purposes.

An HIV positive person can live for a good number of years [10yrs+] or even more if they continue to positively live a normal & leading life [balanced diet, seek medical treatment when sick, exercise, positive thinking, safer sex, socializing positively].

By the end of this game, the children will have known or be able to state that, one cannot tell a person has HIV just by looking, but from test only. They will further be able to understand what is VCT and the benefits of accessing its services. And finally understand what is meant by *‘positive living’*



### Game 3: "Don't Trust Your Eyes"

12 years to adult

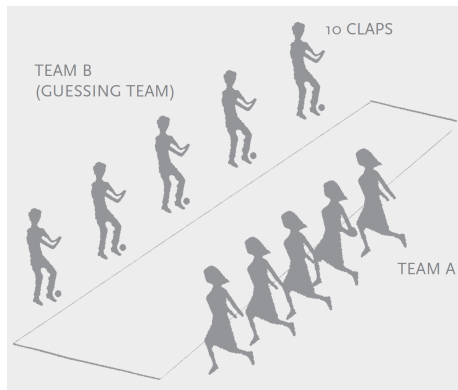
**Requirements:**

Playing area: A small-sized space, indoors or outdoors

Two Teams each of 10 or more players

Boys and girls aged 13 to 18

Equipment: A tennis ball or small stone and sandbags or footballs etc.



**Sport Skills Development**

To help participants develop Balancing skills, and develop team spirit.

**HIV Education**

To help understand that you cannot know that someone is HIV- positive simply by looking at a person

**Description:**

Two teams are picked. Team A is the one handling and hiding the ball/object and Team B is the guessing team. They stand in two lines about 4m apart, facing each other. Members of Team A pass a small ball behind their backs. When Team B starts clapping and balancing, Team A move it from one hand to the next so as to confuse members of Team B as to who has the ball at any given moment. The object of the game is for a chosen member on team B to guess who on Team A has the ball after every 10 claps. The guessing team makes the claps. During the guessing and the clapping, Team B (the guessing team) members balance beanbags on their feet (If you don't have bean bags then they must hop continuously on one foot). All members of Team A must keep their hands behind their backs during the guessing and clapping phase. They only show their hands after the guess has been made. When the player on the guessing team guesses right, his or her team gets a point and the other team shouts, "lucky, lucky". When a player makes a wrong guess, he or she is out of the game. When all members of the guessing team have had a go, the teams exchange roles.

**Follow-up activity**

The game leader asks 4 players to prepare a short role-play about the theme "you cannot tell that a person is HIV positive by looking at that person". The role-play must confirm that only a blood test can confirm whether one is HIV infected or not. The participants must tell their siblings about the day's lesson.

**Game 4: Pusa Piri nali (Hide & Seek)****12 years to adult**

The origin of this game is unknown, the game is said to have been played in most rural areas of PNG. The game is known by different name in different communities and in English it is known as *'hide and seek'*. In the Erave area of the Southern Highlands Province, the game goes with a song. The game is played by young children of both sexes for leisure and fun. It is now played both in the urban and rural areas.

**Requirements:**

- Any area as long as there is objects or places that children can use to hide themselves of from the others.
- Even number on each team but not necessary & availability.

**Game Description:**

The game is played by 2 teams, minimum 3-4 in each team. Firstly the team acting as "Seekers" close their eyes, while those playing as "Hiders" look for places to hide themselves. After all the Hiders are securely hidden, one by one they indicate by saying "guru". Once the final person says "guru", the Seekers will open their eyes and will start to seek them. The Seekers will start to sing along as they go about searching.

The song goes like this: "O...pia, Apo...pia", and is repeated by the Seekers team until all Hiders are found.

**Rule of the game:**

Once a person is found from among those who are hiding, he/she automatically goes out of the game, but will still participate by communicating with his/her hidden colleagues through a song that goes like;

"Andali o, nena ama me ne mandu sia peapara, panga pirape...panga pirape" sung repeatedly until all Hiders are found

The game will continue until the last Hider is found. Then Hiders and Seekers swap places and the game is repeated.

If the Seekers are unable to find a person and they give up then the Hiders will get a point and will have another chance to hide. This will continue until they have had enough and do not want to continue. Those who score most points win the game.

**Sport Skills Development:**

Develops basic motor skills of tracking, there is cooperation among both seekers and those hiding as they sing along to the rhythm of the game.

**HIV Education:**

The Hiders can be interpreted as people living with HIV, hiding for fear of stigma and discrimination. The Seekers are trying to educate people about HIV associated stigma & discrimination, and trying to reach out to people living with HIV to come out of their closet.

The Hiders that are found and singing to their team members to hide properly represent those model PLHIV's who have come out and publicly communicated their positive HIV status and who have overcome stigma and discrimination. They are trying to reach out to the positive living community. Thus the words of the song can be changed to suit these educational, counselling messages.



**Game 5: “Common Tag Game” (Any age group depending on the theme)**

**Life Skill:** To help participants learn different ways of protection from HIV infection

**Sport Skill:** To help participants develop running skills and to deliver and receive the ball

**Number of participants:** 7 or more, Age group depending on the theme

**Equipment/materials:** Balls, preferably home-made.

**Description**

The object of this game is for the participants to be the last to get tagged. One participant is picked to be the Tagger. He/she must try to physically tag the other participants by touching them on any part of the body. A participant can only be tagged if at that moment, he/she is not in possession of the ball. As there are a limited number of balls, the players must pass the ball to the participant who is chased by the Tagger. The ball acts as the protection against being tagged.

The Tagger represents the HIV virus. The ball represents a way of preventing HIV: either Abstinence; Being faithful to one partner; or using a Condom. When a participant without the ball is tagged, he/she leaves the game to the “counselling corner” to learn what can protect them from HIV infection in different situations, depending on their age. When everyone is tagged, a new game is started and all rejoin the game.



**Variation**

The participants use actual condoms instead of the ball as “protection”. Get participants to blow them up into a balloon first to show how stretchy and strong they are.

**Follow-up activity**

The peer leader explains that the ball in the game cannot protect against HIV infection. In real life a condom, if properly used, can protect against HIV. Initiate a discussion about the importance of using condoms and which actions one can take to start using them.



**Game 6: “Living with HIV and AIDS”**

**12 years to adult**

**HIV Education:** To help participants to learn about care and support for HIV and AIDS infected and affected persons.

**Sport Skills Development:** To help participants develop cooperation and throwing skills

**Description**

One participant is picked to be someone Living with HIV and another person to be living with AIDS. They each have a different types or colour of ball, and they should try to tag the participant with the ball by touching them with the ball.

A participant is “protected” from being tagged by “HIV” only if he or she is holding both hands hand in hand of one other participant and no one else. This represents choosing to abstain from sex in a relationship, or being faithful to one partner.

Once a person is tagged by HIV then he/she must stand still and not move their feet at all. They must wave their arms and call for help from their team mates.

A person is protected from AIDS only if he or she is holding hands with at least two other participants. This represents the cooperation, care and support that a person needs to help them get treatment and to live with HIV without contracting AIDS.

Once a person is tagged by AIDS then he/she has to leave the game and to the counselling corner to learn about care and support for HIV and AIDS infected persons. Having answered a question he/she rejoins the game. The peer leader can run the “counselling corner” or ask someone else with good knowledge of HIV to run it.

**Follow-up activity**

Discussion about how to care and support people infected and affected by HIV/ AIDS can be organised.



**Game 7: “Skipping Rope”****12 years to adult**

The origin of this game is unknown, however is widely played both in the rural and urban settings in PNG. It is mostly played by girls however bigger girls, even adult women can play for the fun of it. The song sung while playing differs from different settings. The rural kids may sing in their own language while those in urban areas especially settlements use English or Pidgin. The rules may be similar or vary again depending on the context.

**Requirements:**

- Flat surface-usually ground
- Rope [synthetic in urban areas while in rural setting vines from bush, in settlement anything from used cord, any rope/string that can swing. The length of the rope should determine the number of children that can be able to jump [the longer-more, shorter-less.
- Availability of children [any number from one [1] and above.

**Game Description:**

Skipping rope is played by a minimum of one [1] to more than one [1] participant with always two [2] swinging for the jumpers, more than one [1] or one swinging for self to jump.

The game starts with the 2 participants holding the rope from each side swinging. One participant then quickly enters the swinging rope area and immediately begins skipping. More than one person [4-5] can be skipping at the same time if the rope is lengthy. However if for a lone person, he/she can be both the swinger/skipper. Depending on the version practiced and the rules, the skipper/skippers are required to skip; the required number of times depends in a row without contact with the rope then immediately begins to skip according to the instructions in the game song.

*Game song [provided by children of Morata II settlement, National Capital District]*

“Dolly – dolly...dancing dolly  
She walks...a...walk...a...walk like this  
She dance...a...dance...a...dance like this  
And say goodbye dolly and walks out”

The skippers continue skip without making contact with the rope. If a contact is made with the rope (either through stepping on the rope or simply stopping the flow of the swing through the contact) then that at particular person automatically goes out to take up the rope swinging. This continues on for some time until they get tired and decide to retire.

**Psychomotor and Psychosocial value:**

Develops basic motor skills of jumping, tracking, coordination (especially if more than one jumper) combined with intellectual development through dodging the swinging rope. There is cooperation among the skippers and swingers as they play and sing to the rhythm of the game song and also the movement of the swinging rope.

**HIV and AIDS Integration:**

The words in the song can be changed to suit the awareness information intended for the participants (about using condom, saying no to sex, and abstinence from sex) and other educational messages.

In the game skipping represents risky behaviour, such as unprotected sex. Contact with the rope represents contracting HIV. The risky behaviour may seem fun but eventually everyone makes contact with the rope and catches HIV. The only way to avoid HIV is to avoid the risky behaviour: listening to prevention messages and putting them into practice.

**Follow-up Discussion**

After the Game, discuss what sort of behaviour represents risky behaviour, and what precautions could be taken to make behaviour safer: for example,

- Avoiding use of unsterilized sharp tools example razors or needles for tattoo or other body cutting rituals.
- Correct use of a condom every time when having sex as a preventive measure to protect from STI's including HIV, and to protect from unplanned pregnancy.



**Game 8: “Magic Shoe”**

**10 years to adult**

**Time:** 15 minutes

**Equipment:** A shoe

**Description of activity:**

Mark out an imaginary dangerous zone full of lava between points **A** and **B**, which are clearly marked three paces (no more than three metres) apart. Participants may not make any contact with the lava. Participants are not allowed to run and jump over the lava. Participants start at point **A** and must make it to point **B** without touching the lava. The only equipment available for the team is a “magic shoe”. Only the shoe can touch the lava. The shoe cannot be thrown from **B to A**. If anyone falls into the lava, the whole group returns to point **A (starting point)**.

**Sports skill:**

Co-ordination  
Balance  
Strength

**Life Skills:**

Teamwork  
Communication  
Trust  
Support systems  
Leadership skills  
Problem solving

**Explanation:**

The lava represents social problems that youth face in their development (growing up). Youth have to work together to overcome the problems ahead of them. Youth must take time to make a vision for themselves rather than risk falling into the lava (falling pregnant, contracting HIV, drug abuse).

**Evaluation:**

Debriefing questions: Did you enjoy the Game?  
Was it easy to understand?  
What did the lava mean to you?  
How did you work together to get across?  
If you did not get across, why?  
What would you do differently next time?  
What have you learned from this Game?



**Game 9: “Risky”**

**12 years to adult**

**Time:** 10–30 minutes

**Equipment:** A ball

**Description of activity:**

A designated area with set boundaries is organised. Participants are scattered in this area. At least one ball is used. The ball is thrown. If hit with the ball beneath the neck, then you have to sit down. If you catch a ball then the person who has thrown the ball must sit down. It is important to know who threw the ball that hit you, because if or when they get caught you are allowed to get up and get back in the game. When you have possession of the ball you are only allowed to take 3 (three) steps or allowed to have the ball for 3 (three) seconds. Each participant only has three lives after which they are out of the game.

**Sport skills development:**

Throwing – Catching

Dodging

Reaction

Anticipation strategy

**Life skills:**

Strategise – abstain – condomize

Plan

Risk management

**Evaluation:**

How does the game relate to sex life?

What does it mean when you are hit?

What does it mean when you get up again?

What does the strategy in the game imply?

What does the Game tell us about Risk?

Thumbs up = means that you learned something in the game

Thumbs down = means that you did not learn anything in the game.

How can this game be related to another Game?



## Game 10: “Jumpers”

12 years to adult

**Time:** 10 minutes

**Equipment:** 2 to 3 balls. Can also improvise a ball from a condom (blown up like a balloon or filled with water), socks, plastic bags stuffed with grass, t-shirts tied into a bundle, etc

### **Description of activity /Explanation:**

- 1. Stand in a circle
- 2. Start with one ball
- 3. Throw the ball to anyone in the circle
- 4. When you throw the ball your feet should be touching the ground. You should not catch the ball while your feet are on the ground: you must jump and be in the air when you catch the ball.
- 5. When you throw the ball you have to say the word “condom”, and when you catch the ball you have to say “condom”.
- 6. When someone makes a mistake (either forgetting to say “condom” or not standing or jumping at the correct time) then everyone shouts “HIV!” and points at the person making a mistake. The person making the mistake loses a “life”. Every time you make a mistake and lose a life you shout a letter: first life shout “A”, then “I”, then “D”, then “S”, so after four lives you have spelled the word “AIDS” and you are out of the game. The others continue playing.

### **Sports skill:**

Jumping  
Ball control  
Catching – throwing  
Body awareness  
Timing

### **Life skill:**

Prevention; Proper condom use

### **Evaluation:**

Questions: How does HIV pass from person to person?  
How does a condom prevent HIV passing from person to person?  
How do you properly put on and take off a condom?  
What is the difference between having HIV and having AIDS?  
How long does it take from catching HIV to developing AIDS?  
How do you feel when everyone shouts “HIV” and points at you?



**Game 11: "Blindfolded"**

**12 years to adult**

**Time:** 15 minutes

**Equipment:**

One ball and four blindfolds.

**Description of activity:**

Divide the participants into four groups. Mark out a square field and ensure everyone knows the boundaries of the field. Position one group in each corner, standing outside the square. One person in each group is blindfolded and allowed into the square. The rest of the group have to guide the person by shouting directions to them from outside the square. The objective for the blindfolded person is to pick up the ball from the ground (the ball lies in the middle of the field) and bring it back to the group. The instructor can also move the ball, so the game will last longer. Once one person gets the ball the team he/she was in wins. Change to a new blindfolded person within each group.

Variation: the instructor can add more balls into the square, or can remove balls.

**Sports skill:**

Balance

**Life skill:**

Trust, communication, guidance, teamwork

**Evaluation:**

Questions:      What did you learn from this game?  
                         When you were blindfolded, what were you relying on?  
                         When you could see, what was it your duty to do?  
                         Do you see what effect HIV is happening in your community?  
                         Do you feel a duty to spread the correct information about HIV?  
                         Who can you speak to or where can you go to get correct information about HIV?



## Game 12: "Survival"

12 years to adult

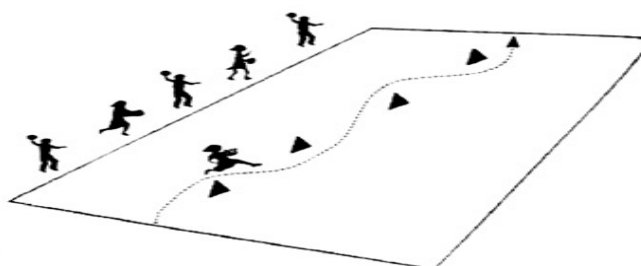
**Time:** 10–30 minutes

**Number of participants:** eleven

**Equipment/materials:** ten beanbags (can use socks or stones instead); plus ten small soft balls (eg tennis balls or rubber balls); and five "base" markers (cones or t-shirts, sticks, coconuts, bottles or rocks).

### Description

**Playing field:** Straight line with the 5 base markers, each spaced 3 to 4 meters apart. Ten participants line up on the sideline, facing the cones, ten metres away from the line of cones. Each participant is armed with a soft ball (a "germ cell").



Source: "Changing Kids' Games", G.S. Don Morris and Jim Stiehl, 1989

One person is chosen to be the "survivor". The "survivor" starts at one end of the base markers, carrying ten bean bags ("white blood cells") in one arm, keeping the other arm free to protect against attacking "germ" balls. The survivor moves from base to base trying to complete the course with as many of the "white blood cells" as possible.

From a distance of ten metres, the other participants throw their "germ cells" to try to hit the survivor. him/her with the soft balls, equipped with one each. The survivor is safe when standing still at each base, but can be attacked when moving between bases. The survivor's free arm is immune from attack and can be used to fend off attacking "germ cells". If a "germ cell" ball hits the survivor, he/she must drop one "blood cell". Once the survivor finishes the "white blood cells" or makes it to the end (counting any remaining cells "white blood cells" as points), a new survivor is chosen.

### Possible Variations

- The survivor runs a zigzag course
- The survivor catches the tagging ball to earn extra points
- The participants spike or serve the ball
- Two or three survivors move at a time
- Shorten or lengthen the course the survivor must take
- Call the soft balls different germs.

**Life Skill:** To help participants Learn about **the body's immune system**

**Sport Skill:** To help participants practice throwing, running and dodging

**HIV Discussion Questions:**

- What is our body's immune system?
- What do white blood cells do?
- What do germ cells do?
- What is a sexually transmitted infection?
- How many types of sexually transmitted infections can you name?
- How does the HIV virus work?
- What happens when our immune system is weakened?
- What is the difference between being infected with HIV, and developing AIDS?
- What can you do to prevent becoming infected with HIV?
- If you are HIV positive, what can you do to prevent developing AIDS?



**Game 13: "Ball Control"**

**12 years to adult**

**Time:** 10–30 minutes

**Number of participants:** 4 or more

**Equipment/materials:** A ball (can be volleyball, soccerball, cricket ball, softball, basketball etc). A chalk or sticks or tape or cones or t-shirts to mark out the field. This Toolkit with the HIV AIDS Quiz.

**Description:**

Divide up a larger square playing area into four equal squares each about 3metres wide. Each participant is assigned a square to stand in and protect.

The object of the game is to serve the ball over the line and land it in the opponent's square, thus scoring a point. Depending what type of ball is being used, the "serve" might practice a volleyball service, or a soccerball pass, or a cricketball throw, or a softball pitch, or a basketball bounce pass, etc)

All participants must start by calling out "HIV" "HIV" "HIV" non-stop during the game.

The first server serves to the square clockwise from his square. The participant in that square must defend his/her area by stopping the ball touching the ground, either by playing it back (volleyball or soccer) or catching it (cricket ball, softball, basketball).

If the server misses their service the server loses a life. If the ball lands in the defenders square, the defender loses a life. When you lose your first life you stop calling out "HIV" and start calling out "A" "A" "A" non-stop.

Service then rotates round a square and the game continues.

If a participant loses a second life, they call out "I" "I" "I" ; a third life = "D" "D" "D" and a fourth and final life = "AIDS", "AIDS", "AIDS" and they leave the game to go and to the HIV Quiz corner to answer questions on HIV before being allowed to return to the game.

**Variation**

- change the type of balls.
- use a proper volleyball court and net and play this game with one full team against another.
- use a soccer goal and practice penalty shoot outs.
- use a tennis court and tennis balls and rackets and practice serves.

**Life Skill:** To help participants learn about **HIV/AIDS basic facts**

**Sport Skill:** To help players develop ball control

**HIV Discussion Questions:**

- In what different ways can HIV spread from person to person?
- In what different ways can spread of HIV be prevented?
- What is the difference between having HIV and having AIDS?
- How do you know if someone has HIV?
- How do you know whether or not YOU have HIV?
- Where can you go for Voluntary Counseling and Testing?
- How long can you have HIV for before developing AIDS?



## Game 14: "Circle Ball"

12 years to adult

**Time:** 10–30 minutes

**Equipment:** 2 or 3 soccer or volleyball or basketballs

**Explanation:**

Everybody stands in a tight circle facing inwards, with legs apart, feet touching their neighbours feet. Your feet must not move during the game.

The ball represents the HIV virus, and your fists are protection. Your fists can protect you against the virus (abstain, be faithful, or use a condom correctly and consistently).

Using only the fists, the ball is hit from one person to another random person across or around the circle. You are trying to score a "goal" by getting the ball through someone else's legs. Everyone must try to prevent the ball from rolling through his or her legs.

All participants must start by calling out "HIV" "HIV" "HIV" non-stop during the game.

If a person falls over or the ball goes through their legs, he or she loses a life. When you lose your first life you stop calling out "HIV" and start calling out "A" "A" "A" non-stop. When you lose a second life, you call out "I" "I" "I"; a third life = "D" "D" "D" and a fourth and final life = "AIDS", "AIDS", "AIDS" and they leave the game.

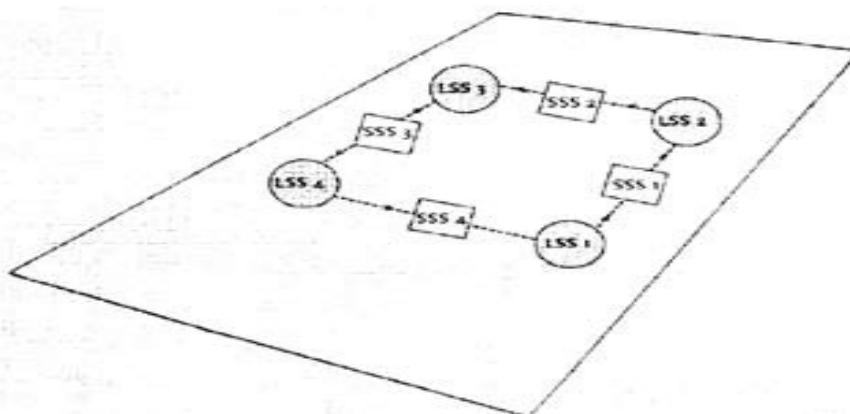
**Sport skill:** Ball control; Balance.

**Life skill:** How to protect yourself from the virus. Say no if your partner does not want to use a condom, or if someone is touching you without you wanting it. You can still play sports if you are HIV infected.

**HIV Discussion Questions:**

- In what different ways can HIV spread from person to person?
- In what different ways can spread of HIV be prevented?
- How can you say "no" to sex without a condom?
- What is the difference between having HIV and having AIDS?
- How do you know if someone has HIV?
- How do you know whether or not YOU have HIV?
- Where can you go for Voluntary Counseling and Testing?
- How long can you have HIV for before developing AIDS?



**Game 15: "Skills Circuit"****14 years to adult****Time:** 1 hour to 1.5 hours**Number of participants:** 8 or more, 16 years upwards**Equipment/materials:** One ball (basketball, soccer, volleyball) for each participant. cones and cards with statements about HIV/ AIDS for the specific age group, boxes marked "true" and "false".**Description:** This game is similar to common circuit training, where the participants perform different activities at different stations. The object of this exercise is to carry out the different tasks assigned in each life and sports skill stations within a given time period. There are a total of 8 stations: 4 sports skills stations and 4 life skill stations, arranged in a circuit.

Source for illustrations: "Changing Kids' Games", G.S. Don Morris and Jim Stiehl, 1989

To start, the peer leader divides up the participants equally around the 8 stations. When the peer leader signals, the participants start working at the tasks.

The peer leader decides how long the participants will be at one station (approximately 4 minutes is good) and how many times they will go round the circuit (at least twice is good). It is important that the participants are given sufficient time to finish the tasks.

The following are examples of tasks for the sport skills (but they can be varied to practice any sport skill)

**Sport Skills Station 1:** Players dribble the ball around a course or around each other (e.g. dribble in a circle around the group or a figure 8 around two people, then pass to next person)

**Sport Skills Station 2:** Players will do volley passes to each other.

**Sport Skills Station 3:** Two and two players serve to each other (under and over arm).

**Sport Skills Station 4:** Two and two players practice spikes and dig passes.

For the life skills station, they will discuss and write down their points on a piece of paper. If they fail to finish the life skill task on time, they should leave it and go on to the next station. It is usual for the participants to have two rounds in this circuit. The assignments for the life skills stations can be as follows:

**Life Skills Station 1:** Why should we use condoms?

**Life Skills Station 2:** What actions should we take to ensure that we use condoms?

**Life Skills Station 3:** What are the steps to ensure correct use of a condom?

**Life Skills Station 4:** What other methods are there to prevent HIV and how could we use them?

**Follow-up activity**

The peer leader leads a discussion about the answers given by the participants in LSS 2 and 3. The participants should discuss with a HIV/AIDS contact person or counsellor about the action they want to take to prevent HIV infection.



**Game 16: "Common Relay"**

**12 years to adult**

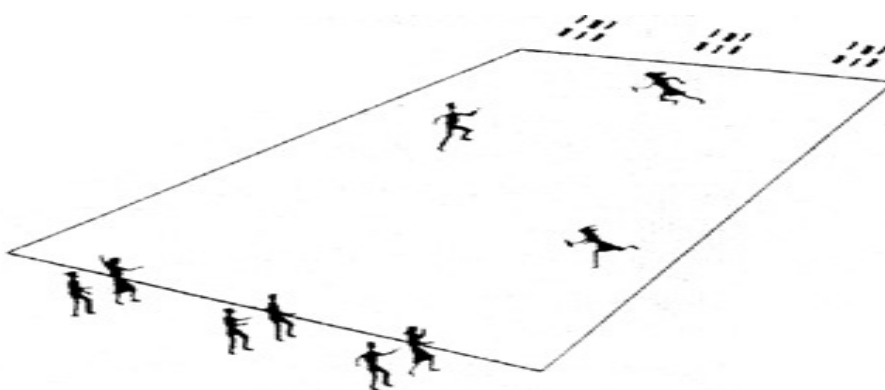
**Time:** 30 minutes

**Number of participants:** 24 to 32 (divided into four teams each of 6 to 8 players)

**Equipment/materials:** an area marked out with cones for a relay course for each team, side by side. One ball (soccer or basketball) for each team, and word cards written up in advance.

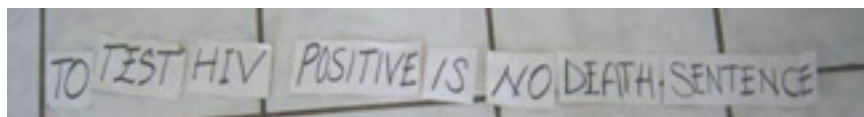
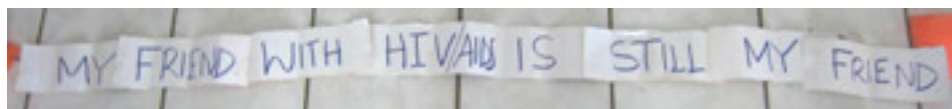
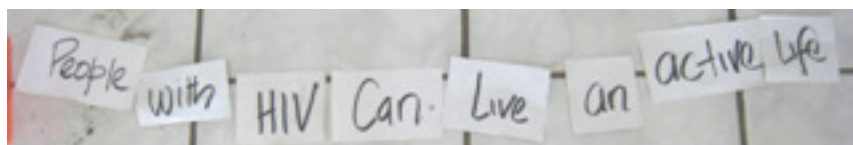
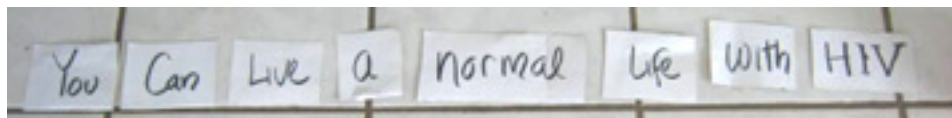
**Description**

This is a common relay game. Two or more teams are picked and they must race from one end of the playing area to the far end, dribbling and controlling the ball through the cones, pick up a one word and dribble the ball back to the team again. Each team has an equal number of words. When the card is put down behind the group, the next participant can run. Continue until all cards are fetched and the group has built a sentence with the words.



Source: "Changing Kids' Games", G.S. Don Morris and Jim Stiehl, 1989

Change the content of the sentences depending on the age and the level in the group. The sentences could be:



Or make sentences that suit your target group (language and message), but remember each sentence must have the same number of words!



**Follow-up activity:** Let the groups read their sentence out loud and discuss the meaning of the sentences with the whole group.



**Variation 1**

Two players from each team do the relay at the same time, passing the ball to each other

**Variation 2:** Instead of sentences, write the following items (without the numbers!) on different cards. The group collect them in the relay race and then arrange them in the right order for how to use a condom correctly! :-

1. **Check Expiry Date**
2. **Check the package is intact (not damaged)**
3. **Open package carefully**
4. **Remove condom from package**
5. **Check which way round the condom unrolls**
6. **Hold tip of condom to squeeze air out**
7. **Place condom on tip of erect penis**
8. **Roll condom onto penis**
9. **Smooth out any air bubbles**
10. **Insert penis for intercourse**
11. **Withdraw carefully after ejaculation, while penis is still erect**
12. **Remove condom from penis**
13. **Tie a knot in the condom**
14. **Dispose of condom safely**



**Sportswoman Star of the Track, Toea Wisil**





## 7.4.7 GENDER ACTIVITIES

The following activities are focused on learning more about gender and its effect on HIV.

Any of these activities can easily be combined with a Common Relay Game: the teams can get points for the order in which they finish the relay: each 4 points for 1<sup>st</sup>, 3 points for 2<sup>nd</sup>, 2 points for 3<sup>rd</sup> and 1 point for 4<sup>th</sup> place, and then they can get points for how they score on one of these activities, and the combined score decides the overall winning team.

<b>Gender Activity 1: "True/ False Statement"</b>	<b>12 years to adult</b>
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Answer each statement true or false. (If combined with a relay game, the written statements can be collected during the relay race and the team can decide each one and place it in a pile for True statements or a pile for False statements. Then each team reads out statement by statement and explains why they put it there, and they are scored accordingly).

1. Gender refers to differences in social roles and relations between men and women
2. Sex refers to biological characteristics that make someone female or male; example man cannot breast feed babies
3. Gender roles are learnt, differ between societies and between provinces, and change over time
4. Gender equality is the process of being fair to both women and men
5. Gender equity means men and women have equal value, equal right, and equal opportunity to participate in every aspect of life at every level of society
6. If a man gets sick with AIDS, he cannot earn money for the family; extra work falls on the wife because caring is seen to be a female role
7. If a man gets sick with AIDS, the country's employed workforce loses its male workers.
8. If the man gets sick the formal economy will not decline
9. If a woman gets sick with AIDS, she cannot look after children & family or other sick people or orphans
10. If a woman gets sick with AIDS, the country will lose female workers especially nurses and teachers who are mostly females
11. Fear of being beaten prevents women from discussing safer sex with partner/husband
12. Fear of being beaten prevents women from getting tested for HIV or asking their partner/husband to get tested
13. Fear of being beaten prevents women from telling their partner/husband if they get a positive test result for HIV or an STI

*Answers:* 1. True, 2.True, 3.True, 4.False, 5.False, 6.True, 7.True, 8.False, 9.True, 10.True, 11.True, 12. True, 13.True



**Gender Activity 2: “Gender or Sex Roles”**

**12 years to adult**

Answer whether each activity listed below is a Gender-based role or a Sexually defined role.

(If combined with a relay game, the activities can be written on bits of paper or card to be collected during the relay race and the team can decide each one and place it in a pile for Gender-Based Roles statements or a pile for Sexually defined Roles. Then each team reads out statement by statement and explains why they put it there, and they are scored accordingly).

1. Getting pregnant
2. Breastfeeding
3. Giving birth
4. Looking after babies and children
5. Fetching firewood
6. Washing clothes
7. Coaching players
8. Playing sport

*Answers:* 1. sexually defined role, 2. sexually defined role, 3. sexually defined role,  
4. gender-based role, 5. gender-based role, 6. gender-based role, 7. gender-based role,  
8. gender-based role



**Gender Activity 3: "Sex and Gender Relay Game"**

**12 years to adult**

**Purpose:** To understand the difference between sex and gender.

**Time:** 40-50 min.

**Procedure:** Create TWO complete sets of 12 cards (laminated paper, printed reasonably large font); each card having one of the following statements

1. Women give birth to babies; men do not
2. Men have hair on their body; women have far less and only in some parts
3. In most parts of the world men inherit property; men do not
4. Men make good chiefs; women good housewives
5. Young female children are more likely to die before their fifth birthday than young male children.
6. Household job of cooking and serving belongs to women; Chefs and managers in hospitality industry the world over are mainly men
7. Women breast feed babies; men only bottle feed babies
8. Women are emotional and caring; men are strong and tough
9. Very few countries in the world have had women prime ministers
10. The sign of puberty among girls is menstruation while among boys it is breaking of voice and facial hair growth
11. Homosexual men and homosexual women are stigmatized in nearly all societies
12. In some cultures men are encouraged to visit sex workers prior to marriage; women are expected to be virgins at the time of marriage

Split the participants into two teams. Set up a simple relay race where the teams are lined up on one side and take it turns to run, dribbling or bouncing a ball, to the other side where they pick up one card and dribble/bounce their way back, then dunk the card in one of two "buckets" (could be a bucket or box or box lid or bilum or just be one pile or one area) marked "GENDER" or "SEX". Once teams finish, then they alternately they read out their cards and explain why they placed them in under "Sex" or "Gender".

This game is a good way to get participants active, include a sports skill element and fun competition, whilst thinking, talking, and learning about Gender-Based and Sexually-defined traits.

**Answers:** 1. sexually defined role, 2. sexually defined role, 3. gender-based role, 4. gender-based role, 5. gender-based role, 6. gender-based role, 7. sexually-defined role, 8. gender-based role, 9. gender-based role, 10. sexually-defined role, 11. gender-based role, 12. gender-based role.

**Gender Activity 4: “Gender Roles and Relationships Role Plays”****12 years to adult**

**Purpose:** To examine how gender roles affect relationships.

**Time:** 1 hour to 1½ hours.

**Procedure:** Explain to teens that stereotypes about gender roles can affect our relationships. Explain that this activity will explore situations where gender roles and stereotypes might affect teens' goals, decisions, and relationships. Divide participants into small groups and go over instructions for the activity.

Each small group will be allocated one of the following **Case Studies** involving issues of gender roles. Work to resolve your case study, and then prepare to present your solution. When you present your solution, others can challenge it while you defend it. Be sure to have convincing reasons to back up your solution

**Case Study 1.**

John is about to ask Mary out for the first time when she walks over to him and says, “John, there’s a dance this weekend. I was hoping you would go with me. Are you busy on Saturday night?” John has no plans, and he was hoping to take Mary to the dance, but he wants to do the asking. He thinks he will say he is busy. What can John say or do?

**Case Study 2.**

Ruth has been offered a special grant to apprentice with a master plumber after graduation. She is excited, and she rushes to tell Henry. They have been planning to get married, and now she will be able to start earning good money. Henry is very quiet after Ruth tells him. Finally, he says, “I don’t think I can marry a plumber, Ruth. You’re going to have to make a choice—me or being a plumber.” What can Ruth say or do?

**Case Study 3.**

Sam wants to buy a doll for his nephew’s birthday, but his friend, Ally, says, “No way!” Sam explains that dolls help teach little boys to take care of someone and be loving, but Ally says that they just cause boys to grow up to be homosexual. Sam thinks he is right, but he’s concerned about what Ally might say to their friends. What can Sam say or do?

**Case Study 4.**

Sally and James have been going out for months, and things have been good between them. Her parents approve of him, and the word is out around school that she is his girl. However, lately James has been putting a lot of pressure on Sally for more than she is ready for. When she says, “No,” he says that it is her place as a woman to please him. What can Sally say to him?

**Case Study 5.**

Elizabeth and Paul are arguing about their sister, Anne, and her husband, Robert. Elizabeth has noticed lots of bruises on Anne’s arms and shoulders recently, and this weekend she had a black eye. Robert says Anne has been arguing too much with Robert, and that Robert is just “showing her who’s the boss.” Elizabeth looks at Paul and shakes her head. She does not think violence is ever an answer. What can Elizabeth say or do?

**Case Study 6.**

Jedida has decided to have sexual intercourse with her boyfriend, Mapiiri. She says they really love each other. She stops at the chemist to buy condoms, and her friend, Alujah, says, “Girls can’t buy condoms! That’s the man’s job!” What might Jedida say or do?

When time is up, ask each group to present the case study and its solution. Then invite any challenges. Allow debate to go on for two or three minutes, assisting either side as appropriate, before moving on.

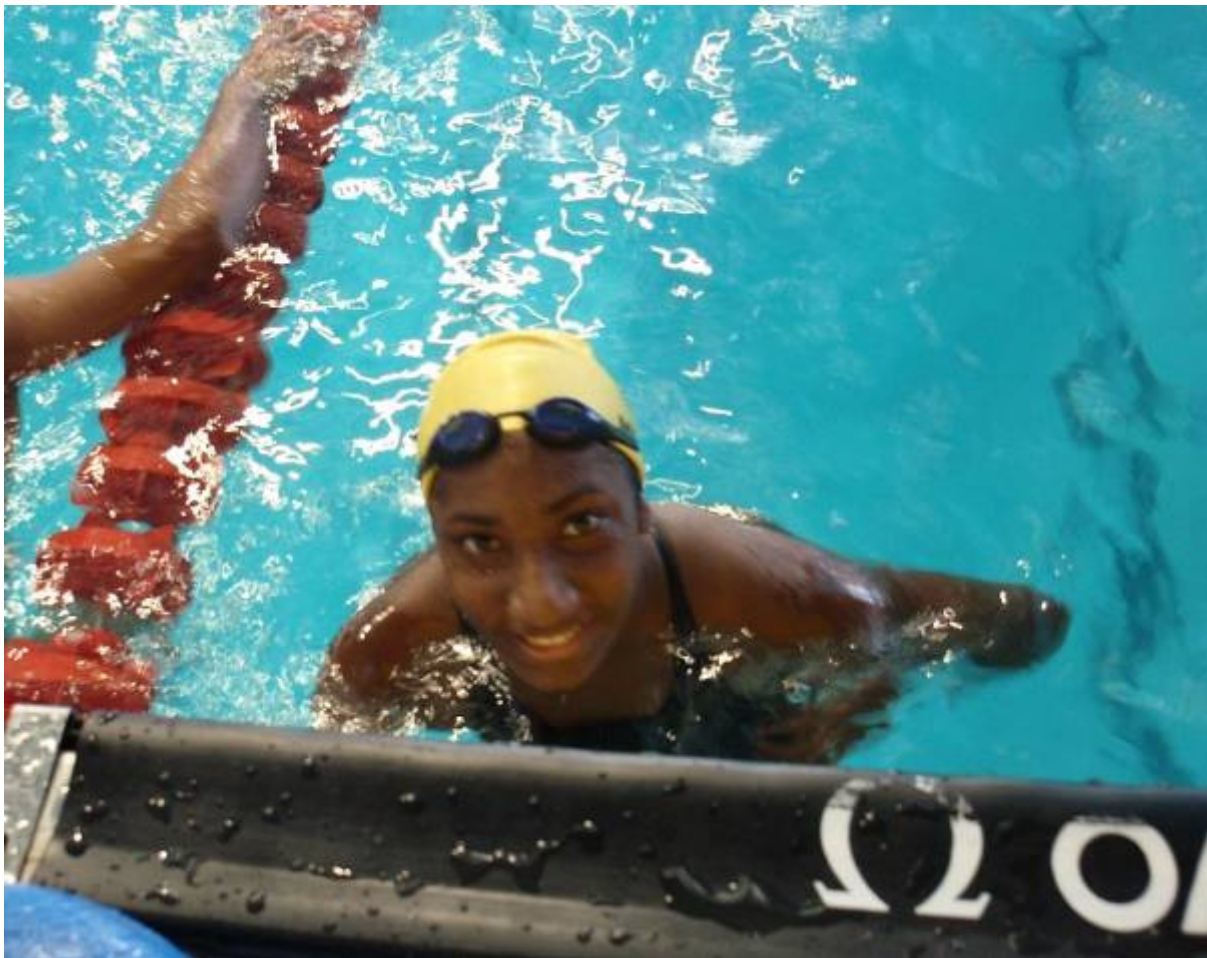




**Conclude the activity using the discussion points below :-**

- Is it easy or hard to look at male and female roles in a new way?
- How do men or women accept changes in traditional gender roles? Why?
- What are some of the ways changing gender roles have affected relationships between men and women in:
  - a) social settings,
  - b) families, and
  - c) the workplace?
- Would your parents reach the same or different solutions?
- Which case study was the most difficult? Why?
- If you could make one change in men's gender roles, what would it be? In women's roles, what would it be?

*Sportswomen are role models and an inspiration for young girls and women*



**Judith Meaurio**



*“HIV and AIDS is more than just a disease. It is something that makes you reassess how you live your life and what values guide you. Safe and healthy living, responsibility, care and support, family and friendship, love of life, the things you hold most dear. These same values are shared by Sport.”*

**Andrew Lepani**





## Section 8: What Sportsmen and Sportswomen can do

***“We can be fast on the track; HIV/AIDS is also fast on figures. Step back and have a crystal clear mind of the epidemic. It’s your life”***

Francis Kompaon, Silver Medallist, Beijing 2008 Paralympic Games

**As sportsmen and sportswomen, all of you are role models**, everything you do is judged regardless of whether you like it or not. You are being watched, what you do on and off the field of play. What you say, how you communicate and relate to people is all observed and places a lot of influence.

This also provides a special opportunity to reach Young people and engage them in discussions and behaviour change activities on HIV & AIDS. You can be real role models, an inspiration to young people to discovering their own hidden talents and be motivated to maximise these talents.

***“The voice of athletes is another way to drive home prevention and care messages. HIV and AIDS awareness and prevention is every sport men and women’s responsibility and must take ownership in the effort: It’s a way of giving back to the community”***

Stanley Nandex

### 8.1 How can YOU be involved?

Above all else, read and use this Toolkit in your sport, and in your community. Find the sections and activities in the Toolkit that are best for you, and get out there and put them into practice!

Try the following:

- Organise some HIV education and awareness for your team.
- Lead “Peer Group Discussions” on an HV topic anywhere, anytime: keep grabbing every opportunity to drive the HIV message to your peers.
- Include a bit of Family education over dinner or when everyone is at home: for example using the HIV quiz or some discussion scenarios.
- Talk to younger members of your club at trainings or competitions.
- Take part in community service “the Melanesian way” gather and talk to community or assist community based organisations doing HIV programmes.
- Visit a person living with HIV you know in your community: your visit means so much, in your capacity educate them about positive living, and as a role model you are setting a powerful example in your community
- Participate in special events like World AIDS Day by:
  - Wearing Red Ribbon with club members
  - Make Red Ribbons with club members
  - Educate others about meaning of Red Ribbon.
  - Educating others about how they can be involved
  - Visit PLHIV on World AIDS Day.



## 8.2 HIV Positive Role Models

From the experience of the Committee on HIV Prevention Through Sport, the single most effective method to get people thinking and talking about HIV, and committing to change their behaviour, is to give them opportunities to meet and talk with PLHIV advocates.

The “pulling-power” and influence of sports champion role models does not stop when a sports champion themselves becomes HIV positive. Look on it as a calling or vocation: as an HIV-positive sporting champion role model you have a unique power to work for good and to influence the youth to protect them from HIV, and to stamp out stigma and discrimination. It is your duty to your community, your sport, and your country’s future to take on that challenge. Taking on the challenge can itself inspire you and give you the energy and drive and determination you will need to keep playing the sport you love, and to continue to be role model to guide the youth.

***“I love skating. I wasn’t going to stay home and just do nothing. To be out there just makes me feel so good.”***

Rudy Galindo, Ice Figure Skating champion living with HIV, United States.

The more HIV-positive sportsmen and sportswomen that get involved as advocates, and continue to participate as role models in their sport, the greater the effect in normalizing HIV, in preventing stigma and discrimination, and in helping the youth overcome ignorance and fear and become educated and protected.

- Seek support and advice from HIV-positive people who are already doing some work.
- Be a resource person in your club and make yourself available for HIV awareness and education initiatives.
- Make contact with the National Aids Council and HIV programmes and continue to harness the power of sport to address HIV.

## 8.3 Code of conduct for all sportsmen and sportswomen

Read the HIV “SportsPlace” Policy at **Annex 3**. Do everything you can to help implement and uphold the policy in your sport. Essentially the Policy boils down to the following code of conduct for all sportsmen and sportswomen to follow:

- All ‘sports places’ must be free from any form of discrimination, do not discriminate against players living with HIV.
- Respect every player regardless of their status (HIV-positive or HIV-negative).
- Accept and provide support to an HIV positive player - they deserve the same chance as others.
- A player must not disclose the HIV status of another player: it’s against the law to breach someone’s right of confidentiality.
- Promote zero-tolerance and say no to violence against women by promoting opportunities and empowering women in sport. Participate in initiatives set up to address violence.
- Assist players needing HIV information and Voluntary Counselling and Testing services by providing appropriate contacts and encouraging them.
- Avoid habits that promote risky behaviours: be alcohol free before and during competitions or while travelling for competitions.
- Sporting is all about discipline, so live a disciplined life both on and off the field.
- Be an ambassador or advocator for those living with HIV.



## 8.4 Respect

Finding out more about HIV and learning how to protect yourself is first and foremost all about having **Respect for your body**.

As a sportsperson, your body is important to you, and of course you take care to warm up and warm down and to learn the correct techniques to avoid injury and keep having fun in your sport.

It's the same off the field with HIV. There are basic precautions we all need to take to have respect for our bodies and protect them, so that we can continue to live a fun active and happy life.

As role models and leaders in your team and your sport, you also have to show respect for your community, leading by example and taking responsibility to ensure that everyone is educated and understands about HIV, and everyone is behaving in a safe manner that respects everyone else.

**Respect** is also about leading by example and not tolerating any example of stigma or discrimination. Show everyone that you **Respect** everyone's rights equally.



The photos above are from the Committee on HIV Prevention Through Sport's "Cleanathon" in support of the Olympic Sport and Environment Campaign. Sports volunteers were mobilised to clean up the areas surrounding sport facilities.

It was a fantastic opportunity to promote a core Olympic Value of Respect, including an understanding that **Respect** lies at the heart of how we should respond to HIV.



## 8.5 Everyone has a leadership role to play – yes, you too!!

Harnessing the power of sport to help the national response to HIV requires leadership at all levels.

If you are reading this then YOU can be a leader, in your family, in your sport, in your workplace and in your community.

Please take a moment now to:

- Decide how much you care
- Commit yourself to taking a stand and playing your part
- Commit to making the change inside yourself: to become the change you want to see
- Commit yourself to learning the facts, so you can persuade people with reason
- But also commit yourself to finding ways to connect with people's emotions, so you can move them to change
- Pick a "Quick Win": something you can do quickly and easily to get started: and JUST DO IT!



## Annex 1: Glossary

Antibodies	Special protein complexes produced in the immune system to attack invading organisms that can cause disease. They are members of a class of proteins known as immunoglobulin, which are produced and secreted by B lymphocytes in response to stimulation by antigens. An antibody is specific to an antigen.
Body fluids	Any fluid in the human body, such as blood, urine, saliva (spit), sputum, tears, semen, mother's milk, or vaginal secretions. Confusion about the body fluids that can transmit HIV is a common cause of misunderstanding and fear about HIV, and continues to cause discrimination against people living with HIV/AIDS. Always explain which body fluids contain HIV in sufficient concentration to be implicated in HIV transmission (e.g. blood, semen, pre-ejaculate, vaginal fluids, and breast milk). HIV cannot be transmitted through body fluids such as saliva, sweat, tears or urine.
Discrimination	Treating a person who is HIV positive differently from other people in a way that disadvantages or harms them.
Ejaculation	A sudden release of semen through the penis
Gender and Sex	The term 'sex' refers to biologically determined differences, whereas the term 'gender' refers to differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are also affected by age, class, race, ethnicity and religion, as well as by geographical, economic and political environments.
HIV Incidence	HIV incidence (sometimes referred to as cumulative incidence) is the proportion of people who have become infected with HIV during a specified period of time. UNAIDS normally refers to the number of people (of all ages) or children (0–14) who have become infected during the past year.
HIV-Negative	Showing no evidence of infection with HIV (e.g. absence of antibodies against HIV) in a blood or tissue test. Test results can occasionally be false negative, especially if the person is in the window period and a new test should be done after 3 months. Testing HIV negative once does not mean that you automatically stay negative.
HIV-(Antibody) Positive	Antibodies to HIV will be present in the bloodstream when a test is done. Also referred to as seropositive. Tests may occasionally show false positive results, and need to be confirmed with a different type of test. A person diagnosed as HIV-positive remains HIV positive and infectious for the rest of their life.
HIV prevalence	Usually given as a percentage, HIV prevalence quantifies the proportion of individuals in a population who have HIV at a specific point in time. UNAIDS normally reports HIV prevalence among adults, aged 15–49.
HUMAN Immunodeficiency Virus (HIV)	The virus that weakens the immune system, ultimately leading to AIDS.
Informed Consent	A person's consent to medical testing or treatment after receiving information and giving their permission. In the case of an HIV test, the person must understand how the test is done, what the implications are and give their verbal or written permission to the test.



Immune Deficiency	A breakdown or inability of certain parts of the immune system to function, thus making a person susceptible to certain diseases that they would not ordinarily develop.
Myth	Myths grew out of early people's need to understand and explain the world around them. Many of them recount the creation and tell of the gods and goddesses who controlled the fate of humans. Many myths are similar to folktales because they explain nature.
OI	Opportunistic Infections-these are illnesses that can affect a person whose health is weakened by HIV, such as TB, Malaria, Pneumonia, cough and colds etc.
Penetrative sex	Sex where the penis goes inside the vagina, anus or mouth of the other person.
Person Living with HIV (PLHIV)	With reference to those living with HIV, this reflects the fact that an HIV positive person may continue to live well and productively for many years.
Post Exposure Prophylaxis (PEP)	In the case of accidental exposure to HIV or rape, ARVs can be given in an attempt to prevent HIV infection in the earliest stage. The treatment must be initiated as soon as possible, preferably within 24 hours and no later than 72 hours after exposure.
Positive Living	Living as healthily and happily as possible, with nutritious food, plenty of rest and good support from family and friends.
Prejudice	Dislike or distrust of a person, group, custom etc based on fear or false information rather than on reason or experience, and that influences one's attitude and behaviour towards them.
Rapid HIV Antibody Test	HIV antibody tests that give a fast result and involve no drawing of blood, only the pricking of a finger. Results are usually available within 30 minutes.
Safer sex	Sex without penetration (by rubbing or touching), Sex using condom correctly and consistently, Sex without using violence or force and reducing the number of sexual partners.
Sexually Transmitted Infection (STI)	Sexually transmitted infections are spread by the transfer of organisms from person to person during sexual contact. STIs play a major role in the spread of HIV because they often present with sores and ulcers in the genital area, which provides an entry base for the HI virus into the body.
SportsPlace	The Sport place policy defines 'SportsPlace' as being all places in which activities of the Sport Organisation take place, including competition activities, training, coaching, changing and dressing rooms, medical treatment, public relations, transport and travel to sport events, accommodation, and office administration.
Stigmatisation	To do or say something in public to cause or encourage people to hate or ridicule people living with HIV
Syndrome	A group of symptoms as reported by the patient and signs as detected in an examination that together are characteristic of a specific condition.





- Universal precautions** Precautions against infection with HIV or other infections that are transmitted through blood and certain other body fluids, like Hepatitis B which is highly infectious. Example: wearing gloves when handling blood
- Western Blot Test** A blood test that detects the antibodies to HIV, and sometimes used to confirm a positive result when testing for HIV with ELISA or rapid test.
- Window Period** Time from infection (the moment when the virus entered the body) and when a person develops enough antibodies to show up positive on the HIV test- usually between two weeks and six weeks but sometimes may be as long as three to six months) with HIV until antibodies detectable.



# Annex 2: PNG National Declaration on HIV Prevention Through Sport



## Papua New Guinea NATIONAL DECLARATION ON HIV PREVENTION THROUGH SPORT Made in Port Moresby, PNG

**WE, THE UNDERSIGNED ORGANISATIONS,** being partner stakeholders working together in the Prevention of HIV Through Sport in Papua New Guinea:

Acknowledging it is a success of the recent Global Workshop on HIV and AIDS Prevention Through Sport held in PNG, the information received during the excellent programme put together by its organisers, the lessons learned from the presentations, discussions and resource persons, especially the need for the support of leaders from all levels of Pacific society, the need to generate ownership and the need to mainstream HIV-related issues into existing and future programmes and to focus on the special needs of women and children:

Recognising the powerful role that sport plays in development in general, health in particular, and especially HIV & AIDS care and prevention efforts, because of the core sports values which include: fitness, fair play, team work, discipline, dedication, volunteerism, community service, the pursuit of excellence, and inclusive participation of all members of the community;

Noting the alarming statistics of the status of the HIV & AIDS epidemic at the international, regional and country levels, the large proportion of populations in PNG and across the Pacific under 20 years of age, many of whom are working; the contribution of sport to economic development and its potential to reverse the devastating effect of HIV & AIDS in the lives of our communities and families across PNG;

Recalling the theme of the Workshop "We a Leaders, Promote Sport – Prevent HIV" and the message from the PNG Prime Minister that "building partnerships within a country and the region through sports, is an initiative that will go a long way to help our government's efforts";

Reaffirming the need to strengthen our "PNG Ways" and traditions of caring for and looking after each other and our extended families which accords with our culture, religion, superstition and sports values;

Being mindful of the commitments made by Pacific leaders at the international level, including the Declaration made at the Millennium Development Goals (MDGs) Summit in New York 2000

the UN General Assembly Special Session on HIV and AIDS (UNGASS) in 2001, and the High Level Meeting on HIV/AIDS (HLMD) held in 2006; the commitments made by our leaders at the regional level including the Pacific Plan and the Pacific Regional Strategy on HIV/AIDS Implementation Plan (PRSHIP) which were endorsed at the Forum meeting held in PNG in 2005; and the AIDS/UNAIDS APLE/KNOW/IMPACT/SPICE partnership launched on 27 February 2006 to work together to overcome stigma and discrimination against people living with HIV and other marginalised groups;

Recognising, supporting and working towards the commitments, policies and strategic plans made at the national level in PNG, such as in the Medium Term Development Strategy (MTDS) Goal 6 and Target 12), the HIV Prevention and Management Act 2007, and the National Strategic Plan on HIV and AIDs 2006-2010, coordinated by the National AIDS Council. Seeks out to reduce the HIV prevalence in the general population to below one percent by 2010, improve care for those infected, and minimise the social and economic impact of the epidemic on individuals, families and communities;

**HEREBY AGREE AND COMMIT** to ensure that we take the lead and set PNG as an example in the region to work together in partnership together and with our international and regional partners to minimise the devastation which HIV can cause in the PNG sporting and general community and to our extended families and individual members of our societies; to help our leaders across their national, regional, and international commitments, to improve the quality of life of all people in PNG and in particular the lives of people living with HIV and their families;

To meet this commitment we hereby agree to:

- 1. **Build Partnerships** we shall work in partnership together, especially by attending and participating in meetings and supporting activities of the PNG Sports Federation and Olympic Committee HIV and AIDS Committee and through this committee by working in partnership with other Government Ministries, Local Levels of Government, Donors, Non-governmental organisations, Community-based organisations, Faith-based organisations, and the Private Sector, to address

Signatures and logos of participating organizations including: PNG Sports Federation and Olympic Committee, UN Women, International Development, UNICEF, UNADSEE, PNG National Sports Trust Ltd, and various NGOs and government bodies.



# New Guinea DECLARATION on THROUGH SPORT



on the 12<sup>th</sup> of September, 2007

HIV through Sport. We further commit ourselves in one year's time (i.e. later than May 2008) to review our progress and the strength of our partnership activities:

**2. Develop an HIV Policy for the Sports Community:** we shall prepare and launch a policy document covering a watershed policy for sports organisations but also an HIV policy for sports tools dealing with aspects of sport such as player code of conduct, blood injury rules, anti-doping procedures. We commit to finalising this policy no later than April 2008;

**3. Create an HIV Toolkit for the Sports Community:** using the WHO/UNAIDS model as a starting point, we shall prepare and launch a comprehensive set of resources targeted at three sub-sectors (sports organisations, sports coaches, team managers, role models, PLWH) address themselves, which material shall incorporate current materials of the PNG National AIDS Council. Secretariat shall prepare a gendered approach and promote gender equality, shall include the advocacy element as the role of sportspersons shall promote activities working with and for PLWH, and include images and photos that reflect PNG; and shall be published initially in English and in Tok Pisin. These resources shall be distributed through a structured programme of training and rollout across PNG, and we shall work to continue to make them a practical everyday point of reference for all those involved in activities to prevent HIV through Sport. We commit to launching this Toolkit no later than April 2008;

**4. Prepare an event-based campaign:** we shall use opportunities presented by local, provincial, national, regional and international sports events and H.V events to include specific activities using sport for prevention. In particular, we commit to ensure specific activities are included in preparations for and actual activities at the Soccer South Pacific Games in August 2007 and at the PNG National Games in November 2007.

**5. Develop role models in sports:** we shall encourage and support sports as identify, train, support and promote sportsperson and sportswomen as role models as well activities to prevent HIV in our communities. We commit to providing specific training to selected role models no later than April 2008.

**6. Promote involvement of PLWH:** we shall promote, encourage and support the involvement of people living with HIV in all our activities to prevent HIV through sport; we shall invite them to participate in traditional sports activities, as players, as coaches, as officials, and as sports administrators and shall also encourage and support people living with HIV to work as "Ambassadors of Hope", helping sports organisations promote awareness of HIV. We commit to agreeing a specific plan with Igal Hopes PNG and providing specific training to selected Ambassadors of Hope no later than April 2008.

**7. Change individual attitudes:** we shall arrange all events people to adopt a positive attitude and inspire others to change their behaviour by supporting efforts to:

- promote respect, integrity, and sporting values and zero tolerance attitude towards any form of violence;
- encourage a more caring attitude towards people living with HIV;
- promote acceptance of regular exercise and good nutrition to prevent, identify, diagnose and treat diseases;
- treat women and girls in a more respectful way; and
- promote equality of men and women in playing, organising, administering, sharing, coaching, and officiating sports activities.

Signed in Port Moresby on 12th September 2007 for and on behalf of:

  
Sir John Govea  
National AIDS Council  
Chairman



  
Sir John Govea  
National AIDS Council  
Chairman



  
Sir John Govea  
National AIDS Council  
Chairman



  
Sir John Govea  
National AIDS Council  
Chairman

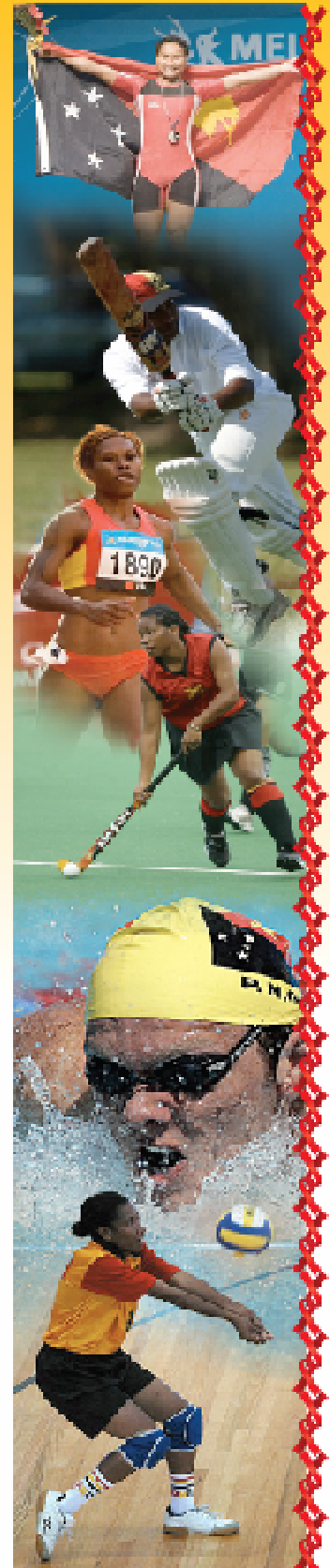


  
Sir John Govea  
National AIDS Council  
Chairman



  
Sir John Govea  
National AIDS Council  
Chairman







### **Annex 3: National Declaration on HIV Prevention Through Sport (version for Sports Organisations to adopt for their sport)**



Papua New Guinea  
**[NAME OF SPORTS ORGANISATION]**  
DECLARATION  
on  
HIV PREVENTION THROUGH SPORT

Made in Port Moresby, PNG on \_\_\_\_\_ 2007:

**WE, THE [NAME OF SPORTS ORGANISATION],** being a sports organisation wishing to contribute to efforts to reduce the impact of HIV in Papua New Guinea:

**Acknowledging** the leadership shown at national level in the successful hosting by the PNG Sports Federation and Olympic Committee of the recent Oceania Workshop on HIV and AIDS Prevention Through Sport hosted in PNG; the subsequent establishment by the PNG Sports Federation and Olympic Committee of a new Committee on HIV Prevention Through Sport, and the recent launch of a National Declaration on HIV Prevention Through Sport

**Recognising** the powerful role that sport plays in development in general, health in particular, and especially HIV & AIDS care and prevention efforts, because of the core sports values which include: fitness, fair play, team work, discipline, dedication, volunteerism, community service, the pursuit of excellence, and inclusive participation of all members of the community

**Noting** the status of the HIV & AIDS epidemic at the international, regional and country levels; the large proportion of populations in PNG and across the Pacific under 30 years of age, many of whom are mobile; the contribution of sport to economic development; and in particular the devastating effect of HIV & AIDS in the lives of our communities and families across PNG



**Supporting** the theme of the Workshop “Be a Leader, Promote Sport – Prevent HIV” and the message from the PNG Prime Minister that “building partnerships within a country and the region through sports, is an initiative that will go a long way to help our government’s efforts”

**Reaffirming** the need to strengthen our “PNG Ways” and traditions of caring for and looking after each other and our extended families which accords with our culture, religion, humanitarian and sports values

**Being mindful** of the commitments made by Pacific leaders at the international level, including the Declarations made at the Millennium Development Goals (MDGs) Summit in New York 2000, the UN General Assembly Special Session on HIV and AIDS (UNGASS) in 2001 and the High Level Meeting on HIV/AIDS (HLM) held in 2006; the commitments made by our leaders at the regional level including the Pacific Plan and the Pacific Regional Strategy on HIV/AIDS Implementation Plan (PRSIP) which were endorsed at the Forum meeting held in PNG in 2005; and the PIFS/UNAIDS APLF/ONOC/PIAF/SPC<sup>1</sup> partnership launched on 27 February 2006 to work together to overcome stigma and discrimination against people living with HIV and other marginalized groups

**Recognising, supporting and working towards** the commitments, policies and strategic plans made at the national level in PNG, such as in the Medium Term Development Strategy (MTDS Goal 6 and Target 13), the HIV Prevention and Management Act 2003, and the National Strategic Plan on HIV and AIDS 2006-2010, coordinated by the National AIDS Council Secretariat, to reduce the HIV prevalence in the general population to below one percent by 2010, improve care for those infected, and minimise the social and economic impact of the epidemic on individuals, families and communities

**HEREBY AGREE AND COMMIT** to ensure that we take the lead and set PNG as an example for the region, to work together in partnership with our national, international and regional partners to minimise the impact which HIV can cause to the PNG sporting and general community and to our extended families and members of our society, to help our leaders achieve their national, regional, and international commitments, to improve the quality of life of all people in PNG and in particular the lives of people living with HIV and their families.

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<sup>1</sup> Pacific Islands Forum Secretariat/UNAIDS Asia Pacific Leadership Forum on HIV/AIDS and Development, Oceania National AIDS Committee/Pacific Islands AIDS Foundation/Secretariat of the Pacific Community



To meet this commitment we hereby agree to:

- 1. Build Partnerships:** we shall work in partnership together, especially by attending and participating in meetings and supporting activities of the PNG Sports Federation and Olympic Committee's new Committee on HIV Prevention Through Sport. Through that committee we shall work in partnership with other Government Ministries, Local Levels of Government, Donors, Non-governmental organisations, Community-based organisations, Faith-based organisations, and the Private Sector, to address HIV through our sport;
- 2. Develop an HIV Policy for our SportsPlace:** we shall prepare and launch an HIV "Sports Place" Policy document covering a workplace policy for our sports organisation but also an HIV policy for our sports code dealing with aspects of our sport such as player codes of conduct, blood injury rules, anti-doping procedures. We commit to launching our policy no later than April 2008;
- 3. Contribute to and use the HIV Toolkit for the Sports Community:** we shall contribute our ideas and feedback to the creation by the Committee on HIV Prevention Through Sport of a comprehensive set of resources aimed at different audiences (sports organisations; sports coaches; team managers; role models; people living with HIV; athletes themselves), which materials shall incorporate current materials of the PNG National AIDS Council Secretariat; shall present a gendered approach and promote gender equality; shall emphasise the advocacy element of the role of sportspeople; shall promote activities working with and for people living with HIV; shall include images and photos that reflect PNG; and shall be published initially in English and in Tok Pisin. We shall participate in the Committee's efforts to distribute the Toolkit through a structured programme of training and roll-out across PNG, and we shall work to continue to make them a practical everyday point of reference for all those involved in our sport;
- 4. Prepare an events-based campaign:** we shall use opportunities presented for our sport to run and participate in activities at local, provincial, national, regional and international sports events to use sport to reduce the impact of HIV. In particular, we commit to ensure specific activities are included in our own training sessions and competition events;
- 5. Develop leaders in sport:** we shall encourage and support work to identify, train, support and promote sportsmen and sportswomen in our sport as leaders in activities to minimise the impact of HIV in our sport and in our communities;
- 6. Promote involvement of people living with HIV:** we shall promote, encourage and support the involvement of people living with HIV in all our activities. We shall stamp out discrimination and stigma in our sport, and shall invite them to participate in our sports activities, as players, as coaches, as officials, and as sports administrators, and shall also encourage and support people living with HIV to work as "Ambassadors of Hope", helping our sports organisation promote HIV awareness, prevention and support;



- 7. Change individual attitudes:** we shall encourage all our sports people to adopt a positive attitude and inspire others to change their behaviour by supporting efforts to:
- promote respect, fair-play and sporting values and a zero tolerance attitude towards any form of violence;
  - eliminate all forms of stigma and discrimination from our sport;
  - promote safer sex;
  - provide access to condoms;
  - promote the value of seeking voluntary counselling and testing (VCT) and treatment;
  - encourage a more caring attitude towards people living with HIV;
  - promote acceptance of regular exercise and good nutrition to prevent obesity, diabetes and heart disease;
  - treat women and girls in a more respectful way; and
  - promote equality of men and women in planning, organising, administering, playing, coaching, and officiating our sports activities.

Signed in Port Moresby on \_\_\_\_\_ 2007 for and on behalf of the [NAME OF SPORTS ORGANISATION]

\_\_\_\_\_  
[NAME OF SIGNATORY]

[POSITION OF SIGNATORY, eg President]



## Annex 4: HIV & AIDS “SportsPlace” Policy



**HIV/AIDS SportsPlace Policy**  
*For the PNG sports community*  
**“Be a Leader: Promote Sport – Prevent HIV”**  
**“Kamap Lida: Strongim Sport – Banisim HIV”**

### **Model HIV/AIDS SportsPlace Policy For PNG Sports Organisations**

**Adopted by**

**Here in after referred to as the “Sport Organisation”**

#### **1. HIV AND AIDS IN PAPUA NEW GUINEA**

The prevalence of HIV infection in Papua New Guinea is now over one percent (1%) of the adult population. This is a generalised epidemic, which means that those infected or affected by HIV and AIDS are not just members of marginal or high-risk groups: everyone is at risk. Everyone who lives, works or plays sport in Papua New Guinea is at some risk of HIV infection. It is estimated that there are more than 69,000 people are currently living with HIV in the country. Equal numbers of men and women have become infected and the age group most affected are people between the ages of 15 and 49. This means that active people who play sport are within the most affected age group. Sports activity itself can present high risk situations: players may attend competition events and travel in teams away from home, they may experience highs and lows of competition, and celebrations and social activities may present risks.

The sports community has a duty to look after its people, to educate them about the risks of HIV and AIDS, and to reduce the risks to the greatest extent possible. Sports men and sportswomen may also be role models in their community, and have a responsibility to lead by example. Sports activity attracts all age groups in PNG, and the sports community has an opportunity to play its part in the nationwide effort.

#### **2. INTRODUCTION AND KEY PRINCIPLES**

The **Sport Organisation** recognises the seriousness of the HIV epidemic and its significant impact on the sporting environment, its administrators, players, volunteers and supporters. The **Sport Organisation** supports national efforts to reduce risky behaviour related to the spread of HIV, and to reduce stigma and discrimination and maximise participation of those infected or affected by HIV.

The purpose of this policy is to ensure a consistent and equitable approach by the **Sport Organisation** to the prevention of HIV and AIDS amongst its employees, managers, administrators, officials, coaches, volunteers and players, and their partners and dependents; and to the management of the consequences of HIV and AIDS, including the care and support of those infected or affected by HIV.





### 3. AIM OF THIS POLICY

This policy is intended to:

- minimize the possibility of HIV infection for employees, managers, administrators, officials, coaches, volunteers and players, and their partners and dependents;
- ensure a supportive sport environment for employees, managers, administrators, officials, coaches, volunteers and players infected or affected by HIV or AIDS;
- manage and mitigate the impact of HIV and AIDS on the **Sport Organisation's** sporting performance;
- eliminate stigma and discrimination in the sport whether in relation to actual or perceived HIV status;
- enable the **Sport Organisation** to play a role in actively using sport to spread awareness and education and to promote behaviour change amongst its employees, managers, administrators, officials, coaches, volunteers and players, their partners and dependents, and the wider community across PNG.

The policy covers situations in the "SportsPlace", defined as being all places in which activities of the **Sport Organisation** take place, including competition activities, training, coaching, changing and dressing rooms, medical treatment, public relations, transport and travel to sport events, accommodation, and office administration.

### 4. CHOOSING SAFE AND HEALTHY BEHAVIOUR IN SPORT

The **Sport Organisation** is committed to maintaining a safe and healthy sport environment for all its employees, managers, administrators, officials, coaches, volunteers, players and supporters.

Safe sport is about obeying the rules when playing. That means obeying the rules of the sports code, and the referee or umpire. It means obeying the sport anti-doping laws and avoiding cheating. These rules help keep sport safe and sportsmen and sportswomen healthy. This policy is also about keeping sportsmen and sportswomen safe and healthy, by promoting safer sexual behaviour and providing a safe and supportive SportsPlace environment.

### 5. NON-DISCRIMINATION

- 5.1 It is against the law in PNG to treat a person infected or affected by HIV or AIDS differently from other people in a way that disadvantages or harms them.
- 5.2 The **Sport Organisation's** policy is to provide a non-discriminatory environment that positively addresses the needs of its employees, managers, administrators, officials, coaches, volunteers and players living with HIV, whilst taking steps to reduce the spread of HIV and ensure a safe sporting environment for those who play, manage, officiate, coach, or compete with participants living with or affected by HIV or AIDS.
- 5.3 The **Sport Organisation** will not discriminate against participants or potential players and managers living with or affected by HIV or AIDS. The **Sport Organisation** recognises that HIV and AIDS-related ailments pose significant and sensitive issues for the SportsPlace. Accordingly, the **Sport Organisation** has adopted this policy to serve as the basis for handling sport situations and concerns related to HIV and AIDS.
- 5.4 The **Sport Organisation** will treat HIV infection and AIDS the same as other illnesses in terms of all of its existing benefits for its employees, managers, administrators, officials, coaches, volunteers and players, including any health and life insurance and policies for sick leave and leave of absence.



- 5.5 The **Sport Organisation**'s employees, managers, administrators, officials, coaches, volunteers and players living with or affected by HIV will be treated in the same way as participants with other disabling conditions.
- 5.6 The **Sport Organisation** does not discriminate or tolerate discrimination against staff, coaches, managers, players, or volunteers on any grounds, including HIV status. This policy rests on the principle that HIV infection should be treated like any other disabling condition. It takes into account the fact that people with HIV may live full and active lives for many years.
- 5.7 The **Sport Organisation** will not discriminate against people with HIV/AIDS in any aspect of its activities, and will not tolerate stigmatisation, vilification, victimisation or harassment on the basis of a person being HIV positive or affected by it.

## 6. GENDER

- 6.1 The **Sport Organisation** recognises that there is a high degree of gender discrimination and gender-based violence in PNG society. The **Sport Organisation** further recognises the particular vulnerability of women and girls.
- 6.2 The **Sport Organisation** will promote gender equity and non-discrimination and a SportsPlace environment free from violence.

## 7. VOLUNTARY COUNSELLING AND TESTING

- 7.1 It is against the law in PNG to require a person to take an HIV test, provide proof of their HIV status, or answer any questions about whether they are infected or affected by HIV or AIDS. Testing must always be voluntary.
- 7.2 The **Sport Organisation** will not require HIV testing as a condition for playing, access to training or competition. Pre-competition medical examination, or any other test required for participation purposes, will not include an HIV test. The **Sport Organisation** recognises that HIV Testing shall always be voluntary.
- 7.3 The **Sport Organisation** will encourage all its employees, managers, administrators, officials, coaches, volunteers and players to be informed about HIV and to attend voluntary counselling and testing in order to know their status.

## 8. CONFIDENTIALITY

- 8.1 It is against the law in PNG to disclose a person's HIV status without their consent. The **Sport Organisation** recognises its obligation to maintain absolute confidentiality about all aspects of a person's health. Breach of confidentiality in relation to HIV status will be considered a serious disciplinary offence.
- 8.2 An employee, manager, administrator, official, coach, volunteer or player has no obligation to inform the **Sport Organisation** or other colleagues, officials, coaches or players of their HIV status. Where a person chooses to inform another member that he/she has HIV, this information will not be disclosed to any other person, including managers and medical personnel, without the consent of the person who has given the information.
- 8.3 In line with the **Sport Organisation**'s philosophy of openness and care, the **Sport Organisation** will provide encouragement and full support to members who choose to be open about their HIV status.



## 9. TREATMENT

- 9.1 The **Sport Organisation** will use its best endeavours to encourage employees, managers, administrators, officials, coaches, volunteers or players to seek treatment for HIV, including for opportunistic infections such as Tuberculosis.
- 9.2 The **Sport Organisation** will encourage its employees, managers, administrators, officials, coaches, volunteers or players to seek information on HIV and AIDS related treatments (including antiretroviral treatments) and related monitoring tests, counselling and healthy living and positive living education and training.
- 9.3 The **Sport Organisation** shall provide information to all its employees, managers, administrators, officials, coaches, volunteers and players about access to local health and care-giving facilities for treatment and care.
- 9.4 To the extent only that the **Sport Organisation** normally provides health benefits to its employees, managers, administrators, officials, coaches, volunteers and/or players, it will use its best endeavours to ensure that such health benefits also cover the needs of people infected or affected by HIV or AIDS. Accordingly, health cover will be selected in accordance with the following criteria:
- no exclusion for HIV or AIDS;
  - no exclusion or waiting period for pre-existing conditions or chronic conditions;
  - no exclusion for sexually transmitted infections;
  - no individual screening by insurance providers;
  - include inpatient and outpatient treatment for HIV/AIDS related conditions, counselling, nutrition, treatments (including antiretroviral treatments) and related monitoring tests.
- 9.5 Where health insurance for HIV/AIDS is not available, the **Sport Organisation** will take reasonable steps to establish a fund to ensure that its employees, managers, administrators, officials, coaches, volunteers and players are assisted in accessing HIV-related treatment, care and support.

## 10. CARE AND SUPPORTIVE ENVIRONMENT

- 10.1 The **Sport Organisation** will show empathy and care to employees, managers, administrators, officials, coaches, volunteers or players who are infected or affected by HIV or AIDS. Consequently, the **Sport Organisation** will provide all reasonable assistance, which may include counselling, time away, sick leave, and information regarding the virus and its effects.
- 10.2 It is the policy of the **Sport Organisation** to respond to the changing health status of all employees, managers, administrators, officials, coaches, volunteers and players, by making reasonable efforts to include them in activities. Employees, managers, administrators, officials, coaches, volunteers and players may continue to participate or play as long as they are able to participate or play safely and in accordance with performance standards. If a member with HIV is unable to perform adequately, the coach or manager must resolve the problem according to the **Sport Organisation's** normal procedure on poor performance and/or ill-health.
- 10.3 The **Sport Organisation** will develop links with local support organisations, such as local NGOs or church organisations, which can assist with providing care and support for persons affected by HIV, and will provide contact information displayed in the SportsPlace for such organisations.



## 11. EDUCATION AND AWARENESS

- 11.1 The **Sport Organisation** recognises that the nationwide response to the HIV epidemic requires awareness and education that leads to behaviour change. Sports teams provide a very good natural environment for group discussion, health promotion, education and information-sharing.
- 11.2 The **Sport Organisation** shall display and distribute in all its offices, training facilities and at its competition events, approved information materials from the National AIDS Council on the following topics:
- sexually transmitted infections (STIs), including HIV and AIDS
  - violence against women
  - voluntary counselling and testing (VCT) and the location and contact details of local VCT) centre
  - treatment and the location and contact details of local treatment centre
  - post-exposure prophylaxis (PEP) and the location and contact details of local PEP centre
  - use of condoms and availability of condoms
  - First Aid, use of Universal Blood Precautions, and the location of First Aid Kit
- 11.3 The **Sport Organisation** will regularly refer to the list of contact HIV organisations provided by the PNGSFOC Committee on HIV Prevention Through Sport, and will invite national and local HIV organisations to facilitate awareness and education programs to be conducted to inform employees, managers, administrators, officials, coaches, volunteers and players about HIV, AIDS and other sexually transmitted infections, and help them to protect themselves and others against infection. Awareness and education programs will integrate gender considerations and hence will take into account the different needs of male and female employees, managers, administrators, officials, coaches, volunteers and players and those of different languages and cultures, and, where appropriate, will also be provided to family members and surrounding communities.
- 11.4 The **Sport Organisation** will promote the use of HIV Toolkits provided by the PNGSFOC Committee on HIV Prevention Through Sport, and introduce activities for HIV awareness, education, and inclusiveness for participants and players at its training and competition events.
- 11.5 Awareness and education programs should inform employees, managers, administrators, officials, coaches, volunteers and players about specific risk factors which may be related to their engagement with the **Sport Organisation**, such as travelling, being away from home, having access to money, and having access to alcohol.
- 11.6 The **Sport Organisation** shall display at all its facilities and training and competition events information on Universal Blood Precautions. The **Sport Organisation** shall ensure that all its managers, officials (referees/umpires) and coaches are trained in application of the Universal Blood Precautions and the treatment of blood injuries.
- 11.7 The **Sport Organisation** will maintain regular contact with the PNGSFOC Committee on HIV Prevention Through Sport in regard to its annual Action Plan and opportunities for support and training.
- 11.8 The **Sport Organisation** will inform its sponsoring organisations/businesses of its HIV SportsPlace Policy and will coordinate its HIV training activities with them.



## 12. PREVENTION

- 12.1 The **Sport Organisation** recognises the importance of educating its employees, managers, administrators, officials, coaches, volunteers and players about the importance of safer sexual behaviour. This includes promoting an environment where people can choose not to have sex, or can choose to have safer sex, including through correct and consistent use of condoms.
- 12.2 The **Sport Organisation** shall work with national and local HIV organisations to ensure that condoms and lubricant will be made available and freely accessible and distributed free in all its sport places, facilities, training and competition events, and for all its teams travelling to sports events.
- 12.3 The **Sport Organisation** shall ensure that fully stocked First Aid Kits are available at all training and competition events. First Aid Kits will at all times have adequate quantities of personal protective equipment including disposable gloves to follow Universal Blood Precautions. All blood injuries will be treated following the Universal Blood Precautions.
- 12.4 The **Sport Organisation** shall ensure that all its teams travelling to events shall be provided with an “HIV Team Travel Kit” to be obtained from the PNGSFOC Committee on HIV Prevention Through Sport.
- 12.5 No employees, managers, administrators, officials, coaches, volunteers or players should be given any injection with non-disposable needles or syringes.
- 12.6 The **Sport Organisation** will carry out hazard identification and risk assessment in consultation with its employees, managers, administrators, officials, coaches, volunteers and players, and will implement risk control measures to prevent exposure to HIV and other blood-borne viruses in the Sports Place. These processes will be reviewed annually.
- 12.7 Post Exposure Prophylaxis (PEP) treatment is immediate treatment that can be sought after a suspected exposure to HIV infection, which can greatly reduce the risk of actual infection. The **Sport Organisation** shall ensure that all employees, managers, administrators, officials, coaches, volunteers and players will be informed about availability of PEP Treatment. The **Sport Organisation** shall ensure that PEP Treatment will be sought for employees, managers, administrators, officials, coaches, volunteers and players:
- who have accidentally become exposed to HIV in the course of their sporting activity (e.g. exposed to the blood of another person); or
  - who have been sexually assaulted.

## 13. RESPONSIBILITY OF ALL

- 13.1 The prevention of HIV infection is the responsibility of all employees, managers, administrators, officials, coaches, volunteers and players, and their partners and dependents, including the **Sport Organisation's** management.
- 13.2 The **Sport Organisation** recognises the importance of involving players in awareness, education, counselling programs and other prevention activities. It is therefore expected that all employees, managers, administrators, officials, coaches, volunteers and players, and their partners and dependents shall feel a responsibility to adhere to this policy and show responsible social behaviour to minimise the infection rate of HIV.



- 13.3 HIV prevention is the responsibility of all employees, managers, administrators, officials, coaches, volunteers and players. The **Sport Organisation** recognises the importance of involving employees, managers, administrators, officials, coaches, volunteers and players in the planning and implementation of awareness, education and counselling programs.

#### 14. PARTNERSHIPS WITH HIV ORGANISATIONS

The **Sports Association** recognises that its core business is sport development and that it does not have the capacity or expertise to deliver expert HIV education, counselling, or treatment. It will therefore seek to engage with appropriate national and local HIV organisations as partners, and will invite them to attend its sports training and competition events to:

- display HIV information materials at its sports facilities and events;
- provide condoms and lubricants at its sports facilities and events;
- carry out HIV awareness through education, theatre group events, and peer group activities and discussions;
- provide training to its employees, managers, administrators, officials, coaches, volunteers and/or players.

#### 15. POLICY IMPLEMENTATION AND MONITORING

- 15.1 The **Sport Organisation** will appoint an HIV Coordinator to lead implementation and monitoring of this policy.
- 15.2 The PNG Sports Federation and Olympic Committee (PNGSFOC) has established a Committee on HIV Prevention Through Sport which shall support the **Sport Organisation** in its efforts to implement and monitor this policy. The **Sport Organisation's** HIV Coordinator shall remain in close communication with the PNGSFOC Committee on HIV Prevention Through Sport. The **Sport Organisation** will use the PNGSFOC Committee on HIV Prevention Through Sport as its first point of contact on all issues related to contact with the National AIDS Council and the implementation of this policy.
- 15.3 The **Sport Organisation** shall ensure that this policy, and related information on HIV and AIDS, will be included in training materials, and communicated to all employees, managers, administrators, officials, coaches, volunteers and players associated organisations and sponsoring business and the wider public, using the full range of communication methods available to the **Sport Organisation** and its network of contacts and sponsors.
- 15.4 In consultation with and with assistance from the PNGSFOC Committee on HIV Prevention Through Sport, the **Sport Organisation** shall review this policy and revise it as necessary in the light of changing conditions.
- 15.5 The **Sport Organisation** and PNGSFOC Committee on HIV Prevention Through Sport shall jointly assess the progress of Sport Organisation's implementation of this policy, at least annually. Both recognise that progress towards implementation is limited by the human and financial resource capacity of the **Sport Organisation**, and recognise also that implementation should not compromise the priority core business of the **Sport Organisation**, which is the development of its sport. The **Sport Organisation** acknowledges that support and incentives will be provided by the PNGSFOC Committee on HIV Prevention Through Sport, based upon an assessment of the **Sports Organisation's** progress towards implementing this policy.

**Annex 5: Provincial AIDS Committees**

<p><b>Alotau-Milne Bay</b> Free Mail Bag service Telephone: (675) 641 0433/641 1200 Facsimile: (675) 641 1132 Email: <a href="mailto:mbpac@nacs.org.pg">mbpac@nacs.org.pg</a></p>	<p><b>Buka-Bougainville</b> P O Box 322, Buka Telephone: (675) 9739191/9739709 ext. 210 Facsimile: (675) 9739191/9739708 Email: <a href="mailto:bpac@nacs.org.pg">bpac@nacs.org.pg</a></p>
<p><b>Central</b> P O Box 393, Port Moresby Telephone: (675) 3215406/3217330 Facsimile: (675) 3213895 Email: <a href="mailto:cpac@nacs.org.pg">cpac@nacs.org.pg</a></p>	<p><b>Daru-Western Province</b> P O Box 102, Daru Telephone: (675) 6459090/6459275 Facsimile: (675) 6459090/6459296 Email: <a href="mailto:wpac@nacs.org.pg">wpac@nacs.org.pg</a></p>
<p><b>Goroka-Eastern Highland</b> P O Box 392, Goroka Telephone: (675) 731 2217/732 2299 Facsimile: (675) 732 1314 Email: <a href="mailto:ehighlands@nacs.org.pg">ehighlands@nacs.org.pg</a></p>	<p><b>Kavieng-New Ireland</b> P O Box 103, Kavieng Telephone: (675) 984 1134/984 2156 Facsimile: (675) 984 2430/984 2325</p>
<p><b>Kerema-Gulf Province</b> P O Box 29, Kerema Telephone: (675) 648 1285/648 1356 Facsimile: (675) 646 1092 Email: <a href="mailto:gulf@nacs.org.pg">gulf@nacs.org.pg</a></p>	<p><b>Kimbe-West New Britain</b> P O Box 428, Kimbe Telephone: (675) 983 5492 Facsimile: (675) 983 5682 Email: <a href="mailto:wbnpac@nacs.org.pg">wbnpac@nacs.org.pg</a></p>
<p><b>Kundiawa-Simbu Province</b> P O Box 392, Kundiawa Telephone (675) 735 1389 Facsimile: (675) 735 1201 Email: <a href="mailto:sipac@nacs.org.pg">sipac@nacs.org.pg</a></p>	<p><b>Lae-Morobe</b> P O Box 458, Lae Telephone: (675) 472 0644/472 5915 Facsimile: (675) 472 3015 Email: <a href="mailto:mopac@nacs.org.pg">mopac@nacs.org.pg</a></p>
<p><b>Lorengau-Manus Province</b> P O Box 42, Lorengau Telephone (675) 470 9643/470 9306 Facsimile: (675) 470 9440/ 470 9310 Email: <a href="mailto:mpac@nacs.org.pg">mpac@nacs.org.pg</a></p>	<p><b>Mendi-Southern Highland</b> Private Mail Bag Service Telephone: (675) 549 1710/549 1469 Facsimile: (675) 549 1093 Email: <a href="mailto:shighlands@nacs.org.pg">shighlands@nacs.org.pg</a></p>
<p><b>Mt Hagen-Western Highlands</b> P O Box 91, Mt Hagen Telephone: (675) 542 3835/542 2415 Facsimile: (675) 542 1445 Email: <a href="mailto:w.highlands@nacs.org.pg">w.highlands@nacs.org.pg</a></p>	<p><b>Popondetta-Oro Province</b> P O Box 93, Popondetta Telephone: (675) 3297782/329 7066 Facsimile: (675) 329 7580 Email: <a href="mailto:opac@nacs.org.pg">opac@nacs.org.pg</a></p>
<p><b>Rabaul-East New Britain</b> P O Box 430, Rabaul Telephone: (675) 982 9525/982 8445 Facsimile: (675) 982 8470/982 7070 Email: <a href="mailto:enbpac@nacs.org.pg">enbpac@nacs.org.pg</a></p>	<p><b>Vanimo-Sandaun</b> Free Mail Bag Service Telephone: (675) 857 1404/857 1251 Facsimile: (675) 857 1188 Email: <a href="mailto:spac@nacs.org.pg">spac@nacs.org.pg</a></p>
<p><b>Yomba-Madang Province</b> P O Box 106, Madang Telephone: (675) 852 3422/ 852 2022 Facsimile: (675) 852 1907/852 3038 Email: <a href="mailto:mapac@nacs.org.pg">mapac@nacs.org.pg</a></p>	<p><b>Wewak-East Sepik</b> P O Box 161, Wewak Telephone: (675) 856 1844/856 1268 Facsimile: (675) 856 2429 Email: <a href="mailto:espac@nacs.org.pg">espac@nacs.org.pg</a></p>



## Annex 6: HIV Quiz Survey Form

The HIV Quiz survey set out on the following pages has been developed for use by the PNG sports community.

The sixty questions on the Quiz are focused on different aspects of HIV in PNG:

- **awareness** about the HIV epidemic and the impact it is having
- **knowledge** about HIV:
  - knowledge about how HIV is transmitted
  - knowledge about what sort of behaviour is risky behaviour
  - knowledge about protection from HIV
  - knowledge about testing
  - knowledge about living with HIV
  - knowledge about the law and HAMP Act
- **attitudes** to HIV, to condoms, to VCT, to PLHIV, etc
- **access** to HIV information, condoms, VCT, etc
- **behaviour** in relation to using condoms, visiting VCT, taking about HIV, and taking action to spread knowledge and education about HIV

The Quiz also allows data to be analysed and compared according to age group, sex (male or female); Province, District, type of residence (in town, close to town, or rural area), and by sport code.

Using the Quiz and submitting completed forms back to the Committee helps the Committee and the National AIDS Council see what aspects need to be focused on and where, and to allocate resources accordingly.

By using the same Quiz repeatedly and consistently over time, the Committee is able to track *changes* in the responses to different questions, providing an important way to show what effect the National Response may be having on different issues or in different places.

As seen at the 2009 PNG Games, where more than 6,200 completed HIV Quiz Surveys were collected from all twenty provinces, sport has a unique ability to mobilize people to participate in such large scale surveys.

Major sports events will therefore continue to be a focus for use of the HIV Quiz Survey, but using the Quiz at a small community sport event is still a very useful way to get people thinking and talking about HIV.

Please therefore take every opportunity you can to encourage people to complete the HIV Quiz and please then submit the completed forms back to the Committee.





*"Be a LEADER; Promote SPORT; Prevent HIV"  
"Kamap LIDA; Strongim SPORT; Banisim HIV"*



## Committee on HIV Prevention Through Sport

### HIV Quiz

Version 2009.09.12

The purpose of this Quiz is to find out your awareness, knowledge, attitudes, access and behaviour relating to HIV and AIDS, to enable the Committee to plan its future programs. Your answers will be **anonymous** and **confidential** and will only be used for Data Analysis and reporting of overall results.

**If you understand and agree to voluntarily participate in this survey please tick the box**

The Quiz is for **individuals** to complete. It is **voluntary** but we encourage you to complete the Quiz to help us gather important information. It is **anonymous** that means you don't indicate your name so your privacy is respected. Please answer the questions as freely and honestly as you can.

#### Notes for SPORTS ORGANISATIONS & SPORTS LEADERS on HOW to USE the Quiz:

- Please do NOT make any changes to the Quiz
- Please feel free to make as many photocopies of the Quiz as you need
- Please use every opportunity you can to get **everyone** involved in your sport to complete the quiz at your sports events, training sessions, and competitions
- Please send all completed Quiz sheets to the Committee **immediately** at:

Monitoring & Evaluation Coordinator  
 Committee on HIV Prevention Through Sport  
 PNG Sports Federation & Olympic Committee  
 3<sup>rd</sup> Floor, Tisa Haus, Waigani, National Capital District  
 PO Box 467, Boroko, National Capital District  
 Telephone: 325 1411; 325 1449; Fax: 325 1851  
 Email: hivcommittee@pngsfoc.org.pg

#### Notes to INDIVIDUALS on HOW to COMPLETE the Quiz:

- The Quiz is **anonymous** – you do not give your name, so your privacy is respected and you can freely give your open and honest answers to each question.
- Please answer **ALL questions carefully**. Your answers are very valuable. Please give **your own individual answers**: if you don't understand or don't know, just tick "Don't Know" for that Question and move on.
- Please hand in your completed Quiz to your Sports Organisation so they can send it to the Committee quickly.
- Please encourage your friends to complete a Quiz too!

**THANK YOU** for taking the time to complete this Quiz. By giving just 15 minutes of your time to carefully answer this Quiz, you are helping to save lives in PNG.



Australian Government  
AUSAID





**Committee on HIV Prevention Through Sport – Standard HIV Quiz – Version 2009.09.12**

A	What is today's <b>Date</b> ? (example: 19 <sup>th</sup> November 2009 = <u>19</u> / <u>11</u> / 20 <u>09</u> )							/		/ 20	
B	How <b>old</b> are you in years? (circle one):	Under 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50 +	
C	Are you <b>Male</b> or <b>Female</b> ? (circle one):						Male		Female		
D	What <b>District</b> do you live in <b>now</b> ? (write the name of the District):										
E	What <b>Province</b> do you live in <b>now</b> ? (write the name of the Province):										
F	What is the <b>one sport</b> you like or play <b>most</b> ? (write the name of the sport):										

For each Question, tick <u>one</u> answer - "Yes", or "No", or "Don't Know":		Yes	No	Don't Know
1.	Are HIV and AIDS the same thing?			
2.	Is it true that in PNG approximately one person out of every <u>sixty-three</u> people has HIV?			
3.	Is it true that HIV is found more in Urban communities than Rural communities in PNG?			
4.	Is HIV in your District?			
5.	Is it true that most people with HIV in PNG are married men and married women?			
6.	Is it true more and more babies in PNG are now being born with HIV?			
7.	Do you think the spread of HIV in PNG is under control at the moment?			
8.	Can the HIV virus be transmitted from person to person in saliva?			
9.	Can the HIV virus be transmitted from person to person in female vaginal fluid and male semen?			
10.	Can the HIV virus be transmitted from person to person in blood?			
11.	Can the HIV virus be transmitted from person to person by mosquitoes?			
12.	Can the HIV virus be transmitted to a person by sorcery?			
13.	Can the HIV virus be transmitted from a mother to her baby during birth or breastfeeding?			
14.	Can the HIV virus be transmitted from person to person by sharing a cup or plate?			
15.	Can the HIV virus be transmitted from person to person by hugging or shaking hands?			
16.	Can the HIV virus be transmitted from person to person by having sex without a condom?			
17.	Can the HIV virus be transmitted from person to person by having sex using a condom correctly and consistently?			
18.	Is the risk of catching HIV <i>increased</i> by being faithful to just one sexual partner who is also faithful to you?			
19.	Is the risk of catching HIV <i>increased</i> by delaying first sexual intercourse until you are older?			
20.	Is the risk of catching HIV <i>increased</i> by having sex without a condom?			
21.	Is the risk of catching HIV <i>increased</i> by having anal sex?			
22.	Is the risk of catching HIV <i>increased</i> by getting drunk or taking drugs?			
23.	Is the risk of catching HIV <i>increased</i> by failing to get treatment for a sexually transmitted infection (STI)?			
24.	Is the risk of catching HIV <i>increased</i> by sharing a razor blade or tattoo needle?			
25.	Is the risk of catching HIV <i>increased</i> by treating a blood injury on the sports field without wearing gloves?			
26.	Can you protect yourself from catching HIV by taking a contraceptive pill?			
27.	Can you protect yourself from catching HIV by taking medicine?			
28.	Can you protect yourself from catching HIV by using a male or female condom?			
29.	Can you protect yourself from catching HIV by drinking herbal juices?			
30.	Can you protect yourself from catching HIV by using sorcery?			
31.	Can you protect yourself from catching HIV by wearing gloves to treat any blood injury?			
32.	Can you protect yourself from catching HIV by getting immediate Post Exposure Prophylaxis (PEP) treatment within 72 hours of being exposed to HIV; for example if you are raped?			



For each Question, tick <u>one</u> answer - “Yes”, or “No”, or “Don’t Know”:		Yes	No	Don’t Know
33.	Have you <i>ever</i> used a male condom?			
34.	Have you <i>ever</i> used a female condom?			
35.	Do you <i>always</i> use condoms, correctly and consistently?			
36.	Is it even safer to use two condoms at the same time instead of just one?			
37.	Are you prevented from using condoms because you can’t get them or can’t afford them?			
38.	Are you prevented from using condoms because your sexual partner refuses to use them?			
39.	Would you like to know your own HIV status?			
40.	Have you ever been for Voluntary Counseling and Testing (VCT)?			
41.	Do you know where the nearest VCT centre is?			
42.	Have you delayed going to the VCT centre because you are scared?			
43.	Can a person living with the HIV virus still look and feel healthy?			
44.	Can you tell if someone has HIV because they are thin or losing weight, or have bad skin?			
45.	Can a person living with HIV continue to live for many years?			
46.	Can someone find out their HIV status from a urine test?			
47.	Can someone find out their HIV status from a blood test?			
48.	For HIV testing, do you know what is meant by the “Window Period”?			
49.	If your first HIV test result is “negative” do you need a second test three months later?			
50.	Is there a <i>cure</i> for HIV?			
51.	Is there <i>treatment</i> for HIV that helps to stop or delay AIDS symptoms?			
52.	Are Anti-Retro-Viral (ARV) drugs for treatment of HIV available <i>free of charge</i> in PNG?			
53.	If you find out someone in your work place or community has HIV, would you tell everyone else to warn them about the person?			
54.	If your friend becomes HIV positive, will you still be their friend and care for them?			
55.	Do <i>You</i> have a role to play to help stop the spread of HIV?			
56.	Do you talk about HIV with your friends?			
57.	Have you taken action yourself to learn about HIV and to educate your family and friends?			
58.	Is it against the law in PNG to spread gossip about a person’s HIV status?			
59.	Is it against the law in PNG to sack someone from their job just because they have HIV?			
60.	Is it against the law in PNG to persuade people NOT to use condoms or to stop people getting condoms?			
61.	Is it against the law in PNG to prevent people receiving information or education about HIV?			
62.	Is it against the law in PNG to force someone to have an HIV test against their will, for example as part of a selection process?			
63.	If you are playing sport and someone is bleeding, is it ok to let them play on if they say they want to?			
64.	If a person has HIV, is it good for their health to play sport if they feel fit and strong?			
65.	Would you let someone play sport with you if they told you they had HIV?			
66.	Do you think sport competitions and sport training sessions are a good time to talk about HIV and learn more about it?			
67.	Would you like a person living with HIV to come and talk to your sports team?			

**THANK YOU!** Please hand in your Quiz so it can be sent to the Committee quickly!



## Annex 7: Frequently Asked Questions about HIV

Often people have questions but don't like to ask. You can use these "Frequently Asked Questions" to start discussions in your sports team peer group:

### Definition and Basic facts:

#### 1. What does HIV mean?

HIV stands for Human Immunodeficiency Virus. Correct name of the virus that causes AIDS.

#### 2. What does AIDS stands for?

'A' stands for Acquired meaning [become infected]; 'I' and 'D' stand for Immune Deficiency meaning body's defence system is weakened. 'S' stands for Syndrome meaning a group of medical problems.

#### 3. Is having HIV infection the same as having AIDS?

No, people can have HIV infection in their bodies and be perfectly healthy for many years [HIV is a virus; AIDS is a syndrome-group of medical problems].

#### 4. How does a person with HIV look like?

A person with HIV can look and feel healthy for a long time.

#### 5. Which system in the body does HIV affects/weakens?

The body's immune [defence] system

#### 6. How does HIV attack the body?

HIV weakens the defence system to a point where the body can no longer fight off diseases and infections such as pneumonia, TB, Diarrhoea and other illnesses.

#### 7. Is there a cure for HIV?

There is no cure for HIV infection. However the progression of the disease can be slowed down through the right combination of antiretroviral [ARV] that delays the onset of AIDS.



### HIV Transmission:

#### 8. What is the common way most people become infected with HIV in PNG?

Most people get HIV through unprotected penetrative sex [a lot of the HIV is found in semen and vaginal fluid].

#### 9. Can kissing spread HIV?

Kissing probably does not spread HIV unless both persons have open bleeding sores in their mouths.

#### 10. Can holding hand spread HIV?

No, holding hands cannot spread HIV because HIV is not found in sweat and in the air, but blood, semen and vaginal fluids.

It can be transmitted through coming in contact with an infected blood (Blood transfusion, use of or sharing of used syringes, needles, drug preparation equipment, blades or sharp objects used for tattooing and scarring).

Another route of transmission is through parent to child (during pregnancy, labour and at delivery if the mother is HIV-positive). During the period after birth, it can also be transmitted through the breast milk if the mother is HIV positive.



**11. What are some ways HIV is not transmitted?**

HIV cannot be transmitted through 'casual contact' like playing & working together, shaking hands, hugging or kissing, sharing room, breathing same air, using same drinking and eating utensils, using same washing water, swimming in the same water. It is not passed through the air like flu or cold virus [bug]. Likewise mosquitoes or insects and animals do not spread HIV. You cannot get HIV from saliva, tears or urine.

**12. Is AIDS caused by witchcraft?**

No, witchcraft does not cause AIDS, HIV has been around for a while since it was first discovered and gradually spreading to other parts of the world. It is not associated in any way to witchcraft.

**13. Can someone caring for a person with AIDS get HIV infection?**

No, people looking after AIDS person are not at risk, only when they have sex with the person or get blood into an open wound.

**14. Does washing before and after sex protect you from AIDS?**

No, but washing before and after sex is hygienic and it may even reduce your risk of getting some STIs but not the HIV and AIDS virus.

**15. Name the body fluids that contain enough of HIV for transmission?**

Semen, Vaginal fluids, Blood & Breast milk have enough HIV in them for transmission

**16. Name other body fluids that are non-infectious?**

Saliva, urine, tears, sweat, faeces and vomit are non infectious.

**17. When would saliva, sweat, faeces & vomit pose infectious?**

Only time saliva, sweat, faeces and vomit would pose infectious would be if it had blood present in them. While it has been found in urine & tears, it is not concentrated in an amount sufficient for transmission.

**HIV Risk:**

**18. Who is affected by HIV?**

HIV does not discriminate; anyone is at risk of being infected with HIV.

**19. Can you tell if someone is HIV-positive?**

You cannot tell just by looking at them. An HIV-positive person may appear to be healthy and will feel good; but they can still transmit the virus.

**20. Is a strong, good looking, well travelled, representative player, less likely to have HIV infection?**

No, HIV does not discriminate, it is the way people behave, not their appearance or status that puts them at risk of HIV infection.

**21. If a person has sores on their private parts [vagina & penis] does this make them more at risk from HIV?**

Yes, anyone with sores on their private parts is more at risk of getting infected with HIV because HIV can get into the body more easily through sores.

**22. In PNG, Polygamy [marrying more than one wife] is culturally accepted practice. Are people within polygamy marriage at risk of getting HIV infection?**

A totally faithful polygamous marriage is safe but if the man or wives have sex outside of marriage or if one of them is infected through an untested blood transfusion or a contaminated needle or instrument then all the marriage partners are at risk.



## HIV prevention:

### 23. What does ABCD stand for?

- A = Abstinence (No sex)
- B = Being faithful (to one sexual partner who is also being faithful to you)
- C = Condom use, (Correctly & Consistently every time)
- D = Delay Sex (Among young people)

### 24. When is sex within a faithful relationship safe?

Sex within a faithful relationship is safe if;

- Both partners are HIV-negative
- Both have sex within each other only
- Neither gets exposed to other risky activities (multiple concurrent sexual partnerships without using condom correctly and consistently; use of same needles or sharp objects for tattooing, scarring and shaving etc)

### 25. Tattooing & scarring are culturally practiced in PNG, what are some precaution measures?

- o Never re-use or share needles, razor blade, sharp objects
- o Use a new needle, razor blade or sharp object
- o Avoid coming in contact with blood in the process. Use plastic or glove if available
- o Make sure open wounds on the hand/fingers are covered and securely dressed etc

### 26. What is safer sex?

Sex without penetration (by rubbing or touching) Sex using condom 'correctly and consistently' every time when having sex, Sex without using violence or force and reducing the number of sexual partners

### 27. How long does it take for these antibodies to appear after a possible exposure?

It takes about 3 months while in very rare cases it may take up to 6 months

### 28. What to do if had possible exposure to HIV?

Get counselling from reliable & recommendable service provider, also advice and possible testing as well.

### 29. What precautions should you take to prevent spreading HIV to others?

Abstain from sexual activity or always and correctly use condom. If tattooing, scarring or shaving use new blades & needles, avoid using used ones.

### 30. Do family planning pills protect girls against sexual transmitted including HIV?

No, the pill protects against pregnancy, it is taken properly following medical advice however it does not protect the girl from STI's or HIV.

### 31. How can young people (young boys and girls) learn about HIV and AIDS?

Information on HIV and AIDS can be taught/learned from an early age through questions, readily available booklets. Leaflets on AIDS are a good source of information to educate you on HIV and AIDS. You can also learn through HIV and AIDS education in school, while you can also learn through peer education.

## Condoms:

### 32. What is a condom?

A 'male condom' is a protective covering closed at one end worn on the man's penis during sex.

A 'female condom' is also a protective covering closed at one end; it is worn by the woman and fits inside the vagina.

### 33. What does a condom do?

A condom, whether male or female, is the only form of protection which can help both transmission of sexually transmitted infections including HIV and prevent pregnancy.



**34. Are female condoms available here in PNG?**

The female condom is available in many places in PNG, though many women need education on how to use the female condom.

**35. Are all condoms the same?**

Condoms come in variety of shapes and made in different lengths and widths and different manufacturers produce varying sizes, as the sizes of the penis vary. Brand names are different in each country. Some condoms are coloured. Some are flavoured. Some are ribbed to provide extra arousal.

**36. When should a person use a condom?**

A new condom should be worn every time a person wants to have sexual intercourse. The same condom should never be used more than once. The male condom should be worn when the penis is erect (kok sanap taim) and before any contact is made between the penis and any part of the partner's body. The female condom can be inserted in advance of sexual contact.

**37. Is it safe to use both male and female condom at the same time?**

You should only use one condom at a time. Never try to use two male condoms, or two female condoms, or a male and female condom together at the same time, because this may cause friction between the two condoms and may cause the condoms to break.

**HIV Testing:**

**38. What is an HIV test?**

A test that reveals HIV status whether HIV is present in the body or not.

**39. Why is it important to get tested?**

Benefits of knowing your HIV status

1. If "positive" (HIV-infected) you can learn to live positively by eating well, taking regular exercises, and receive appropriate treatment.
2. If "positive" (HIV-infected) you can be able to take all the necessary preventive measures to prevent the spread of HIV from you to someone else.
3. If "negative" (not infected) then you can be confident that you do not have the HIV virus, but should still make sure to take your ABCD preventive measures and ensure you and your partner avoid risky behaviour.

**40. Where is the test done?**

The test can be done at Voluntary Counselling and Testing (VCT) Centres set up for HIV testing. These centres will also provide you counselling before and after your test.

**41. How can you be sure your test results will be kept confidential?**

Testing centres are carefully controlled and the results of tests are kept absolutely confidential.

**42. How long should a person wait after possible exposure to be tested?**

Should recommend to wait 3 months, within this time abstain from further sexual intercourse or always use a condom correctly.

**43. What should a person do if they think they have had possible exposure to HIV?**

Visit a Voluntary Counselling & Testing Centre to get counselling and advice from a reliable and recommendable service provider. VCT centres are located in most of our major towns and centres. You can also be tested at the VCT centre. All the while you're your "ABCD" precautions to prevent spreading HIV to others.



## Annex 8: How to use a male and female condom, step by step

### Male condom



First, **always check the expiry date on the package** – if the date marked has already passed, the condom should not be used. Open the package carefully, but never use a scissors or knife! Remove the condom from the packet, being particularly careful if you are wearing rings and/or have long or jagged fingernails, so as not to rip the condom.

Condoms can deteriorate if not stored properly. They can be affected by both heat and light. So, it is best not to use a condom that has been stored in your back-pocket, your wallet, or the glove compartment of your car.



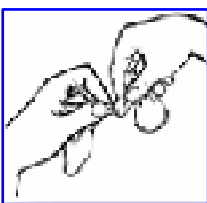
Place the rolled condom over the tip of the hard penis, and if the condom does not have a reservoir top, pinch the tip of the condom enough to leave a half inch space for semen to collect. If the man is not circumcised, then pull back the foreskin before rolling on the condom. Pinch the air out of the condom tip with one hand and unroll the condom over the penis with the other hand.



Carefully roll the condom down over the ERECT penis until it is completely unrolled and/or the entire penis is covered; ensure that there is no air in the condom (the tip of the condom should be 'slack' or 'empty-looking'). If you want to use some extra lubrication, put it on the outside of the condom. But always use a water-based lubricant (such as KY Jelly or Liquid Silk) with latex condoms, as an oil-based lubricant will cause the latex to break. The man wearing the condom does not always have to be the one putting it on – it can be quite a nice thing for his partner to do.



Once the sexual act is complete (remember that you need one condom per act), remove the condom by holding the base of the condom and sliding it off, being very careful not to allow the sperm onto your hands. (This is generally easier to do on a real penis than on a model, since the ejaculation will serve as a lubricant and the penis will usually no longer be erect!)



Tie the end of the condom in a knot and dispose of the used condom in an appropriate manner – for example, in a trash bin, rather than by throwing it out the window. Never flush a condom down the toilet, as it may block the toilet! Some people remember how to dispose of a condom by referring to the '3 Bs': bin, burn or bury.

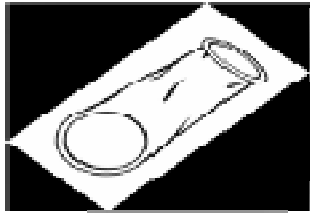
**When do you take off the male condom?** - Pull out before the penis softens, and hold the condom against the base of the penis while you pull out, so that the semen does not spill. Condom should be disposed properly, for example, wrapping it in a tissue and throwing it in the rubbish. Do not flush condoms down the toilet – they are bad for the environment.

**What do you do if a male condom breaks?** - If a condom breaks during sexual intercourse, then pull out quickly and replace the condom. Whilst you are having sexual intercourse, check the condom from time to time, to make sure it has not split or slipped off. If the condom has broken and you feel that semen has come out of the condom during sexual intercourse, you should consider getting emergency contraception such as the morning after pill





## Female Condom



This is a female condom. It has a ring at either end.



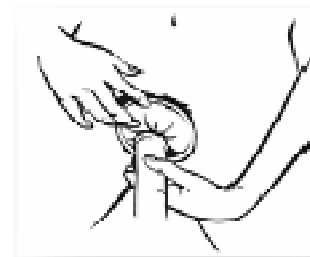
The first step is to pinch the 'inner' ring so that you can insert it, a bit like one does with a diaphragm.



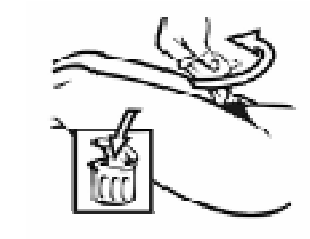
Next, insert the female condom into the vagina (or anus, minus the inner ring). This is done in much the same way that a woman might insert a tampon or diaphragm.



Push the female condom up into the vagina so that the inner ring is at the cervix. The natural shape of the vagina generally holds it in place. Remember that the female condom can be inserted up to 8 hours before you have sex!



It is now safe to have penetrative sex. Be sure that the penis goes inside of the female condom and not between the outside of the female condom and the wall of the vagina. The surface of the genitals of the male and the female are protected.



When the sexual act is complete, twist the female condom and pull to remove. Dispose of in a responsible and appropriate manner – put it in a trash bin, burn it or bury it. Never flush it down the toilet, as it may block the toilet.



## Annex 9: Persuading your Partner to use a condom

If used properly, a condom (whether a male condom or a female condom) is very effective at reducing the risk of HIV infection during sexual intercourse. Using a condom also provides protection against other sexually transmitted diseases, and protection against pregnancy

### How can I persuade my partner that we should use a condom?

It can be difficult to talk about using condoms. But you should not let **embarrassment become a health risk**. The person you are thinking about having sexual intercourse with may not agree at first when you say that you want to use a condom. They may refuse or may make excuses. Below are **some example of the excuses they might say** and the sort of **answers that you can try**.

<b>Excuse</b>	<b>Answer</b>
<i>Don't you trust me?</i>	Trust isn't the point, people can have infections without realising it
<i>It does not feel as good with a condom</i>	I'll feel more relaxed, if I am more relaxed, I can make it feel better for you
<i>I don't stay hard when I put on a condom</i>	I'll help you put it on, to help you keep it hard
<i>I don't have a condom with me</i>	I do.
<i>I am afraid to ask him/her to use a condom. He/She will think I don't trust him</i>	If you can't ask him/her, you probably don't trust him/her!
<i>It's up to him...it's his decision</i>	It's your health. It should be your decision too!
<i>I'm on the pill, you don't need a condom</i>	I'd like to use it anyway. It will help to protect us from infections we may not realise we have
<i>It just isn't as sensitive and I can't feel a thing</i>	Maybe that way you will last even longer and that will make up for it
<i>Putting it on interrupts everything</i>	Not if I help put it on
<i>I guess you don't really love me</i>	I do, I am not risking my future to prove it
<i>I will pull out in time</i>	Women can get pregnant and STI's including HIV can be transmitted through pre-ejaculate
<i>But I love you</i>	Then you'll help us to protect ourselves
<i>Just this once</i>	Once is all it takes!



## **Annex 10: Top Tips for Confident Use of Condoms**

Here are also some tips that can help you to feel more confident and relaxed about using condoms:

### **Keep condoms handy at all times.**

If things start to get steamy— you will be ready. It is not a good idea to find yourself having to rush out at the crucial moment to buy condoms— at the height of the passion – you may not.

### **When you buy condoms, do not get embarrassed.**

If anything, be proud. It shows that you are responsible and confident and when the time comes it will all be worthwhile. It can be more fun to go shopping for condoms with your partner or friend.

### **Talk with your partner about using a condom before having sexual intercourse.**

It removes anxiety and embarrassment. Agreeing to use condoms before the passion starts will make you both a lot more confident.

**Practice!** If you are new to condoms, the best way to learn how to use them is to **practice putting them on by yourself**. It does not take long to become a master.

**Make it fun together!** If you feel that condoms interrupt your passion, then **try introducing condoms into your Lovemaking**. It can be very stimulating if your partner helps you put it on or if you do it together. Also try coloured and flavoured condoms.



## Annex 11: Voluntary Counselling and Testing (VCT) Centres



Please note: more and more VCT centres are being established around PNG. Please check with your Provincial AIDS Committee (listed in Annex 5) to find out where your most convenient VCT centre is.

	Name of VCT Centre	Province	Date Site Accredited
1.	Mary – Mother of Hope VCT centre	ARB	26 <sup>th</sup> July 08
2.	Lois Vangeke	Central (Veifa)	August
3.	Goroka University	EHP	Aug-06
4.	Kainantu STI Clinic	EHP	Aug-06
5.	St Joseph's Care Centre	EHP (Goroka)	Aug-06
6.	St Peter Torot VCCT Centre	ENB Vunopope	
7.	University of Vudal	ENB Vunopope	2rd November 08
8.	St Mary's Care Centre	ENB(Vunopope)	Sep-06
9.	Butuwin Urban Clinic	ENBP	6 <sup>th</sup> February 08
10.	Maravute Resources Centre	ENBP	8 <sup>th</sup> Jan 08
11.	Napapar Health Centre	ENBP	2rd December 08
12.	Nyaimanya VCT Mambisanda	Enga	7 <sup>th</sup> March 08
13.	Pogera District VCT	Enga	19 <sup>th</sup> March 08
14.	Yampu VCT Centre	Enga	18 <sup>th</sup> March 08
15.	Sepik Centre of Hope	ESP	Oct-05
16.	Consolata VCCT Centre	Gulf	29 <sup>th</sup> July 08
17.	Bethany	Madang	Oct-06
18.	Star of Hope	Milne Bay	16 <sup>th</sup> June 08
19.	ADRA Care Centre	Morobe	Oct-05
20.	Anua Morii Day Care Centre	Morobe	4 <sup>th</sup> December 08
21.	Centre of Mercy	Morobe	29 <sup>th</sup> Jan 08
22.	Centre of Mercy	Morobe	29 <sup>th</sup> Jan 08
23.	Ela Beach Salvo	NCD	Jul-07
24.	Lawes Road Clinic	NCD	26 <sup>th</sup> July 08
25.	PNGDF Taurama	NCD	Jun-06
26.	Poru Support	NCD	May-06
27.	Simon of Cyrene	NCD	Aug-06
28.	St. Mary's Medical Centre	NCD	Jan-08
29.	World Vision	NCD	Mar-07
30.	Anglicare Stop AIDS	NCD (Waigani)	Oct-05
31.	Epeanda Good House	SHP	8th Jan08
32.	Nina Clinic	SHP	23 <sup>rd</sup> October 08
33.	Mingende Hospital	Simbu	Jun-06
34.	Mingendi Care Centre	Simbu	Jun-06
35.	Kujip Hospital	WHP	Mar-07
36.	Rabiamul	WHP	Jun-06
37.	Shalom Care Centre	WHP	Jun-06
38.	Tiniga Clinic	WHP	8 <sup>th</sup> Jan 08
39.	Tinsely VCT Centre	WHP	4 <sup>th</sup> April 08
40.	Divine Mercy centre Valoka VCT site	WNBP	13 <sup>th</sup> March 08
41.	Tabubil Hospital OTML	WP Ok Tedi	Feb-06
42.	Samaritan Centre	WP. Kiunga	Feb-06
43.	Odi clinic – Vanimo General Hospital	WSP	8 <sup>th</sup> Jan 08



## **Annex 12: Antiretroviral (ARV) Treatment**

It's important for all of us to know and understand a bit about how treatment works, so that we can help and support those in our family, community, sport, or work place who are on ARV treatment regime:

### **Here are some basic facts to know :**

#### **I've just found out I have HIV, what happens next?**

If you have an HIV blood test and are found to be positive (ie, infected with HIV) then you will be given expert counselling and advice on what actions to take next. The situation varies depending on the precise test results: how many "T-helper cells" you have in your immune system; your "viral load"; and what opportunistic infections you may already have caught.

#### **What is the treatment for HIV positive people?**

In simple terms, treatment consists of taking carefully medicine called Anti Retro-Viral (ARV) Drugs. These are actually a combination of different drugs that are carefully calculated to suit your condition, and help your body's immune system. Basically, the drugs help keep your immune system strong and prevent or delay the progression of the HIV virus and other opportunistic infections from leading to the full blown symptoms of AIDS.

A person living with HIV and on proper ARV treatment can live a full and happy life for many many years.

The combination of different drugs has two important factors:

- You may suffer side effects from the drugs.
- You must stick very carefully to the precise dosage and timing of taking each drug, so that they can work properly. You therefore need to be very very disciplined, and to follow your doctor's orders very carefully when taking ARV drugs.
- If you miss a dose or get the quantity wrong, this may affect your treatment and may make those "first line" drugs you were taking useless for your body. Then you may have to switch to other "second line" or "third line" drug combinations which may have much worse side effects for your body and which may be much more expensive to provide.

#### **When and how can I get treatment?**

You will be given counselling and advice on what sort of treatment you need, based on your precise condition, and on when your treatment should start. Once you start on an ARV drug regime, you must stick to it very very carefully. This means that deciding to start the treatment is an important decision with long-term consequences.

### **What can we do to help ?**

**As a sports community, we can all help People Living With HIV by providing a friendly, caring and supportive environment, and by encouraging them to be disciplined and to stick carefully to their ARV treatment regime.**

**For further information on Antiretroviral Treatment, Seek information from your nearest Provincial AIDS Council (PAC) or Voluntary Counselling & Testing (VCT) Centre.**



## Annex 13: The Red Ribbon



The red ribbon started as a 'grass roots' effort to show support for people living with HIV or AIDS. As a result there is no official rule or specification for making the red ribbon, and many people make their own.

To **make your own ribbons**, get some ordinary red ribbon, about 1.5 cm wide and cut it into strips about 15 cm long. Then fold at the top into an inverted 'V' shape and put a safety pin through the centre which you use to attach the ribbon to your clothing.

Today the red ribbon is the international symbol of HIV and AIDS awareness and is worn by people all year round and particularly around World AIDS Day.

It is a symbol of hope. Hope that the search for a vaccine and cure to stop AIDS is successful and the quality of life improves for people living with AIDS.

It is also a message of support for people living with and affected by HIV and AIDS.

**Wear your red ribbon with pride. It shows you care.**