

SPORTS HIV COMMITTEE

Data Analysis Report of the 2009 PNG Games HIV Quiz Survey

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









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Acronyms

AFL	Australian Football League
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-retroviral Treatment
ARV	Anti-retroviral
AUSAID	Australian Agency for International Development
BMI	Body Mass Indicator
DSP	Development Strategic Plan
HAMP Act	HIV and AIDS Management and Prevention ACT
HIV	Human Immunodeficiency Virus
KAO	Kicking AIDS Out
LSI	Leadership Support Initiative
MARP	More-At-Risk Population
MCH	Maternal and Child Health
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MTDS	Medium Term Development Strategy
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NCD HOC	National Capital District Commission Host Organizing Committee
NGO	Non-Government Organization
NHASP	National HIV & AIDS Support Project
NHS	National HIV & AIDS Strategy, 2011-2015
OI	Opportunistic Infection
PAC	Provincial AIDS Committee
PCT	Parent to Child Transmission
PEP	Post Exposure Prophylaxis
PLHIV	Person Living with HIV & AIDS
PNG	Papua New Guinea
PNGSF	Papua New Guinea Sports Foundation
PNGSFOC	Papua New Guinea Sports Federation & Olympic Committee
PPTCT	Prevention of Parent to Child Transmission
PICT	Provider Initiated Counseling and Testing
SFDI	Sports For Development Initiative
SPSS	Statistical Package for the Social Sciences
STI	Sexual Transmitted Infection
TB	Tuberculosis
UNAIDS	United Nations Programme on HIV & AIDS
VCT	Voluntary Counseling and Testing

Executive Summary

The Sports HIV Committee carried out an "HIV Quiz" survey at the 2009 PNG Games, with sixty questions covering awareness, knowledge, attitudes, access, and behavior. Completed responses were received from 6,700 athletes, officials and volunteers from all 20 Provinces making the survey sample the largest ever in PNG. The data provides an important guide for the Committee and the broader National Response as to identifying priorities to focus on. It also sets an important baseline against which changes can be tracked through future surveys, in particular at future PNG Games.

The survey has some key limitations (identified on page 20), but nonetheless provides valuable information that contributes to the National Response.

The following are the key Findings from the survey:

- 1. Awareness generally of the HIV epidemic and its urgency is still low (61%).
- 2. Level of Knowledge on the law and HAMP Act was particularly low (33%).
- 3. Low level of Knowledge about Testing, especially regarding the window period.
- 4. Low level of Knowledge about some myths, including using two condoms at one time.
- 5. Knowledge of Living with HIV is low: only 61% know that there is no cure for HIV and only 52% know that there is treatment that can stop or delay AIDS symptoms and that treatment is free of charge.
- 6. Relatively low use of female condoms (19%) compared to male condoms (54%).
- 7. Correct and consistent use of condoms during sex appears to be significantly higher by males (68%) than by females (37%).
- 8. Approximately 78% of the respondents said they could easily get condoms where they live.
- 9. Approximately 63% of the respondents said they know where the nearest VCT site is located.
- 10. 22% of the respondents have been to a VCT centre.
- 11. Approximately 86% of the respondents talk about HIV with their friends
- 12. Some attitude levels are relatively positive but others are of more concern. In particular preferred responses were relatively low for attitudes towards:
- a. whether you are prevented from using condoms because your sexual partner refuses to use them;
- b. whether you have delayed going to VCT centre because you are scared;
- c. whether you would let someone play sport with you if they told you they had HIV; and
- d. Whether you would tell everyone to warn them if you find out someone in your workplace or community has HIV.
- 13. Responses for the Under 15 age group are generally significantly lower than for older ages.
- 14. Responses from different types of Residence (town; village within 3km of town; village far from town) did <u>not</u> vary significantly. This was a surprise.
- 15. Responses varied across different Provinces, but Gulf, Central & Western Provinces had the lowest levels of responses.
- 16. There is some variation in responses across different sports codes but Cricket, Power Lifting, Tennis and Weightlifting had relatively lower responses, whilst AFL and Martial Arts were relatively higher.

The following are the key Recommendations drawn from the findings:

- 1. More awareness is still needed in all communities, all Provinces, all age groups and all sports. The Leadership Support Initiative (LSI) training previously conducted in all four regions should now be repeated for sports leaders in other provincial centres.
- 2. Education must continue in all locations, all age groups, and all sports, and must in particular include education on:
 - a. Myths surrounding HIV and AIDS
 - b. Transmission through breast milk
 - c. Vulnerability of women
 - d. The link between knowing what amounts to risky behavior and decisions about actual behavior
 - e. Condom demonstrations for correct use of male and female condoms
 - f. Testing and treatment
 - g. Law and the HIV and AIDS Management and Prevention (HAMP) Act
- 3. Wherever possible, education activities should involve Person Living with HIV & AIDS (PLHIV) advocates. The Committee should help coordinate between sports organizations, Provincial AIDS Committees (PACs), and PLHIV organizations and networks to facilitate this.
- 4. More Monitoring and Evaluation and Research are needed to assess the effectiveness and impact of different messages, different activities, and different approaches.
- 5. The Sports HIV Committee needs to focus a greater proportion of its resources on the primarily priority of supporting the sports organizations at national, Provincial and local levels to integrate HIV education activities into regular grass-roots sports situations, using sports teams as natural "peer groups".
- 6. The power of "peer group" situations created by sport must be the focus. The new HIV Toolkit for the Sports Community must be actively promoted and used as a key resource for facts and ideas for peer group discussions, role plays, practical activities and fun sport-related games. The role play activities on negotiating condom use should be a priority.
- 7. The Committee and PNG Sports Foundation (PNGSF) together need to assess and learn from the Kicking AIDS Out (KAO) program approach, as well as sport-based approaches by other programs such as Tingim Laip.
- 8. All sports organizations need to engage more with their local Provincial AIDS Committee, and each PAC in turn must be ready to respond to demand for supply of male and female condoms and leaflets, so that these can then be available at all sports facilities and all sports competition and training events.
- 9. Where a sport code has a major junior development program (such as the proposed Junior Rugby League Development partnership between Australia and PNG), then HIV education must be integrated into the regular sports training and competition activities.
- 10. All messaging and priority themes for programs and major events should be coordinated with National AIDS Council Secretariat (NACS) to ensure consistency and mutual support.
- 11. The Committee must communicate more regularly to all its stakeholders on its priorities and progress in order to sustain momentum and support.
- 12. This report should be widely circulated to all stakeholders.

Acknowledgements

The "Sports HIV Committee" appreciates and acknowledges all representatives from the different stakeholders who supported and contributed towards the conducting of the HIV Quiz Survey and HIV education and behavior change activities carried out during the 4th PNG Games held in Port Moresby from the 18th to the 29th of November 2009.

The successful completion of the survey, which according to NACS is the largest HIV/AIDS survey ever conducted in PNG, is a significant milestone for the Committee and for Papua New Guinea's National Response to HIV & AIDS. The Committee would like to acknowledge and thank the following stakeholders who made it possible:

- The PNG Games Participants, from all 20 Provinces, for taking time to partake in the survey.
- **PNG Games Council Secretariat and NCD Host Organizing Committee (NCDHOC),** for permitting the survey to be carried out during the 4th PNG Games.
- The Committee's Coordinator and M&E Officer, for leading and overseeing the coordination and administration of the survey itself, and the subsequent data analysis and preparation of this report.
- **The Committee's Volunteers,** for administration of the Games office, distribution of the survey forms, exchange of HIV "Goody bags" for completed survey forms, and the subsequent data input of all completed survey forms.
- **The PNG Sports Foundation,** for the provision of office space for the duration of the Games for the Committee and its Volunteers to administer the survey.
- **Igat hope**, for engagement of PLHIV advocates who visited each provincial team for focus group discussions in the evenings throughout the period of the Games.
- NCD PAC, for providing HIV information booths and supplying condoms and IEC materials to Games Competition Venues and Team Accommodation Venues.
- **Tingim Laip**, for providing HIV information booths and volunteers to disseminate IEC materials.
- The National AIDS Council Secretariat (NACS), PNG Sports Foundation (PNGSF) & NCD Host Organization Committee, for their funding contributions towards the conduct of the survey and related HIV education activities.

Finally, the Committee wishes to make special acknowledgement of the joint Committee/NACS **Special Task Force** for their expertise in the collation, analyzing and interpreting charts (technical input):

National AIDS Council Secretariat: Dr Wilfred Kaleva, Agnes Gege and Professor Betty Lovai

<u>Committee Members:</u> Ako Maniana, Andrew Lepani, Auvita Rapilla, John D`Siguria, Loretta Hasu, Maria Nepel, Mark Clark MBE, Miriam Dogimab, Peter Chalapan, Peter Momo, Rose Apini, Sir John Dawanincura Kt OBE, Thomas Kahai

Last but not least, we pay special tribute to the late Florence Bundu who dedicated and committed herself to the HIV Prevention Through Sport programs and this survey. We the Committee members offer our respect and condolences to Florence's family and dedicate this report to her memory.

Supporting Statements



National AIDS Council Secretariat

The lack of strategic information has always been a major issue for effective guidance of the HIV & AIDS response in PNG. In order for Government policies and strategies to be relevant, appropriate data must be available. This survey is an amazing achievement as it represents the largest sample survey ever conducted in PNG and provides useful data from the sports community across all Provinces of PNG. It is an excellent example of the sporting community making an important contribution to our national response. The data generated from this survey provides a useful baseline, and will give us a greater understanding of which areas of the national response need more focus in relation to the sports community and the wider general population.

Wep Kanawi CSM, OBE Director National AIDS Council Secretariat

PNG Sports Foundation

The biennial PNG Games is the largest regular sports event in PNG, commonly referred to as the "Grassroots Olympics". This survey was able to harness the unique mobilizing power of this great mass-participation sports event, not only to deliver HIV & AIDS awareness and education messages, information and condoms to our sporting population, but also to capture the largest ever sample survey of HIV & AIDS awareness, knowledge, attitudes, access and behavior across the sports community in all twenty Provinces. It is a great example of how sports can be used as a vehicle to contribute to the National Response to HIV & AIDS.

Mrs. Iammo Launa OBE, MBE, BEM

Executive Director PNG Sports Foundation

PNG Sports Federation & Olympic Committee

The Olympic Values are **respect** – fair play; knowing one's own limits; and taking care of one's health and the environment; **excellence** – how to give the best of oneself, on the field of play or in life; taking part; and progressing according to one's own objectives; and **friendship** – how, through sport, to understand each other despite any differences. The expression of these values by the sports community across the country is a key to addressing many issues related to HIV & AIDS. This large-scale baseline survey shows the contribution sport can make, and allows us to better understand which areas related to these values need further attention, so we can ensure that the work of the Committee on HIV Prevention through Sport is even more effective.

Sir Henry ToRobert, KBE.

President PNG Sports Federation & Olympic Committee





Foreword

Papua New Guinea is extraordinarily diverse, not only in terms of its geography and ecology, but also in terms of its population, their languages, cultures, customs, traditions and beliefs. Some 85% of the population lives in relatively small rural communities with relatively poor access to transport and communications infrastructure, and to health and education services. These factors combine to present enormous challenges for a unified and coordinated National Response to HIV & AIDS, in terms of the ability to reach and engage with the entire population, for awareness and education, for provision of Voluntary Counseling & Testing, Treatment and Care services.

National Sport Policy:

Sport has certain characteristics that make it a powerful entry point and vehicle for development:

- Sport's universal popularity
- Sport's ability to connect people and communities
- Sport's ability to educate
- Sport as a communications platform
- Sport's natural creation of perfect "peer group" situations
- Sport's cross-cutting nature as an entry point and neutral space
- Sport's potential to empower, motivate and inspire

Recognizing these characteristics, sport can make an important contribution to PNG's Constitutional Directives & Goals, and to the Development Strategic Plan (DSP) 2010-2030 Objectives:

Constitutional Directives & Goals	Development Strategic Plan 2010-2030 Objectives	How Sport Contributes
Integral Human Development	Opportunities for all citizens to achieve their potential	Sport contributes by: Providing ways for all citizens to lead healthy active lives, to learn about and experience fun, friendships, health and fitness, discipline, authority, respect, teamwork, leadership, coaching and mentoring, governance, positive role models, and the pursuit of excellence.
Equality & Participation	Equal opportunity to participate in and benefit from national endeavours	Sport contributes by: Offering equal access to all to participate and develop themselves, as athletes, officials, coaches, administrators, volunteers, and supporters. Sports is a powerful vehicle for breaking down barriers within and between communities, and for promoting inclusiveness of vulnerable and excluded groups (including girls and women, people with a disability, and people living with HIV), offering them ways to be included in community life and empowering them to gain confidence.
National Sovereignty & Self Reliance	Good governance & broad based growth to build a prosperous nation	Sport contributes by: Offering experiences at community level of prioritising, planning, organising and reflecting on community activities, and experiences of governance structures of teams, clubs and federations, including opportunities to learn and about and experience democratic processes to elect officials, and the duties and responsibilities of office holders. Sport also promotes a spirit of volunteerism and community service, and respect for officials, for authority, and for teamwork. Finally, sport provides real experience of leadership. In addition, sport provides opportunities to break down barriers between communities and build trust and friendships and understanding. Sport can bring the nation together for major sports events such as the PNG Games, and to project an image of PNG on the international stage at elite sports events, building national unity, national identity and national pride
Natural Resources & Environment	Maximise the benefit from resources while managing the environment sustainably	Sport contributes by: Offering ways to promote community development in resource project areas, to promote peace and harmony as well as the health and fitness of employees and their experience of team work and leadership etc.
Papua New Guinea Ways	Development will incorporate and build upon PNG's cultural heritage	Sport contributes by: Offering every citizen an avenue to personal development and personal expression through sport, and by integrating cultural traditions and celebrations into sports events to promote cultural exchanges and heritage. Major sports events hosted in PNG, or to which PNG athletes travel overseas, are also major opportunities for cultural exchanges and the projection of PNG's rich cultural history and diversity.

The essential policy aims for the National Government's support for sport over the DSP period 2010-2030 are:

To harness the power of Sport for Personal development, Community development, and National development, by delivering quality sport and physical activity into the lives of all people in Papua New Guinea, integrating ways to address development issues through sport, and creating pathways and opportunities for sporting excellence.

These policy aims indicate a shift in policy thinking, from a previous focus (and Government funding allocation) mainly towards support to elite levels of sport and Team PNG's participation at international competition, to a much more holistic approach, supporting the development of sport at grass-roots levels in communities across PNG, and harnessing the power of sport as a tool for:

- **Personal development:** development of health, fitness, discipline, respect, leadership, volunteer spirit, confidence and empowerment of pikinini, youth, girls and women, and vulnerable groups including people with a disability.
- **Community development:** improving the quality of community life, promoting inclusiveness, breaking down barriers within and between communities, and strengthening the quality of community governance processes including, prioritisation, planning, activities, and reflection and learning.
- **National development:** by providing pathways from grass roots to elite sports performance proudly representing Team PNG on the international stage, and through the hosting of major national and international sports events in PNG, promoting national unity, national identity and national pride.

Millennium Development Goals (MDGs):

The contribution that sport can make towards the Millennium Development Goals (MDGs) is wellestablished and documented in the growing academic literature on the use of sport for development and peace. The United Nations International Working Group on Sport For Development And Peace has consolidated the evidence base into Recommendations to Governments, as well as a literature review across the field, both of which can be found here: <u>http://www.sportanddev.org</u>

The following table summarises the contribution that can made by sport towards each of the MDGs:

Contribution of Sport to Millennium Development Goals							
	Eradicate extreme poverty & hunger	Life skills development, community networking, reduced health care burden, reduced stigma					
Û ²	Achieve universal primary education	Increase attendance and attention, informal education, role models, reduced stigma					
	Promote gender equality & empower women	Empowerment through increased health, fitness, self-esteem, confidence, networks, opportunities for leadership and shifts in gender norms					
	Reduce child mortality	Health education for young mothers, reduced adolescent pregnancy, promoting vaccination					
\$°	Improve maternal health	Access to reproductive health information & services, and increased fitness					
	Combat HIV & AIDS, malaria & other diseases	Prevention through awareness & peer education; reduced stigma; inclusive activities and support					
* '	Ensure environmental sustainability	Sport-based awareness campaigns and mobilization of community participation					
	Develop global partnerships for development	Sport as a neutral space for connecting communities and forming global partnerships					

Development Strategic Plan 2011-2030 - Overall Indicators:

For the Sports Sector, the seven overall high-level indicators selected for the Development Strategic Plan 2011-2030 are:

- **1.** The increase in numbers of people (% of population) participating in Sport or Physical Activity for at least 30 minutes at least 3 times a week.
- 2. The improvement in the Quality of sports situations (a Quality rating from 1 to 5).
- **3.** Healthy Lifestyles. Body Mass Indicator (BMI) and HIV Quiz Survey Scores.
- **4.** Standard of National Sports Facilities.
- 5. Standard of Local Sports Facilities.
- **6.** State of Development of each National Federation.
 - 7. Team PNG Performance at Pacific Games and Mini Games.

Indicator 3 "Healthy Lifestyles" reflects a major policy goal because investment in sport and physical activity can reduce subsequent burdens and costs on the health sector. Two specific indicators have been chosen to assess Healthy Lifestyles:

- The measurement of the "**Body Mass Indicator**" (**BMI**) is the single best indicator for overall health, obesity, heart disease, diabetes, etc. A baseline survey including collecting of BMI data has already been commissioned by PNG Sports Foundation and is currently underway.
- The **HIV Quiz Scores** are the single best indicator of levels of awareness, knowledge, attitudes, access, and behavior in relation to HIV. This Survey Report from the 2009 PNG Games represents captures *Baseline data* obtained from an excellent sample size of 6,700 surveys from athletes, officials and volunteers from all 20 Provinces.

As a very crude single number indicator, this HIV Quiz Survey has provided a **Baseline overall average "score" of 64.7%**. It is intended that this score can be tracked in future years (in particular by repeating the survey at each biennial PNG Games). The sports sector DSP plan therefore has the following targets under the "Healthy Lifestyles" indicator:

Indicator	Source	Baseline	2015 target	2020 target	2025 target	2030 DSP	
						target	
Healthy	PNGSF /	BMI baseline	BMI target 5%	BMI target	BMI target	BMI target	
Lifestyles:	commissioned	needed	above	10% above	15% above	20% above	
	surveys	(now being	baseline	baseline	baseline	baseline	
Body Mass		collected)					
Indicator (BMI)							
HIV Quiz Survey		HIV baseline =	HIV target	HIV target	HIV target	HIV target	
scores		64.7% average	70% average	75% average	80% average	85% average	
		Quiz score	Quiz score	Quiz score	Quiz score	Quiz score	

National HIV & AIDS Strategic Plan 2011-2015 (NHS):

According to the PNG 2009 HIV Prevalence Consensus Report, released by National AIDS Council Secretariat in September 2010, the number of people in PNG living with HIV as at the end of 2009 was estimated to be at 34,100, from which 31,000 were adults aged 15-40 while 3,100 were children.

The National HIV & AIDS Strategy 2011-2015 sets three major Priority Areas:

- Prevention
- Counseling, Testing, Treatment, Care and Support Services
- Systems strengthening

The sports community has an important opportunity to contribute to all three of these Priority Areas, and the new "HIV Toolkit for the Sports Community" provides practical guidance on what the sports community can do to help.

The National HIV & AIDS Strategic Plan 2011-2015 also identifies 7 key cross-cutting issues:

- Gender inequality
- The meaningful involvement of people living with HIV
- Reducing HIV-related stigma and discrimination
- Capacity-building and mobilization of people, communities, and organizations
- Effective use of research, surveillance, and monitoring and evaluation data
- Sustained and visible leadership at all levels; and
- Improved coordination at national and sub-national levels

Again, the sports community has an important opportunity to help address each one of these crosscutting Issues, and the HIV Toolkit for the Sports Community provides practical guidance on what the sports community can do to help.

The following table lists the "**Top Ten interventions**" in the NHS. The question used to select these areas was 'what are the areas of work that will make the most significant impact in combating HIV and AIDS in PNG?' Funding allocations by the Government and development partners need to give priority to funding the top ten interventions. The interventions are *not* listed in priority order.

NHS Top 10 Interventions
Priority Area 1: Prevention
Develop and scale-up combination prevention programs for addressing multiple concurrent sexual partnerships in locations where this behavior is common
Develop and scale-up targeted HIV and STI combination prevention interventions for more-at-risk populations (MARPs) (see Glossary for definition of MARPs)
Significant improvement in the availability and accessibility of male and female condoms through condom social marketing and distribution. This must include addressing stigma, myths and misinformation around condom use
Develop specific interventions to reduce HIV vulnerability associated with gender based violence and sexual violence against women and girls
Ensure that all pregnant women and their partners have access to the full range of prevention of parent to child transmission (PPTCT) interventions through strengthened maternal and child health (MCH) service delivery
Priority Area 2: Counseling, testing, treatment, care and support
Significantly increase availability of point-of-care rapid testing, with an emphasis on provider initiated counseling and testing (PICT), STI and TB services
Increased access to adult and pediatric antiretroviral treatment (ART) and opportunistic infection (OI) and tuberculosis (TB) management at the District and local level in high prevalence provinces. (This does not preclude ensuring that ART is available in all other provinces.)
Priority Area 3: Systems strengthening
Strengthen and expand second generation surveillance systems (biological and behavioral surveys, case reporting and STI surveillance)
Significantly increase technical assistance and organizational capacity development at the sub-national levels for key organizations

Strengthened and better functioning National AIDS Council Secretariat (NACS) and Provincial AIDS Council Secretariats (PACS), with an initial emphasis on PACS in high prevalence provinces

- People living with HIV need to be fully involved in all aspects of implementation of the top 10 interventions, consistent with one of the core guiding principles of the NHS, that of the meaningful involvement of PLHIV.
- Gender issues need to be identified and appropriate responses integrated into each of the top ten interventions.

The Sports HIV Committee:

Established in 2007, the Sports HIV Committee ("the Committee") is a living active partnership amongst the peak sports organisations, and key HIV stakeholder organisations in the country. Committee Members represent:

- PNG Sports Federation and Olympic Committee
- PNG Sports Foundation
- Athletes' Commission
- Women in Sport Committee
- PNG Red Cross

- National AIDS Council Secretariat
- UNAIDS
- Tingim Laip Program (phase 1)
- Igat Hope
- FHI

The Committee is funded jointly by the National AIDS Council Secretariat (NACS) and the PNG Sports Foundation's "Sport For Development Initiative" (SFDI), which is supported by the Australian Government's Agency for International Development (AusAID). 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 offers five 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
- Advice, guidance and official NACS approval of HIV messaging, slogans etc to be used in the sports community
- Training for sports leaders
- Small amounts of funding to help you implement your HIV education activities.

Why this HIV Quiz Survey is so important:

The Committee's role is to coordinate and support the sports community's contribution to the National Response, guided in particular by the priorities and cross-cutting issues identified in the NHS. The primary duty of all sports organizations is the safety and health of their people and the Committee recognizes that sports situations themselves can create opportunities for behavior that increases the risk of HIV transmission. But sport situations also provide an entry point and vehicle for much broader and deeper contribution to the National Response. The Committee needs to find effective strategies for reducing transmission of HIV and for reducing stigma and discrimination of those infected and affected by HIV and AIDS.

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. This survey captures baseline data across a large sample of the PNG sports community. The data is important primarily to inform the Committee and the sports community as to the key priorities that need to be addressed within the sports community's response to HIV. But the survey can also provide a valuable data set to inform the broader national response.

Understanding the linkages between awareness, knowledge, attitudes, access, and actual behavior, and to cross-reference them against sex, age, type of residence, sport code, and province, enables the Committee to identify which areas are stronger and which are weaker. This is a crucial basis for developing the program and policy responses to enable targeted interventions.

The survey also sets a vital baseline against which changes in scores for awareness, knowledge, attitudes, access and behavior can be tracked, and the effectiveness of interventions assessed.

Aim of the 2009 PNG Games HIV Quiz Survey

Established in 2007, the Committee on HIV Prevention through Sport is a partnership between the key sports organizations and HIV stakeholders in PNG, working together to:

- Improve awareness and knowledge of everyone in the sports community about the facts of HIV & AIDS
- Promote behavior change to prevent the spread of HIV, including by promoting gender equality and the prevention of violence against women
- Encourage Voluntary Counseling and Testing (VCT) so that everyone in the sports community can know their status
- Encourage early treatment and a caring and supportive environment for all people living with HIV
- Eliminate stigmatization and discrimination, promote inclusiveness of people living with HIV in community sport activities.

Sport has a unique power to mobilize people for awareness and education about HIV, and sports situations can be an effective entry point for peer group discussion and behavior change. With approximately 10,000 accredited athletes, coaches, officials and volunteers from all twenty Provinces of the country, the biennial PNG Games presents a major opportunity to reach the sports community with HIV & AIDS education and behavior change messages, and to try to capture baseline data from a large sample of people.

The specific aim of the HIV Quiz Survey conducted at the 2009 PNG Games was therefore to capture baseline data from the sports community across all 20 Provinces on each individual's:

- Awareness of the HIV epidemic
- Knowledge about various aspects of HIV & AIDS and the National Response
- Attitudes
- Access (to condoms and to VCT services); and
- Behavior

By capturing this data across a large sample size of the PNG sports community, (which data were then analyzed according to sex, age, Province, urban/peri-urban/rural residence, and sport) the survey is intended to provide an important guide to the Committee to assist the design and implementation and evaluation of HIV Prevention Through Sport activities and programs.

The data from the 2009 PNG Games will also form an important baseline. At each PNG Games in the future, it is intended that the survey will be repeated so that significant changes in awareness, knowledge, attitudes, access, and behavior can be tracked. The next PNG Games will be in East New Britain Province in 2012.

The findings from the survey will therefore provide an important empirical basis for determining future priority focus areas for the Committee's activities, and for building consensus among different stakeholders in terms of local needs and priorities.

Whilst the survey is explicitly of the PNG sports community attending the 2009 PNG Games, it is hoped and believed that the findings will also be of wider use to other policy makers and planners in the National Response.

Methodology

This research was conducted by a survey of accredited athletes, team officials, technical officials, and volunteers from all 20 provinces who attended the fourth PNG Games held in Port Moresby, Papua New Guinea on the $19^{\text{th}} - 28^{\text{th}}$ November 2009.

The survey was conducted using a quantitative "HIV Quiz" questionnaire. A total of 10,000 questionnaires were distributed to athletes and officials through the 20 provincial team managers.

Design of the "HIV Quiz" questionnaire

The Quiz itself was designed to gather responses anonymously from sports community members, in response to sixty questions covering a range of aspects of HIV and AIDS. The Quiz format was structured to allow participants simply to tick one of the following options as their answer to each question:

- 1. "Yes"
- 2. "No"
- 3. "Don't know"

With expert input and advice from NACS, the Committee designed the Quiz to be as simple and focused as possible, using simple language and terminology. There was considerable debate about whether the Quiz should be prepared in several languages, but in the end to support consistency of interpretation English was chosen to be the appropriate language. The sample Quiz was approved by the NACS Research & Advisory Committee before printing.

The Ten Scales

The Quiz aims to gather information about HIV awareness, knowledge, attitudes, access, and behavior. For analysis purposes, the sixty questions are grouped into 10 Scales:

- 1. General Awareness about the existence/urgency of the HIV epidemic
- 2. Knowledge about HIV Transmission
- 3. Knowledge about Risky behavior
- 4. Knowledge about Protection
- 5. Knowledge about Testing
- 6. Knowledge about Living with HIV and Treatment
- 7. Knowledge about the Law/ HAMP Act
- 8. Attitude
- 9. Access
- 10. Behavior

These ten scales represent a *theory of change*, because awareness, knowledge, attitudes and access all influence behavior. The National Response aims to address all of these factors, because they are interlinked like a chain and if any single one of the links is missing then progress towards behavior change is less likely. The new National HIV & AIDS Strategic Plan (NHS) 2011-2015 marks a shift in focus of the National Response, from awareness to behavior change. It is therefore hoped that by gathering data from all points in the theory of change chain, this survey may help inform approaches to behavior change in the wider National Response.

Distribution of the Quiz and the Incentive for completion

A total of 10,000 quiz forms were printed and circulated to each of the 20 Provincial Teams (accredited athletes & team officials) through each of the general team managers, as well as to accredited Games technical officials and Games volunteers.

As an incentive to encourage return of completed survey forms, upon handing-in their completed survey form, participants were given a "goody bag" (itself carrying HIV messaging) containing an HIV messaging t-shirt, male and female condoms, and HIV & AIDS information leaflets.

A hard-working team of volunteers administered the process, ensuring that each individual's unique Games Accreditation Card was hole punched and stamped to prevent any individual submitting a second or duplicate survey form.

Response rate

Out of the 10,000 survey forms distributed, the response was overwhelming with 6,700 forms collected during and immediately after the games. This makes the survey the biggest ever sample in PNG.

From the 6,700 forms collected only 986 forms were considered invalid and rejected. Invalid forms are those that were illegible or had more than three unanswered questions.

Creating the Data Base

The setup of the data base was done by Dr Wilfred Kaleva from NACS who assisted in defining the position of all the variables included on the quiz. It was then copied onto the laptops for entering of the data.

Data Entry and Data cleaning

The Committee hired three volunteers to complete the extensive data entry from the survey forms onto a computerized database using Statistical Package for the Social Sciences (SPSS) software. After completion of data entry, Dr Wilfred Kaleva cleaned the data to resolve errors and duplications. Common examples of data cleaning are where participants may have used different words or different spellings to describe their District, or Province, or Sport. These would appear as different data values until "cleaned" to consistently refer to one single adopted correct data value.

Data Analysis

Using the SPSS software, Dr Wilfred Kaleva completed the numerical data analysis, which cross-referenced the responses given to questions against key participant variables:

- Sex (male or female)
- Age group
- Residence (in town, close to town, or far from town)
- Sport Code
- Province

What do we mean by "Preferred Answers"

The quiz presents three options ("Yes", "No" or "Don't know") as possible answers for each question. Each participant was asked to tick only one of the options as their answers. For questions of fact there may be a "correct" answer, but for questions of attitude or behavior there is no correct answer. Instead, the concept of "preferred answer" is used. The "preferred answer" is defined as being the one which is in line with Government policy and the National Response, and with internationally accepted scientific knowledge on HIV and AIDS.

For example: Question 26 asks "have you ever used a male condom for sexual intercourse?" Although male or female respondents may or may not have ever used a male condom, the *preferred* response is "YES" because Government Policy and the National Response promote condom use for safer sexual intercourse. Condom use is also scientifically proven to provide protection from transmission of HIV.

Question 35 asks "have you delayed going to the VCT centre because you are scared?" The *preferred* answer is "NO" because the Government Policy encourages people to know their HIV status and plan their future, and the HAMP Act protects individual confidentiality.

Analysis of the responses in this way enables much easier comparison across different questions (since for some questions the preferred response may have been "Yes" but for others it may have been "No").

Analysis of the data obtains frequencies of all the variables in the data set. Frequencies tell us, in absolute numbers and percentages, how many times a given response occurs. This step provides a general idea of the results, as well as possible errors that still exist in the data. Ultimately the numerical data analysis provided the percentage of total responses which were "Preferred", "Don't Know", or "Non-preferred" for each question.

Visual presentation of the data

The numerical data analysis was then passed to the Committee's Monitoring & Evaluation Officer, who used excel spreadsheets to prepare bar charts to represent the data in visual form.

Each bar on each bar chart represents 100% of the total responses for a particular question or group of questions and the bar is divided into different colored sections to represent the percentage of "Preferred", "Don't know", and "Non-preferred" responses. All of the bar charts present the data in the same format, this a typical bar on any of the bar charts has the following appearance:



Interpreting the Charts to produce Comments and Recommendations

A special working committee comprising Committee members with assistance from the NACS Research & Surveillance Unit held a series of six workshops to systematically review the charts to interpret the key messages presented, to provide summary comments and observations on them, and ultimately to draw out key recommendations for future action.

* Recommendations were made primarily with the Committee's own approaches and programmed activities in mind, but also in the hope that they might also be of some value to other stakeholders working in the wider National Response.

HIV Quiz Questionnaire showing the "preferred" answers

HIV QUESTIONNAIRE SURVEY FOR SPORT PNG GAMES 2009 COMMITTEE ON HIV PREVENTION THROUGH SPORT

	What is today's Date ? (<i>example: 19th November 2009</i> = <u>19</u> / <u>11</u> / 20 <u>09</u>)						/ / 20				
	How old are you in years? (circle one):	Under 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50 +	
	Are you Male or Female? (circle one):			Male	Female						
	What District do you live in now? (write the name of a	the District):									
	What Province do you live in now ? (write the name of the Province):										
	Please indicate by circling your current place of residence.(Circle only one) Town								Village far away from town		
	What is the <u>one</u> sport you like or play <u>most</u>? (write the	ne name of the	e sport):								
	For each Question, tick	one answer	- "Yes", or	" <i>N</i> o", or '	"Don't Kno	w":			Yes I	No Don't Know	
1.	Have you yourself received any Human Immunodefici	ency Virus (H	IV) awaren	ess or edu	cation?						
2.	Do you think the spread of HIV in PNG is under control	ol at the mome	ent?								
3.	Can the HIV virus be transmitted from person to person persons have open bleeding sores in their mouths. Only time saliva, sweat, feces and vomit would pose i in urine & tears, it is not concentrated in an amount su	on through sal nfectious wou ufficient for tra	iva? Kissir Id be if it hanssion	ig probably ad blood pi	does not s resent in the	pread HIV u em. While i	inless bo t has bee	oth en found			
4.	Can the HIV virus be transmitted from person to perso It can be transmitted through coming in contact with a needles, drug preparation equipment, blades or sharp	on in female v n infected blo objects used	aginal fluid od (Blood t for tattooir	and male ransfusion	semen? Ye , use of or s rring).	s. sharing of us	sed syrin	nges,			
5.	Can the HIV virus be transmitted from person to penetrative sex [a lot of the HIV is found in semen and	person throu d vaginal fluid	igh blood?	Yes. Mo	st people	get HIV th	rough u	nprotected			
6.	Can the HIV virus be transmitted from person to person	on by mosquit	oes?								
7.	Can the HIV virus be transmitted to a person by sorce	ery?									
8.	Can the HIV virus be transmitted from a mother to her baby during birth or breastfeeding? Yes. Another route of transmission is through parent to child (during pregnancy, labor 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.						/-positive).				
9.	Can the HIV virus be transmitted from person to person by sharing a cup or plate? No. 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.										
10.	Can the HIV virus be transmitted from person to person by hugging or shaking hands? No (Please refer to notes for question 9)										
11.	Can the HIV virus be transmitted from person to person by having sex without a condom? Yes 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										
12.	12. Can the HIV virus be transmitted from person to person by having sex using a condom correctly and consistently?										
13.	Can you easily catch the HIV virus from a faithful sexual partner who is also faithful to you? No 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.)						rectly and				
14.	4. Can sexual intercourse before the age of 18 increase your risk of getting the HIV virus?										
15.	Can you easily catch the HIV virus by having sex with	out a condom	?								
16.	Can you easily catch the HIV virus by having anal sex without a condom?										
17.	Do you increase your chances of getting the HIV virus when you are under the influence of drugs and alcohol?										
18.	It sexually transmitted infections are not treated quickly, can this increase the chances of getting the HIV virus?										

	Can the HIV virus be transmitted from person to person by sharing a razor blade or tattoo needle? Yes			
19.	 Never re-use or snare needles, razor blade, snarp objects Use a new needle, razor blade or sharp object 			
	• Avoid coming in contact with blood in the process. Use plastic or glove if available			
20	 Make sure open wounds on the hand/fingers are covered and securely dressed etc. Can you get HIV virus from an infected person by treating a blood injuny on the sports field without wearing cloves? 			
20.	Can you protect yourself from catching HIV by taking a contracentive pill?			
22.	Can you protect yourself from catching HIV by taking medicine?		1	
23.	Can you protect yourself from catching HIV by using a male or female condom?			
24.	Can you protect yourself from catching HIV by drinking herbal juices?			
25.	Can you protect yourself from catching HIV by using sorcery?			
26.	Have you ever used a male condom for sexual intercourse?			
27.	Have you ever used a female condom for sexual intercourse?			
28.	Do you always use condoms, correctly and consistently during sex?	-		
29.	Is it safer to use two condoms at the same time instead of just one?			
30.	Can you easily get condoms where you are living?			
31.	Are you prevented from using condoms because your sexual partner refuses to use them?			
32.	Would you like to know your own HIV status?			
33.	Have you ever been to Voluntary Counseling and Testing (VCT)?			
34.	Do you know where the nearest VCT Centre is to where you live?			
35.	Have you delayed going to the VCT Centre because you are scared?			
36.	Can a person living with HIV still look and feel healthy?			
37.	Can you tell if someone has HIV by looking at them?			
38.	Can a person living with HIV continue to live for many years?			
39.	Can someone find out their HIV status from a urine test?			
40.	Can someone find out their HIV status from a blood test?			
41.	For HIV testing, do you know what is meant by the window period?			
42.	If your HIV test result is negative, do you need a second test three months later?			
43.	Is there a cure for HIV?			
44.	Is there a treatment for HIV that helps to stop or delay AIDS symptoms?			
45.	Is the treatment for HIV available free of charge in PNG?			
46.	If you find out someone in your workplace or community has HIV, would you tell everyone to warn them about the person?			
47.	If a friend of yours became HIV positive would you still be their friend and care for them?			
48.	Do you have a role to help stop the spread of HIV and AIDS?			
49.	Do you talk about HIV with your friends?			
50.	Have you taken action yourself to learn about HIV and to educate your family and friends?			
51.	Is it against the Law in PNG to spread gossip about a person who has HIV?			
52.	Is it against the Law in PNG to sack someone from their job because they have HIV?			
53.	Is it against the Law in PNG to persuade people not to use condoms or to stop people getting condoms?			
54.	Is it against the Law in PNG to force someone to have a HIV test against their will, for example as part of a selection process?			
55.	If you are playing sport and someone is bleeding, is it alright to let them play on if they say they want to?			
56.	If a person is HIV positive, is it good for their health to play sport if they feel fit and strong?			
57.	Would you let someone play sport with you if they told you they had HIV?			
58.	Do you think sport competitions and sport training sessions are good times to talk and learn about HIV?			
59.	Would you like a person living with HIV to come and talk to your sports team?			
60.	Do you think a woman is at higher risk of contracting HIV than a man because of their biological makeup (e.g. giving birth)?			

Grouping the Questions/Answers together into Ten Scales for analysis

The sixty questions in the Quiz relate to ten different thematic "scales":

- 1. General Awareness: Quiz Questions 1 and 2
- 2. Knowledge about HIV transmission: Questions 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 60
- 3. Knowledge about Risky Behavior: Questions 13, 14, 15, 16, 17, 18, 19 and 20
- 4. Knowledge about Protection: Questions 21, 22, 23, 24, 25 and 29
- 5. Knowledge about Testing: Questions 37, 39, 40, 41 and 42
- 6. Knowledge about Living with HIV and Treatment: Questions 36, 38, 43, 44, 45 and 56
- 7. Knowledge about the Law / HAMP Act: Questions 51, 52, 53, 54 and 55
- 8. Attitudes: Quiz Questions 31, 32, 35, 46, 47, 48, 57, 58 and 59
- 9. Access: Quiz Questions 30 and 34
- 10. Behavior: Quiz Questions 26, 27, 28, 33, 49, and 50

Limitations

This report has the following key limitations:

- The survey data was collected from a sample population of people who participated as accredited participants in the 4th PNG Games, whether as athletes, team officials, technical officials, or Games Volunteers. The sample is therefore not representative of the general PNG population. It may be taken, however, to be a statistically valid sample of the PNG sports community.
- The HIV Quiz questionnaire was approved by NACS but is not directly aligned to National Indicators.
- Quiz questions were phrased in English and not Tok Pisin or Motu or other Tok Ples languages. Individuals were also expected to complete the survey themselves. This will have provided a limitation in terms of literacy and education levels. This may have had the effect of selfselecting a particular sample that may in fact have been a sub-set of the wider population of accredited PNG Games participants.
- The "Goody Bag" incentive was deliberately offered to encourage people to complete the survey. It is possible that a number of people may have interpreted or experienced this incentive in an unintended or perverse manner. For example, it is possible that some people may have refrained from completing the survey because they had learned that the good bags contained condoms, which they may not have approved of and it is possible that as a result the sample population was distorted slightly in this way. It is also possible that others may (wrongly) have believed that should give particular answers in order to receive a goody bag, but that seems unlikely. The control mechanisms preventing submission of duplicate responses from an individual will also have helped reduce the impact of the incentive operating in a perverse way.
- The survey was self-administered and completion of it was not under supervision. Whilst every effort was made to avoid duplication of survey entries, by utilizing the unique Games Accreditation badge that each participant had and hole-punching it and stamping it to prevent any person submitting more than one survey, it is possible that a person could have influenced the answers of another person, or could have completed more than one quiz but asked another person to hand in the second quiz for them to obtain the goody bag.
- Unsurprisingly, there were relatively far fewer respondents for the Under 15 age group compared to other age groups, and in some sports codes compared to others, so their particular results are based on very small samples. This makes their average responses more "volatile" than average responses from larger sample groups.
- This is the first time the survey is being conducted, and therefore it only captures a baseline. It is not yet possible to identify any trends in relation to changes in the data over time. However, the intention is that the survey will be repeated at each PNG Games, in order that changes in responses can be tracked and analyzed.

THE FINDINGS



1. Overall Summary Responses on Awareness

Comment:

Approximately 61% of the respondents have received some form of HIV awareness or education. This appears to match the fact that approximately 61% of the respondents recognize that the spread of HIV in PNG is not under control at the moment. We would want both of these percentages to be significantly higher, because awareness of the HIV epidemic and the urgency of the national response are the fundamental starting point for behavior change.

(For more detail on Awareness see charts 16, 27, 38, 49, 60)

Questions asked: 1 & 2



2. Overall Summary Responses on Knowledge about HIV Transmission

Comment:

Levels of knowledge of transmission of HIV by vaginal fluids and semen, by blood, by sharing cup or plate, by hugging or shaking hands, and by having sex without a condom are all relatively high (approx. 89%). Levels of knowledge of transmission of HIV by mosquitoes, by sorcery, by breast milk, and by using condoms correctly and consistently are all lower (approx. 76%). Levels of knowledge of the transmission of HIV by saliva (approx. 58%), and the biologically higher risk of transmission for women (approx. 52%), are lowest of all. (*For more details on Knowledge about HIV Transmission, refer to charts 18, 29, 40, 51, & 62*)

Questions asked: 3,4,5,6,7,8,9,10,11,12 & 60



3. Overall Summary Responses on Knowledge about Risky Behavior

Comment:

Levels of knowledge are relatively high (approx. 90%) about whether having sex without a condom, and sharing razor blades or tattoo needle, is risky behavior. Levels of knowledge are slightly lower (approx. 80%) about whether sex with a faithful partner, being under the influence of drugs and alcohol, not treating sexually transmitted infections quickly, and treating a blood injury without wearing gloves, is risky behavior.

Levels of knowledge are lowest about whether sex before the age of 18 (approx. 73%), and anal sex without a condom (approx. 69%), is risky behavior.

It is interesting to compare these levels of knowledge of risky behavior with levels of knowledge about protection (chart 4) and levels of behavior (chart 10), because it appears relatively high levels of knowledge of risky behavior do not always match knowledge about protection nor do they necessarily lead to appropriate behavior.

(For more details on Knowledge about Risky Behavior, refer to charts 19, 30, 41, 52, & 63)

Questions asked: 13, 14, 15, 16, 17, 18, 19 & 20.



4. Overall Summary Responses on Knowledge about Protection

Comment:

Levels of knowledge that using sorcery cannot provide Protection are relatively high (approx. 78%).

Levels of knowledge about Protection by using male or female condom are slightly lower (approx. 66%).

Levels of knowledge that taking contraceptive pill or other medicine, or drinking herbal juices, cannot provide protection are even lower (approx. 60%).

Levels of knowledge about whether it is safer to use two condoms at the same time instead of just one condom are lowest of all (approx. 35%). (For more details on Knowledge about Protection, refer to charts 20, 31, 42, 53, & 64)

Questions asked: 21, 22, 23, 24, 25 & 29.



5. Overall Summary Responses on Knowledge about Testing

Comment:

Levels of knowledge that someone can find out their HIV status from blood test are relatively high (approx. 87%).

However, it appears only approximately 68% of respondents know that you cannot tell if someone have HIV by looking at them, and only approximately 42% know that you cannot tell your HIV status from a urine test .

Approximately 70% of the respondents know a second test is needed three months after a negative HIV test result, but only approximately 23% know what is meant by a window period.

(For more details on Knowledge about Testing, refer to charts 21, 32, 43, 54, & 65)

Questions asked: 37, 39, 40, 41 & 42.



6. Overall Summary Responses on Knowledge about Living with HIV/ Treatment

Comment:

Levels of knowledge that a PLHIV can still look and feel healthy are relatively high (approx. 78%).

Levels of knowledge that a PLHIV can continue to live for many years, that there is no cure for HIV, and that it is good for PLHIV's health to play sport if they feel fit and strong, are lower (approx. 61%).

Levels of knowledge that there is treatment that can stop or delay AIDS symptoms, and that treatment is free of charge in PNG, is even lower (approx. 52%).

It's clear that there is room for improvement across all questions relating to knowledge of Living with HIV and Treatment. (For more details on Knowledge about Living with HIV/Treatment, refer to charts 22, 33, 44, 55, & 66)

Questions asked: 36, 38, 43, 44, 45 & 56.



7. Overall Summary Responses on Knowledge about the Law/HAMP Act

Comment:

Levels of knowledge that it is against the law to spread gossip about a person who has HIV is relatively high (approx. 56%), but this is still low and of concern.

Levels of knowledge that it is against the law to sack someone from their job because they have HIV, and it is against the law to force someone to have an HIV test against their will, are significantly lower (approx. 28%).

Levels of knowledge that it is against the law to persuade people not to use condoms or to stop people getting condoms, and knowledge about whether if you are playing sport and someone is bleeding it's ok to let them play on are even lower still (approx. 13%).

It's clear there is a serious lack of knowledge about the law and the HAMP Act in particular, and room for improvement across all questions relating to this.

(For more details on Knowledge about the Law & HAMP Act, refer to charts 23, 34, 45, 56, & 67)

Questions asked: 51, 52, 53, 54 & 55.



8. Overall Summary Responses on Attitudes

Comment:

Some Attitude levels are relatively positive, but others are of more concern:

Preferred Attitudes towards remaining friends with and caring for a friend who becomes HIV positive, towards using sport competitions and sport training sessions as good times to talk and learn about HIV, and towards inviting a PLHIV to come and talk to your sports team, are all relatively high (approx. 87%).

Preferred Attitudes towards whether you'd like to know your own HIV status, and whether you have a role to help stop the spread of HIV, are slightly lower (approx. 78%).

Preferred Attitudes towards whether you are prevented from using condoms because your sexual partner refuses to use them, whether you have delayed going to VCT centre because you are scared, and whether you would let someone play sport with you if they told you they had HIV, are all significantly lower (approx. 57%).

Preferred Attitudes towards whether you would tell everyone to warn them if you find out someone in your workplace or community has HIV are lowest of all (approx. 46%).

(For more details on Attitudes, refer to charts 24, 35, 46, 57, & 68)

Questions asked: 31, 32, 35, 46, 47, 48, 57, 58, & 59.



9. Overall Summary Responses on Access

Comment:

Approximately 72% of respondents said that they could easily get condoms where they are living. Although this seems like a relatively high score, it indicates that there is still serious room to improve access to condoms.

Approximately 63% of respondents said that they know where the nearest VCT centre is to where they live. Again, this reflects both a need for there to be more VCT centres around the country, AND for better communication of information about availability of VCT services.

(For more details on Access refer to charts 25, 36, 47, 58, & 69)

Questions asked: 30 & 34.



10. Overall Summary Responses on Behavior

Comment:

Approximately 54% of respondents responded yes they had (at some time) used a male condom. This is significantly lower than desired.

Approximately 19% of respondents responded yes they had (at some time) used a female condom. This shows relatively low uptake of female condoms, but this could perhaps be lack of awareness of them, or availability, or indicate attitudes and relative negotiating power between male and female sexual partners.

Approximately 58% of respondents responded yes they always use condoms correctly and consistently during sex. It seems likely that the majority of this consistent condom use if of male condoms.

Only approximately 22% of respondents said they had ever been to a VCT centre. This is also significantly lower than desired, and may be due to any combination of factors including general awareness, specific knowledge, attitudes, or access.

Approximately 86% of respondents said they talk about HIV with their friends, and 77% said they had taken action to learn about HIV and to educate their family and friends. This appears to be a relatively positive entry point upon which peer group discussion and peer group activities can be supported within a sports situation.

(For more details on Behavior, refer to charts 26, 37, 48, 59, & 70)

Questions asked: 26, 27, 28, 33, 49 & 50.



11. Overall average responses across all scales, by Sex

Comment:

The responses from both male and female show very similar responses across most scales, but with female responses being slightly lower than male responses. The significant exceptions to this general picture are response for Knowledge about Testing, for Access and for Behavior. Knowledge about Testing appears to be slightly lower for females than males. Access appears to be slightly lower for females than males. Access appears to be slightly lower for females than males in all the questions relating to behavior, but in particular there is most significant difference in the correct and consistent use of condoms (males 51 %, females 38%). (See more detailed comments on charts 16 to 26)

Questions asked: 1 to 60



12. Overall average responses across all scales, by Age Group

Comment:

There is a general trend of preferred response levels increasing incrementally with age across all the different scales. In particular responses for the Under 15 age group are often significantly lower than for older age groups. This may indicate low level of awareness activities and education targeting this Under 15 age group. However, there are also some notable exceptions to the trend (*see more detailed comments on charts 27 to 37*).

Levels of Knowledge overall are relatively very poor about the law and HAMP Act across all age groups; are slightly better about Protection, Testing, and Living with HIV and Treatment; and are slightly higher still about Transmission and Risky Behaviour, but there remains room for improvement even in the latter. It appears people are not linking protection methods to what they know about how HIV is transmitted and what constitutes risky behaviour.

There is relatively strong evidence that: condom use is often prevented because the sexual partner refuses to use them; that people delay going to a VCT because they are scared; that people may often warn others in their workplace or community if they find out someone has HIV; and that people may often refuse to let someone play sport with them if they know the person has HIV. Responses indicate more positive attitudes to caring for a friend who has HIV; acknowledgement that they have a role to play

to help stop the spread of HIV and AIDS; using sport competitions and training sessions to talk and learn about HIV; and inviting a PLHIV to come and talk to their sports team.

Access to condoms appears to be around 75% on average for the 20 to 50 plus age groups, but is significantly lower for the Under 15 age group (51%) and the 15 to 19 age group (62%). Access to VCT centres is perhaps being limited by low levels (average 64%) of knowledge of the location of the nearest VCT centre.

Use of female condoms, and actual visits to a VCT centre, are both extremely low (approx 18% on average), and both show relatively lower responses for the Under 15, 15 to 19, and 45 to 49 age groups. Clearly more marketing of female condoms, and of VCT services is needed. Use of male condoms, and use of condoms correctly and consistently during sex, is relatively higher (up to 65%) but is still lower than desired, and again with significantly lower responses for Under 15 and 15 to 19 age groups in particular, and slightly lower for 45 to 50 plus age groups. This indicates that condom use is still low and a greater focus on this is required for the national response.

Acts of talking about HIV with one's friends, and taking steps to educate oneself and ones family and friends about HIV, showed relatively higher levels of response (up to 81%) but again the responses were slightly lower for younger age groups, especially Under 15.

Questions asked: 1 to 60





Comment:

There is a general trend of preferred response levels decreasing with place of residence across all the different scales with respondents living in towns returning the higher percentage of preferred responses. The notable exceptions to the trend in terms of Behavior and Knowledge about Law & HAMP Act in that the percentages of preferred responses are higher in the semi-urban and rural areas, than in the towns. Levels of preferred responses overall are relatively high, especially on Transmission (approx 76%), Risky Behaviour (approx 80%), Attitude (approx 69%) and Access (approx 66%) with the preferred responses on Knowledge on the Law and HAMP Act (approx 27%) being notably low across the three (3) locations. (*Futher details examining responses by Residence can be found in charts 38 to 48*

Questions asked: 1 to 60


Overall average responses across all scales, by Sport Code 14.

Comment:

The average range of preferred response was at about 55% across all sports codes. Notably; AFL (70%), Martial Arts (69%) and Kick Boxing (67%) had a higher percentage of preferred response.

(For more details examining responses by Sport code, see charts 49 to 59)

Questions asked: 1 to 60



15. <u>Overall average responses across all scales, by Province</u>

Comment:

There is some significant variation in overal average responses across the different Provinces. Levels for Gulf Province (approx 53%) are notably lowest of all, with Central Province (approx 56%) and Western Province (approx 57%) not far behind. Levels for Autonomous Region of Bougainville, East Sepik, Eastern Highlands, Sandaun, Southern Highlands, West New Britain and Western Highlands (all approx 64%) appear relatively higher than all other Provinces, which is still of concern and indicates the need for greater efforts even in these Provinces. (*Further detail on Provincial comparisons can be found in charts 60 to 70, and a Summary chart for each Province can be found at charts 71 to 90*)

Questions asked: 1 to 60

16. Awareness: responses by Sex



Comment:

There doesn't appear to be any significant difference between male and female responses on Awareness.

Questions asked: 1 and 2

17. Knowledge Overall: responses by Sex



Comment:

There is very little difference between responses by males and females across each of the Knowledge scales, although for Knowledge about Testing and Knowledge about the Law/HAMP Act, there appears to be a slightly lower level of response from females than from males.

Questions asked: (3 to 29), (36 to 45), (51 to 56) & 60



18. Knowledge about HIV Transmission: responses by Sex

Comment:

Knowledge about: Women being at Higher Risk; Transmission using a condom correctly, and Transmission by Mosquitoes all show slightly lower responses from females than from males.

Knowledge about Transmission via Blood seems the same in females and males. Knowledge of Transmission by all the other means seems to be very slightly higher or slightly higher in the responses from females compared to males.

Questions asked: 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 & 60.



19. Knowledge about Risky Behavior: responses by Sex

Comment:

The most significant difference between male and female responses is for Knowledge about Anal Sex without a Condom (Male approx 72%: Female approx 62%). Knowledge about the Risks of Sex with a Faithful Partner, and Sex under the influence of Drugs or Alcohol all show slightly higher responses from males than females.

Knowledge about the Risks of Sex at an Early Age, and Sex without a Condom appears to be similar amongst males and females.

Knowledge about the Risks of Untreated Sexually Transmitted Infections, Sharig of Razor Blade/Tattoo Needles, and Treating a Blood Injury without Gloves all show slightly higher responses from females than males.

Questions asked: 13, 14, 15, 16, 17, 18, 19 & 20.



20. Knowledge about Protection: responses by Sex

Comment:

Knowledge about whether Contraceptive Pills offer protection from HIV seems to be the same between males and females.

Knowledge about whether using a male or female condom offers protection from HIV shows slightly higher response from females than males.

Knowledge about other means of Protection all show slightly higher responses from males than females. It is notable that Knowledge for both males and females is significantly lower regarding whether two condoms used at the same time is safer than just one.

Questions asked: 21, 22, 23, 24, 25 & 29.



21. Knowledge about Testing: responses by Sex

Comment:

Knowledge about finding out one's HIV Status by a Blood Test appears to be same amongst males and females, and is relatively high (approx 86%). However, more specific Knowledge about Testing shows lower response levels overall, and shows relatively slightly higher responses from males than females.

It is notable that Knowledge about Window Period is relatively low for both males and females, and is significantly lower than Knowledge about the need for a Second HIV Test 3 Months after a Negative Test Result.

Questions asked: 37, 39, 40, 41 & 42.



22. Knowledge about Living with HIV and Treatment: responses by Sex

Comment:

There does not appear to be any significant differences in responses from males or females to the questions on Knowledge about Living with HIV and Treatment.

Questions asked: 36, 38, 43, 44 & 56.



23. Knowledge about the Law and HAMP Act: responses by Sex

Comment:

There is only a very small difference between responses by males and females generally across Knowledge of the Law/HAMPS Act, with a very slightly higher level of preferred response from males than from females

Questions asked: 51, 52, 53, 54 & 55.



24. Attitudes: responses by Sex

Comment:

Attitudes seem to be very similar for both males and females in relation to: Whether you would like to know your own HIV Status; Whether you have delayed going to a VCT Centre because you are scared; and Whether you would still be friends with and care for your friend if they became HIV Positive.

However, male attitudes seem to be slightly higher than females in relation to: Whether you are prevented from using condoms because your sexual partner refuses to use them (* This seems to match theories and other evidence around vulnerability of women and girls in relation to negotiation to use condoms); Whether you have a role to help stop the spread of HIV and AIDS; and Whether you think sport competitions and sport training sessions are good times to talk and learn about HIV.

Female Attitudes seem to be slightly higher than males in relation to: Whether you would warn others of someone with HIV; and Whether you would let someone play sport with you if they told you they had HIV.

Questions asked: 31, 32, 35, 46, 47 48, 57, 58 & 59.





Comment:

For both access to condoms, and knowledge of the location of the nearest VCT centre, the responses were slightly higher for males than for females. This Quiz Survey does not show whether condoms are being bought or obtained free of charge or are paid for, which could possibly have raised some more differences between male and female responses. Whilst it might be surprising that males have greater knowledge of the location of VCT centres than women, perhaps this just reflests greater mobility amongst males relative to females.

Questions asked: 30 & 34.



26. <u>Behavior: responses by Sex</u>

Comment:

Correct and Consistent Condom use by Males (approx 68%) appears to be very significantly higher than condom use by Females (approx 37%). This seems to match the Male responses to ever using a male condom (approx 66%) compared with Females (approx 29%). From Chart 8 (Attitudes) and Chart 9 (Access) it appears that Male negotiating power, and Male access to condoms, are both slightly higher than for Females. This may, at least in part, explain the higher rate of consistent Condom use by Males.

Use of Female Condoms is slightly lower for Females (approx 17%) than for Males (approx 22%). This may be surprising, and seems to indicate relatively higher acceptability of Female Condoms by Males than by Females.

Actual visits to a VCT centre are low overall, and seem to be slightly lower amongst Females (approx 19%) than Males (approx 23%). It's unclear why, although Chart 9 (Access) indicates lower knowledge of the location of the nearest VCT centre amongst Females than Males.

Levels of responses regarding taking action to discuss HIV with Friends, and to educate oneself and one's family and friends about HIV, are very similar for Males and Females but just slightly lower for Females. It's unclear from this Quiz Survey, but seems likely that most of such discussions take place within same-sex groups.

Questions asked: 26, 27, 28, 33, 49 & 50.





Comment:

Generally the level of awareness across all age groups is similar (approximately 61 %). This is lower than desired and indicates more work on awareness still needs to be done.

The HIV awareness in the Under 15 age group is exceptionally low (less than 50 %). This may indicate low level of awareness activities and education targeting this age group.

The 45 and Over age groups appeared to have greater understanding that the spread of HIV is not under control, but the overall complacency indicated across all age groups is still of concern.

Questions asked: 1 & 2.



28. Knowledge Overall: responses by Age Group

Comment:

With some small exceptions, there is an evident trend of Knowledge responses being incrementally higher with age. Knowedge in the Under 15 age group is often significantly lower than Knowledge in the older age groups.

Levels of Knowledge overall are very low; knowledge about law and HAMP Act are the lowest across all age groups but knowledge about Protection, Testing, and Living with HIV and Treatment are slightly better; knowledge about Transmission and Risky Behaviour, and are slightly higher still but there remains room for improvement even in the latter. It is strange that knowledge of Protection is noticeably lower than knowledge of Transmission and of Risky Behaviour, which may indicate people are not linking protection methods to what they know about how HIV is transmitted and what constitutes risky behaviour.

Questions asked: 3 to 29, 36 to 45, 51 to 56 & 60



29. Knowledge about HIV Transmission: responses by Age Group

Comment:

It is difficult to determine a consistent pattern of responses to all of the questions across different age groups. Very few of the questions show the expected incremental increase in level of Knowledge by age, although some questions do shoe relatively low responses in the Under 15 age group.

Knowledge levels about whether HIV can be transmitted by vaginal fluid, semen, blood, sharing a cup or plate, hugging or shaking hands, or having sex without a condom, are all relatively good (over 80%) across all age groups.

Knowledge levels about whether HIV can be transmitted by mosquitoes, by sorcery, by breast milk, or by sex using a condom consistently and correctly, were relatively lower and more erratic across different age groups.

Knowledge levels about whether HIV can be transmitted by saliva, and whether women are more at risk of transmission, are significantly lower across all age groups, with particularly low responses from the Under 15 age group.

Questions asked: 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 & 60.



30. Knowledge about Risky Behavior: responses by Age Group

Comment:

Generally, Knowledge on risky behaviour is slightly higher in the older age groups than the younger age groups. Overall percentages shows general knowledge above 75% which is relatively good but leaves some room for improvement. Knowledge of the risk of having sex without a condom and sharing razor blade or tatoo needle was particularly high (around 90%).

However, knowledge of the risk of anal sex is relatively lower, and knowledge of all risky behaviours is lowest in the Under 15 age group.

Questions asked: 13, 14, 15, 16, 17, 18, 19 & 20.



31. Knowledge about Protection: responses by Age Group

Comment:

Generally, knowledge on protection is higher in the older age than the younger age, but the overall percentage is still lower than desired. The data indicates that a number of myths about protection still exist. Knowledge across all the age groups about the safety/risk of using two condoms is exceptionally low.

Notably, a higher percentage of knowledge in the areas of protection by taking contraceptive pills, medicine, or herbal juice, is demonstrated by the Under 15 age group than the age groups of 15 to 25. This is probably an anomaly due to the fact that the number of respondents aged under 15 was much lower than the other age groups.

Questions asked: 21, 22, 23, 24, 25 & 29.



32. Knowledge about Testing: responses by Age Group

Comment:

Generally, there is an increase with age in knowledge about testing, but there are some exceptions from age 40 and above. Whilst a high proportion (approx. 85%) knew they could find out their HIV status from a blood test, this finding is undermined by the fact that only a low proportion (approx. 40%) knew that a Urine Test cannot determine HIV status. Across all the age groups on average 65% knew that you cannot tell whether someone has HIV by looking at them. This is significantly lower than desired and is of concern because this misconception can drive risky behavior and stigmatization. Knowledge about the window period is exceptionally low (less than 30%). This indicates lack of in-depth knowledge of testing.

Questions asked: 37, 39, 40, 41 & 42.



33. Knowledge about Living with HIV and Treatment: responses by Age Group

Comment:

The under 15 age group has relatively lower knowledge compared to other age groups across all scale items, but any trend that knowledge increases with age is less consistent than in charts 29, 30, 31, 32 above. Across all age groups approximately 76% responded correctly that a PLHIV can still look and feel healthy. This is relatively high compared to the other scale items, but is still a concern because ignorance of this can lead to risky behavior or stigmatization. The average of other scale items (approx. 53%) indicates more education is needed on these subjects.

Questions asked: 36, 38, 43, 44, 45 & 56.



34. Knowledge about the Law and HAMP Act: responses by Age Group

Comment:

An increase with age in knowledge about law and HAMP Act is evident in three items (Illegal to gossip; illegal to sack someone; illegal to force someone to have HIV test), but there is no clear variation by age in the other two items (Illegal to persuade not to use condoms; and bleeding when playing sport).

Generally there is extremely low knowledge across all age groups about the law relation to HIV and the HAMP Act. Knowledge about Universal Blood Precautions is also extremely low.

Questions asked: 51, 52, 53, 54 & 55.

35. <u>Attitudes: responses by Age Group</u>



Comment:

With some small exceptions, there is a clear trend across all "Attitude" questions of incrementally higher evidence of the preferred Attitude with age. There is relatively strong evidence across all age groups that:

- condom use is often prevented because the sexual partner refuses to use them;
- people delay going to a VCT because they are scared;
- people may often warn others in their workplace or community if they find out someone has HIV; and
- people may often refuse to let someone play sport with them if they know the person has HIV.

Responses indicate more positive attitudes across all age groups to caring for a friend who has HIV; acknowledgement that they have a role to play to help stop the spread of HIV and AIDS; using sport competitions and training sessions to talk and learn about HIV; and inviting a PLHIV to come and talk to their sports team.

Questions asked: 31, 32, 35, 46, 47, 48, 57, 58 & 59.



36. Access: responses by Age Group

Comment:

Access to condoms appears to be around 75% on average for the 20 to 50 plus age groups, but is significantly lower for the Under 15 age group (51%) and the 15 to 19 age group (62%). Access to VCT centres is perhaps being limited by low levels (average 64%) of knowledge of the location of the nearest VCT centre.

Questions asked: 30 & 34.



37. Behavior: responses by Age Group

Comment:

There is some variation across responses between different age groups, but no uniform trend across age groups for each question. Use of female condoms, and actual visits to a VCT centre, are both extremely low (approx. 18% on average), and both show relatively lower responses for the Under 15, 15 to 19, and 45 to 49 age groups. Clearly more marketing of female condoms and of VCT services is needed. Use of male condoms, and use of condoms correctly and consistently during sex, is relatively higher (up to 65%) but is still lower than desired, and again with significantly lower responses for Under 15 and 15 to 19 age groups in particular, and slightly lower for 45 to 50plus age groups. This indicates that condom use is still low and a greater focus on this is required for the National Response. Acts of talking about HIV with one's friends, and taking steps to educate oneself and one's family and friends about HIV, showed relatively higher levels of response (up to 81%) but again the responses were slightly lower for younger age groups, especially Under 15.

Questions asked: 26, 27, 28, 33, 49 & 50.

38. Awareness: responses by Residence



Comment:

Overall there was not much difference in responses to general awareness items between the places of residence. The general awareness levels of 60 % are consistent for all Residence groups. This is surprising as the expectation was that those from urban areas will have more access to awareness than those from outside urban areas. This shows that the place of residence of athletes may not be as important a factor on general awareness levels.

Questions asked: 1 & 2.



39. Knowledge Overall: Responses by Residence

Comment:

For each of the knowledge scales, the pattern of responses is similar in each type of Residence. Knowledge about transmission and risky behavior is quite high (approximately 80%), followed by knowledge about living with HIV and treatment (approx. 63%), protection (58%) and testing (58%). Knowledge about law and HAMP act is very low (less than 30%) across the three locations. Forty five percent (45%) had a lack of knowledge about the HAMP act. It is not surprising that the knowledge of the HAMP act is very low across the three locations because awareness of the HAMP act nationwide has not targeted the general population.

Questions asked: (3 to 29), (36 to 45), (51 to 56) & 60



40. Knowledge about HIV Transmission: responses by Residence

Comment:

Overall there are no differences in the pattern of responses to knowledge of transmission items by those from urban, semi urban and rural areas. Generally, knowledge about transmission of HIV by having sex without condom, by blood, vaginal fluid and semen and non transmission by hugging and shaking hands or sharing plates and cups is very high (approximately 90%). Knowledge about transmission of HIV through saliva and the fact that women are at higher risk was very low (55%). The misconception about transmission of HIV through saliva and the lack of knowledge about women's vulnerability to HIV needs to be corrected.

Questions asked: 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 & 60.



41. Knowledge about Risky Behavior: responses by Residence

Comment:

There was no significant difference between the different types of Residence in the responses to the items about knowledge on risky behavior except for knowledge about contracting HIV by being unfaithful (Town responses lower than Far from Town), and knowledge about greater risk whilst being under the influence of alcohol and drugs (Town responses higher than Far from Town). It is not surprising that the games participants have the highest knowledge that HIV can be contracted by having sex without a condom and by sharing razor blades and tattoo needles (approx. 90%). A lower number of respondents (70%) correctly identified the risk of catching HIV by having anal sex without a condom. Generally, knowledge level on risky behavior was relatively high (from 70 - 90 %).

Questions asked: 3, 14, 15, 16, 17, 18, 19 & 20.



42. Knowledge about Protection: responses by Residence

Comment:

Generally there are some slight differences in the responses by type of residence, where those from towns have a slightly higher prefered responses to most of the statements except for the statements on prevention of HIV by drinking herbal juices (equal 58%) and on whether it is safer to use two condoms at the same time, where the prefered response was higher percentage from the rural participants (39%).

Questions asked: 21, 22, 23, 24, 25 & 29.



43. Knowledge about Testing: responses by Residence

Comment:

Generally there are no diffrences in the responses to knowledge of testing scale items between the three types of Residence. There is variability in the responses to the items within the scale. Knowledge of testing ranged from a low 25 % for window period to a high of 85% knowledge of about HIV status by blood test. The high percentage of don't know response (45%) and non prefered response (35%) indicates a worrying lack of knowledge about the window period .

Questions asked: 37, 39, 40, 41 & 42.



44. Knowledge about Living with HIV and Treatment: responses by Residence

Comment:

Generally, there are differences in response by residence to knowledge about living with HIV and treatment where the pattern of response indicates a lower knowledge by those from the rural areas. This result is different from the responses to the other scales. The level of preferred response ranges from a high percentage of 80 % for statement about a PLHIV looking and feeling healthy, to 50 % response for knowledge about free treatment for HIV in PNG. Responses of approximately 50 % by all groups to treatment that delays AIDS and availability of free treatment shows a general lack of knowledge in these areas.

Questions asked: 36, 38, 43, 44, 45 & 56.



45. Knowledge about the Law and HAMP Act: responses by Residence

Comment:

Generally relatively lower knowledge about the HAMP act and similar pattern of response to items on this scale is shown across all types of Residence. The preferred responses for all groups range from a high of approximately 56% for statements about the law against spreading gossip about PLHIV to a very low response of approximately 14% for knowledge that it is illegal to persuade people not to use condoms. Knowledge that it is not appropriate to let a bleeding player continue playing on the sports field is relatively higher, at approximately 73%. The general lack of knowledge about the HAMP act is not surprising but the lack of knowledge of the blood bin rule, for example, when playing may show a lack of awareness of a rule which is important to sportsmen and women.

Questions asked: 51, 52, 53, 54 & 55.



46. Attitudes: responses by Residence

Comment:

In general there is a similar pattern of response by the three categories of Residence to indivdual items in the attitude scale. There is variability in responses across the scales where preferred responses range from a high of approximately 87% to statements on sport competitions being avenues for talking and learning about HIV, caring for PLHIV and inviting a PLHIV to talk to sports team to a low of approximately 46% to item about warning others about a PLHIV at workplace. For several items, those from towns show a very slightly higher percentage of preferred responses than those from rural areas.

Questions asked: 31, 32, 35, 46, 47, 48, 57, 58 & 59.

47. Access: responses by Residence



Comment:

There is a clear difference in the preferred responses to both access questions. A higher percentage of those from towns have access to condoms close to where they live and a higher percentage of those form towns also have knowledge of the location of the nearest VCT centre. This is not surprising considering that access to condoms and VCTs are concentrated in the urban areas and it is harder to access these facilities in the rural areas.

Questions asked: 30 & 34.

48. Behavior: responses by Residence



Comment:

Generally for each question, the levels of preferred response are very similar for each type of Residence, although it does appear that the levels are very slightly lower for respondents from Towns, for most of the questions.

Questions asked: 26, 27, 28, 33, 49 & 50.

49. Awareness: responses by Sport Code



Comment:

There is significant variation in responses across different sports. Golf (72%), AFL (80%), Tennis (82%), Swimming (88%) and Table Tennis (100%) showing relatively higher percentages in the preferred response. Weightlifting (39%) and Powerlifting (40%) are notably lower.

The Committee has to date provided HIV SportsPlace Policy Implementation Grants to Judo, Weightlifting, Rugby Union, Basketball, Cricket, Touch Rugby, Kick Boxing, and Paralympics Sport. There does not (at least not yet) seem to be a correlation between those sports receiving such grants, and the sports providing higher levels of preferred response. Of course in many cases the target group for HIV education activities implemented by a sport code with the grant funding may not be the same group of athletes or officials who attend the PNG Games. It may also be that sports who have not yet applied for and received grants may already have been doing good quality HIV education activities of their own.

Questions asked: 1 & 2.


50. Knowledge Overall: responses by Sport Code

Comment:

There is significant variation in responses across different sports. Generally, overall knowledge is at about 55% across all sports codes with AFL (70%), Martial Arts (68%), Kick Boxing (63%), Swimming (67%) and Taekwondo (62%) slightly higher in percentage of preferred response.

Questions asked: (3 to 29), (36 to 45), (51 to 56) & 60



51. Knowledge about HIV Transmission: responses by Sport Code

Comment:

There is significant variation in responses across different sports. Generally, high knowledge across all sports codes (70%). AFL (83 %), Martial Arts (79 %), and Swimming (80%). Tennis (63%) and Golf (62%) showed lower percentages in comparison to the other codes.

Questions asked: 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 & 60.



52. Knowledge about Risky Behavior: responses by Sport Code

Comment:

There is significant variation in responses across different sports. Generally, there is reasonably high Knowledge about Risky Behaviour across all sports codes (73%). AFL (91%), Martial Arts (95%), Kick Boxing (88%) and Tennis (87%). Golf (69%) showed lower percentages in comparison to the other codes.

Questions asked: 13, 14, 15, 16, 17, 18, 19 & 20.



53. Knowledge about Protection: responses by Sport Code

Comment:

There is significant variation in responses across different sports. On average Knowledge about Protection is about 50% which is significantly lower than the desired level which proves to be of major concern that requires priority attention. Responses from table tennis show that knowledge about protection is the lowest at about 28%.

Knowledge of risky behavior and protection are not compatible /consistent which may be due to existing beliefs and myths.

Questions Asked: 21, 22, 23, 24, 25 & 29.



54. Knowledge about Testing: responses by Sport Code

Comment:

There is significant variation in responses across different sports. On average Knowledge about Testing is about 55% which is significantly lower than the desired level (80%) which proves to be of major concern that requires priority attention. Responses from table tennis, cricket, power lifting, weightlifting, and lawn tennis, shows that knowledge about testing is significantly lower.

Questions asked: 37, 39, 40, 41 & 42.



55. Knowledge about Living with HIV and Treatment: responses by Sport Code

Comment:

There is significant variation in responses across different sports. On average Knowledge about Living with HIV / Treatment is about 55% which is significantly lower than the desired level (80%) which proves to be of major concern that requires priority attention. Responses from table tennis, cricket, power lifting, weightlifting, and lawn tennis, shows that knowledge about Living with HIV & Treatment is significantly low.

Questions asked: 36, 38, 43, 44, 45 & 56.



56. Knowledge about the Law and HAMP Act: responses by Sport Code

Comment:

There is significant variation across different sports, but Knowledge about Law & HAMP Act is generally poor which is of concern and requires priority attention.

Questions asked: 51, 52, 53, 54 & 55.



57. Attitudes: responses by Sport Code

Comment:

There is significant variation in responses across different sports. On average Responses for Attitude are about 60% which is significantly lower than the desired level. Responses from tennis stand out as being lowest of all (44 %), but the sample size for tennis was relatively much smaller than for the other sports.

Questions asked: 31, 32, 35, 46, 47, 48, 57, 58 & 59.

58. Access: responses by Sport Code



Comment:

There is significant variation in responses across different sports. Table Tennis stands out as as having a relatively very high response (100%, but from a relatively very small sample size) whilst swimming and tennis stand out as having relatively low responses (50%)

Questions asked: 30 & 34.



59. Behavior: responses by Sport Code

Comment:

There is significant variation in responses across different sports. Generally, rresponses on Behavior are significantly lower than the desired level across all sports codes. Responses from tennis are particularly low (approx. 33 %). It is noted however, that some sports had relatively smaller samples in the survey than others, which could make their data more "volatile" as a representative of the sport code in general.

Questions asked: 26, 27, 28, 33, 49 & 50.



60. Awareness: responses by Province

Comment:

There is some significant variation in responses across different Provinces. Overall general awareness shows 64% across all provinces which are lower than desired and requires more work to be done on awareness. Notably Gulf Province indicates lowest awareness level (approx. 42%).

Questions asked: 1 & 2.



61. Knowledge Overall: responses by Province

Comment:

There is some significant variation in responses across different Provinces. Overall Knowledge shows an average level of preferred response of approx. 58% which is much lower than desired and indicates more work to be done in this area. Notably all provinces in the Southern region show less than 57% of knowledge overall responses (Knowledge about Transmission, Knowledge about Protection, Knowledge about Testing, Knowledge about Living with HIV/ Treatment, Knowledge about Law/ HAMP Act).

Questions asked: (3 to 29), (36 to 45), (51 to 56) & 60



62. Knowledge about HIV Transmission: responses by Province

Comment:

There is only slight variation across Provinces, with relatively high levels of Knowledge about HIV Transmission (approx. 70%) across all provinces. This still leaves room for improvement.

Questions asked: 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 & 60.



63. Knowledge about Risky Behavior: responses by Province

Comment:

There is some significant variation in responses across different Provinces. Overall Knowledge about Risky Behavior shows on average 80% across all provinces however five provinces namely Gulf, NCD, Oro, Simbu and Western have relatively lower levels of preferred response and require some attention in this area.

Questions asked: 13, 14, 15, 16, 17, 18, 19 & 20.

non preferred preferred don't know 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0% Madang Sandaun Western AROB Central Enga Gulf Manus Morobe NCD Oro Western Highlands East New Britain East Sepik Eastern Highlands Milne Bay New Ireland Simbu (Chimbu) Southern Highlands West New Britain Province Scale 4. Knowledge about protection: Quiz questions 21,22,23,24,25,29

64. Knowledge about Protection; responses by Province

Comment:

There is some variation in responses across different Provinces. On average Knowledge about Protection is about 51% which is significantly lower than the desired level which proves to be of major concern that requires priority attention. Responses from Gulf Province show that knowledge about protection is the lowest (approx. 45%).

Questions asked: 21, 22, 23, 24, 25 & 29.

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65. Knowledge about Testing: responses by Province

Comment:

There is some significant variation in responses across different Provinces. Knowledge about Testing on average is about 60% which indicates more work to be done in this area. Gulf Province continues to show lower levels in all scales of knowledge including testing compared to the others.

Questions Asked: 37, 39, 40, 41 & 42.



66. Knowledge about Living with HIV and Treatment: responses by Province

Comment:

There is some significant variation in responses across different Provinces. Knowledge about Living with HIV and Treatment averages about 60% and requires more improvement. Gulf Province remains significantly lower than all Provinces at 50%. Levels are relatively better in Autonomous Region of Bougainville, Eastern Highlands, Enga, Southern Highlands and Western Highlands; this may be the result of specific PLHIV advocacy and education being conducted in those Provinces.

Questions asked: 36, 38, 43, 44, 45 & 56.



67. Knowledge about the Law and HAMP Act: responses by Province

Comment:

There is some significant variation in responses across different Provinces. Knowledge about the Law and HAMP ACT is extremely low showing an average of 30% across all Provinces which indicates very little awareness and knowledge in this area. Interestingly Western Highlands showed relatively higher levels of knowledge than other Provinces across all other scales except Law and HAMP ACT, which may be due to lack of emphasis on that subject, similar to all other Provinces.

Questions asked: 51, 52, 53, 54 & 55.

Non Preferred Dontknow Preferred 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0% MilneBay AR08 Madang Morobe New Ireland Sandaun Western Central East Sepik Eastern Highlands Enga Gulf Manus 0LO Simbu (Chimbu) Southern Highlands West New Britain Western Highlands East New Britain <u>B</u> Province Scale 8. Attitudes - Quiz Questions 31,32, 35, 46, 47, 48, 57, 58 and 59

68. Attitudes: responses by Province

Comment:

There is some significant variation in responses across different Provinces. General responses on Attitude reflect 70% across all provinces, which is below the desired level and indicates more work needs to be done. Manus and Southern Highlands had the highest level of response to attitude compared to all others.

Questions asked: 31, 32, 35, 46, 47, 48, 57, 58 & 59.

non preferred preferred don't know 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0% Madang Morobe 80 Western East Sepik Enga Milne Bay Sandaun AROB Central Manus NCD East New Britain Gulf Simbu (Chimbu) West New Britain Eastern Highlands New Ireland Southern Highlands Western Highlands Province. Scale 9. Access - Quiz Questions 30 and 34

69. Access: responses by Province

Comment:

There is some significant variation in responses across different Provinces. General response to Access is 68% across all Provinces, which is below the desired level. Central Province records the lowest level of access at about 57% which may be a result of the lack of services throughout the Province.

Questions asked: 30 & 34.

Non preferred Dontknow Preferred 100% 90% 80% 70% 60% 50% 40% 30% 2.0% 10% 0% Simbu (Chimbu) Central East Sepik Enga Madang Manus Milne Bay Morobe Sandaun Western AROB Eastern Highlands Gulf 8 <u>0</u> Southern Highlands East New Britain **New Ireland** West New Britain Western Highlands Province Scale 10. Behaviour - Questions 26, 27, 28, 33, 49, and 50

70. Behavior: responses by Province

Comment:

There is some variation in responses across different Provinces. General response to Behavior is about 55% which is well below the desired level. The results seem to reflect the theory of change in that they seem to be a combination of all the Awareness, Knowledge, Attitudes and Access results.

Questions asked: 26, 27, 28, 33, 49, & 50.



71. Summary for Autonomous Region of Bougainville (AROB) across all ten Scales, by Sex

Comment:

There is significant variation in the levels of preferred responses across the ten different scales. Knowledge about the law and HAMP Act is significantly lower (approx. 38%) and is of concern. Knowledge about Transmission (approx. 71%) and about Risky Behavior (approx. 81%) are relatively high but because the Knowledge about Protection is relatively lower (approx. 59%) it may undermine our confidence in the those levels, and seems to match the relatively low levels of response on Behavior (approx. 52%). Levels of Knowledge about Transmission, Testing, Treatment, and levels for Attitudes and Access are broadly similar (approx. 67-72%) and this is higher than the levels for Knowledge about Protection and for Behavior, but still leaves room for improvement. The level for Awareness (approx. 63%) is also lower than desired, which is of concern because establishing this awareness drives demand for knowledge which can then lead to behavior change.



72. Summary for Central Province across all ten Scales, by Sex

Comment:

There is significant variation in the levels of preferred responses across the ten different scales. Knowledge about the law and HAMP Act is significantly lower (approx. 21%) and is of concern. Knowledge about Transmission (approx. 72%) and Risky Behavior (approx. 79%) are relatively high, but because the Knowledge about Protection, Testing and Living with HIV/Treatment are all relatively lower (approx. 51%) they may undermine our confidence in the levels of Knowledge of Transmission and of Risky Behavior, and seem to match the relatively low levels of response on Behavior (approx. 50%). The level for Awareness (approx. 63%) is lower than desired, which is of concern because establishing this awareness drives demand for knowledge which can then lead to behavior change. Attitude levels (approx. 67%) and Access levels (approx. 56%) both need improvement.



73. Summary for Chimbu (Simbu) Province across all ten Scales, by Sex

Comment:

There is significant variation in the levels of preferred responses across the ten different scales. Knowledge about the law and HAMP Act is significantly lower (approx. 29%) and is of concern. Knowledge about Transmission (approx. 74%) and Risky Behavior (approx. 77%) are relatively high, but because the Knowledge about Protection is relatively lower (approx. 56%) they may undermine our confidence in the levels of Knowledge of Transmission and of Risky Behavior, and seem to match the relatively low levels of response on Behavior (approx. 58%). The level for Awareness (approx. 68%) is lower than desired, which is of concern because establishing this awareness drives demand for knowledge which can then lead to behavior change. Attitude levels (approx. 72%) and Access levels (approx. 72%) both still have room for improvement.



74. Summary for East New Britain Province across all ten Scales, by Sex

Comment:

There is significant variation in the levels of preferred responses across the ten different scales. Knowledge about the law and HAMP Act is significantly lower (approx. 27%) and is of concern. Knowledge about Transmission (approx. 73%) and Risky Behavior (approx. 82%) are relatively high, but because the Knowledge about Protection, Testing and Living with HIV/Treatment are all relatively lower (approx. 57%) they may undermine our confidence in the levels of Knowledge of Transmission and of Risky Behavior, and seem to match the relatively low levels of response on Behavior (approx. 57%). The level for Awareness (approx. 64%) is lower than desired, which is of concern because establishing this awareness drives demand for knowledge which can then lead to behavior change. Attitude levels (approx. 72%) and Access levels (approx. 68%) both still have room for improvement.



75. Summary for East Sepik Province across all ten Scales, by Sex

Comment:

There is significant variation in the levels of preferred responses across the ten different scales. Knowledge about the law and HAMP Act is significantly lower (approx. 30%) and is of concern. Knowledge about Transmission (approx. 75%) and Risky Behavior (approx. 84%) are relatively high, but because the Knowledge about Protection is relatively lower (approx. 53%) it may undermine our confidence in the levels of Knowledge of Transmission and of Risky Behavior, and seem to match the relatively low levels of response on Behavior (approx. 54%). The level for Awareness (approx. 65%) is lower than desired, which is of concern because establishing this awareness drives demand for knowledge which can then lead to behavior change. Attitude levels (approx. 72%) and Access levels (approx. 81%) are relatively high but still have room for improvement.



76. Summary for Eastern Highlands Province across all ten Scales, by Sex

Comment:

There is significant variation in the levels of preferred responses across the ten different scales. Knowledge about the law and HAMP Act is significantly lower (approx. 26%) and is of concern. Knowledge about Transmission (approx. 73%) and Risky Behavior (approx. 82%) are relatively high, but because the Knowledge about Protection is relatively lower (approx. 57%) it may undermine our confidence in the levels of Knowledge of Transmission and of Risky Behavior, and seems to match the relatively low levels of response on Behavior (approx. 59%). The level for Awareness (approx. 60%) is lower than desired, which is of concern because establishing this awareness drives demand for knowledge which can then lead to behavior change. Attitude levels (approx. 69%) and Access levels (approx. 79%) both still have room for improvement. Relative to other Provinces, the relatively high level for Access may be partly due to relatively high Knowledge about Testing and about Living with HIV/treatment.



77. Summary for Enga Province across all ten Scales, by Sex

Comment:

There is significant variation in the levels of preferred responses across the ten different scales. Knowledge about the law and HAMP Act is significantly lower (approx. 26%) and is of concern. Knowledge about Transmission (approx. 72%) and Risky Behavior (approx. 80%) are relatively high, but because the Knowledge about Protection is relatively lower (approx. 55%) it may undermine our confidence in the levels of Knowledge of Transmission and of Risky Behavior, and seems to match the relatively low levels of response on Behavior (approx. 49%). The level for Awareness (approx. 62%) is lower than desired, which is of concern because establishing this awareness drives demand for knowledge which can then lead to behavior change. Attitude levels (approx. 69%) and Access levels (approx. 65%) both still have room for improvement.



78. Summary for Gulf Province across all ten Scales, by Sex

Comment:

There is significant variation in the levels of preferred responses across the ten different scales. Knowledge about the law and HAMP Act is significantly lower (approx. 37%) and is of concern. Knowledge about Transmission (approx. 70%) and Risky Behavior (approx. 74%) are relatively high, but because the Knowledge about Protection, Testing and Living with HIV/Treatment are all relatively lower (approx. 48%) they may undermine our confidence in the levels of Knowledge of Transmission and of Risky Behavior, and seem to match the relatively low levels of response on Behavior (approx. 51%). The level for Awareness (approx. 43%) is very much lower than desired, which is of concern because establishing this awareness drives demand for knowledge which can then lead to behavior change. Attitude levels (approx. 63%) and Access levels (approx. 60%) both still have room for improvement.





Comment:

There is significant variation in the levels of preferred responses across the ten different scales. Knowledge about the law and HAMP Act is significantly lower (approx. 42%) and is of concern. Knowledge about Transmission (approx. 73%) and Risky Behavior (approx. 79%) are relatively high, but because the Knowledge about Protection, Testing and Living with HIV/Treatment are all relatively lower (approx. 61%) they may undermine our confidence in the levels of Knowledge of Transmission and of Risky Behavior, and seem to match the relatively low levels of response on Behavior (approx. 49%). The level for Awareness (approx. 61%) is lower than desired, which is of concern because establishing this awareness drives demand for knowledge which can then lead to behavior change. Attitude levels (approx. 73%) and Access levels (approx. 71%) both still have room for improvement.



80. Summary for Manus Province across all ten Scales, by Sex

Comment:

There is significant variation in the levels of preferred responses across the ten different scales of respondents from Manus Province. Knowledge about the law and HAMP Act is significantly lower (approx. 40%) and is of concern. Knowledge about Transmission (approx. 72%) and Risky Behavior (approx. 82%) are relatively high, but because the Knowledge about Protection, Testing and Living with HIV/Treatment are all relatively lower (approx. 59%) they may undermine our confidence in the levels of Knowledge of Transmission and of Risky Behavior, and seem to match the relatively low levels of response on Behavior (approx. 60%). The level for Awareness (approx. 66%) is lower than desired, which is of concern because establishing this awareness drives demand for knowledge which can then lead to behavior change. Attitude levels (approx. 78%) are relatively high (approx. 78%) but do not match the Behavior levels. Access levels (approx. 60%) still have room for improvement.



81. Summary for Milne Bay Province across all ten Scales, by Sex

Comment:

General response is around 62% across all scales on Awareness, Knowledge Attitudes, Access and Behavior in the Milne Bay Province. Knowledge on HIV transmission (75%), Risky Behavior (80%), and Attitude (72%) is relatively high while knowledge on the Law and HAMP Act is significantly low (40%).



82. Summary for Morobe Province across all ten Scales, by Sex

Comment:

General response is around 62% across all scales on Awareness, Knowledge Attitudes, Access and Behavior in the Morobe Province. Knowledge on HIV Transmission (75%), Risky Behavior (71%), Attitude (73%) and Access (71%) is relatively high while knowledge on the Law and HAMP Act is significantly low (40%).



83. Summary for National Capital District across all ten Scales, by Sex

Comment:

General response is around 60% across all scales on Awareness, Knowledge, Attitudes, Access and Behavior in the National Capital District. Knowledge on HIV Transmission (73%), Risky Behavior (79%), Attitude (69%) and Access (68%) is relatively high while knowledge on the Law and HAMP Act is significantly low (38%).



84. Summary for New Ireland Province across all ten Scales, by Sex

Comment:

General response is around 61% across all scales on Awareness, Knowledge Attitudes, Access and Behavior in the New Ireland Province. Knowledge on Risky Behavior is relatively high while knowledge on the Law and HAMP Act is significantly low (38%).



85. Summary for Oro Province across all ten Scales, by Sex

Comment:

General response is around 61% across all scales on Awareness, Knowledge Attitudes, Access and Behavior in the Oro Province. Knowledge on HIV Transmission (72%), Risky Behavior (76%), and Attitude (68%) is relatively high while knowledge on the Law and HAMP Act is significantly low (34%).


86. Summary for Sandaun (West Sepik) Province across all ten Scales, by Sex

Comment:

General response is around 64% across all scales on Awareness, Knowledge Attitudes, Access and Behavior in the Sandaun (West Sepik) Province. Knowledge on risky behavior (87%), HIV transmission (75%), Attitude (74%) and Access (71%) is relatively high while knowledge on the Law and HAMP Act is significantly low (35%).



87. Summary for Southern Highlands Province across all ten Scales, by Sex

Comment:

General response is around 65% across all scales on Awareness, Knowledge Attitudes, Access and Behavior in the Southern Highlands Province. Knowledge on HIV Transmission (73%), Risky Behavior (84%), Living with HIV & Treatment (72%) and Attitude (75%) is relatively high while knowledge on the Law and HAMP Act is significantly low (39%).



88. Summary for West New Britain Province across all ten Scales, by Sex

Comment:

General response is around 64% across all scales on Awareness, Knowledge Attitudes, Access and Behavior in the West New Britain Province. Knowledge on HIV Transmission (75%), Risky Behavior (87%), Attitude (74%) and Access (70%) is relatively high while knowledge on the Law and HAMP Act is significantly low (29%).



89. Summary for Western Province across all ten Scales, by Sex

Comment:

General average response is around 57% across all scales on Awareness, Knowledge Attitudes, Access and Behavior in the Western Province. Knowledge on Risky Behavior (79%) and HIV transmission (70%) is relatively high while knowledge on the Law and HAMP Act is significantly low (35%).



90. Summary for Western Highlands Province across all ten Scales, by Sex

Comment:

General response is around 64% across all scales on Awareness, Knowledge Attitudes, Access and Behavior in the Western Highlands Province. Knowledge on Risky Behavior (75%) and HIV Transmission (75%) is relatively high while knowledge on the Law and HAMP Act is significantly low (35%).

Glossary

Combination prevention is the concurrent use of all the strategies required to prevent transmission of HIV. These include development of a range of different education and behavior change communication programs for those more-at-risk of HIV; promotion of male and female condoms; reduction in the number of sexual partners, particularly for those with multiple concurrent partners; HIV counseling and testing; prevention of parent to child transmission; prevention and treatment of STIs; promotion of blood safety; changes in laws and policies to counter stigma and discrimination; vulnerability reduction through social, legal and economic change; and harm reduction programs for injecting drug users.

Communities is a term used for a wide range of population groups which includes the community of people living in a defined geographic space such as a village. It also refers to groups of people in particular locations who may share a common characteristic which binds them together such as their sexuality (for example, homosexual men), occupation (for example, sex work), or gender identity (for example, women and transgendered people).

Gender is the socially constructed roles and relationships, personality traits, attitudes, behaviors, values, and relative power and influence that society assigns differently to women and men. Gender is related to how women and men are perceived and expected to think and act because of the way society is organized, not because of biological differences. The term 'sex' refers to biologically determined differences between women and men.

Gender-based violence refers to the various forms of violence that women, men, girls and boys, and transgender people, experience because of issues relating to gender and sexual identity. These forms of violence include domestic violence and other forms of physical violence, rape (including rape within marriage), sexual abuse and exploitation of girls and boys, incest, forced prostitution, sexual abuse by authorities during conflicts, disasters and emergencies (including by the police), and homophobic violence directed towards women and men who are, or assumed to be, attracted to the same sex.

HIV mainstreaming means all sectors and organizations (public, private and civil society) determining: 1) how the spread of HIV is caused or contributed to by their sector, or their operations; 2) how the epidemic is likely to affect their goals, objectives and programs; 3) where their sector or organization has a comparative advantage to respond to limit the spread of HIV and to mitigate the impact of the epidemic; and 4) then taking action.

HIV Status Someone's HIV status is whether someone is infected with the HIV virus (known as being "HIV positive") or is not infected with the HIV virus (known as being "HIV negative").

Kicking AIDS Out (KAO) is a program adopted by the PNG Sports Foundation who is also a member of the Kicking AIDS Out network. This program basically includes fun games for the purpose of helping participants learn to develop KAO skills through a combination of sport and life skills. Particular attention is given to necessary life skills with regard to HIV/AIDS prevention. The concept of "Kicking AIDS Out" is broadly defined. Sport should be a medium not only to pass on AIDS specific knowledge to young people but also self- confidence, self-reliance, awareness of body, respect for fellow humans and a sense of community.

Leadership Support Initiative a program building on Leadership initiatives facilitated by the United Nations Development Programme (UNDP), AUSAID was committed to providing support that will enhance the capacity of Leadership at all levels to implement the National HIV Strategic Plan 2006-2010 and to support leaders in their response to HIV and AIDS.

More-at-risk populations are groups of people who share a common HIV risk behavior and often some other defining characteristic such as selling sex and where there is an existing rate of HIV infection (for example, sex workers who engage in unprotected sex with their clients). The populations who are more-at-risk vary over time as the dynamics of an epidemic change. In other countries the term 'most' at risk populations is generally used. There is currently insufficient epidemiological data in PNG to determine which populations are 'most' at risk so the term 'more' at risk has been used. In PNG, more-at risk populations include: women and men involved in sex work and transactional sex, men who have sex with men, migrant workers, enclave workers, prisoners and mobile men with money (such as public servants, police, politicians, landowners, cash crop buyers and sellers, transport sector workers, and business men).

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

The National Response: are strategies and programs or interventions set by the National AIDS Council in combating HIV & AIDS in PNG.

Opportunistic Infections are illnesses that can affect a person whose health is weakened by HIV, such as TB, Malaria, Pneumonia, cough and colds etc.

The overarching goal of the NHS defines what the national HIV and AIDS response aims to achieve in the next five years.

Polygamy is the marital practice of having more than one spouse at one time. Polygyny with men having more than one wife has been traditionally practiced and is socio-culturally sanctioned in many parts of PNG, and particularly in the Highlands region. Polygamy creates networks of concurrent marital sexual partnerships and can increase risk of HIV transmission for women as condom use is usually reported least in the contexts of regular marital partners.

Positive Living is living as healthy and happily as possible, with nutritious food, plenty of rest and good support from family and friends

Priority area goals define what the NHS aims to achieve in each of its three priority areas in the next five years.

Risky Behavior is behaviors believed to be unsafe/ vulnerability to HIV transmission

Safer sex is basically having 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

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sports HIV Committee is the new name for the Committee on HIV Prevention through Sport. It is the Committee that conducted the PNG Games HIV Survey in 2009.

Surveillance is the systematic collection, analysis and interpretation of data about a disease or health condition.

Stigma and discrimination: *Stigma* is defined as a powerful and negative social label that radically determines the way individuals view themselves and are viewed by others. It can be *felt* (internal stigma), leading to an unwillingness or inability to seek help and access resources for a person's own well-being, or *enacted* (external stigma), leading to *discrimination* on the basis of HIV status or association with someone who is living with HIV, or on the basis of attitudes towards risk behaviors (for example, sexual behaviors).

Discrimination results from *stigma* and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status or membership of a group perceived to be at risk of HIV (for example, sex workers).

Sub-national level refers to the provincial, district and local government levels. It can also refer more generally to places outside Port Moresby and not just to levels of government.

For example, 'the need to increase technical assistance at the sub-national level' applies to all partners outside Port Moresby, not just to government partners.

Volunteer A person who gives help or performs a service voluntarily without being under an obligation to do so, and generally without expectation of payment for providing the help or service.

Window Period is the 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.

Young people are defined as people aged from 15 to 24 years in the constitution of Papua New Guinea

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DO YOU WANT FURTHER INFORMATION?

The summary charts presented above are only the key summaries which the Committee on HIV Prevention Through Sport has chosen to present. It is possible of course to draw out a lot of other information from the data, at different levels of detail.

For example, it would be possible to analyze all the responses for a single particular District. That might be of particular interest to a District AIDS Committee or District Administration, or to stakeholders working in particular Districts.

If you would like to conduct your own further analysis then the data gathered from the survey can be made freely available to you.

Please contact the Committee Coordinator by email at HIVcommittee@pngsfoc.org.pg Telephone numbers: (675) 3230108 or mobile: 7100-1063