

## **Female tertiary students' views of the empowerment effects of sex education**

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### **Abstract**

This paper reports on an examination of how tertiary female students view sex education courses and their empowerment effects to deal with sexuality issues. It places this case study of tertiary institutions within the wider framework of the PNG government's drive to address gender inequality in schools in the country. Successive governments have noted that gender inequality is an important issue and have made commitments to develop legislation and policies to address the issue. Gender equality institutionally is very important in that it affects not only the way others see females but also how females perceive themselves through the attention bestowed on them. The study consists of a content analysis of course outlines from three different tertiary institutions in Madang; a survey to establish current attitudes of females entering these institutions; a course analysis of sex education; an analysis of teachers' views of how females are empowered and a focus group of females about to exit studies. This study seeks to assess the extent to which the courses have empowered female tertiary students to deal with gender and sexuality issues and how relevant the courses have been to their daily lives.

Keywords: tertiary education, sexuality issues, gender, decision making, self-identity, sexual beings

### **Introduction**

Many women in Papua New Guinea are socially and economically disadvantaged. Their lack of social and economic status results from inequality. Issues contributing to the inequality between males and females include low school enrolment rates (Kurari, Paraide & Kippel, 2008), high sexually transmitted infection rates including HIV/AIDS (Clark, 2010), high maternal mortality rates (Bettiol, 2004; Lavu, 2008), abuse (Lavu, 2008), and a high incidence of domestic violence (Hukula, 2008). One of the major contributing factors to HIV/AIDS is Gendered Based Violence (GBV). GBV is endemic in PNG while the number of cases is epidemic. The rate of infection of HIV/AIDS is 'high' in females between ages 15-29 (Clark, 2010). This age group is similar to those acquiring a tertiary qualification thus the high probability of acquiring HIV/AIDS.

There is a need to address these issues through the education system and, specifically, in education about sexuality to empower women. Pagelio (2009) links this need to the promotion of gender equality. UNICEF (2011, p. 4) further elaborates this.

Substantial evidence exists to show the more educated a girl is, the less likely she is to marry early, or get pregnant as a teenager. The more educated girl will be knowledgeable about HIV/AIDS and have healthy children when she becomes a mother.

As far as education on addressing gender inequality is concerned, gender equality is promoted through sex education (Wavu, 2009). It promotes gender equality through learning 'factual information on all aspects of sex, sexual self, opposite sex, behaviour of others and learning that sex is part of life' (Campos, 2002).

However, the teaching of sex education in tertiary institutions in PNG is contested. While its existence in the educational curriculum can be traced back to the need to address HIV/AIDS in primary and secondary levels, critics argue for it to be taught at tertiary level as well (Islands Business News, 2010; Rooney, 2004; Orathinkal et al., 2011). There have been no evaluative studies to date of the effectiveness of sex education in tertiary institutions, so we have little understanding of the way this education is framed, the messages that women students are receiving, or the extent to which sex education at tertiary level is regarded by students as empowering. Sex education has been part of primary and secondary school curricula, but there is little evidence of its existence in tertiary learning (Rooney, 2012; UNESCO Bangkok, 2012; Orathinkal et al., 2011).

Discussions with females in reference to sexuality in schools can be related to health especially HIV/AIDS (Kelly et al., 2009; UNESCO Bangkok, 2012) and sexually transmitted diseases (Lupiwa et al., 1996). In the case of gender inequality, previous studies in education are related to economic benefits (Johnson, 1993) and social welfare (Baden & Green, 1994). However, there is little to show to what extent, and how, do women tertiary students view sex education in tertiary institutions as empowering them to handle gender and sexuality issues. This research aimed to increase understanding of these issues and suggest further lines of enquiry through an exploratory study of the views of women at three tertiary educational institutions in the Madang Province

Education is vital in national development (Kurari, Paraide & Kippel, 2008). Education of females in Papua New Guinea has been a controversial topic. This controversy originates from studies (Johnson, 1993) indicating a gap in which there are more educational opportunities for men than women. The growing gap has resulted in a push for higher enrolment of girls in educational institutions. The *PNG National Strategic Plan on HIV/AIDS 20062010* (National Aids Council PNG, 2006) highlights this inequality in education opportunities by terming females as 'target groups.' Almost all educational policies point to females as a disadvantaged group (e.g. *Gender Equity in Educational Policy: Guidelines for Implementation* (Department of Education, 2009); *PNG Vision 2050*, (Government of PNG, 2009).

Gender “refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women” (WHO, 2012). The United Nations terms usage of “gender” as ‘the fact that men and women behave differently not because of their biological sex (what they were born with) but also because of what their society or community has taught them about how men and women are supposed to behave. Gender refers to the social attributes and opportunities associated with being male and female.

The role of women, in traditional Papua New Guinean society complemented the traditional way of life (Cox & Aitsi, 1988). The *Gender Equity Strategic Plan (2009–2014)* (Department of Education, 2009), states that ‘gender roles are socially constructed, learnt, and can vary from one place to another’. The plan further adds that ‘these roles reflect the behaviours and relationships that societies believe are appropriate for an individual based on his/her sex’. Cox and Aitsi (1988) add that ‘maintenance, continuation and survival of the community, family and individuals depended on the service and labour of women’. They further added that ‘the quality of the service brought dignity to the family and clan’.

Gender issues have a long standing presence in the fight for women’s rights. While gender discrimination traces its history back to traditional labour distribution among households, critics claim gender has been an introduced concept by outsiders. The fight for gender rights has filtered into educational institutions (Department of Education, 2009), as PNG changes from a subsistence society into a cash economy (Curry et al., 2012). Institutional policies and government laws are slowly changing to address gender equality issues. While the need for gender equality is heralded institutionally, culturally embedded norms for females are taking on a different challenge as women start to venture into male dominated fields (*Newage Woman*, July, 2012).

### **Sex education in PNG**

Sex education is a controversial topic in PNG. Traditionally, sex education was a subject that was considered sensitive because it involves discussing sex and sexuality (McDowell, 1988). Sexuality (Eves, 2003) was associated with shame and never discussed openly. Sexual relationships outside marriage brought shame to the clans of those involved during the pre-colonial period (Eves, 2003). Furthermore, discussion of sex and other related topics among different gender groups was disallowed because of its sensitive nature (Rouse, 1992). Even questions such as how babies were made, were not discussed openly (*World Youth Report*, 2003).

Religion also determined the sensitivity of sex discussions. Religious factors feared that sex education would rather raise young people’s interest in sex instead of dispelling it (Burchard, 2012). Sex education was a taboo topic in the PNG society until the arrival of a killer disease HIV/AIDS (Rouse, 1992). Even today, sexual matters are not discussed openly between elders and young people for the fear of promiscuity (Kelly, et al., 2009).

While sex education is evident in culturally informal settings, research has linked its existence in formal education to HIV/AIDS. A study by UNESCO Bangkok (2012) titled '*Review of policies and strategies to implement and scale up sexuality education in Asia and the Pacific*', found that PNG was among those nations that had national HIV laws and policies including specific policies for health education. The study found PNG among six other countries with 'detailed discussion' of sex education in national HIV laws and policies.

In formal education, students' knowledge to be gained on sex matters differed. One factor discussed by Kelly et al. (2009), was that sex education was part of a 'multifaceted relationships' in which knowledge was part of wider sources shaping the meaning of sex, sexual relationships and HIV/AIDS. For example, the study found that students understood sex as solely for marriage. From this common understanding, men used explicit language when referring to organs and activities in public places while women were more reserved, preferring discussion in private places.

Another study found that level of education correlated to sexuality. The study titled '*Urbanization, youth and sexuality insights from an AIDS campaign for youths in Papua New Guinea*' (Jenkins & Alpers, 1996) found that one's educational background determined what one could understand in terms of sexuality. It revealed that sex was 'easily available' for men who had money, status and education. Another study in Madang (Orathinkal et al., 2011) found that students at a tertiary level were ashamed to reveal their STI status and get medical assistance. It suggested further research to know more about educational approaches in tertiary education to raise awareness on sexually transmitted diseases.

While studies indicate sex education's existence at primary and secondary level of education, little information is evident at the tertiary level (Rooney, 2004, UNESCO Bangkok, 2012). Female education in tertiary institutions is a challenge. A report (UNDP, 1995 cited by Sukthankar, p.1) indicated that the literacy rate of females was 40.3% compared to the males which was higher at 49.5%. School enrolment rates indicated females 30.3% while males were higher at 37.3%. Safety and other barriers for female students is one of the challenges faced by PNG universities (Garnaut & Namaliu, 2010). While this is so, policies have been targeting increased enrolments of females in education at all levels. Although policies 'advocate' (Silo, 2010) for 'an increase in women's representation in educational leadership positions in higher education, results have shown otherwise'. Female rates in education and training are low (Fox, 1999). Gender is still an issue in which 'significant gender inequalities remain a concern in PNG' (Government of PNG, *Vision, 2050*, p. 40).

An example of a policy indicating the need to address gender equality can be seen in '*Gender equity in education: Guidelines for implementation*' (2009, p.3) which states:

In Papua New Guinea, and throughout the world, attention is focused on the status of women and the need to improve opportunities for women and girls to participate in all aspects of economic, social and political life.

## **Methodology**

A mixed methods approach was adopted for this study. Three tertiary institutions in Madang province namely, Madang Teachers College (MTC), Lutheran School of Nursing (LSON) and Divine Word University (DWU), agreed to participate in the research. Ethics clearance was obtained from Divine Word University Research Ethics Committee (UREC) and all participants signed an informed consent form. A total of 72 people participated in the study. The research had four stages.

The first stage of the research was an **analysis of documents** to ascertain units in which sex education featured to understand how the framing of the issues differed across the three institutions. A broad definition of sex education was used. A content analysis was undertaken of three selected units, one at each institution.

The second stage of the research was a **survey** to establish knowledge of sex education by newly enrolled females at tertiary institutions in order to understand the extent of empowerment. Twenty-six items were used using a rating scale. A total of 51 questionnaires were given out to females from the three tertiary institutions in Madang, and 42 completed questionnaires were returned.

The third stage of the research was a **focus group** discussion with final year female students who gave in-depth views on how sex education was empowering them to deal with gender and sexuality issues. In the focus group a total of 27 females participated, six from DWU, 12 from LSON and 9 from MTC with the focus groups discussions done on respective campus.

The fourth stage of the research involved **in-depth interviews** with lecturers teaching these courses and their observations of how female students reacted to sex education. Three lecturers participated in these interviews, one from each institution.

## **Findings**

### ***Prominence of sex education in tertiary programs***

#### **Content analysis of course material**

To establish the prominence of sex education in participating tertiary institutions, a content analysis of course outlines was done. All courses relating to sex education in the form of gender, sexual health, biology, sexually

transmitted infections were analyzed. The author classified the course outline into two broad categories of gender and sexuality.

The categories were further analysed:

- year level of students taught
- duration of the course
- objectives of the course
- course materials used
- whether HIV/AIDS was a stand-alone or integrated component.

**Table 1: Comparison of content analysis of units among three institutions**

Institutions and year level for unit		
Madang Teachers College	Divine Word University	Lutheran School of Nursing
Year 2: HIV/AIDS and Reproductive Health	Year 2: Family and Social Issues	Year 1: Health Education and Promotion
Learning outcomes		
To plan, program, teach and asses Personal Development and Health (specifically HIV, STIs, reproduction, puberty, sexuality and sexual health) using student focused life skills teaching. To be confident, enthusiastic, creative and reflective in teaching these subjects and life skills to young people. To know strategies for working effectively and sensitively with communities, churches, colleagues and young people.	Literacy focus (preparation of research papers & preparation of assignments). Numeracy focus (analysis of statistics & statistical trends) Ethical focus (Responsible social development & ethical behavior in social research) Study skills (research skills & presentation skills)	To understand environmental health as it applies to nursing. To develop teaching skills necessary in discussions of health problems and for effective health teaching in a variety of settings
Teaching and learning methods		
Role plays, discussions, presentations, problem solving, feedback, case studies, tests, visual aids, microteaching, peer evaluation, quizzes, research, debates.	Lectures, seminar presentations, case studies, debates, group discussions, assignments	Lectures, group work, role plays, discussion, assignments, and research

Content		
Madang Teachers College	Divine Word University	Lutheran School of Nursing
Puberty and Sexuality Reproduction and Family Planning HIV&AIDS and STIs Planning and Programming Personal Development and Health	Puberty and Sexuality Reproduction and Family Planning HIV&AIDS and STIs Violence and its impact on social development Domestic violence, rape and abuse and their impact on family life The impact of drug and alcohol abuse Factors inhibiting equal opportunity for women The changing role of women within families, communities and society Pressures for changing status of women and children in health and education The impact of gender related development on families, communities and society	Healthy, healthy living and healthy relationships in family and community Health promotion and health maintenance activities and disease prevention Gender issues and how they affect the health of mothers and children Social justice and equality, access to services, community participation Self-determination and self-development`

### Comments

As anticipated, the three different institutions had different objectives as per the table above therefore their responses were expected to be different. MTC was more on the teacher education training in which trainee teachers were taught how to teach pupils. LSON on the other hand, was more concerned about health settings and how the health workers would educate people in these health settings. For DWU it was more the social aspect in which the course was used to develop analytical and research skills. The course was a standalone course in MTC whereas the other institutions taught it as an integrated course. Standalone meant that the time taken and the manner in which it was taught were in detail. Integrated mode provided minimal time and detail on the topics taught. The analysis shows that the different objectives of the institutions caused the course materials to vary. However, the more time spent on a course, the more female students got to learn.

**Relevance of sex education**

Female student views of the usefulness of sex education are presented next. A survey questionnaire was used and newly enrolled participants from the three different institutions took part. Below is a table representing female students' reaction to the sex education courses offered for four of the items from the questionnaire.

**Table 2: Participants' views on usefulness of sex education**

Q.4 How helpful did you find the course?

	Very helpful	Helpful	Irrelevant	Not helpful
MTC	16	0	0	0
DWU	7	3	0	0
LSON	8	1	0	0

Q.9 How helpful was the course in knowing how to deal with HIV/AIDS?

	Very helpful	Helpful	Irrelevant	Not helpful
MTC	8	8	0	0
DWU	2	7	1	0
LSON	5	4	0	0

Q.10 How helpful was the course in knowing how to deal with STIs?

	Very helpful	Helpful	Irrelevant	Not helpful
MTC	4	11	0	0
DWU	3	1	6	0
LSON	5	4	0	0

Q.11 How helpful was the course in understanding family planning?

	Very helpful	Helpful	Irrelevant	Not helpful
MTC	4	11	0	0
DWU	0	7	0	3
LSON	1	8	0	0

Q.12 How helpful was the course in knowing where to get help if faced with STI?

	Very helpful	Helpful	Irrelevant	Not helpful
MTC	4	11	0	0
DWU	1	4	1	4
LSON	5	4	0	0

Nearly all students agreed with a series of statements about the benefits of the course, such as the response to Question 4. However, the responses to questions on specific health and sexuality matters indicated less certainty among female students. From the table it can be generally concluded that the course offered at Divine Word University was not adequate to cater for specific sexually issues. Students appeared satisfied with the courses at Madang



Teachers College and the Lutheran School of Nursing where the learning could be linked to their vocational needs as future teachers and nurses.

### **Focus group discussions**

From the focus group discussions, all females who participated viewed sex education as important. Throughout the discussions from the three institutions, varying views emerged. These views had some similarities or common themes.

#### **Personal**

All the participants saw sex education as vital to their personal lives. Below are some of the common reasons that kept appearing as to why sex education was important.

#### ***Wise decision making***

From the focus group, all females felt that sex education was important as the sex education courses taught to them enabled them to weight the positive and negative of relationships especially sexual relationships in order determine which option was the best for them. For example, one student from MTC stated that *when we know about sex than in another way we are protecting ourselves as well.*'

Another said;

*when you leave home for the first time where you are away from your parents and those close to you, you make decisions...You have to be strong in decision making when you know your sexuality as well as sexuality of the opposite sex ...'* (DWU participant, 2012)

Another female in LSON stated *'know how to interact sexually between a boy and girl relationship...they can both understand each other well'*. Another saw it important justifying that some young people think sex is *'a game'*. Another stated that sexually transmitted infections were increasing at a high rate because *'people don't know their sexual being'*. The course also enabled them to forecast their future. For example, one stated being *'able to know when to say yes and when to say no, when to have sex'*. As a future mother *'the course helped me how to look after my children'*. Another in LSON stated that the course gave her the option to *'manage risk factors that might arise engaging in sex'*.

#### ***Raising awareness***

Some females felt that the courses increased their personal awareness of issues related to gender and sexuality. For example, one female said that:

*Family impacted my learning in tertiary. There was no mention of sex, boy/girl relationships. Didn't learn it at elementary school however learnt it in primary. I was shy and didn't want the boys to learn about girls' body parts. As I advanced in education started to accept it because it taught about life management.*

### ***Human beings as sexual beings***

The idea of learning about sex education because human beings are sexual beings came out strongly in the views of women students of Lutheran School of Nursing. These views related to an individual as a sexual being to the risks involved in being a sexual being. For example one student said:

*Learning about sex in schools is vital because sex is part of life and in order for a girl to know more about the opposite sex, she needs to learn how the opposite sex's behaviors and how a guy behaves, so that she can know more about how guys go along with girls.*

Another said:

*Sex is part of life and in order for a girl to know more about the opposite sex's behaviors and how a guy behaves so that she can know more about how guys go along with girls.*

Another said:

*As sexual beings, we need to learn more about sex education, sexual health, sexual behaviour, opposite sex, how they behave and how they interact with each other sexually between a boy and a girl in relationships.*

### **Professional decision making**

The sex education courses also helped the females to make decisions in relation their profession. For example, a female from LSON felt that sex education was important as '*in all health settings when treating patients and giving health education*', sex education should be introduced to '*treat patients as holistic beings, teaching him or her about their sexual behaviour*'. A trainee female student from MTC stated feeling responsible to '*teach the basics and truth*' to primary school students when a teacher. A nursing student stated '*capable enough to go out to the field and stress more about what I have learnt*'.

### ***Awareness***

Courses related to sex education increased females' professional outlook. For example, a student teacher stated:

*We have to know everything, all those different parts and what kinds of diseases affect those parts and how they are infected. For us teachers knowing all of those, we can then teach in primary schools, not in-depth but at their level of understanding.*

### ***Social decision making***

Females felt that sex education enabled them to deal with social issues. For example, one stated:

*My responsibility now is to go out there and let others know about this health education and stress the need to address gender violence and gender issues especially in the rural majority and urban minorities.*

Another stated:

*Since I know now about sexual health, I am eager to go out and educate friends and help people. I can see that sexual health is an open thing and I can't relax and just let it happen, especially if I am very aware. I'd rather tell them about it and stress ways to prepare them to avoid problems. As a health worker, you don't want to end up knowing someone you love the most becomes a victim!*

And still, another female discussed earlier cultural norms of men's superiority and stated that women now were doing things similar to what men did and therefore recommended that *'everyone should be treated equally'*.

### **Awareness**

Female's knowledge of issues affecting the surrounding communities increased as they studied courses related to sex education. For example, one student teacher female said:

*Female's knowledge of issues affecting the surrounding communities increased as they studied courses related to sex education.*

For example, another female student teacher reported the course prepared her to *'make proper awareness in the future'*.

### **Summary of findings**

While the survey indicated sex education's relevance in addressing gender and sexuality issues, the focus group provided additional information. For example, at the personal extent: the course enabled the females to make decisions on how personal sexual relationships. It also increased their awareness on issues affecting them and how to address these issues. They all expressed satisfaction with the courses. From this a general conclusion can be made that while sex education taught at earlier tertiary learning wasn't enough, in the end towards the completion of studies, women students were more knowledgeable and aware on how to deal with specific sexuality issues and relationships with the opposite sex.

### **Interview with educators**

Educators also viewed sex education as important. While sex education is important, lecturers are aware that females have a pivotal part to play. For example; one lecturer attributed importance to the relationship choices that females make in life. Although sex education is important in higher learning to address gender inequality. it does not 'guarantee' a life free from it. For example, the Divine Word University lecturer highlighted that *'not all former female students form successful relationships'*. Two out of the three lecturers think that policies of government do affect education curriculum. For example, one lecturer wrote *'the course needs to be highlighted in most institutions'*. In summary it can be said that women students play a critical role in sex

education's importance in their life and importance of courses is determined by policies of government.

### **Conclusion**

The aims of this study were to increase understanding of how tertiary female students in Papua New Guinea viewed sex education courses as empowering to handle gender and sexuality issues and suggest further lines of enquiry. The study revealed that women students learnt how to deal with sexuality issues and gender based from the programs undertaken. The more time female students spent on courses related to sex education, the more they learnt on how to deal with gender and sexuality issues. Secondly, this study revealed female students' prior knowledge on sex education acquired before entering tertiary institutions was limited in addressing specific sexuality issues. Thirdly, older female students nearing completion of studies were more knowledgeable and aware on how to deal with specific sexuality issues and relationships with the opposite sex. They were able to make informed decisions due to their raised awareness personally and professionally. Fourthly, women students played a critical role in sex education's importance in their lives. External factors such as government policies influenced the need to address gender inequality in PNG. To conclude, this study revealed that female tertiary students viewed sex education as empowering them to handle gender and certain specific sex-related issues as a person as well as a professional.

### **Strengths and limitations**

The validity of this case study research can be seen in the design and different methods used to produce evidence. Importantly among these were the different views on the prominence of sex education from course content, female tertiary students and the lecturers. Despite this strength there are limitations of the study. One limitation is that the findings are restricted to the sample of participants from three tertiary institutions in Madang and thus cannot be generalized to a wider audience. While theory suggests that higher levels of learning enables females to be more enlightened on matters affecting them, this is evident in this study but limited to the case study. Only further studies can explore views of a wider audience.

This research raises additional questions for future research. Firstly, if females were empowered to deal with gender and sexuality matters, how empowered are their gender counterparts, since gender inequality has a cause and effect relationship between genders. Another study opening could be to study how the attention bestowed on females for gender equity is having an impact on their male counterparts. How are the males carrying on their relationships with females who have been educated on their rights to address gender and sexuality issues? Other areas for future research include a more thorough exploration of how the framing of issues around sexuality, gender and health influences students' subsequent attitudes, and studies of behavioural impacts.

## References

- Baden, S., & Green, C. (1994). *Gender and education in Asia and the Pacific*. University of Sussex, Brighton: Institute of Development Studies.
- Bettiol, L. (2004). Village birth attendants in Papua New Guinea. *Australian Family Physician* 33(9) <http://www.racgp.org.au/afp/200409/20040901bettiol.pdf>
- Burchard, M. (2012). *Missionaries and social workers: Visions of sexuality in religious discourse*.
- Campos, D. (2002). *Sex, youth and sex education*. Chicago, IL: ABC, CLIO.
- Cox, E., & Aitsi, L. (1988). *Pacific women roles and status of women in Pacific societies*. Institute of the Pacific Studies of the University of the South Pacific.
- Eves, R. (2003). AIDS and apocalypticism: Interpretations of the epidemic from Papua New Guinea. *Culture, Health and Sexuality* 5(3). <http://www.jstor.org/stable/pdfplus/4005300.pdf>
- Fox, C. (1999). *Girls and women in education and training in Papua New Guinea*. London: Zed Books Ltd.
- Garnaut, R., & Namaliu, R. (2010). *PNG Universities review report to prime ministers Somare and Rudd*. Retrieved from internet, <https://dfat.gov.au/about-us/publications/Documents/png-universities-review.pdf>
- Hukula, F. (2008). Gender violence and inequality retards development. In *Papua New Guinea Yearbook 2008*, National Research Institute.
- Islands Business News (2010). *Ban Sex education in PNG, lawyers meet told*. [http://www.islandsbusinessnews.com/news/index\\_dynamic/containerName](http://www.islandsbusinessnews.com/news/index_dynamic/containerName)
- Johnson, P. L. (1993). Education and the “new” inequality in Papua New Guinea. *Anthropology and Education Quarterly* 24(3),183-204.
- Kelly, A., Worth, H., Akuani, F., Kepa, B., Kupul, M., Walizopa, L., Emori, R., Cangah, B., Mek, A., Nosi, S., Pirpir, L., Keleba, K., & Siba, P. (2009). Gendered talk about sex, sexual relationships and HIV among young people in Papua New Guinea. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 12(3), 221-232
- Rouse, K. (1992). AIDS education in Papua New Guinea schools. *Journal of Educational Studies* 26(14). no.26, vol.14, no.1,
- Kurari, Paraide & Kippel (2008). Education: Achievements and challenges. In *Papua New Guinea Yearbook 2008*, The National Research Institute.
- Lavu, E. (2008). Implications of changing age structure in Papua New Guinea’s population. In *Papua New Guinea Yearbook 2008*, The National Research Institute.
- Lupiwa, S., Suve, N., Horton, K., & Passey. M. (1996). Knowledge about sexuality transmitted diseases in rural and peri-urban communities of the Asaro Valley of Eastern Highlands Province: The health education component of an STD study. *PNG Medical Journal*.
- McDowell, N. (1988). *Reproductive decision making and the value of children in traditional Papua New Guinea*. Monograph 27, Papua New Guinea Institute of Applied Social and Economic Research.
- National AIDS Council of Papua New Guinea (2006). *National gender and policy plan on HIV and AIDS (2006-2010)*. [http://www.undp.org.pg/documents/hiv/aidns/National\\_Gender\\_Policy\\_and\\_Plan.pdf](http://www.undp.org.pg/documents/hiv/aidns/National_Gender_Policy_and_Plan.pdf)
- National Department of Education (2009). *Gender equality strategic plan 2004–2014*. [http://www.education.gov.pg/QL\\_Gender/gender/gender-equity-strategic-plan-v7.pdf](http://www.education.gov.pg/QL_Gender/gender/gender-equity-strategic-plan-v7.pdf)
- Orathinkal, J., Totona, K., Begani, A., Tuka, A., & Begani, R. (2011). Knowledge, attitudes and beliefs on HIV/AIDS among tertiary students in Papua New Guinea. *World Journal of AIDS, Scientific Research*.

- Pagelio, J. (2009). *Education secretary's message, gender equality strategic plan 2004–2014*, [http://www.education.gov.pg/QL\\_Gender/gender/gender-equity-strategic-plan-v7.pdf](http://www.education.gov.pg/QL_Gender/gender/gender-equity-strategic-plan-v7.pdf)
- Rooney D. (2004). *Information for empowerment and development: Why the media is failing the people of Papua New Guinea*, course reader.
- Silo, K. V. (2010). *Women leading in silence in Papua New Guinea higher education*. The University of Waikato, <http://researchcommons.waikato.ac.nz/handle/10289/4330>
- UNESCO Bangkok (2012). *Review of policies and strategies to implement and scale up sexuality education in Asia and the Pacific*. Bangkok; Asia & Pacific Regional Bureau for Education, <http://unesco.unesco.org/images>
- United Nations Children's Fund (UNICEF) (2011). *The state of Pacific youth 2011 opportunities and obstacles*, Secretariat of the Pacific Community, Noumea, [http://www.unicef.org/eapro/State\\_of\\_the\\_Pacific\\_Youth\\_Report\\_web.pdf](http://www.unicef.org/eapro/State_of_the_Pacific_Youth_Report_web.pdf)
- Government of Papua New Guinea (2010). *Papua New Guinea Vision 2050*. [http://www.treasury.gov.pg/html/publications/files/pub\\_files/2011/2011.png.vision.2050.pdf](http://www.treasury.gov.pg/html/publications/files/pub_files/2011/2011.png.vision.2050.pdf)
- World Health Organization. (2004). *Gender, women and health*, <http://www.who.int/gender/whatisgender/en/>
- World Youth Report (2003). *Youth & health issues*, <http://www.un.org/esa/socdev/unyin/documents/ch04.pdf>

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