

Acknowledgements

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This manual is partially based on the Ghana and Kenya Peer Educator Manuals developed by Family Health International. Additional manuals and documents consulted are listed below :

- Peer Education Training Module on STD/HIV/AIDS. Draft Manual, Ghana Police Service AIDS Control Programme. FHI/Ghana. Accra, Ghana. 2001
- Participatory Peer Education for HIV and AIDS Prevention, Family Health International and PATH, Nairobi, Kenya, 2001
- Life Skills Manual, Peace Corps, July 2000.
- Stepping Stones: A Training Package on HIV/AIDS, Communications and Relationship Skills. Actionaid/TALC, Uganda
- STD/AIDS Peer Educator Training Manual, AIDSTECH, AMREF and the National AIDS Control Programme, Tanzania, August 1992
- AIDS Law Training Manual (draft), AIDS Law Unit, Legal Assistance Centre, Windhoek, Namibia, 2003
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- Reproductive Health, Gender and Human Rights: A Dialogue, Program for Appropriate Technology in Health (PATH), 2001

Foreword

Successful business relies on a productive labour force. Where the number of AIDS deaths continues to rise, businesses feel the financial pinch. Some studies have projected losses of up to 56 percent of annual profits for selected companies in sub-Saharan Africa as a result of the HIV/AIDS pandemic.

Companies incur many added expenses when employees or their families succumb to AIDS. Absenteeism soars as workers grow weak, attend funerals, or tend to ailing relatives. Productivity plummets because of their absence, and the pool of available labour shrinks. Health care costs rise since companies need more healthy staff and have to pay higher medical insurance costs, life insurance premiums, disability benefits and pensions. In addition, they must hire and train new workers to replace disabled employees while covering burial costs and death benefits.

Although the business sector alone cannot end the spread of HIV/AIDS, businesses are well positioned to contribute resources and skills, help influence employee attitudes and sexual behaviour and provide clinical services. The workplace offers a structured environment for sharing information, reinforcing notions of acceptable behaviour and implementing interventions. Businesses have learnt that community outreach through involvement in HIV/AIDS prevention and care not only meets community needs but also enhances a company's image and helps sustain the work force.

While there is no single workplace model, lessons learned from programmes around the world suggest appropriate responses are:

Leadership commitment demonstrated within the workplace and beyond.

This is to ensure that HIV/AIDS prevention leadership at all workplace levels is evident to all employees and their dependants.

It can involve:

- Training managers, especially human resource and supervisory managers, to address and respond to HIV/AIDS issues and concerns in the workplace.
- Provide adequate annual financial and logistical investments to assure that programmes run effectively and efficiently.
- Committing to programmes in the community, thereby demonstrating recognition that HIV/AIDS does not stop at the company gates.

Comprehensive responses within the workplace:

Piecemeal programmes, programmes for a single category of workers, outdated information, responses that cover prevention but neglect post-infection needs, all these convey a lack of employer commitment and tend to diminish employee commitment.

Clear, consistent and up to date information:

This should include information on the disease, workplace issues relating to the disease, and the employer's response to the epidemic.

- Employees want regular information, especially given the changing nature of the epidemic, and research on aspects of the disease.
- Employees want to feel comfortable to get information and consult with workplace managers and/or peers on issues related to HIV/AIDS.

Workplace policies:

Employees and unions should be actively involved in the development of the HIV workplace policy through a participatory process.

These should clearly target specific employee groups, such as senior staff or dependants, and be consistent with and support workplace prevention and care programmes. Workplace policies should also be as consistent as possible across employee groups in order to avoid the perception of discrimination.

HIV/AIDS prevention and care initiatives:

These should be available to employees and dependants within the workplace or readily accessible outside the workplace, and should include:

- Up-to-date information.
- Male and female condoms.
- Sexually Transmitted Infection (STI) diagnosis and treatment.
- Care & support (including flexibility in work schedules and assignments).
- Access to all appropriate drugs (employers are increasingly recognising the value of providing antiretroviral drugs).
- Legal advice and care and support for dependants of infected employees.
- Annually updated information on employee benefit.

A pro-active commitment to avoid stigma and discrimination and maintain confidentiality:

Special training for managers and peer educators on these issues is part of the commitment.

Employee involvement:

Employees should be involved at all levels and in all aspects of workplace responses to the epidemic, including:

- Involvement in designing or revamping workplace policies and programmes.
- Selection of peers within the workforce who can provide information, counselling and prevention supplies to colleagues.
- Peer educators among middle and senior management.

Monitoring and review:

The effectiveness of HIV/AIDS initiatives should be monitored and reviewed regularly, with a willingness to adapt programmes and policies accordingly and as the epidemic and employee needs evolve.

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Introduction

This manual is designed for you, the trainer or co-ordinator of HIV/AIDS peer education programmes. Peer education is an important intervention in HIV/AIDS prevention and control. Through the training and support of the peer education trainer and/or co-ordinator, peer educators become important links between individuals and services. In this manual we use the term Trainer or Peer Educator Co-ordinator interchangeably. The term “Peer Educator Co-ordinator” could refer to either one person or a team of people, who are responsible for training and implementing Peer Education Workplace Programmes.

Purpose of this Training Manual:

- Clarify the role of the trainer/co-ordinator in relation to peer educators
- Help trainers/co-ordinators identify and train peer educators for HIV/AIDS workplace interventions
- Provide trainers/co-ordinators with a training outline and tools for conducting training sessions
- Provide ideas and tools for monitoring and motivating peer educators

How to use this Manual:

The manual is designed to give trainers/co-ordinators options for training peer educators depending on the time available for training. Section 2 in this manual, “Training Programmes” is a standard five-day training. However, we provide example schedules for three and four day trainings (in the appendix). Peer educators are required to absorb and understand a wealth of information, ideas and values. Peer educators must receive a minimum of three days training to cover the basics of HIV/AIDS peer education. Five days is the optimum length of time for a peer educator training.

Remember that training peer educators is an ongoing process. The co-ordinators need to monitor the interactions of the peer educator closely, keep the peer educator informed of new information and motivate him or her to keep going. Refresher trainings should be provided periodically. This manual offers ways to address each of these activities.

Structure of the Sessions:

The session length and content will vary based on the knowledge of the peer educators and the time available for training employees. This manual provides the core content and issues needed for educating peers. All these topics should be covered with peer educators during training and follow up sessions.

The training programmes are organised in the following manner:

- Topic
- Outcomes for peer educator
- Background information for presenting the session
- Main points for interactive discussions
- Group activities
- Role plays
- Overheads and handouts for the session

The appendix includes a glossary of terms, a resource list of AIDS Service organisations, sample schedules for three and four-day training, HIV/AIDS knowledge (company) questionnaire, observation sheets, session reporting and planning sheets, and an example overhead presentation to management.

The co-ordinator should organise materials for the peer educators to use with employees in the workplace. There are materials available from the Ministry of Health and Social Services, the Take Control Media Campaign, Catholic AIDS Action, the AIDS Law Unit of the Legal Assistance Centre, UNAIDS, UNICEF, Family Health International, and other HIV/AIDS service organisations. They should also link workplaces with one of the Namibian condom social marketing organisations (SMA or NASOMA).

SECTION ONE: INFORMATION FOR TRAINERS AND PROGRAMME CO-ORDINATORS

Background

Peer education is an important tool of HIV/AIDS prevention and control. Peer education relies on the interaction of two similar individuals (co-workers, people the same age or health status). The trained peer educator helps individuals with questions and concerns about HIV/AIDS. The peer education model is based on evidence that information received from someone of the same group is more readily accepted and trusted.

- Peer educators have information to share about prevention of HIV
- They distribute condoms to those who want them or who are concerned about getting infected
- They encourage peers who are worried about their HIV status to get tested
- They help family members cope with an HIV positive relative
- They identify places people can get treatment and care

There are some key characteristics of peer educators. These include:

- Understand the facts about HIV/AIDS
- Can communicate effectively with individuals
- Are comfortable with discussing sex and sexuality
- Have understanding and compassion for infected individuals
- Listen effectively
- Respect confidentiality of peers

It is important for you to carefully select individuals for peer education training and to use the tools in this manual to ensure that these individuals have the right skills to be successful peer educators. You will also need to monitor peer educators once they are trained and obtain feedback from employees on the peer interaction. After the formal training is completed, you will need to set up regular meetings to review issues and concerns that challenge peer educators.

The Role of the Peer Education Co-ordinator

The Peer Education Co-ordinator is central to a successful workplace programme. He/she is the interface between management, employees and the peer educators. The term “Peer Education Co-ordinator” refers to either one person or team of people who are responsible for implementing peer education workplace programmes. This can be a person who liaises with management in workplaces as well as those who conduct the actual peer educator trainings.

The peer education co-ordinator is responsible to:

1. Negotiate peer education programme with companies.

It is critical that management buys into the programme and understands the value of workplace HIV/AIDS interventions. Companies usually respond to the impact HIV/AIDS will have on the workforce and production. It may be useful to share data on the economic impact of HIV/AIDS in the workplace to get their attention. (The Appendix contains a sample overhead presentation on HIV/AIDS designed for presentations to management.)

As co-ordinator you should inform company management of the time and resource commitment required by and for the peer education programme. This should include training and meeting time for peer educators; an agreed upon time for peer interaction each month; and places for displaying materials and condoms. The optimum number of peer educators in a workplace setting is 1 for every 15 employees.

Management should be willing to provide a space for training and regular meetings with the peer educators. Finally, management should notify employees of the programme and express support for it in the company.

2. Identify peer educators for training.

Management may identify individuals in the company. In some cases, individuals will volunteer. It is your role to screen these individuals before, during and after the training to ensure that they can competently participate in the programme. This manual contains information on traits of a good peer educator.

3. Organise training schedule and activities.

You will need to work with management to determine the number of days and hours employees will be available for training. **ANY EMPLOYEE INTERESTED IN BEING A PEER EDUCATOR MUST PARTICIPATE IN ALL THE TRAINING SESSIONS AND FOLLOW-UP MEETINGS.**

Use this manual to organise the content and activities of the training sessions. Once you conduct the screening exercise, you will be able to determine the amount of information and training the peer educators will need.

4. Assess training and monitor peer education activities.

The appendix contains forms that you can use to evaluate the employees after the training and as they counsel and teach to peers. You can use the information from the assessment to help peer educators improve their skills.

5. Meet regularly with peer educators to discuss progress of peer education.

Ideally, you should organise monthly meetings with peer educators in each company. The meeting will allow you to address the concerns and questions of the peer educators. You can also provide specific HIV/AIDS resources and referral information that may be useful to the peer. Use these meetings as a

time to solve problems and share insights, as well as provide updated information and revision on certain topics. Don't forget to encourage the peer educators and thank them for the important role they are playing in their company.

6. Assist with condom distribution in the companies.

Companies that take part in peer education programmes should provide employees with condoms. Co-ordinators can assist with this by putting companies in contact with social marketing programmes (listed under resource list in the appendix) or the Ministry of Health and Social Services.

PEER EDUCATION TRAINING PROGRAMME-- GETTING STARTED

Once you have established the peer education programme within the company you can start the training. The manual is structured according to a five-day training schedule. For each day there is a schedule, objectives, content, activities, interactive discussions and role plays.

Being a good trainer:

As co-ordinator you must be a good teacher, a clear communicator and an organised trainer. In preparing for your training session we have identified some factors that contribute to good learning and communications.

How people learn:

People learn best when they are actively involved in the learning process. Research shows that people only remember 10% of what they read and 50% of what they see and hear. However, 90% learn what they say as they do things. Learning is a good experience when people:

- Find it useful
- Are active in doing things
- Feel comfortable and/or safe in the learning environment
- Are interested in the subject
- Learn with others
- Are proud of learning something difficult

People have different ways of how they learn, but everyone needs certain things:

Respect: the participant needs to feel heard, honoured and respected as a person for more than what he/she knows or doesn't know; democratic social arrangements promote better, more humane experiences.

Immediacy: takes something from previous experience and relates it to something that will come after. The participants should be able to identify how he/she can use his/her knowledge, skills and attitudes in the exercise of learning that's being taught.

Experience: the participant gets to do something and can see how what he/she is learning has something to do with his/her own life experience.

Features of effective communications: Here is some information to remember before you start training.

- Keep to the point and make sure your message is correct and simple.
- Don't just lecture. Use visuals to convey your message and break up the group into small groups. Use videos and guest speakers to liven up your talk.
- Listen to the participants and make sure they understand what you are telling them before you move on to the next activity or topic. Don't assume people understand because they nod their head. Check in with participants and ask them to re-tell information in their own words.
- Get participants involved in the discussion. Ask for feedback as you talk. Ask people to give you examples to make a point instead of using only your examples.
- Summarise the key points you covered before you move on to the next topic.

The Training Programme for Peer Educators

The peer educator training may vary by the number of hours and days you have available. However, the basic content must be covered to prepare a peer educator for his/her job. This manual is designed to guide a co-ordinator through a five-day training. Section 2, “Five-Day Training Programme” contains all of the sessions for such a training, divided into each respective day. In the appendix, you will find schedules for three- and four-day trainings. These alternative trainings offer options to co-ordinators who might have limited time. Additionally, training could be spread out over a period of time: i.e. Days 1 through 3, and one month later Days 4 and 5.

Each day of sessions (in section 2) covers the following:

- Information about the specific content
- Points to make during interactive discussions
- Exercises for assessing the knowledge, and attitudes of the peer educator and for gauging their level of comfort with the content
- Role Plays to see how the trainees have assimilated and used the information in the session
- Tools for you to assess the trainee’s level of knowledge and attitudes after the training has ended

Tips for Successful Training:

- Keep the group to a manageable size, no more than 15 per training.
- Prepare all the sessions. Study your information and make sure you have all the facts in order.
- Organise the room so that it is conducive to learning. The light, temperature and position of the chairs and tables are important.
- Make sure the audio-visual equipment works before you start the session.
- In group discussions make sure everyone has a chance to speak and be heard. You may have to call on people to get them to talk. Others who talk too much may need to be reminded to keep their response short in order to give others a chance to speak.
- Summarise key points from discussions by writing them on a flip chart.
- Observe the non-verbal clues of the group. If they look tired, take a short stretch break. If they are daydreaming, get them active.
- If the discussions get heated, ask the parties to be respectful of each other and the group. If that doesn't work call a break until things cool down.
- Use role-plays and case studies to actively involve the participants.
- Keep on schedule. Ask people to arrive promptly for each session and from breaks. There is a lot of information to cover.
- **REMEMBER:** For many employees, the topics are new and they may feel uncomfortable or embarrassed at the start of training. Allow people time to get comfortable with the content.

What Peer Educators Need to Know

- The role of the peer educator
- How to present to a group
- Places to refer people for legal, medical, and counselling services
- How to communicate effectively with peers
- How to promote positive behaviours with regard to HIV/AIDS
- HIV: transmission, prevention, how the virus affects the body
- The relationship between HIV and TB
- The steps and benefits involved with HIV testing
- Confidentiality of a person's HIV status, especially in the workplace
- Availability of HIV treatments in Namibia
- The benefits of a peer education programme

DAY 1

Introductions, Getting to Know the Group, Knowledge and Attitudes, Beliefs, and Values

Objectives for DAY 1

By the end of Day One, participants should be able to:

- Feel comfortable in the training surroundings and accept the norms for the training
- Understand objectives of the training
- Describe what he/she would like to learn during the training (expectations)
- Understand the role of a peer educator
- Recognise the role of values in peer education
- Realise that values and beliefs contribute to people's willingness to prevent HIV and/or care for people who are infected and affected with/by HIV
- Discover some of their own values and beliefs and reflect on how they could affect their work as a peer educator
- Focus on their own concerns about being a peer educator

Format for Day One
Training Time: Approximately 5 hours

TRAINING SESSION	TIME NEEDED	CONTENT	ACTIVITY	OUTCOME
1. Introduction and Overview	15 Minutes	Interaction among trainees	Ice-breaker: human treasure hunt	Increase comfort level among trainees
2. Individual Introductions	3 Minutes per person (30-45 min total)	Opportunity to meet each trainee individually and get a sense of their personality	Individual Introductions	Increase comfort level of trainees. Trainer can get a sense of trainee's personality
3. Review Objectives, Schedule, and Housekeeping	10 Minutes	Clarify the surroundings and timetable	Interactive Discussion	Increase level of comfort with the surroundings and process
4. Individual Expectations	20 Minutes	Clarify individual expectations of the training	Interactive Discussion	Participants share and understand their individual expectations
5. Set Group Norms	20 Minutes	Participatory exercise to establish ground rules of the training	Interactive Discussion	Participants understand the expected behaviour of the group during the training
6. Conduct Pre-training on Knowledge	20 Minutes	Individual assessment of participants' knowledge. Helps trainer establish level of training required	Participants fill in questionnaire	Establish baseline knowledge and attitudes of the participants. Identify areas to emphasise in the training
7. Discuss the Role of a Peer Educator	One Hour	Clarify roles and responsibilities of the peer educator	Interactive Discussion	Participants understand the role expected of them as peer educators
8. Feelings about Peer Education	One Hour	Participants explore their feelings about peer education	Activity	Participants understand the interaction between their feelings about HIV and their role as peer educators
9. Values related to HIV/AIDS	One Hour	Participants explore their values related to HIV/AIDS and their role as peer educators	Activity	Participants understand the role of values in peer education

TRAINING PROGRAMME

1. Introduction and Overview

- ◆ Give participants the training schedule
- ◆ Conduct introductory ice breaker exercise: The Human Treasure Hunt

Activity:

Handouts and Materials: List for treasure hunt (page 21)

- Give the handout checklist for treasure hunt.
- Explain that you will give the participants an opportunity to meet and greet each other but that they also have a task to complete.
- Participants go around the room finding people who can answer YES to each item on the handout. They should meet the person and get their name and signature on their paper. A person may write his/her name on each paper only one time. Even if a participant could actually answer YES to several of the items, he or she may sign only one. When participants have signatures for every item, they should come to the front of the room.
- Allow the human treasure hunt to last about 10 – 15 minutes.
- Ask if everyone in the group has now met at least 4 new people.

Purpose of activity: Participants meet and get to know one another.

2. Individual Introductions

Activity:

- Ask one participant at a time to introduce him/herself. Each should use an adjective to introduce themselves. The adjective must start with the same letter as the participant's first name. For example, if a participant's name is David, he might introduce himself as "Darling David" or "Devious David".

Purpose of Activity: Participants and co-ordinator get some insight into each person's personality.



3. Review of Objectives, Schedule and Housekeeping

Objectives: (overhead page 22)

The overall goals for this training course are:

- Peer Educators will increase their knowledge, ability and confidence in recognising sexual risks, in negotiating and using condoms, and talking about sexually transmitted infections.
- Peer educators will increase their skills to deliver participatory training techniques.
- Peer educators will explore attitudes, values and beliefs towards sexuality, communication, personal responsibility and AIDS.
- Peer educators will increase their skills in facilitating group meetings and individual sessions.

Schedule: Review schedule for training

Housekeeping: Details about the location and schedule

- bathroom locations
- breaks
- lunch
- telephones
- other relevant details

4. Individual Expectations

Activity:

Handouts and Materials: Coloured index cards or pieces of paper: two different colours

- Prepare coloured index cards or small pieces of paper in two different colours. There should be enough so that each participant can have 3-5 pieces of paper.
- Distribute the coloured papers to each participant. Ask them to work in groups of 3-4 people.
- Their task is to think of the types of questions that they believe their peers will ask them. Ask them to think of questions peer educators might find difficult to answer. Promise them that each question that they write down will be answered during the workshop. They should write these “questions from peers” on only one colour of paper.
- On the other colour of paper, they should write all the things that they think peer educators will need to know. Include knowledge, skills and attitudes.
- Make a space on the wall for the two categories.
- The groups should post their questions on the wall in the appropriate space.
- Explain that these questions represent some of the things that they think are important and that they want to learn from this training. Read the questions and tell the participants that each day, more and more of them will be answered. (This is a good way to review some of the issues at the closing session of each day.) Ask if there are other expectations. List them.

Purpose of Activity: Trainer can assess trainees' expectations and build this information into training.

5. Setting Group Norms

Activity:

Handouts and Materials: Flip chart and markers

- Explain that the word “norm” means how we will all work together this week to achieve the workshop objectives in an efficient and effective way. Norms are rules of behaviour that apply to the group.
- Ask participants to suggest norms that they would like to propose. Often there will be such things as: “We want to start and finish sessions on time.” Or “We don’t want cell phones in the training room.”
- Write these statements on the flip chart and discuss to see if everyone agrees.
- The norms that everyone agrees with should be hung on the wall as a reminder to everyone of the ground rules for the training.

Purpose of Activity: Participants take an active part in training and establish acceptable and unacceptable behaviour in the training.

6. Pre-training Knowledge Assessment

Activity:

Handouts and Materials: Peer Educator Pre-training Exercise handout and collect completed forms (see pages 23-24).

- Give participants the pre-training test and ask that they fill it out and return. Explain to the participants that the purpose of the test is to get a sense of what participants know so that you can tailor your training for them. Names are not required.

Purpose of Activity: Trainer can assess the participants' level of knowledge related to STI/HIV/AIDS.

7. Discuss the role of the Peer Educator

Interactive Discussion:

What is peer education?

- ◆ Peer education is an important tool of HIV/AIDS prevention and control.
- ◆ Peer education relies on the interaction of two similar individuals (co-workers, people the same age or health status).



Peer Educators Should:

(see overhead on page 25)

- Help individuals with questions and concerns about STI/HIV/AIDS.
 - Have information to share about prevention of STI/HIV.
 - Distribute condoms to those who want them or who are concerned with getting infected.
 - Encourage peers who are worried about their HIV status to get tested.
 - Help family members cope with an HIV positive relative.
- Identify resources, places and people who can offer services for employees seeking treatment and care.
 - Provide information on legal resources available to HIV positive people and PLWA.

Peer Educators Should NOT: (see overhead on page 26)

- Discuss individual medical matters with employees. A peer educator should always refer an individual to the appropriate medical staff for counselling and medical attention.
- Diagnose an STI or HIV. The peer educator should refer people to the appropriate medical staff/services.
- Tell anyone about discussions with employees.
- Ask an individual about his/her HIV test results.
- Disclose information about HIV+ employees or family members of employees with HIV.

Activity:

Handouts and Materials: cards that give descriptions of how peer educators should be and cards that describe what they should NOT be.

What is a peer educator?

- Prepare a number of cards that describe a peer educator and some cards that do not.
- Ask each participant to take a card, read it out loud.
- Ask the participant to tell the group if this does or does not describe a peer educator.

Purpose of Activity: Participants share their understanding of peer education.



Activity:

Handouts and Materials: flip chart and markers

- Using a flip chart ask participants to list traits of a peer educator. Ask participants to write down how many of these traits they have. Read each trait and ask peers to raise their hand if they think they have this trait. Take a count of people who have 0,1,2,3,4,5+

Purpose of Activity: Participants share information about how they view their abilities to be good peer educators.

***ALL DISCUSSIONS BETWEEN PEERS AND EMPLOYEES ARE
CONFIDENTIAL***

There are some key traits of peer educators. (see overhead on page 27)

- **Literate:** can read and understand the facts about HIV and AIDS
- **Good communicator:** can communicate effectively with individuals and is comfortable speaking before a crowd
- **Confident:** are comfortable with discussing sex and sexuality
- **Compassionate:** have understanding and compassion for infected individuals
- **Good listener:** listen effectively
- **Discreet:** respect confidentiality of peers

8. Feelings about Peer Education

Interactive Discussion: (See overhead on page 29)

- ◆ It is important for peer educators to understand how they feel about being a peer educator.
- ◆ It is helpful to talk about concerns about being a peer educator (how people will view me).
- ◆ Peer educators need to feel comfortable talking to people who are HIV positive.
- ◆ It is common for peer educators to have doubts, concerns and fears about being peer educators. Peer educators should be encouraged to talk about them with the coordinator or other peer educators

Activity:

Handouts and Materials: flip chart and markers

- Write the following on a flipchart:
What do peers think of peer educators?
What do management and supervisors think of peer education?
What should a peer educator do? (roles and responsibilities)
What skills are needed to be an effective peer educator?
What fears, doubts or worries do you have about being a peer educator?
- Divide the large group into smaller working groups. One person should be the recorder. (Notes can be taken on notebook paper because they will not be posted on the wall.)
- Tell them that their task is to think about the role and responsibilities of being a peer educator. Ask them to discuss and answer the questions that are on the flip chart in the front of the room. Allow approximately 30 minutes for discussion.
- When the small group discussion is completed, ask for feedback from the groups. To save time, ask each group to say one important point in answer to the first question. Go around and ask each group about question # 1. Quickly write short answers on a flip chart. Do the same for each of the questions.
- Discuss the difficulties and barriers that may exist and may hinder their peer education work.

Purpose of Activity: Participants speak freely about difficulties they may face being peer educators.

9. Values of a Peer Educator

Interactive Discussion:

- ◆ Many people have negative feelings about people with HIV/ AIDS and do not want to be around such people. These feelings create a stigma or negative view of people with HIV/AIDS.
- ◆ We all have values about sex, marriage, sexuality, promiscuity, sickness and death that affect how we think, feel and act.
- ◆ To be an effective peer educator you must be able to put aside these values and deal with each person individually showing fairness and respect.
- ◆ Peer educators must also feel comfortable discussing sensitive, personal matters.
- ◆ What you believe and how you feel about HIV and AIDS will be important in how you function as a peer educator.

Activity:

Handouts and Materials: signs that say “strongly agree” “agree” “disagree” and “strongly disagree”

- Place the four signs around the room.
- Tell participants that HIV/AIDS is a difficult subject for people to openly talk about. We will start to look and discuss what some people in Namibia say about HIV and AIDS.
- Show the participants the signs around the room (“strongly agree” “agree” “disagree” and “strongly disagree”).
- Tell them that you are going to read one statement at a time.
- Each individual should decide whether or not they “strongly agree” “agree” “disagree” or “strongly disagree” with the statement that is read.
- They should then move to the sign that corresponds with their decision.
- Read the following statements, one at a time, and let the participants move to the sign that best describes their feelings. Ask a few individuals under each sign to tell the reasons why they chose that sign. **Do not judge.** Allow other participants to disagree if they want to.

Statements:

- 1 People with HIV/AIDS should not have sex.
 - 2 _____ is/are responsible for spreading HIV.
 - 3 People with HIV/AIDS should be isolated.
 - 4 I would feel uncomfortable working next to someone with AIDS.
 - 5 AIDS is a punishment for immoral behaviour.
 - 6 Those with HIV only have themselves to blame.
 - 7 Only people who sleep with many people get HIV.
 - 8 Life is not worth living if you are HIV-infected.
- If time permits, ask the people standing under each sign to quickly discuss their reasons for being there (ask one person to report). Encourage discussion and debate. Ask some of the following questions:
 - Do you agree with this group’s reasons?**
 - Why or why not?**
 - What do you think the other group forgot about?**
 - What would you say to convince this group to come to your side?**

Purpose of activity: Participants examine values and are required to defend their point of view.

Alternative Activity:

Handouts and Materials: On small pieces of paper or cards write either a positive (+) or negative (-) sign on it. There should be enough papers for each participant.

- Mark 1/3 of the papers positive (+) (If there are 10 participants make 3 positive and the rest negative). On one of the negative papers write the word, “abstinence”. On another of the negative papers write the word, “condoms”.
- Give each participant a piece of paper or card marked either positive (+) or negative (-).
- The participants should put their card in their left hand without looking at it. Ask participants to mix among each other and shake hands with as many people as they want.
- After about 5 minutes, the participants now look at their cards.
- Ask those with a **card** marked “positive “(+) to line up in front of the room.
- Ask those who shook hands with them to line up behind them.
- The two persons with **Abstinence** and **Condoms on their negative card** should remain seated.
- Explain as follows: “Let us assume that all these people in front are infected with **HIV** and that through their handshake, they transmitted the virus to everyone who is standing behind them”. Point to the **Abstinence** and **Condom** card participants and explain who they are and why they were not “infected.” Ask the participants to sit and ask them what the exercise is trying to illustrate. Have a large group discussion in which you guide the participants to think about what the game is trying to illustrate. The types of answers that are common are:
 - We are all infected.
 - You cannot know who has the virus.
 - It is very easy to get infected.
 - Since you never know, you should always be careful.
 - You should never judge a person just because he or she may be HIV positive.

Purpose of Activity: Participants understand transmission of HIV and that abstinence and condom use are means of protection.

HANDOUTS AND OVERHEADS for

DAY 1 **1**

HUMAN TREASURE HUNT

INSTRUCTIONS: Find a different person who can say YES to each of these statements. Introduce yourself. Ask the person to write their name or initials next to the statement that he or she can honestly say yes to. When you have a name next to each statement, come to the front of the room.

FIND SOMEONE WHO:

1. _____ Feels comfortable being a peer educator
2. _____ Likes to help people
3. _____ Has been tested for HIV
4. _____ Knows someone with HIV infection
5. _____ Has talked to their children about sex
6. _____ Can keep a secret
7. _____ Has used a condom
8. _____ Has talked to friends about sex
9. _____ Has already done peer education work
10. _____ Likes their job
11. _____ Has cared for a sick friend or relative
12. _____ Exercises at least 3 times a week
13. _____ Is very religious
14. _____ Can speak more than 3 languages
15. _____ Has more than two children
16. _____ Has a family member who died of AIDS
17. _____ Is happy to be in this training course

Training Workshop Goals and Objectives

The overall goals for this training course are to ensure that Peer Educators:

- ◆ Increase their knowledge, ability and confidence in recognising sexual risks, in negotiating and using condoms, and talking about sexually transmitted infections (STIs)
- ◆ Develop their skills to interact with peers
- ◆ Explore attitudes, values and beliefs towards sexuality, communication, personal responsibility and HIV and AIDS
- ◆ Increase their skills in facilitating group and individual meetings

PRE-TRAINING EXERCISE

Instructions: Please answer the following questions to the best of your ability.

1. What do the letters STI stand for, and what do they mean?

2. What do the initials HIV and AIDS stand for and what is the difference between them?

3. Are the following statements true or false? Tick at the right answer.

- a. You can generally identify a person with HIV infection by looking at him or her.
— TRUE — FALSE

- b. All children born to HIV-positive women will get HIV
— TRUE — FALSE

- c. Mosquitoes spread HIV.
— TRUE — FALSE

4. List 4 signs and symptoms of STIs.

5. List 4 signs and symptoms of AIDS.

6. List 3 ways HIV is spread.

7. List 3 ways HIV infection can be prevented.

8. Explain what the word ‘communication’ means.

9. What is voluntary counselling and testing (VCT)?

10. Can people with HIV stay healthy?

_____yes _____no

11. What does the word “confidential” mean?

12. What is a female condom?

YES!
Peer Educators Should:

- ◆ Help individuals with questions and concerns about STI/HIV/AIDS
- ◆ Share information about preventing STI and HIV
- ◆ Distribute condoms to those who want them or who are concerned about getting infected
- ◆ Encourage peers who are worried about their HIV status to get tested
- ◆ Help family members cope with an HIV-positive relative
- ◆ Identify places people can get treatment and care
- ◆ Provide information on legal services available to individuals who are HIV-positive or PLWAs
- ◆ Understand that all discussions with peers are confidential

NO!
Peer Educators Should NOT:

- ◆ Discuss medical matters with individuals
- ◆ Diagnose an STI or HIV infection
- ◆ Tell anyone about peer discussions
- ◆ Ask an individual about his/her HIV test results
- ◆ Disclose information about employees who have family members with HIV

**All interactions between a peer educator and an employee are
CONFIDENTIAL**

Some Key Traits of Peer Educators:

- ◆ Understand the facts about STIs, HIV and AIDS
- ◆ Can communicate effectively with individuals
- ◆ Are comfortable speaking before a group
- ◆ Are comfortable discussing sex and sexuality
- ◆ Have understanding and compassion for infected and affected individuals
- ◆ Listen effectively
- ◆ Respect confidentiality of peers

Activities to Increase Awareness of HIV and STIs Among Peers	
<ul style="list-style-type: none"> ◆ Conduct informal small group discussions about STI/HIV/AIDS. ◆ Organise and conduct formal group discussions about STI/HIV/AIDS. ◆ Teach Peers about STIs and where to go for treatment ◆ Organise meetings and educational sessions (to be taught by guest speakers) ◆ Participate in World AIDS Day and other public events. 	<ul style="list-style-type: none"> ◆ Hold regular meetings ◆ Distribute educational materials ◆ Display posters and other educational materials ◆ Present video screenings ◆ Adapt/develop educational materials ◆ Perform dramas/role plays ◆ Organise sports events
Activities to Motivate and Support Behaviour Change	
<ul style="list-style-type: none"> ◆ Talk to peers one-on-one ◆ Teach peers how to do a personal risk assessment ◆ Teach peers how to negotiate safer sex (including condom use) 	<ul style="list-style-type: none"> ◆ Listen to personal concerns of employees related to STI/HIV/AIDS ◆ Recommend or refer peers for STI/HIV testing
Condom Promotion, Distribution and Education Activities	
<ul style="list-style-type: none"> ◆ Distribute free condoms ◆ Teach condom negotiation skills 	<ul style="list-style-type: none"> ◆ Give condom demonstrations ◆ Teach condom use (buying, storing, opening, using, disposing) skills
Activities Related to Care and Support for People Living with AIDS	
<ul style="list-style-type: none"> ◆ Support people affected by HIV/AIDS ◆ Tell peers about home based care services for people with AIDS related illnesses. 	<ul style="list-style-type: none"> ◆ Make visits to hospitals or homes of AIDS patients ◆ Provide information about legal services
Other Activities	
<ul style="list-style-type: none"> ◆ Provide referrals to health care facilities 	<ul style="list-style-type: none"> ◆ Other _____

FEELINGS ABOUT PEER EDUCATION

- ◆ It is important for peer educators to understand how they feel about being a peer educator
- ◆ It is helpful to talk about concerns about being a peer educator (how people will view me)
- ◆ Peer educators need to feel comfortable talking to people with HIV/AIDS
- ◆ It is common for peer educators to have doubts, concerns and fears and to be able to talk about them with the co-ordinator or other peer educators

DAY 2

Basic Facts about HIV/AIDS, STIs, and Dealing with Sex and Sexuality

Objectives for DAY 2

By the end of Day Two, participants should be able to:

- Assess risk behaviours related to HIV
- Provide accurate information about HIV/AIDS and modes of transmission
- Explain how STIs can be prevented
- Explain the relationship between STIs and HIV infection
- Discuss the barriers that prevent people from seeking proper treatment for STIs
- Distinguish between the concepts of Sex, Gender and Sexuality
- Discuss male and female sexual body parts and their functions

Format for Day Two

Training Time: Approximately 5 hours

TRAINING SESSION	TIME NEEDED	CONTENT	ACTIVITY	OUTCOME
1. HIV/AIDS Facts	45 Minutes	Difference between HIV and AIDS Major modes of transmission	Interactive discussion	Increased knowledge about HIV/AIDS and modes of transmission
2. Risk Game	45 Minutes	Behaviours associated with high risk	Assess behaviours by level of risk	Increased knowledge of high risk and low risk behaviours
3. STI's 4. STI Introductory Role Play	15 Minutes	Discuss complexities of STIs.	Role Play	Participants understand the emotional and social issues related to STI treatment.
5. STI Facts	One hour	Discuss STIs, relationship to HIV and what the peer educator should say and teach about STIs.	Group discussion with fact sheet and tips for peer educator.	Participants understand the basic facts about STIs and what they should say to individuals.
6. STI Role Plays	30 Minutes	How peer educators should interact with peers.	Role Play with discussion	Participants understand how to apply information about STIs.
7. Sex and Sexuality	15 Minutes	Define sex, sexuality, and gender	Interactive discussion	Participants can distinguish between the terms.
8. Activity: Naming Parts of the Body	45 Minutes	Identify male and female body parts involved in sexual activities.	Draw and label bodies	Participants can identify body parts and feel comfortable talking about them.

Optional activities: There are three optional activities for Day Two: “Practice Being a Peer Educator” (Role Play), “Level of Comfort with Sexual Terms”, and “Gender and Sexuality”. All are very good activities, but should only be done if time permits (given that the other sessions have been presented).

TRAINING PROGRAMME

1. HIV/AIDS Facts

Information for the trainer:

HIV and AIDS

- ◆ Many people confuse HIV and AIDS. HIV is a virus (Human Immunodeficiency Virus), AIDS is a collection of diseases (Acquired Immune Deficiency Syndrome). HIV is the virus that causes AIDS.
- ◆ HIV is transmitted to people in different ways. In Namibia, the most common ways of transmission are sexual intercourse and from mother to child (during pregnancy, delivery and breastfeeding).
- ◆ In sexual transmission a person is first EXPOSED to HIV through unprotected vaginal and/or anal intercourse with an infected partner. It is also possible that the person may not become INFECTED with HIV. More on this will be covered during session 2, “Risk Game”.
- ◆ A person does not develop AIDS as soon as he or she becomes infected with HIV (for more clarity, see the diagram, “The Natural Course of HIV Disease” in the appendix).
- ◆ It can take between three and ten years for someone infected with HIV to develop AIDS related diseases/opportunistic infections. An infected person may not have any symptoms for a long time and thus, may not be aware that he or she is infected. **The HIV positive person can therefore spread the virus to other people without realising it.**
- ◆ Most people with HIV look healthy. HIV can only be detected by a test, called an HIV antibody test. An HIV antibody test will only show positive results between 3 weeks to 3 months after the time of infection. This is called the “window period” the time between when the virus enters the human body and antibodies are produced against the virus.
- ◆ A person can look and feel well for a long time, while the virus is slowly destroying his or her immune system (the body’s defense against disease).
- ◆ Finally, the person with a weakened immune system is unable to fight off infections that are usually easily controlled by the immune system. We now say that the person has AIDS, the final stage of HIV infection.
- ◆ There is not yet a preventative vaccine for HIV, nor is there a cure for AIDS. Once a person has been infected with HIV there is no way to get it out of his/her body. There are drugs that can help a person with HIV/AIDS to live longer; but these drugs do not eliminate the virus from the body. People can seek treatment for opportunistic infections but not to cure them of AIDS.

Transmission:

Interactive Discussion Continued:

HIV can only be transmitted through four bodily fluids

- 1 **Blood**
- 2 **Semen**
- 3 **Vaginal Fluids**
- 4 **Breast Milk**

If any of these fluids are present, there is a risk of HIV transmission.

- ◆ The most common mode of transmission is through UNPROTECTED vaginal and/or anal sexual intercourse with an infected partner. By unprotected, we mean that a condom was not used at all. Sometimes a condom is not used correctly, causing a person to be unprotected. A person's risk increases if he/she already has an STI.
- ◆ The second most common mode of transmission in Namibia is **mother to child transmission**. This can occur during pregnancy, at the time of delivery or through breastfeeding. About 30 to 40% of babies (that is about 30 to 40 out of 100 babies) born to infected mothers will be infected.
- ◆ A third mode of transmission is through **contact** with infected blood.
 - Transfusion with infected blood always transmits HIV. However, in Namibia all blood is screened for HIV before transfusion. As a result, this mode of transmission is rare.
 - Re-use of needles and other sharp instruments, without proper sterilization, for circumcision and scarification. Sharing of needles by injection drug users.

2. Risk Game

Activity

Handouts and Materials: Twenty-three pieces of paper with one behaviour (listed below) on each piece of paper. Four other pieces of paper with one “risk” answer on each.

Risk Answers:

- HIGH RISK BEHAVIOUR
- LOW RISK BEHAVIOUR
- NO RISK BEHAVIOUR
- DON'T KNOW

Behaviour:

- Having sex when drunk
- Having an injection
- Donating blood
- Having many sexual partners
- Woman taking the oral contraception pill and therefore not insisting that her partner uses condoms
- HIV infected person wanting to have a child
- Having sex with a neighbor without a condom
- Taking care of someone who has AIDS
- Deep kissing
- Being bitten by a mosquito
- Hugging someone who has HIV/AIDS
- Sex without a condom
- Oral sex
- Anal sex
- Using Vaseline or hair oil to lubricate a condom
- Using a condom only with wife but not with others
- Using a public toilet
- Sharing needles with a group of injecting drug users
- Sharing someone else's razor
- Having sex with your faithful/regular uninfected partner
- Travelling away from home for work
- Having a lot of STIs
- Self-medication for STIs

- Ask the participants to form a large circle. In the center of the circle, place the signs that say, “High risk behaviour”, “Low risk behaviour”, “No risk behaviour”, and “Don’t know”. Give the other cards (the behaviour cards) one to each participant. Ask each person to decide which sign/statement—high risk, low risk, no risk or don’t know—he believes describes the behavior on his card. **Request the participants to avoid using the “don’t know” statement as much as possible.** As the first participant places his/her paper on one of the signs in the center of the circle, ask him/her to tell the reason for that response. Ask the group if they agree.

Purpose of Activity: This is an excellent opportunity to teach about HIV transmission. Use the opportunity to provide additional information and clarifications if required. Repeat for each participant and each behaviour.

Responses and discussion points

Trainer reviews content and correct answers (see handout on page 27)

■ **Having sex under the influence of alcohol or drugs**

High risk activity because when one is under the influence of intoxicants, one may overlook safer sex practices such as using a condom and using it correctly. Also, to be able to use a male condom correctly, the man must be fully erect. This is sometimes a problem when one uses alcohol or other drugs. However, this activity would be NO risk if it is between two uninfected partners.

■ **Having an injection or using needles**

No risk activity if needles are properly sterilized.

■ **Donating blood**

No risk. Donating blood does not pose a risk of HIV transmission. New disposable sterile needles are used for each donation.

■ **Having many sexual partners**

A high risk activity when condoms are not used. About 95% of HIV transmission in Namibia takes place through sexual contact. Unprotected sexual intercourse is a high risk because there is semen, vaginal fluids, and sometimes blood present.

■ **Women on oral contraceptive pills not insisting on their partner using condoms**

High risk activity as oral pills do NOT protect against HIV/STIs.

■ **HIV infected person wanting to have a child**

High risk behaviour as the person may transmit HIV to his/her partner as well as to the child.

■ **Having sex with a neighbour without a condom**

High risk, as no one can be guaranteed to be HIV negative, even if it is one's neighbour.

■ **Taking care of someone who has AIDS**

No risk, provided general precautions are observed.

■ **Deep kissing**

No risk, because none of the four bodily fluids (semen, vaginal fluids, blood, or breast milk) are present.

■ **Being bitten by a mosquito**

No risk. There has been no documented proof of HIV transmission through mosquitoes. Mosquitoes only suck blood and do not inject blood. HIV is a human virus and cannot live in the body of a mosquito.

■ **Hugging someone**

No risk.

■ **Sex without a condom**

High risk. Since you cannot tell who might be infected, every unprotected vaginal and/or anal sexual encounter is an opportunity to be infected.

■ **Oral sex**

Low risk. The chance of HIV transmission is low, unless open sores are present.

■ **Anal sex**

High risk. This type of intercourse involves the rectum, which is not naturally designed for sex. During such an act the possibility of tearing the rectum is great. This gives an opportunity for the virus to enter the body easily.

■ **Using Vaseline or hair oil for lubricating a condom**

High risk. Male condoms are made of latex rubber. Any oil-based lubricant reacts chemically with rubber and may make microscopic holes, which is enough for HIV to pass through. Only water-based lubricants should be used on male condoms. However, oil-based lubricants can be used on Femidoms/Female Condoms, because they are made of a different material (poly-urethane). Most condoms contain sufficient quantities of water-based lubricants.

■ **Using condoms only with your wife and not with others**

High risk. It will only reduce the risk of the wife getting the infection or passing it on. The husband may still acquire the virus from others.

■ **Using a public toilet**

No risk.

■ **Sharing needles with a group of injecting drug users**

High risk. Sharing needles will increase the chances of HIV transmission as the needles can contain small amounts of leftover blood that may have the virus.

■ **Sharing someone's razor**

Low risk. The virus dies quite quickly when exposed to air, so dried blood would not be very risky.

■ **Having sex only with your faithful/regular uninfected partner**

No risk.

■ **Travel away from home**

If being away causes a person to have unprotected sex with non-regular partners then it is very risky. Being away from home and still being faithful to your partner at home is a no risk activity.

■ **Having STIs**

Very risky. The sores that many STIs cause create a perfect entry way for the HIV to enter. Also, the same sexual activities that caused the STI can also lead to HIV infection.

■ **Self-medication for STIs**

Very risky because without a proper diagnosis, a person may take the wrong medication or may not take it long enough to truly cure the STI. Even when symptoms have disappeared, the person may still have the STI and therefore, it will soon come back and once again make the person more susceptible to HIV infection.

Remember: HIV is transmitted through semen, vaginal fluids, blood, and breast milk. Therefore, it is important for individuals to protect themselves or avoid contact with these fluids.

(OPTIONAL ACTIVITY)

Practice Being the Peer Educator

- Tell the participants that they will now have a chance to practice explaining certain HIV and AIDS concepts to their peers.
- In the large group, ask for a volunteer to pretend he/she is a peer educator. Ask for another volunteer to play the role of a peer. Give the peer one of the questions from the pre-training exercise that was often answered poorly or incompletely.
- The peer asks the peer educator to answer the question. The peer educator answers in a friendly and thoughtful manner. The peer educator may ask for assistance from the class if he/she does not know the answer.
- Follow the same procedure for each question that was often answered incorrectly in the exercise.

NOTE: This is an excellent opportunity to give feedback to the peer educators. The class and the facilitators should give both positive feedback and advice on points to change to the person playing the role of the peer educator.

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3. Sexually Transmitted Infections (STIs)

Interactive Discussion: (see handout on pages 28-30)

- ◆ People who are at risk of STIs are also at risk of HIV. HIV can be transmitted through sexual intercourse in the same way as STIs. HIV is more easily transmitted when a person has sores or discharges from another STI. The reduction of STIs will also reduce the chance of HIV transmission, and prevention of STIs will also help to reduce the risk of HIV transmission or acquisition.
- ◆ It is important to have an understanding of STIs to develop strategies to prevent STIs/HIV. Prevention and prompt treatment of sexually transmitted infections (STIs) (also referred to as sexually transmitted diseases or STDs) is important. This is not only because STIs cause illness. Left uncontrolled, STIs significantly increase the risk of HIV transmission. Treatment of curable STIs has been shown to be an effective way to reduce the incidence of HIV.

Peer educators should not try to help people diagnose their STI, rather,

- They should advise people to seek immediate medical advice and treatment.
- They should encourage people to abstain from sex until they have found out from the doctor whether or not they have an STI.
- They should encourage people to always use condoms to reduce the risk of STIs.

Where possible, invite a health worker to give a presentation on STIs. If you invite a health worker; you should brief him/her on the areas that need to be covered.

- Common STIs in Namibia
- STI symptoms
- Management of common STIs
- Relationship between STIs and HIV
- How STIs are transmitted
- Complication of STIs

4. STI Introductory Role Play

Handouts and materials: see overhead on page 31

- Tell the participants that we will begin the session on Sexually Transmitted Infections (STIs) by seeing and discussing a role play
- Ask for two or three volunteers from the participants to perform the one-minute role-play

Anna is taken to the clinic by her friends. The clinic worker examines her and tells her she is suffering from an STI. The clinic worker asks that Anna brings her husband for treatment. Anna becomes sad. She tells the clinic worker that this is not possible. The clinic worker and Anna discuss the problem.

- Ask the participants the following questions. (Make sure that each question is thoroughly answered before moving on to the next one)
 - What did you see happening here?
 - Why does this happen?
 - What problem does this cause?
 - How does this happen in your community?
 - When it happens in your community, what can be done?
- Close the session by summarising some of the complex issues the large group has described (examples are relationships, communication, personal denial, fear) that arise when we start talking about STIs.

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5. STI Facts

Activity:

Handouts and Materials: Questions about STIs (page 32)

- Divide participants into small groups. Distribute the questions to the group. Ask each group to prepare responses to the starter questions.
- Allow 20 minutes for this activity. In a large group discuss the responses. If time permits, ask each group to present its responses to the large group.

Purpose of activity: Participants begin to discuss basic facts about STIs.

Interactive Discussion:

Spend adequate time explaining the rationale for this session. You can do this by establishing the relationship between STIs and HIV as summarised below:

- ◆ HIV is sexually transmitted in the same way as STIs. Therefore, people who are at risk of STIs are also at risk of HIV infection. In addition, if a person already has an STI, it may increase his/her chances of getting HIV because many STIs cause sores or discharges (from penis or vagina), which may facilitate the transmission of the virus.
- ◆ The reduction of STIs will also reduce HIV transmission. Preventing STIs will also prevent HIV. Therefore, it is important to have an understanding of STIs in order to develop strategies to prevent STIs, including HIV

Discuss and emphasize how the peer educator should handle a person who may have an STI:

- Encourage the person to seek treatment from a qualified doctor.
- Tell individual that they should also tell their partner to get treatment.
- Tell the person to abstain from sex during treatment.
- Tell individual that using condoms can prevent infection.

6. Role Play Activity

- Break the group into three groups. Have each look at one scenario. (5 minutes)
- Then, ask participants to develop a role-play to present to the entire group. (10 minutes)
- Each group will perform the role-play and then explain why the actors acted as they did. (15 Minutes)

Possible Scenarios:

Role Play #1: A young miner acquired an STI after spending a long weekend in the city, drinking heavily, visiting clubs and various women. After a few days he had a discharge and pain while urinating. He confided in an older colleague. The older colleague prepared a herbal concoction for him to take and said that the burning sensation would go away, but that the discharge is normal. What happens next?

Role Play #2: A boilermaker moves to a new area. He notices that he has a STI, but doesn't know where to go for treatment. He asks his new partner who takes him to a traditional healer. After receiving some medicine, his initial symptoms go away. What happens next?

Role Play #3: A newly married woman has a discharge that she never had before. It has a very unpleasant smell. She is embarrassed and feels that her husband will not be attracted to her any more. She does not know what has caused this discharge—but hopes that it is a sign of pregnancy. She mentions this to her friend in the village who laughed at her and told her to go to the pharmacy and buy 3 orange pills. What happens next?

ROLE PLAY

7. Sex, Gender and Sexuality Definitions

Interactive Discussion:

- ◆ Differences between sex, gender and sexuality
- ◆ Names of male and female body parts used for sex
- ◆ How values interact with talking about sex

Write on the flip chart three words, **SEX**, **GENDER** and **SEXUALITY**
Ask people to give definitions of each and write them on the flip chart.

Discuss the terms

1. SEX

Refers to the condition of being either male or female. It is also used to describe the act of sexual intercourse.

2. GENDER

Also refers to the condition of being either male or female. It is a word frequently used but often misunderstood. Gender refers to the social construction of male and female roles – the widely held beliefs and expectations of the roles, responsibilities and obligations associated with being a woman or man. It is a culture-specific concept – what women can or cannot do in one culture differs greatly from what they can or cannot do in another. But what is consistent across cultures is that there is a distinct difference between women's and men's spheres of functioning. Typically, men are seen as being responsible for productive activities outside the home and women are responsible for productive and reproductive activities within the home. While the extent of this difference varies considerably from one culture to the next, it almost always persists.

3. SEXUALITY

Is reflected in the total expression of who we are as human beings. It is shaped by our values, attitudes, behaviours, physical appearance, beliefs, emotions, personality, likes and dislikes, and spiritual selves, as well as all the ways in which we have been socialized. Sexuality begins before birth and lasts a lifetime, and it is influenced by ethical, spiritual, cultural, and moral factors. It involves giving and receiving sexual pleasure, sexual orientation, as well as enabling reproduction. Sexuality is a total sensory experience, involving the whole mind and body – not just the genitals.

Many of these are cultural norms and attitudes that prevent open discussion of HIV/AIDS, and therefore hinder the ability of women to convince their partner to use a condom, to get tested for HIV, or practice other optimal behaviours.

- Lack of ability to talk about sex or HIV/AIDS in the family.
- Lack of ability to talk about sex or HIV/AIDS in the community.
- Strength of taboo about discussing issues related to sex, even with a spouse.
- Strong belief that sex is an important part of every marriage and must be frequent to hold the marriage together.
- Strong traditional teachings that women must serve their husbands without complaint, meeting all sexual demands.
- Strong cultural tradition that men may have girlfriends as well as a wife.
- Strong cultural tradition that men are decisionmakers and women are not.
- Strong teachings from many religious organizations that sex, especially extramarital sex, is associated with sin and that those who have HIV/AIDS are “bad”.
- Women’s fear that their husbands will beat them if they even suggest that either partner be tested or that a condom be used within the marriage.
- Apparent shyness of health workers about discussing HIV/AIDS, inability to be very direct in talking to clients, and resistance to being assertive about urging clients to get tested and talk about risk.
- Difficulty experienced by girls and women to negotiate for safe sex and by adolescent girls to say no to sex before marriage to decrease the rates of primary infection.

(OPTIONAL ACTIVITY)

Level of Comfort with Sexual Terms

Activity:

Handouts and Materials: 4 flip chart papers and 4 markers

- Tell the participants that this exercise is aimed at helping them become more comfortable with using sexual terms. Remind them that peer educators must be able to speak with their peers using the common terms that their peers use.
- Organise 4 flip chart size papers. On one is written “male sexual organs”. On another is written, “female sexual organs”. On another is written “sexual intercourse” and on the last is written “Other kinds of sexual behaviour”.
- Divide the participants into 4 groups. Give one paper to each group. Tell them that they will have 5 minutes to brainstorm and write down every word they can think of that belongs to the heading on their paper.
- At the end of the 5 minutes, each group passes its paper to the next group and again, they have 5 minutes to work on the new paper. The papers rotate among groups so that everyone has a chance to add words to each of the headings.
- Post the papers on the wall and ask the participants to look at them. Ask each participant to choose one word that made him/her feel **uncomfortable**. Now they go back to their small group and talk about the word, what it means to them personally and why it makes them uncomfortable. (They can also use this opportunity to find out the meaning of any word they don't know.)
- Summarise the activity by highlighting some of the following issues:
 - Without being able to discuss sex with the partner, it is very difficult to discuss condom use!
 - Sex is something that people enjoy but are afraid to discuss.
 - Sex is a very sensitive issue that must be approached with caution.
 - Many people want to talk about sex but are inhibited by social, cultural and religious norms.

- Not talking about sex means remaining ignorant about an important aspect of our lives.
 - Sex is natural and is nothing to be ashamed of.
 - It is important for good relationships to talk about sex in a mature manner.
- To close the exercise, ask if anyone feels more or less comfortable after talking openly about these words and body parts.

Purpose of activity: Participants develop a level of comfort with sex-related terms.

(OPTIONAL ACTIVITY)**Gender and Sexuality****Activity:**

Handouts and Materials: two different coloured papers

- Explain the following: Prejudices about sexuality and sexual behaviour come from our culture, our past experiences and present situation. Prejudice affects the manner in which we look at people with HIV/AIDS and how we care for them. It is therefore crucial that those of us involved with HIV/AIDS programmes clearly examine our thoughts and feelings about AIDS and about people infected with HIV. For this purpose, we have selected an activity that will show that people often have different feelings about an issue.
- Hand out a set of two different coloured papers or cards.
- Tell the participants which colour means agree and which means disagree.
- Read a statement from the prepared list of controversial statements (on the next page) and ask each participant to decide if he/she agrees or disagrees with the statement and to indicate this by holding up the appropriate coloured card.
- Read each statement twice to make sure everyone understands.
- Tell participants that they have to choose agree or disagree even if they aren't sure.
- Tell participants they should think of their first reaction to the statement, not necessarily the one they think is correct.
- After you read the statement, and participants have held up their cards, draw the group's attention to the differences of opinion in the group.
- Call on two or more people to briefly present reasons for agreeing and disagreeing by asking "Why did you agree (or disagree)?"
- Then move on to another statement, calling on different people to explain their response. You should spend no more than 5 minutes on each statement. Do not correct or modify any responses.
- Finally ask "What are some of the implications of your responses for HIV and AIDS?"

CONTROVERSIAL STATEMENTS ABOUT SEXUALITY AND GENDER ISSUES

- ◆ Men demonstrate their masculinity through physical strength and the number of sexual partners they have.
- ◆ Men do not need tenderness and are less sensitive than women.
- ◆ Women should be virgins when they marry.
- ◆ Men need to be sexually experienced when they get married.
- ◆ Women have fewer sexual needs and desires than men.
- ◆ Women should not get access to the female condom because it will only encourage them to have sexual relations more freely.
- ◆ Sex is most enjoyable for both partners when each respects the other's needs.
- ◆ Sex without intercourse is not "real sex"
- ◆ Women are expected to fulfill men's sexual needs (especially if they are married).
- ◆ A woman without children is unfulfilled and not fully adult.
- ◆ Widows need male family members to take care of their interests.
- ◆ Real men don't cry.

Purpose of activity: Participants begin to understand how values are related to sex, sexuality, and gender.

8. Naming Parts of the Body

Activity:

Handouts and Materials: Flip chart paper, markers/crayons, overhead of body parts (pages 33-35)

- Distribute large pieces of paper (e.g., 2 flip chart papers taped together)—big enough to draw a life-sized body. Each small group will need two of these large papers, coloured pens or crayons.
- Tell the participants to work in their small groups.
- Ask a male and female participant to lie on the paper and members of the group will draw around them, outlining their body. Then ask the group to draw the parts of the body that are involved in having sex.
- They should then write the names of these body parts. Tell them that this is not a test. They do not have to be doctors or artists.
- When each group has finished drawing both a male and a female figure, display each group's pictures on the wall.
- Using the pictures on the wall or the OVERHEAD transparencies, lead a discussion about the following:
 - Clarify any body parts that seem unclear on the drawings.
 - Ask if the participants feel shy talking about some of these body parts?
 - Which ones? Why?
 - Ask if condoms can get lost inside a woman's body. Discuss.
 - Ask if women are biologically more vulnerable to HIV and if so, why?
 - Ask how HIV is transmitted during sexual intercourse?

Purpose of Activity: to assess participants' knowledge of male and female anatomy.

HANDOUTS AND OVERHEADS FOR

DAY 2

Risk Game Summary

High Risk Activities	Low Risk Activities	No Risk Activities
<ul style="list-style-type: none"> ▶ Having sex under the influence of alcohol or drugs ▶ Having many sexual partners ▶ Woman on oral contraceptive pills not insisting that her partner use a condom ▶ HIV infected person wanting to have a child ▶ Having sex with a neighbour without a condom ▶ Sex without a condom ▶ Anal sex ▶ Using Vaseline or hair oil for lubricating a male condom ▶ Sharing needles with a group of injection drug users ▶ Having many STIs 	<ul style="list-style-type: none"> ▶ Oral sex ▶ Sharing someone's razor 	<ul style="list-style-type: none"> ▶ Donating blood ▶ Taking care of someone who has AIDS ▶ Deep Kissing ▶ Being bitten by a mosquito ▶ Hugging someone ▶ Using a public toilet ▶ Having an injection by a certified health care worker

Sexually Transmitted Infections (STIs)

What are Sexually Transmitted Infections (STIs)?

Sexually Transmitted Infections (STIs) are spread by sexual contact. The germs causing STIs enter and infect the body through the vagina, penis, rectum and the mouth.

What are the signs and symptoms of STIs?

STIs have different signs and symptoms. The same STI may seem different in different people. It is extremely important to note that many women and some men have an STI without any signs or symptoms. The following signs could indicate the presence of an STI in a sexually active person:

In Women

- ▶ An unusual discharge or smell from the vagina
- ▶ Pain in the pelvic area, between the navel and the sex organs
- ▶ Burning or itching around the vagina
- ▶ Bleeding from the vagina which is not the menstrual flow
- ▶ Pain inside the vagina when having sex

In Men

- ▶ Unusual discharge from the penis

In both women and men

- ▶ Sores, bumps, blisters or warts in and around the sex organs or mouth
- ▶ Burning and pain when urinating or having a bowel movement
- ▶ Swelling in the groin – the area around the sex organ

Some symptoms of STIs can also be symptoms of non-sexually transmitted diseases. It is also possible to have more than one disease at a time.

What is the relationship between STIs and HIV infection?

HIV infection is also a sexually transmitted disease. Some STIs cause open sores in and on/around the genitals. When a person with sores has sexual intercourse with an HIV-infected person, the HIV virus can enter more easily through such an open sore. Therefore people with STIs have a higher risk of contracting HIV. For this reason too, it is important to concentrate on the prevention and treatment of STIs. The same precautions that prevent STIs will also prevent HIV.

What is the major difference between HIV infection and other STIs?

The big difference between HIV infection and other STIs is that while most of the other STIs can be cured, HIV/ AIDS is incurable. However, all STIs including HIV are preventable. Prompt attention from licensed medical doctors and regular treatment of STIs is necessary to prevent complications.

How are STIs treated?

It is important for people with sexually transmitted infections to seek treatment as quickly as possible and to make sure they take all the required medication. If the infection is not treated properly it can remain and can cause serious complications. For adequate and effective treatment it is necessary to go to a qualified doctor or nurse. People should never treat themselves or use medication from family or friends.

If someone thinks they have an STI you should encourage them to abstain from sexual activity and seek medical attention. Sexual activity should be resumed only when the infection is cured.

How can STIs harm men, women and children?

STIs are not always noticeable or painful, but they can cause damage to the body resulting in illness, infertility, disability and even death. Most STIs in pregnant women can infect babies in the womb or during delivery, causing severe handicaps and even death.

Most STIs are easy to treat. If they are detected and treated early, they do not cause serious problems. If they are not detected and treated early, the infection may spread and cause complications.

In Namibia, there is a high rate of STIs because:

- ▶ Many people have unprotected sex with multiple partners
- ▶ As people move to cities for jobs they leave their families behind and sometimes seek other sexual partners
- ▶ Many people do not know about STIs, or that they have an STI, and therefore do not seek treatment
- ▶ People are afraid to seek treatment because of the stigma attached to having an STI
- ▶ Sometimes the health facilities do not have treatment available
- ▶ Some people do not use condoms

What must a person do if he/she has any symptoms of a STI or thinks he/she has an STI?

The person should seek immediate medical care and get treated. During treatment they should abstain from sex.

Should his/her partner seek help?

It is important that both partners be treated for the STI. Neither partner should have sexual intercourse till he/she is completely cured.

How can STIs be prevented?

- ▶ Use condoms correctly and consistently, (every time)
- ▶ Reduce the number of sexual partners
- ▶ Seek prompt treatment of any symptoms of STIs for yourself and your partner
- ▶ Abstain from sexual intercourse until your STI is cured
- ▶ Stick to one faithful un-infected partner

Is HIV an STI?

Yes, HIV is a sexually transmitted infection, however there are other modes of HIV transmission, as explained earlier.

What are the names of some common STIs?

- ▶ Gonorrhoea
- ▶ Chlamydia
- ▶ Syphilis
- ▶ Chancroid
- ▶ Herpes
- ▶ Trichomoniasis
- ▶ Candidiasis
- ▶ Condyloma

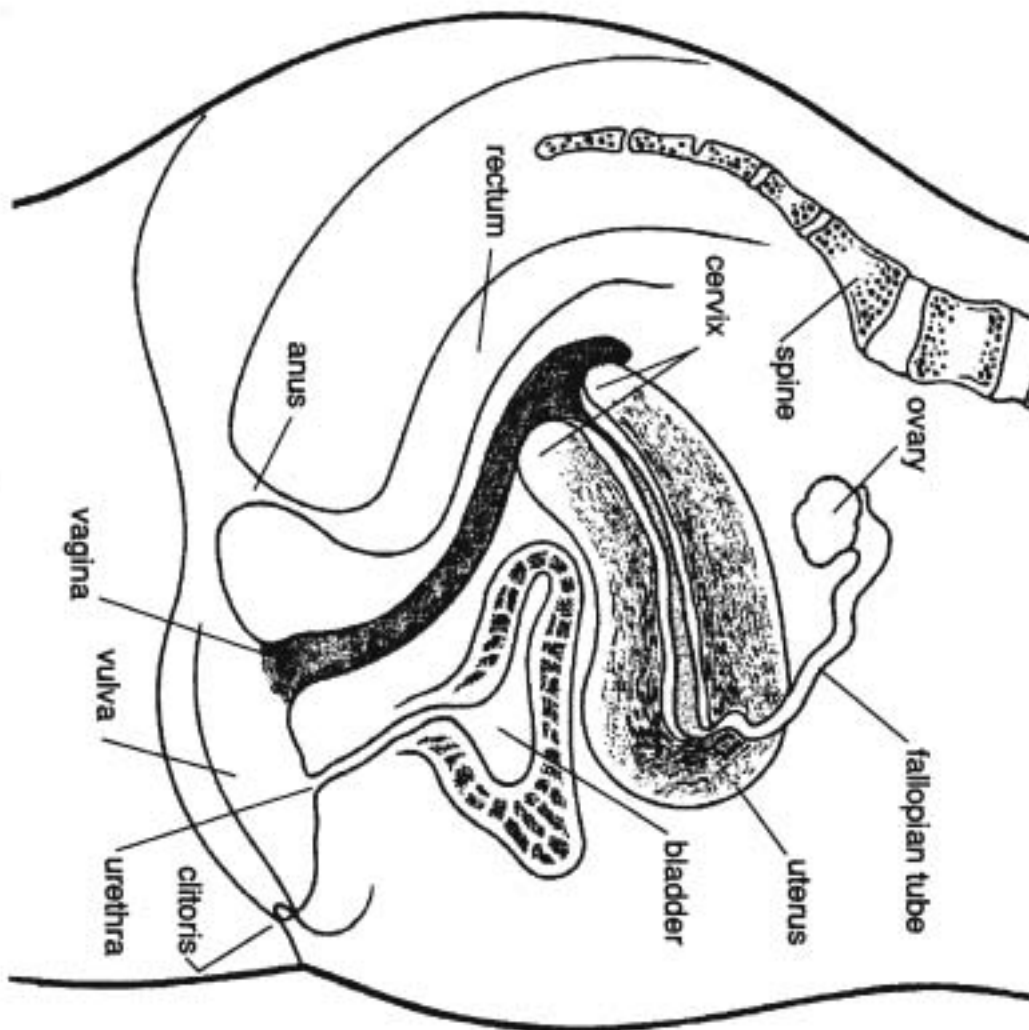
How should the peer educator handle a person who may have an STI?

- Encourage the individual to seek diagnosis and treatment from a qualified doctor or nurse
- Tell the individual that they should also tell their partner to get treatment
- Encourage the person to abstain from sex during treatment
- Tell the person that correct/consistent condom use can prevent infection
- Refer the individual to someone in the community for assistance, such as counselling

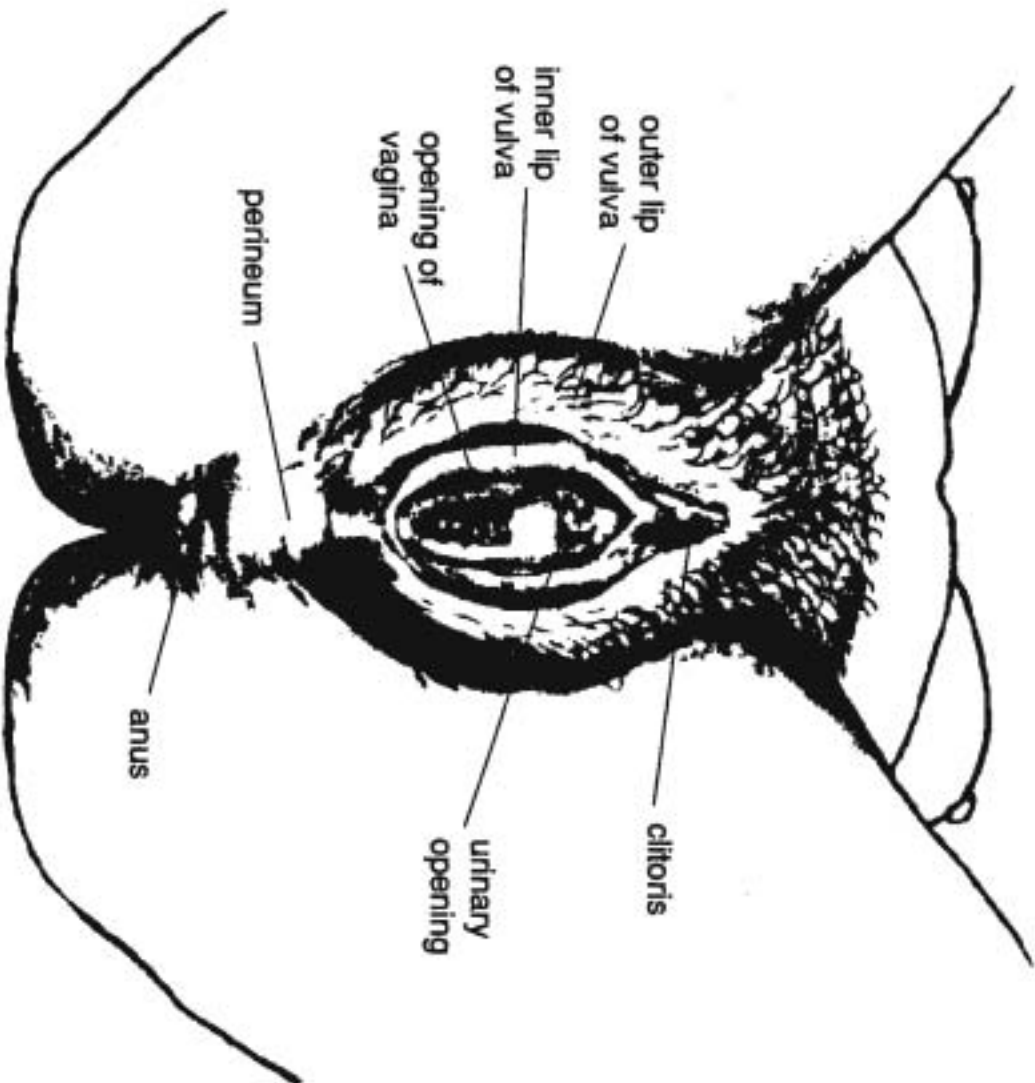
Questions about STIs

- ◆ What is a Sexually Transmitted Infection (STI)?
- ◆ What are the symptoms of STIs?
- ◆ How can STIs harm men, women and children?
- ◆ What must one do if one has any symptoms of STIs?
- ◆ Should the partner of a person with STIs seek help?
- ◆ How can STIs be prevented?
- ◆ Is HIV an STI?
- ◆ What is the relationship between STIs and HIV?
- ◆ What is the major difference between HIV infection and other STIs?
- ◆ Name some common STIs.

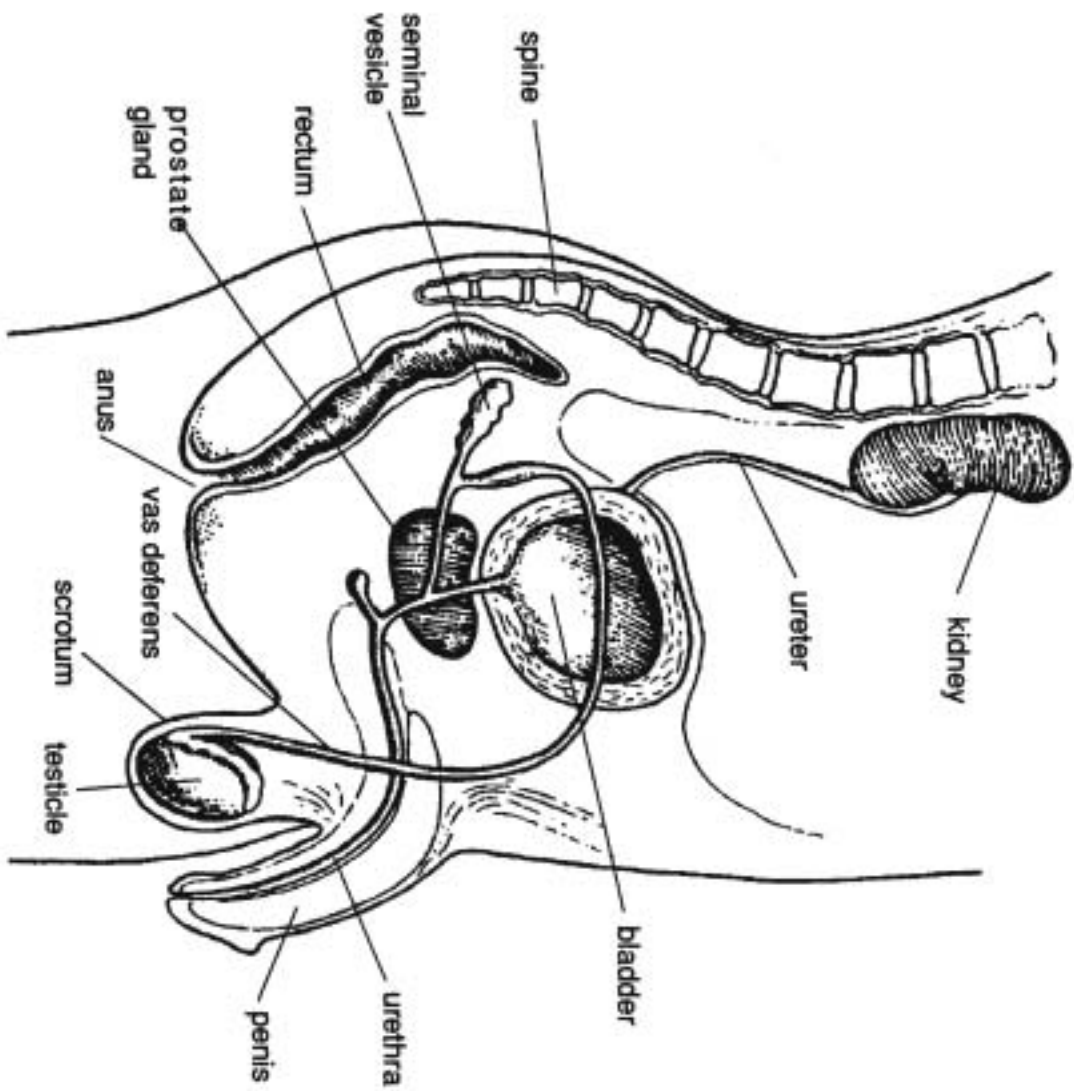
Female Pelvic Organs



Female External Genitalia



Male Pelvic Organs



DAY 3

Condoms and Voluntary Counselling and Testing (VCT)

Objectives for DAY 3

By the end of Day Three, participants should be able to:

- Distinguish between fact, rumour and opinion and demonstrate the ability to convince a peer of the facts about condoms.
- Describe the advantages and disadvantages of condom use.
- Explain how to use male and female condoms correctly.
- Demonstrate correct condom use on male and female anatomy models.
- Illustrate condom negotiation skills and condom purchasing skills in a role play.
- Understand concepts and issues of voluntary counselling and testing (VCT).

Format for Day Three
Training Time: Approximately 6 hours

TRAINING SESSION	TIME NEEDED	CONTENT	ACTIVITY	OUTCOME
1. Facts, Opinions, and Rumours about Condoms	30 Minutes	Review and discuss opinions, rumours and facts about condoms	Interactive Discussion	Participants learn facts about condoms
2. Why use a condom?	30 Minutes	Review why condoms are used	Interactive Discussion	Participants learn advantages and disadvantages of using condoms
3. Using condoms correctly and consistently.	30 Minutes	Review steps required to use condoms correctly and discuss why it is important to be consistent	Activity	Participants learn the correct steps to using female and male condoms and the importance of consistent use
4. Practicing correct condom use	One hour	Practice using male and female condoms	Demonstration	Participants develop skills to demonstrate condom use and increase level of comfort with the process
5. Condom Role Play (Negotiating Condom use)	30 Minutes	Practice discussions with peers about buying, using and negotiating condom use with a partner	Role Play	Participants develop skills in discussing condom use with peers
6. VCT 7. Listening Role Play	One hour	Participants observe role plays and discuss listening skills	Role Play	Participants become aware of the importance of good listening skills
8. Listening and Referral Skills	One hour	Trainer discusses counselling and the group observes pairs of participants	Interactive Lecture	Participants increase knowledge and skills related to counselling
9. Feelings about HIV Testing	30 Minutes	Role play followed by discussion of feelings about testing	Role play and discussion	Participants increase understanding of feelings associated with getting tested
10. Voluntary Counselling and Testing	30 Minutes	Discuss the process of testing and counselling	Interactive discussion	Participants increase knowledge of testing and counselling procedures

TRAINING PROGRAMME

Information for Trainer:

- ◆ A male condom is a latex rubber sheath worn on a man's penis during sexual intercourse. The female condom is a polyurethane (plastic) sheath with rings on both ends. The end with the small ring is inserted in the vagina.
- ◆ Condoms, when used correctly and consistently, prevent pregnancy and STIs including HIV.
- ◆ Correctly means that there is a right way to use condoms. Using condoms incorrectly or the wrong way is probably one of the reasons leading to some of the opinions and myths, many people have about condoms.
- ◆ Consistently means every time someone has sexual intercourse. Not some of the time, but every time.
- ◆ No penis is too big or too small for a condom (a condom can be stretched to fit over a forearm)
- ◆ Condoms do not eliminate sensation, although they may change sensation.
- ◆ HIV cannot leak through condoms.
- ◆ Almost all condoms are lubricated. If extra lubrication is desired, use a water-soluble lubricant such as KY jelly (show an example if available). Water and saliva are good substitutes. Petroleum jelly (vaseline) should NOT be used as it is oil-based and can cause condom breakage.
- ◆ An important part of the job of the peer educators is teaching your peers correct condom use. The peer educator must learn to use condoms correctly and learn to be comfortable talking about condoms.

1. Facts, Opinions and Rumours about Condoms

Activity:

Handouts and Materials: None

- Tell the participants that they are going to play the fact, opinion and rumour game. First, teach them the following physical signals and have them practice once or twice.
FACT: Raise one arm
OPINION: Put both your hands on your head
RUMOUR: Cross your arms in front of your body
- Tell participants that you will read some statements, one at a time. They should decide whether the statement is a fact, an opinion or a rumour and show their decision by making the appropriate physical signal.
- Read the statements that you have selected one at a time. Allow the participants to make their signals.
- Ask 2-3 participants to tell why they chose that particular physical signal for this statement. (Let the participants correct each other if there are differences in their answers.)

STATEMENTS FOR FACTS, OPINIONS AND RUMORS ACTIVITY

- Sex with a condom isn't "real sex"
- Condoms prevent STIs and HIV
- Condoms always burst
- Condoms can get lost inside a woman
- Condoms prevent pregnancy
- Condoms are laced with HIV
- Using condoms means you are unfaithful
- Putting condoms on is sensual
- Condoms are only for casual partners
- Using condoms is easy
- Sex isn't pleasurable with a condom
- Lubricated condoms feel good
- Condoms are embarrassing
- Condoms are for sex workers
- Condoms cost too much
- Condoms cause irritation and pain
- You don't feel close to your partner when using a condom
- Using condoms shows that you care for your partner
- Condoms increase promiscuity
- Condoms are unnecessary in a steady relationship

- Take one example of a clear rumour (such as, “ Condoms are laced with HIV”) and ask the group the following questions:

Why do you think rumours like this exist?

- What are some of the consequences of rumours? (Depending on the answers, you can give examples of fear, ignorance, strong beliefs and denial that are reinforced by rumours.)
- Take examples of a clear opinion, both negative and positive (such as, “Using a condom doesn’t let you feel close to your partner” and “Condom use shows you care for your partner”). Ask the group the following questions:
 - How are these opinions different from facts?
 - Are opinions true or false, right or wrong? Why or why not?
- Tell the group that many people believe rumours are facts. Ask the group the following question: What do you think is the best way to approach and talk to someone who believes a rumour, such as “condoms are laced with HIV”, is a real fact? Ask the group if they have heard of other rumours. Discuss them and make sure that each participant knows how to convince a peer that the rumour is not true.

Purpose of Activity: Participants distinguish between facts and rumours about condoms.

2. Why Use a Condom?

Activity:

Handouts and Materials: Male condom, female condom, flip chart paper, markers

- Unwrap and show a male condom. Pass it around so the participants can feel and touch it. A condom is a latex rubber or sheath worn on a man's penis during sexual intercourse. When used properly, condoms can prevent pregnancy and the transmission of STIs and HIV. (Start with the male condom and then demonstrate the female condom.) The Female condom is a plastic sheath with rings at both ends. Show a female condom and pass it around if the participants want to see and feel it.
- Divide the participants into two teams. Tell the first team to brainstorm a list of advantages of using condoms. Ask for a volunteer from the group to write down all of their answers on a flip chart under "ADVANTAGES". The other group will write down all of their answers on a flip chart under "DISADVANTAGES"
- When the groups are finished, tape their charts side by side on a wall where everyone can see. Ask one person from each team to read all good answers, but point out that advantages and disadvantages may be different for different people.
- Tell the group that the answers on both lists are all good answers, but that some might be more important than others.
- Ask the group to:
Give a few examples of advantages that you think are most important and tell why you think these are most important.
- Ask the group:
What if there was only one advantage (that using condoms correctly and consistently will prevent getting HIV) and 20 disadvantages. What would you conclude and why?
- Again ask the group:
How would you use the discussion on advantages and disadvantages of using condoms for STI and HIV prevention in your community as peer educators?

Purpose of activity: Participants discuss the advantages and disadvantages of condom use.

3. Using Condoms Correctly and Consistently

Interactive Discussion: (see handouts on pages 31-34)

- ◆ Using condoms, correctly and consistently, will substantially reduce the risks of getting an STI including HIV, during sexual intercourse. Two words are important here CORRECTLY and CONSISTENTLY.
- ◆ Correctly means that there is a right way to use condoms. Using condoms incorrectly or the wrong way is probably one of the reasons leading to some of the opinions and myths that we discussed earlier (that condoms burst, etc.).
- ◆ Consistently means every time someone has sexual intercourse. Not some of the time, but every time.
- ◆ Tell them that they will now do some exercises to ensure that we all have a common understanding of CORRECTLY.
- ◆ Show the chart: “Facts about Condoms”. Read the chart to the group.

FACTS about Condoms

- No penis is too big or too small for a condom (a condom can be stretched to fit over a forearm)
- Female condoms come in one size
- Condoms do not eliminate sensation, although they may change sensation
- HIV cannot leak through condoms
- Almost all condoms are lubricated. If extra lubrication is desired, use a water-soluble lubricant such as KY jelly (show an example if available) and saliva are good substitutes. Petroleum jelly, vaseline or hair oil should NOT be used as it can cause condom breakage.

Activity:

Handouts and Materials: Cards: steps for using a condom

Ask for 15 participants to come forward. Give one card to each participant. Ask each to read their card and show it to the group.

Male Condom

- Card Check expiry date or date of manufacture
- Card Discuss condom use with partner
- Card Have condoms with you
- Card Have an erection
- Card Open the condom wrapper carefully
- Card Squeeze out air from tip of condom
- Card Roll condom on erect penis all the way down to the base
- Card Intercourse
- Card Ejaculation
- Card Withdraw penis from partner, holding onto condom at base
- Card Be careful not to spill semen
- Card Remove condom from penis
- Card Penis gets soft
- Card Throw condom away in a place where children won't find it or touch it (e.g. a rubbish bin or latrine)
- Card Open another condom (if you have sex again)

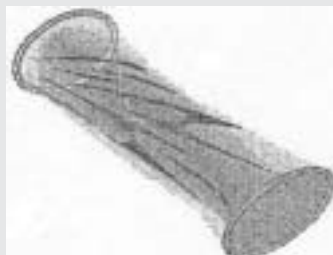


Female Condom/Femidom

- Card Check expiry date
- Card Discuss condom use with your partner
- Card Have condom with you
- Card Hold the sheath with the open end hanging down.
- Card Squeeze inner ring for insertion (make sure the inner ring is at the closed end)
- Card Find a comfortable position to insert the sheath. You may squat, sit with your knees apart or stand with one foot on a chair.
- Card Insert in vagina (like a tampon/Lil-let).
- Card Push inner ring as far up into the vagina as it will go
- Card Outer ring stays outside the opening of the vagina
- Card Outer ring covers opening of vagina during sex
- Card Use your hand to guide your partner's penis into the condom
- Card Intercourse
- Card Remove condom by twisting outer ring one full turn to stop contents from spilling
- Card Gently pull out condom
- Card Wrap condom in paper and throw it away (do not flush down toilet)

- Ask the participants to form a line in the correct order so that their cards describe the step-by-step use of a condom.
- When they are finished, ask the rest of the participants to comment on the order. Make any changes that are necessary. Be sure that the final line-up is correct.
- Ask the large group the following questions:
What might happen when condoms are not used correctly, in the way that the line-up showed?
What are the consequences of this?

Purpose of Activity: Participants learn specific steps of using male and female condoms.



Activity:

- Tell the group that you will now discuss the term CONSISTENTLY and that you will read statements about behaviour. The participants are to show whether or not you agree that the behaviour shows CONSISTENT use of condoms. **If you agree, move to the right, if you disagree, move to the left.**
- Read the following statements one at a time, letting participants move to the place that indicates whether or not they agree or disagree.
 - A man always uses condoms with his casual partners, other than his wife
 - A sex worker uses condoms every single time with clients. That way, she feels safe to have sex with her boyfriend who doesn't like to use condoms
 - A woman uses a condom every single time she has sex.
- Discuss the answers and correct any misinformation on consistent use of condoms.

Purpose of Activity: Participants discuss the importance of consistent condom use.



4. Using Condoms Correctly

Interactive Discussion:

NOTE TO TRAINER: You need to be sensitive as you begin this session and only begin if you think the educators are comfortable with the exercise. You may want to start this session separating men and women, and as they get more comfortable with the practice they can join together.

- ◆ It is very important that people know how to use condoms correctly in order to protect themselves from HIV infection and other STIs
- ◆ Part of your job as peer educators is teaching your peers correct condom use. This means you must learn to use condoms correctly and learn to be comfortable talking about condoms
- ◆ This may be hard to do at first, but talking about condoms and actually using them is easy once you know how
- ◆ All peer educators need to know how to use condoms even if they do not use condoms themselves (this may be for personal or religious reasons)
- ◆ All of you may wish to try using condoms with your partners. Personal experience may make describing condom use easier.

Activity: (optional)

Handouts and Materials: Four sheets of paper and four blindfolds (optional)

- Tell the group that they will begin this session by playing a folding paper game
- Ask four people to move out in front of the other participants
- Ask each of the four people to either put on a blindfold or to promise to keep their eyes shut
- Tell the large group that no one is to ask any questions during the game
- Hand each of the four participants one piece of paper (all pieces should be the same size)
- Now, give the four participants the following instructions:

Fold your paper in half

Tear off the bottom right hand corner of the paper

Fold the paper in half again

Tear off the lower left-hand corner

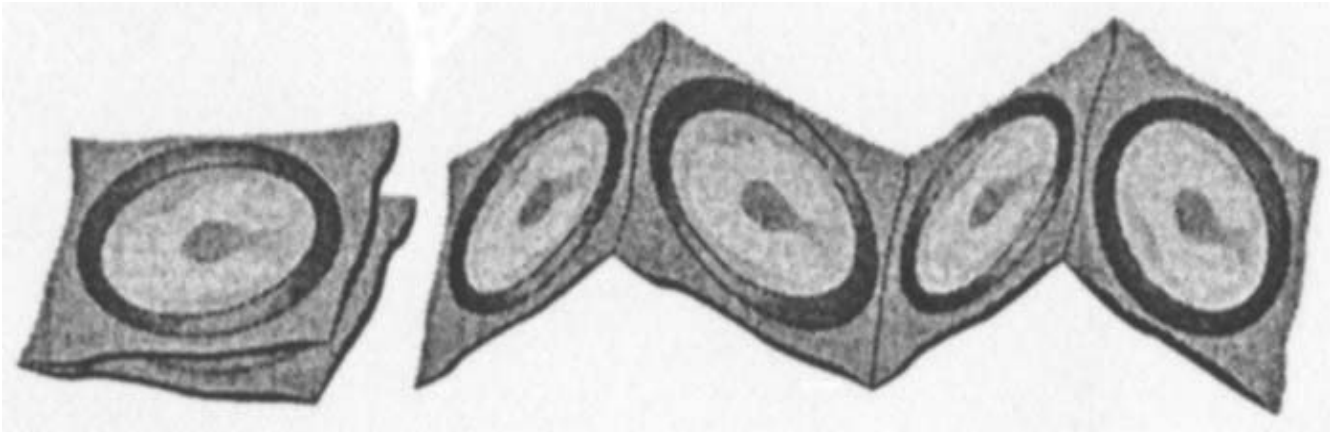
- Ask all four volunteers to open their eyes or take off their blindfolds. Tell them to display their paper to the entire group. (It is highly unlikely that all four papers will look the same). Ask the participants the following questions:

What does this game show us?

What does this game tell us about educating peers to use a condom?

- Summarise by saying: We often think we are saying something clearly to someone, only to discover later that what we said and what they did were quite different! This is why we will practice putting condoms on models many times.

Purpose of activity: Participants understand that people do not follow directions in the same way.



Activity: Condom Demonstrations

Handouts and Materials: Male and Female Condoms with directions

- Demonstrate to the group proper condom use with a penis model and a vagina model. Follow these steps to demonstrate the male condom, explaining what you are doing as you go along:

For the Male Condom:

- Store in a cool, dry place, preferably near the bed
- Look at the expiry date
- Open the package carefully
- Be careful of long fingernails tearing the latex
- Hold tip of condom as you roll it down over the penis model
- Roll the condom down to the base of the model
- Be sure you leave a space at the tip, so that the ejaculated semen can be captured there. After ejaculation, withdraw your penis from your partner
- Be sure to hold the base of the penis model (explain that to prevent spilling of the semen, the condom must be held at the base while withdrawing from the partner's body). The condom should be removed before the penis goes soft
- Remove the condom and discard it in a place where children will not find or play with it.

For the Female Condom:

- Store in a cool, dry place
- Look at the expiry date
- Open the package carefully
- Bend the smaller ring on the closed side
- Hold the sheath with the open end hanging down
- Squeeze the inner ring and twist to form a figure eight and insert in the vagina
- Use your index finger to push the ring inside the vagina
- The outer ring should lie flat against the opening to your vagina
- After sex remove the condom by twisting the outer ring and pulling it out
- Wrap condom in paper and throw it into a bin. Do not flush. Dispose of condom carefully.



Trainer from AIDS Care Trust demonstrates the female condom on a female anatomy model

- Ask participants to choose a partner. Pass out a condom and penis model to each pair (if you do not have a penis model, use banana, cucumber or an ear of maize) Ask each pair to role-play a counsellor, showing a client how to use condoms correctly. Every participant should demonstrate correct condom use at least once. Watch the participants practice and note what kinds of problems they are having.
- Ask participants to explain the female condom and the steps for using it
- Choose one participant to act as judge and observe all the pairs. Ask the judge to pick out the most skillful pair and have them demonstrate to the group.



5. Negotiating Condom Use

Interactive discussion:

An important part of using a condom is negotiating use with a partner.

Strategies for Negotiating Condom Use

- ◆ Pull some of these ideas from the participants and write on the flip chart paper. Note that this is also provided as a handout to give out at the end of the session.
- ◆ The best time to discuss condom use is before things get passionate. It should be a thoughtful discussion not an emotional argument. Both partners need to feel comfortable.
- ◆ Keep an open mind. Be prepared to listen to your partner's concerns.
- ◆ Prepare rational responses to all arguments that your partner may use against you (this will increase your confidence).
- ◆ Be assertive rather than aggressive. Try to persuade rather than intimidate. Do not threaten.
- ◆ Incorporate using a condom into your foreplay. Make condom use sexy and have fun putting them on!
- ◆ Have alternative solutions and plenty of condoms ready.
- ◆ Be confident and do not beg. Establish in advance what you will and won't do so that your health and well-being are always foremost and can't be compromised. Be willing to walk away if your partner refuses.
- ◆ Find strength in numbers. Let your partner know that everyone who cares about themselves is doing it with condoms now.

Arguments For and Against Condom Use	
AGAINST:	Responses...FOR:
◆“I can’t feel anything. It’s like wearing a raincoat”	◆“I know there is some sensation lost, but sex with a condom can still feel very good.”
◆“I know I’m clean (disease-free) I haven’t had sex with anyone in months”	◆“Thanks for telling me your status. As far as I know, I am also disease-free. But I’d still like to use a condom since either of us could be infected and not know it.”
◆“I’ll lose my erection by the time I stop to put it on: I won’t be in the mood”	◆“I can help you put it on, which will make it more enjoyable.”
◆“It’s just so messy and it smells funny”	◆“Well, sex is like that, but this way we’ll be safe”
◆“Just this once, let’s do it without”	◆“Once is all it takes”
◆“I don’t have a condom with me”	◆“I do”
◆“You never asked me to use a condom before”	◆“This will help prevent infection or re-infection”

ROLE PLAY

Condom Negotiation

- Ask participants to break into pairs. One for condom use, one against
- Ask them to role-play a couple discussing condom use
- Ask them to demonstrate effective negotiation techniques

6. VOLUNTARY COUNSELLING AND TESTING (VCT)

Interactive Discussion:

- ◆ The role of the peer educator is to encourage individuals who are concerned about their HIV status to get tested.
- ◆ Peer educators need to listen, console and refer. The peer educator should listen to people's concerns and fears and help them make the decision to seek testing or advice from a medical professional. The decision to get tested is in the hands of the individual. Peer educators can tell people where testing services are, but they should let the individual feel free to follow up with the peer educator after testing. The peer educators should never ask, "What were the results?" or "How did the test go?" This information is confidential and the peer educator must respect that confidentiality.
- ◆ Tell participants that they are not expected to be professional counsellors. Tell them that this session will help them develop basic listening skills so that they can provide information and referrals to people worried about their status, comfort to people with HIV/AIDS, to people afraid of HIV and AIDS, or to people with problems or questions concerning STIs, HIV and AIDS.

Peer educators should try to help others:

- Solve their problems
- Feel better about themselves
- The best way to do this is to try and understand what the other person is going through and then work through problems with them to find a solution. Good listening skills will help a peer educator to do this.

Voluntary Counselling and Testing (VCT) is a term used for the process of being tested for the presence of HIV antibodies in the blood.

V= Voluntary: This means that no person can be tested without his or her informed consent.

C= Counselling: Before getting the test – the person and the counsellor have a discussion (pre-test counselling) where the HIV test and the possible implications of knowing one’s HIV status are explained. This way a person’s consent is “informed” – he/she has the information needed to consent. After getting the test – the person and the counsellor have another discussion (post-test counselling) where the test results are explained and information, support, referral and encouragement to reduce risk behaviours is given.

T= Testing: A small amount of blood from the client is tested for HIV antibodies. (Antibodies are what the body produces to fight infections.)

An important task for a peer educator, in addition to holding regular meetings with peers, is to meet with individual peers to discuss problems or issues, and referral to appropriate counselling and testing services for STI and HIV. In Namibia more VCT centres are being opened, such as the “New Start” Voluntary Counselling and Testing Centres. For more information on VCT Centres in your area consult the Resources Section in the Appendix of this manual.

7. Listening Skills

- Ask for 6 participants to volunteer to participate in the role plays
- Ask participants to carefully observe the following three short role plays

Role Play #1: A peer educator and a peer meet. The peer educator starts to talk about the training s/he just received as peer educator on HIV prevention. S/he gets so excited and involved in telling what they learned that s/he pays no attention to the peer. The peer tries several times to speak, to ask a questions on HIV, but the first person talks on. The peer gives up trying and remains silent.

Role Play #2: A peer educator and a peer meet. The peer starts telling the peer educator about a personal problem with STIs. The peer educator interrupts the peer and starts talking about preventing STIs. The peer looks confused and tells the educator that his/her question is about treatment, not prevention. The peer educator jumps to conclusions, saying, “oh, you have an STI” and starts telling the peer where to go. The peer becomes angry and the peer educator becomes bewildered, saying that s/he is just trying to help. They start talking at the same time and then walk off angrily.

Role Play #3: A peer educator and a peer meet. The peer expresses his or her concern about an STI. The peer educator listens carefully and asks some clarifying questions. The peer is embarrassed and the peer educator gives him/her some silent time to gain courage and expresses sympathy for how the peer feels. The peer educator helps the peer think about some ways s/he could solve the problem.

- When the role plays end, ask each small group to answer the following questions and then choose a reporter to share their answers:
What did you see happening in each of the three role-plays?
Do these things happen in real life? How?
What can we do to improve listening skills?
- Ask each group to answer the three questions. Note the response to the third question on a flip chart entitled “Good Listening”
- Add other good listening skills if the group does not name them
 - Show interest
 - Be supportive
 - Create an atmosphere of trust
 - Express sympathy
 - Listen for the causes of the problem
 - Be silent when silence is needed.
- End the session by asking this question: What listening skills do you think are the most important when you meet with individuals from your community as a peer ?

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8. Listening and Referral Skills

Interactive Discussion:

- ◆ Remind participants that they are not expected to be professional counsellors. Tell them that this session will help them get basic counselling skills so that they can listen to people's concerns, provide comfort to people with HIV, to people afraid of AIDS, or to people with problems or questions concerning STIs, HIV or AIDS, and provide them with referrals to the appropriate medical services.

- ◆ Give the large group a mini-lecture using the information that follows: If someone finds out s/he has HIV, finds out someone they love has AIDS or feels at risk from HIV, they can have many strong feelings. The feelings might include:
 - Fear
 - Anger
 - Guilt
 - Isolation or loneliness
 - Depression
 - Denial
 - Grief

- ◆ These feelings are normal. In fact it is healthier to bring these feelings into the open. Discussing these feelings can help a person begin to accept the situation. This is why listening is so important.

- Ask participants if they know someone who ever went to a friend, relative, religious person, colleague, teacher or counsellor with a problem to discuss. Ask a few participants to describe how that person helped to solve the problem.
- Tell the large group that they will do something called a “fishbowl” to practice counselling skills.
- Ask two volunteers to play a peer educator and a peer. Tell the other participants to make a circle around the volunteers. Tell them that they are to observe how the peer educator applies listening skills and counsels the peer. Give the “peer” role-player one of the following scenarios:

Role Play #1: You are a male factory worker. You just found out that you have an STI. You are very angry and are blaming others. You’ve come to see the peer educator.

Role Play #2: You are a pregnant woman with two children. You learned that you are HIV positive. You are very distressed and worried about what will happen to your children. You come to see the peer educator.

Role Play #3: You are a sex worker. You have gotten yet another STI. You tell this to the peer educator denying that it is of any importance. It’s just an occupational hazard.

- End the role-play after a few minutes. Ask the observers the following questions:
What listening skills do you see the peer educator use?
What suggestions do you have to help the peer solve his or her problem or to make him or her feel better about themselves?
- Ask everyone to sit down. On the chart write: “When Should I Refer?”
- Ask the large group to think of situations where they would want to refer a peer to a trained professional counsellor, such as a health care provider, teacher or religious leader. Write their answers on this chart. Add any appropriate responses that the group did not think of (someone who is thinking about suicide, etc)

9. Feelings About HIV Testing

ROLE PLAY

- Tell participants that we will begin this session by seeing and discussing a role-play.
- Ask the volunteer participants to perform the one-minute role-play.

Role Play: Two male friends meet. They are debating whether to get tested for HIV infection. One says that if he knew he was going to die, he would do something desperate. The other says that he would quit work and wait for death.

- Ask the large group the following questions
 - What did you see happening in this role-play?**
 - Why does this happen?**
 - What problem does this cause?**
 - Why might pre-test counselling and post-test counselling help these men?**
 - How does this happen in your community?**
 - What can be done to change this situation?**
- Close the session by asking participants to summarize some of the advantages of counselling and testing for HIV. (See list of advantages in the handout section.)

10. Voluntary Counselling and Testing

Interactive Discussion: (see overhead on page 35)

- ◆ Remind participants that they are not expected to be professional counsellors. Tell them that this session will help them get basic skills so that they can help encourage individuals who are worried about STIs/HIV to seek counselling and testing.
- ◆ Remind participants of the discussion on stages of HIV and AIDS during the session “What is HIV? What is AIDS?” Remind them that a person in the infectious stage does not have signs or symptoms so they can only know their HIV status through an HIV antibody test.
- ◆ Show the participants the chart “Voluntary Counselling and Testing” and explain the meanings of these words using the information below.

V= Voluntary: This means that no person can be tested without his or her informed consent.

C= Counselling : Before getting the test – the person and the counsellor have a discussion where the HIV test and the possible implications of knowing one’s HIV status are explained. This way a person’s consent is “informed” – he or she has the information needed to consent. After getting the test – the person and the counsellor have another discussion where the test result is explained and information, support, referral and encouragement to reduce risk behaviours is given.

T= Testing: A small amount of blood is taken from the client and tested for HIV antibodies (antibodies are what the body produces to fight infections).

- ◆ Show the chart and tell participants the following:

“What does it mean if a person tests negative for HIV”

- It means the HIV antibody test did not detect any antibodies against HIV, and therefore the person is not infected with the HIV virus. OR the person has been recently infected and is therefore still in the so-called “Window Period”.
- The Window Period is the time between infection with HIV and the body developing antibodies against HIV. The Window Period is usually between 3 weeks to 3 months after initial HIV infection, and may be as long as 6 months. However, even during the Window Period, a person is infectious and can transmit the virus to a partner.
- It is recommended to be retested 3 to 6 months after the initial HIV negative test, if the person has engaged in unprotected sex in the past 6 months.

“What does it mean if a person tests positive for HIV”

- It means that the person has been infected with the HIV virus.
- Testing positive does not mean the person has AIDS right now. People can live for many years without AIDS. Most likely the person will develop AIDS sometime in the future. People infected should be told to live healthily, eat well and seek treatment for any illness, and protect their partners.
- ◆ Ask participants for their questions/clarification on VCT or HIV testing.
- ◆ Now, show the following chart. Tell participants that people who get tested for HIV have rights and they should know them. The Namibian government policy on HIV testing says that:

“Rights of People Who Get Tested for HIV”

- No person may be tested without his or her consent.
- Test results are confidential.
- Pre- and post-test counselling must be given.
- Informed consent means that through pre-test counselling a person has been made aware, in language he or she can understand, of the possible consequences of the test.
- The person agrees to the test without coercion, and the person feels equally free to refuse to give consent.
- Confidential testing means that only the client and the health worker involved know that a test was performed and have access to the results.
- The information is not to be given under any circumstances to other health care providers, employers, insurers, schools or anyone else without the person’s very clear permission.
- Pre-test counselling is a dialogue between the client and a health worker aimed at explaining the HIV test and the possible implications of knowing one’s HIV sero-status.
- It is intended to lead to an informed decision to take or not take the test. It is also intended to provide accurate information about HIV and AIDS.
- Post-test counselling is a dialogue between the client and a counsellor aimed at explaining the HIV test result, providing appropriate information, support and referral and encouraging risk reduction behaviours.
- ◆ Ask participants if they have questions on the rights of people who get tested.
- ◆ Remind the peer educators of their role in relation to HIV testing:
 - Listen, sympathise, encourage testing, alleviate fears
 - Refer to medical professional or services for testing
- ◆ Ask for a volunteer from the large group to summarise what VCT is. Ask others to listen and to correct any misconceptions or misinformation.

HANDOUTS AND OVERHEADS for

DAY 3

SOURCES, CARE, STORAGE, PROPER USE AND DISPOSAL OF CONDOMS

Remember:

Condoms are almost 100% effective if they are used correctly and consistently

Three Reasons for Using Condoms.

1. To prevent the spread of HIV
2. To prevent the spread of other STIs like gonorrhoea and syphilis
3. To prevent unwanted pregnancy

Where to Obtain Condoms

- ◆ MOHSS clinics
- ◆ Family Planning Clinics
- ◆ Pharmacist/chemist/drug store, chemical seller
- ◆ Supermarkets
- ◆ Anywhere displaying the Femidom (female condom) or “Cool Ryder”, “Maximum Gold” or other male condom brand signs
- ◆ Private doctors
- ◆ Hospitals
- ◆ NaSoMa and SMA (condom social marketing distributors)
- ◆ Multi-Purpose Centres

Proper Storage

- ◆ Condoms that have not been stored correctly are more likely to break and tear. Proper storage of condoms keeps them strong.

These are the rules for storing condoms:

- ◆ Store condom in a dry, cool place out of the sun
- ◆ Do not use condoms that are old. Check the expiry date on the package

Using Male Condoms Correctly and Consistently

- ◆ Use a condom every time you have sex
- ◆ Put the condom on when the penis is hard and before the penis enters the vagina.
- ◆ Open the condom package carefully. Do not tear the condom with your finger nails or teeth
- ◆ Hold the tip of the condom between your thumb and finger on one hand and squeeze air out of the tip. Allow space at the tip of the condom to collect semen
- ◆ With your other hand put the condom on the end of the penis and unroll the condom down to the base of the penis (near pubic hair). Now you can begin intercourse
- ◆ After ejaculation, withdraw the penis while it is still hard so the condom will not slip off in the vagina
- ◆ Hold the condom at the base of the penis while withdrawing
- ◆ Wrap the condom in toilet paper and throw it in the dustbin or latrine. Or, bury or burn it as soon as convenient.

Using the Female Condom

- ◆ Use the female condom (or male condom if preferred) every time you have sex
- ◆ Carefully tear open the packet along the edge and remove the sheath
- ◆ Hold the smaller inner ring (near the closed end) and hold it with the open end hanging down
- ◆ Squeeze the inner ring between your fingers
- ◆ Find a comfortable position to insert the sheath into your vagina
- ◆ Still squeezing the sheath, insert it into your vagina
- ◆ Insert your index finger to push the ring inside the vagina as far as it will go.
- ◆ The outer ring lies flat against the opening of your vagina
- ◆ Use your hand to guide your partner's penis into the sheath. Make sure the outer ring remains flat against your vagina
- ◆ To remove, twist the outer ring to keep the semen inside and gently pull the sheath from the vagina
- ◆ Wrap the used sheath in paper and throw it into a bin, never in a flush toilet

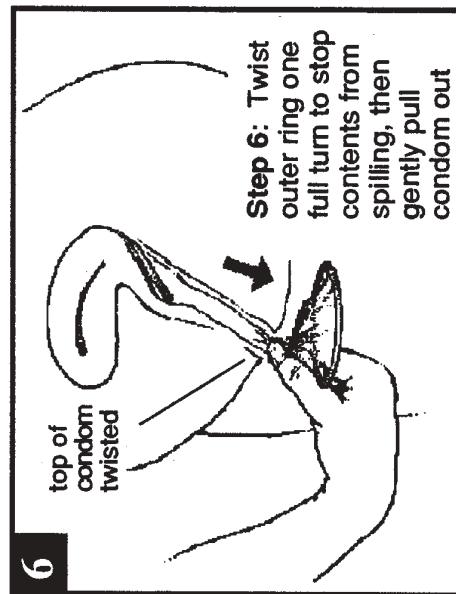
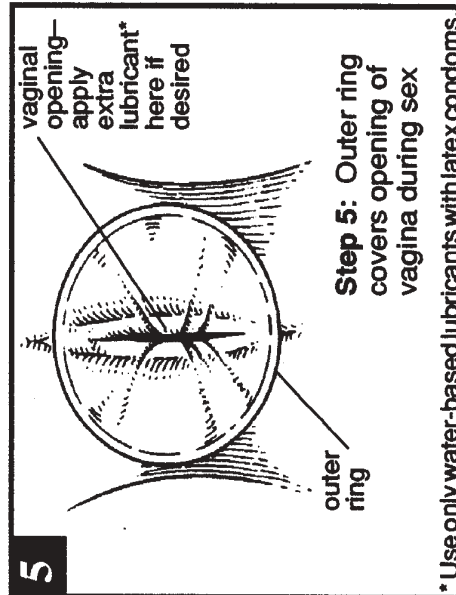
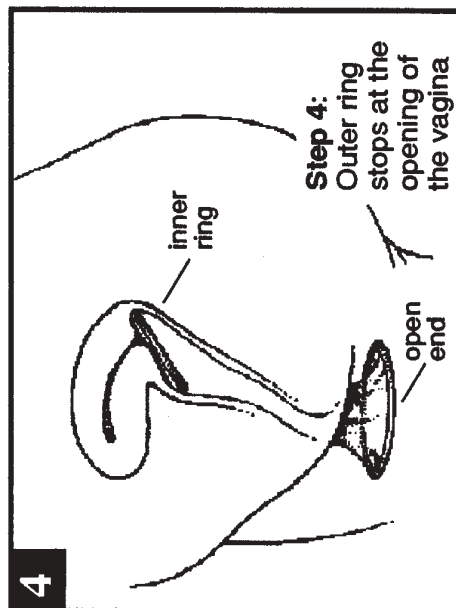
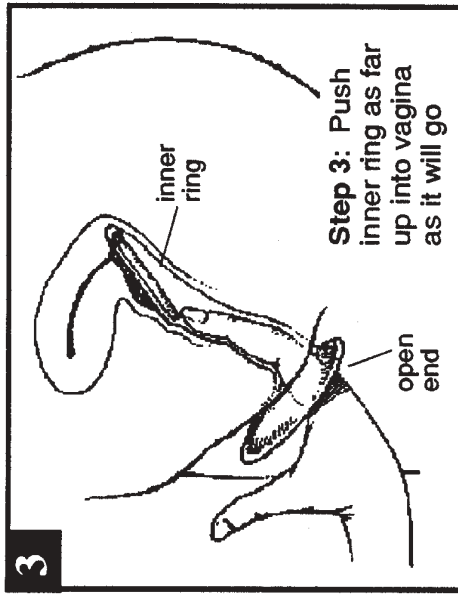
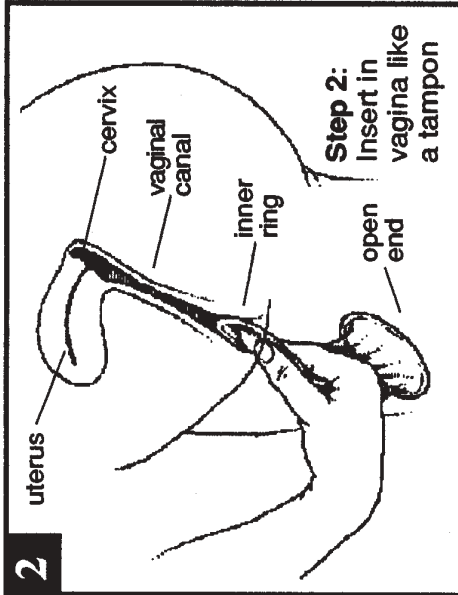
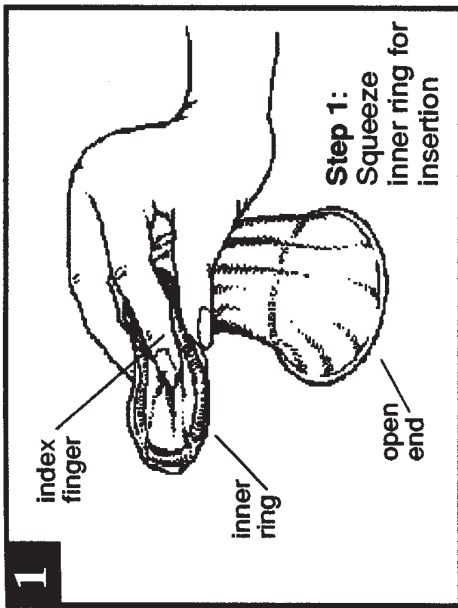
Important Points to Remember about Using Condoms

- ◆ Use a condom only once. Do not re-use condoms.
- ◆ Do not use condoms that are dry or stiff. Throw them away and use another condom.
- ◆ If using liquids to make the condom wetter or more slippery, use water or any product made with water to do this. Do not use cooking oil, Vaseline, or any other kind of oily product. Oil damages condoms and makes them break more easily.

Condom Disposal

- ◆ Throw in a pit latrine (condoms can clog water filled toilets)
- ◆ Burn in a fire
- ◆ Bury in the ground
- ◆ Do not leave where children or animals can get into them
- ◆ Tie and throw in appropriate waste bins (dust bins)

Instructions for Use of the Female Condom

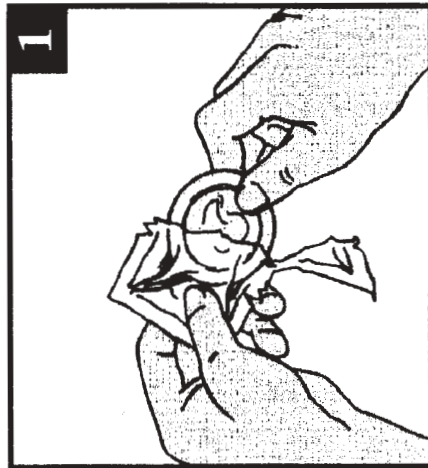


Disposal: Wrap condom in paper and throw it away immediately after use. Do not flush down toilet. Do not reuse.

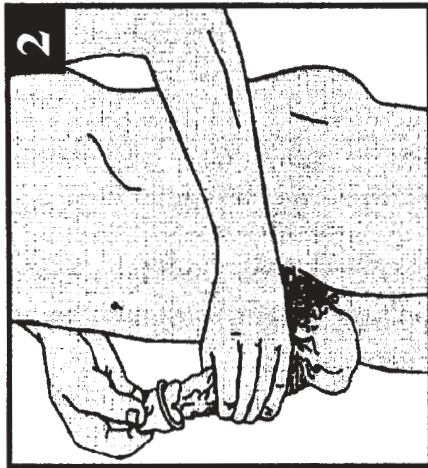
Caution: Avoid damaging the condom with sharp objects such as rings or fingernails.

Illustrations compliments of Wisconsin Pharmaceutical Company makers of the Reality Female Condom

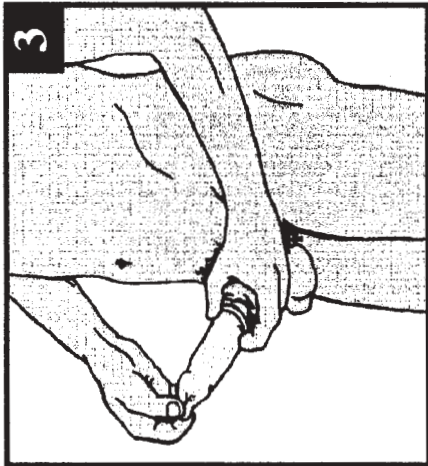
Instructions for Use of the Male Condom



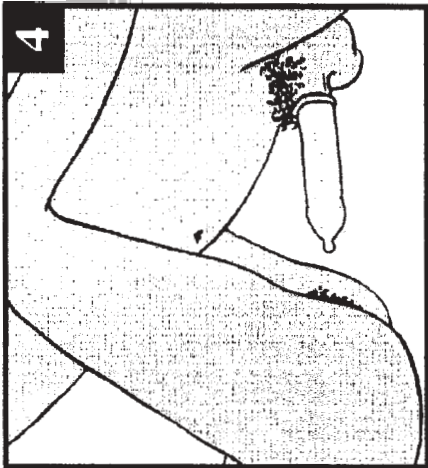
1 Carefully open the package so the condom does not tear. Do not unroll condom before putting it on.



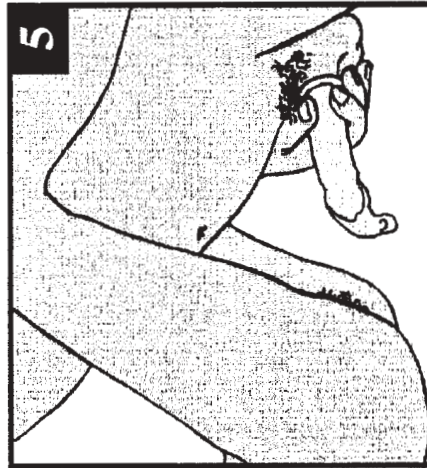
2 If not circumcised, pull foreskin back. Squeeze tip of condom and put it on end of hard penis.



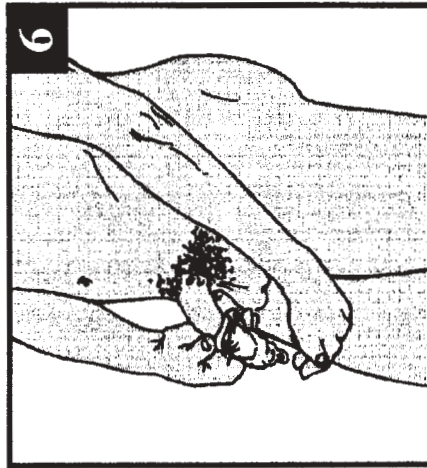
3 Continue squeezing tip while unrolling condom until it covers all of penis.



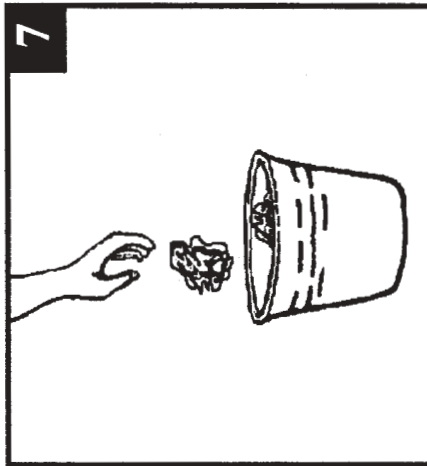
4 Always put on a condom before entering partner.



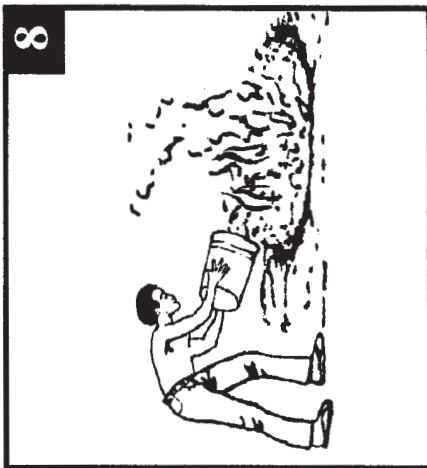
5 After ejaculation (coming), hold rim of condom and pull penis out before penis gets soft.



6 Slide condom off without spilling liquid (semen) inside.



7 Tie and wrap the condom (in paper, if available) then throw in dust bin. Wash hands.



8 Burn or bury the condom with other trash. Wash hands.

VCT:

V= Voluntary

This means that no person can be tested without his or her informed consent.

C= Counselling

Before getting the test – a person and the counsellor or health worker have a discussion (pre-test counselling) about the HIV test and what the results mean. This way a person's consent is "informed" – he or she has the information needed to consent. After getting the test – a person and a counsellor or health worker have another discussion (post-test counselling) about the results. At this point, information, support, referral and encouragement to reduce risk behaviours are provided.

T= Testing

A small amount of blood from the client is tested for HIV antibodies (what the body produces to fight HIV).

Voluntary Counselling and Testing

Positive reasons to get tested:

- ◆ You can learn that you are negative
- ◆ Protect yourself and partner in the future
- ◆ The earlier you know your HIV status, the more options there are for treatment
- ◆ If you are positive you can be careful and start living positively
- ◆ You company's medical aid may provide treatment
- ◆ If you are positive you can protect your partner
- ◆ You can begin to plan your future
- ◆ Seek out emotional, legal and spiritual support
- ◆ If you are pregnant, there are drugs to help reduce the chance of passing HIV to your baby.

Negatives reactions to getting tested:

- ◆ Fear of the death
- ◆ No cure available
- ◆ Can't afford treatment
- ◆ People will find out
- ◆ I will lose my job
- ◆ I will be rejected by my friends and family
- ◆ My spouse and child will be abandoned.

DAY 4

Care and Support for People Living with HIV/AIDS, How Peer Educators Can Encourage Behaviour Change

Objectives for DAY 4

By the end of Day Four, participants should be able to:

- Recognise four categories of needs (physical, spiritual, social and emotional) that people living with HIV might have
- Understand the issues related to mother-to-child transmission
- Discuss areas in which peer educators can contribute to the care and support for people living with HIV
- Describe how the Stages of Behaviour Change relates to peer education
- Described the challenges of each stage and suggest possible peer educator responses to each challenge

Format for day four
Training Time: Approximately 5 hours

TRAINING SESSION	TIME NEEDED	CONTENT	ACTIVITY	OUTCOME
1. People living with HIV/AIDS: Monica's Story	30 Minutes	Understand the human issues involved with HIV/AIDS	Read story and discuss issues	Participants understand the complexity of living with HIV/AIDS
2. Caring for people with HIV/AIDS	30 Minutes	Cover issues related to HIV/AIDS	Interactive discussion	Participants understand the needs of people with HIV/AIDS
3. Company and Community Resources	30 Minutes	Identify why resources are important for peer educators to know	Interactive discussion with activity	Participants learn about resources and how to share them with peers
4. Mother-to-Child Transmission	30 Minutes	Covers information about maternal HIV transmission	Interactive discussion	Participants understand HIV during pregnancy and the importance of referral to medical staff and trained counsellors
5. Behaviour Change	One Hour	Covers stages of behaviour change	Interactive discussion	Participants understand the stages of behaviour change in relation to messages and approach to peers
6. Behaviour Change: Small Group Discussions	30 Minutes	Identify messages and activities related to condom use for each stage of behaviour change	Assign participants to groups and ask them to develop activities and messages	Participants learn that different stages require different messages and activities
7. Stages of Behaviour Change: Role Plays	30 Minutes	Practice peer interaction with different stages of behaviour change	Assign pairs of peer educators to act out scenerios	Participants learn how to interact with individuals at different stages of behaviour change
8. Good Communicator: Verbal and Non-Verbal Communication	30 Minutes	Identify traits of a good communicator	Geometrical shapes activity	Participants identify traits of a good communicator.
9. Barriers to Effective Communication	30 Minutes	Learn barriers and how to address them	Interactive discussion	Participants discover how to overcome problems in communicating about HIV and AIDS

TRAINING PROGRAMME

Information for the Trainer:

- ◆ Peer educators will come in contact with people living with HIV and AIDS and with family members who need support and guidance.
- ◆ Peer educators must understand the problems associated with mother-to-child transmission (MTCT) and people living with AIDS (PLWAs) and help identify information, resources and services that can help them.
- ◆ Peer educators must not try to replace the counsellor but should work as a bridge of information for employees, counsellors and services.
- ◆ People living with HIV and AIDS require physical, spiritual, emotion and social support. They should be put in contact with trained HIV counsellors.
- ◆ Counsellors are professional people who help others solve their problems and feel better about themselves. Counsellors are trained to provide a range of services or advice to people with HIV and AIDS.
- ◆ While there is no cure for AIDS, symptoms can be treated to make a person with AIDS feel better and live longer. Many times, people with AIDS are sent home from the hospital where they may be neglected due to ignorance and fear. However, in many cases family and friends are better able to respond to the person with AIDS' social and psychological needs than health care providers are. Family caregivers should know when to ask for help from health care professionals.

1. People Living With HIV/AIDS

Activity:

Handouts and Materials: flip chart and marker

- Read this story to the participants:

Monica was a divorced mother of three. Her husband beat her and never showed interest in helping with the kids, leaving Monica to take care of her children. Monica survived on petty trade and sold sex in an effort to raise money for rent and food. In 1997, Monica was tested and confirmed to be HIV positive. Following the counselling, she did not have sex to avoid infecting others. Monica refused to tell her family or her only sister that she was HIV positive. She feared that they would shun and despise her. She also did not tell her children. Although she was a regular worshiper in a local church community, she never discussed her feelings with the clergy for fear of being marked an evil person with loose morals. Monica then had to struggle with her worsening health. She often prayed that death would come so that her children would not be burdened. Monica died in 2001.

- Guide a discussion using the following questions:
 - When Monica learned she was HIV positive, what decisions did she take?
 - Why didn't Monica tell her family, children or friends that she was HIV positive?
 - What might be the consequences of not telling anyone?
 - What needs did Monica have as a person with HIV?
 - How were these needs met or not met?
 - What has happened in your community when people learn they have HIV?
 - How are their needs answered or not answered?
 - What are the consequences of this?
- Summarise the main points of the discussion by focusing on the needs of people affected by HIV. Make a list on the flip chart.

Purpose of Activity: Participants learn how to help peers understand the complexities of living with HIV and AIDS.

2. Caring for People with HIV/AIDS

Interactive Discussion:

- ◆ Draw a large circle on a flip chart and divide it into 4 quarters and label the quarters:
 - Physical needs
 - Spiritual needs
 - Social needs
 - Emotional needs

- ◆ Lead a group discussion and help the participants to think about the types of things that belong in each quarter. Make a list that include things such as:
 - Physical: food, water, shelter, clothes, medicine, hygiene
 - Spiritual: religion, access to spiritual support
 - Emotional: understanding, comfort, acceptance, counselling
 - Social: job, love, sex, friendship, and acceptance

- ◆ Ask the large group to think about who can help people with HIV or AIDS in each of the four different quarters of the circle. Ask them to name these people. (Religious leaders, family members, health workers, etc.)

Note: You may want to compliment sessions One and Two by inviting in a person living with HIV/AIDS who works with a local NGO. This will allow peer educators to ask questions and feel comfortable discussing HIV/AIDS.

- ◆ Make a flip chart entitled “Counsellors and People living with HIV”. (See below.) Give this mini-lecture to the large group. (You may also want to invite an HIV/AIDS counsellor in to conduct this part of the training.) Counsellors are professional people who help others solve their problems and feel better about themselves. Counsellors are trained to provide the following services or advice to people with HIV or AIDS:
 - Changes in the sexual relationship of the couple
 - How to prevent infection of sexual partners
 - Changes in family roles and responsibilities
 - Decisions about disclosure to other family members
 - Helping children to cope
 - Death and dying

- ◆ Put the following questions on a flip chart. Ask the participants to answer them in their small groups:
 - What areas of need can peer educators help with? Why? (Information, referrals, listening, motivating people to seek help, sympathising with concerns.)
 - In what areas of need would help from a counsellor be necessary? (any issue related to testing, medical care, psychological support) Why?



During their sessions on offering care and support to PLWHA, peer educators from Hansa Brauerei discuss with a member of a local support group about how they can best support employees who are HIV positive.

- Ask for participants to volunteer to role play the following:

Role-Play #1: Mary visited the peer educator and is concerned about her brother who is very ill with AIDS-related illnesses. He is too sick to leave the house and there is no one to stay with him during the day. Mary has missed many days of work staying with her brother. She needs help.

Role-Play #2: Thomas who is HIV positive is beginning to come down with illnesses that are making him very weak. He is not sure he can continue working. He asks you if you know what the employer does with AIDS employees?

Role-Play #3: Anna's husband is very ill with AIDS. She is worried about what is going to happen to herself and her four children when her husband dies. She feels guilty and ashamed to ask you about money the company will give her after her husband dies but she wants to know about it. Also, she is trying to get her husband to write a will but he refuses.

- Discuss responses. Help peer educators figure out how to work with the person in each role play.

Note to trainer: There is further information on will-writing in the appendix

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3. Company and Community Resources

Interactive Discussion: (see handout on pages 23-24)

- ◆ While there is not a cure for AIDS, symptoms can be treated to make a person with AIDS-related illnesses feel better and live longer. Many times, people with AIDS are sent home from the hospital where they may be neglected due to ignorance and fear. However, in many cases family and friends are better able to respond to the patient's social and psychological needs than health care providers are. Family caregivers should know when and where to ask for help from health care professionals and community-based care and support groups.
- ◆ A key role you play as a peer educator is to refer employees to resources available through the company and the community. This information will help the peer educator do his/her job better and truly help individuals and family members cope with AIDS. As peer educators you need to have this information available to use in your role as peer educator. (Consult the appendix for information on referrals in your area)
- ◆ Treatment: When a person has AIDS, they get sick with many illnesses such as TB, pneumonia, and oral thrush. These infections can be treated. There are also drugs that can prolong the lives of people with HIV/AIDS, but they are expensive and not yet easily available in Namibia. Some people promote traditional remedies as a cure for AIDS. There is no cure for AIDS. These do not work, and can create a false hope for people. It is better to seek medical treatment at clinics or hospitals.
- ◆ Legal rights: People with HIV/AIDS have legal rights. Sometimes they face discrimination at work. They also need help preparing for the future such as writing wills and other legal documents. The appendix contains information about legal rights, will-writing and services available in Namibia.

Activity:

Handouts and Materials: Company and Community Resources handout (see pages 20-21), telephone directories (optional)

- Work with participants to fill in the following information (on the handout) about their surrounding community. Where would you go to get this information?

Employer: _____ Community _____

Employee Services:

- Social Worker:
- Medical Aid:
- Benefits for families of people with HIV/AIDS:
- Other:

Community Resources:

- Sites for Treatment:
- Counsellors:
- Nurses/sisters:
- Physicians:
- Pastors/religious leaders:
- Legal Services (e.g. rights, wills):
- Home-based Care:
- Funeral Services
- Community-based Service Organisations:
- Other:

- At the end of this discussion remind participants that they should have names and numbers for these important services.

Purpose of Activity: Participants identify important resources where they can refer their peers.

4. Mother-to-Child Transmission

Interactive Discussion:

- ◆ A mother who is infected with HIV may transmit the virus to her unborn child. Virtually all infants born to women with HIV will themselves test positive when tested with the ELISA or Western Blot until the infant reaches the age of 15-18 months. This is because the infant has the mother's HIV antibodies until developing his/her own antibodies.
- ◆ After 15-18 months of age, HIV antibodies detected in a baby's blood are the baby's own antibodies and show the baby's own HIV infection. So, if HIV has NOT infected a baby it will then show negative results on an HIV antibody test. The infants remaining sero-positive after 18 months are infected with HIV.
- ◆ Different combinations of drugs called anti-retroviral drugs have been shown to reduce mother-to-child transmission of HIV by 50-90%.
- ◆ Women who are HIV positive may wish to avoid childbearing so that they do not infect newborn babies or leave behind orphaned children when they die.
- ◆ Voluntary counselling and testing should be encouraged so that women can make informed decisions about getting pregnant, and options for family planning. If a woman is pregnant, she should get tested to consider options for treatment before she delivers.
- ◆ Women should be referred to trained counsellors to discuss VCT, treatment if she is pregnant and HIV positive, and how she should handle breastfeeding.



Ask participants for questions for clarification on mother-to-child transmission.

5. Behaviour Change

Interactive Discussion: (see handouts on pages 25-27)

- ◆ **Behaviour change** is moving an individual from high risk behaviours to positive behaviours. It can also mean supporting positive or healthy behaviours.
- ◆ Health behaviours are important to all of us. However, some health behaviours are easier to practice than others.
- ◆ Ask for examples: losing weight, stopping smoking, bringing a child to a clinic for immunisations, exercising regularly, drinking less alcohol.
- ◆ Some behaviours only need a one time action others require lifelong change.

For example:

- Most people know it is important to eat healthy foods and exercise. If knowledge led directly to behaviour change then we would all eat well and exercise every day.
- Some people need to be motivated by friends or family to start eating healthy and exercising.
- Others want to do it but don't have the time to do it or the knowledge on how to prepare healthy meals. These people need to develop their skills at putting aside time for exercise and they may need to learn how to prepare foods with healthy ingredients.
- Some people may do really well with an exercise and diet programme, but their child gets sick and they have to stay home in the mornings with her, so they stop exercising for a week. They have a hard time getting started again and need extra motivation to continue.

The point is:

- ◆ People are in different frames of mind or life circumstances when it comes to healthy behaviours. Each of the groups above requires different messages and support to make or maintain a change. One message does not work for all of these people.
- ◆ Peer educators should try to determine the level of change of their peers so they can communicate the best message to them.
- ◆ Ask for ideas about how participants have changed some behaviour in their own lives. Ask for a volunteer to describe the process that he/she went through when trying to e.g., quit smoking, or lose weight, or start exercising regularly, or control their temper, or cut down on drinking alcohol, etc. Write down the main points of the story and try to put these experiences in an order similar to that of the "stages of change model."

NOTE: In most cases the person sharing the behaviour change experience will have failed several times and have had to start over and over. Make sure that the participants understand that this is a normal part of the behaviour change process.

- ◆ Show the stages of behaviour change model: Using the story/experiences that the participant just related, try to show how he/she followed this model of behaviour change (use overhead or handout).
- ◆ Make sure that the participants understand the process by taking them through a scenario about someone making a change from unsafe sexual behaviour to a safer sexual behaviour. For example:

Steps to Behaviour Change:

1: UNAWARE: John has many sexual partners and does not use a condom. He has never heard of HIV. He is totally unaware and so has no reason to worry.

2: AWARE: John hears people talk about HIV—he knows it exists, but the stories he hears are only about people in South Africa and the West. He is still not concerned.

3: KNOWLEDGE: Time goes on and John hears more and more about HIV. In fact, a friend’s cousin died from the disease. John begins to listen more carefully and asks more questions about HIV. He is interested in getting more knowledge.

4: MOTIVATION: John has learnt that HIV can be transmitted through unprotected sexual intercourse. He has also discussed condom use with a friend who tells him that “Condoms aren’t really too bad.” His friend gives him a condom and he opens the package and looks at it and decides that some day he will try it.

5: TRIAL: John talks to one of his sexual partners about using condoms. She knows all about them and she happily agrees to try it. However, John is afraid to talk to all of his partners about condoms and so he uses condoms only occasionally.

6: SUCCESS: As John becomes more comfortable with condom use and as he learns of more and more people who are protecting themselves with condoms, he decides to be a modern man and always use condoms. When he has used them for 6 months (with no occasions of unprotected sex), we say he has achieved success.

- ◆ Say that the process of changing behaviour is like crossing a bridge. (refer to the bridge illustration provided in the handouts for session 5) A person must take many steps to get from one side (the unsafe behaviour) to the other safer side of the bridge. There are many, many challenges to getting across. Discuss the challenges for each step (they are listed on the transparency). Add more challenges that the participants mention.
- ◆ Explain that a good peer educator will try to understand what stage/step the peers are at and will then give support to help them with that step. For example, if my peer is in step one, I will not teach him the skills of condom use. Rather, I would give basic facts and clarify myths and misunderstandings. If my peer is already in the Trial stage, I will not clarify myths. Rather, I will keep reinforcing his communication and condom negotiation skills.

6. Behaviour Change: Small Group Discussions

Activity:

Handouts and Materials: Pen and paper for each participant

- Give a small group assignment. (30 minutes)
- Each group should make a list of activities a peer educator should do in each stage of behaviour change. For example how/what would you tell an individual in each stage of behaviour change about using condoms. Try to think of messages for that person.
- Remind the participants that it is very difficult to change behaviour if a person
 - is not supported by his/her friends (and peer educators);
 - is not personally convinced that the change is useful;
 - is not convinced that s/he can successfully do the needed practice
 - does not have access to the goods and services;
 - and lives in an environment that is not conducive to safer behaviours.

Purpose of Activity: Participants learn that different stages require different messages and activities.

7. Stages of Change: Role Plays

R O L E P L A Y

- In pairs of two, conduct role-plays, where one person is the peer and one is the peer educator in the following scenarios:

Role Play #1: John is concerned about HIV infection. He has recently been diagnosed and treated for an STI. He comes to the peer educator for advice on how to avoid HIV.

Role Play #2: Mary uses the female condom when she has sex. Her new boyfriend does not like it and wants Mary to stop using it? She comes to you for advice?

Role Play #3: Anthony suspects he has an STI. When he went to the clinic for a test, the staff was very rude to him and he walked out. What do you tell him to do?

Discussion about Role Plays

Each situation requires an individual to choose a different behaviour to avoid HIV. As a peer educator you can help people learn about these behaviours. You are also in an important position to teach peers how to negotiate for safer sex, use a condom, or abstain from sex. (See appendix for more communication exercises.)

- Role play #1: The peer educator should reinforce John's treatment seeking behaviour, as well as inform John about the relationship between HIV and other STIs and how to prevent them, such as condom use.
- Role play #2: The peer educator should support her continued use of the female condom, and discuss benefits of the female condom, concerns about HIV, and offering alternatives to him, like using the male condom.
- Role play #3: Peer Educator applauds Anthony's action to seek treatment, tells him to be more assertive and go back because it is important to be treated, or if available go to another clinic, or in last instance, offer to go with him to the clinic.

8. Good Communicator: Verbal and Non-verbal Communication

Activity:

Handouts and Materials: One copy of the geometrical pictures (see page 28)

- Begin the activity with a discussion about what makes a good communicator. Encourage the participants to think of examples of people who they believe have a special ability to get their points across (e.g., news-readers on television; politicians; some film stars, some teachers, friends, etc.). Ask about the qualities that they have noticed about these people. Why do they seem like good communicators? (Expect answers such as: they speak clearly; they seem sincere; they are not distracted—they look the audience in the eye; they listen carefully.)

- Introduce the idea of verbal and non-verbal language. Remind participants that we often “say” a lot by our manner. We communicate many things without words. Go to each group and whisper one of the following words to them. Ask them to display that feeling and have the other groups guess what emotion

they are receiving.

- Disgust
- Excitement
- Boredom
- Impatience
- Anger
- Disagreement

- Ask for a volunteer who thinks of him/herself as a good communicator. Ask the person to come to the front of the room and give him a copy of one of the geometrical pictures. **Do not let other participants see this picture!** Tell the participants that this good communicator will give them instructions about a picture that they are to draw in their notebooks.



They may not ask any questions. The communicator will also not ask any questions. He/she will simply give the instructions.

- When the communicator has finished giving instructions, have the participants show their drawings. In most cases what they drew will differ significantly from one another's drawings and will also be very different from the picture that the communicator was describing. Discuss why the communicator was not able to get his message across clearly. (Answers should include the fact that they did not talk to each other—the participants were the listeners—but they did not give feedback to the speaker. The speaker did not ask the listeners for feedback.)
- Make the point that **Communication is more than words**. Clear communication requires interaction between the speaker and the listener. Now, ask for another volunteer and give him/her the second geometric picture. He/she will not show the picture to the other participants, but will give them instructions. The participants may ask questions and the communicator may also check with the participants to see if they have understood correctly. **The participant's drawings are likely to be much more accurate. Compare the first and second drawings and summarise what has been learnt about good communication.** Ask how this activity relates to peer education and helps the participants to understand that their work with peers also requires two-way communication between speaker and listener. Remind them that one-way lectures are not likely to be effective.

Purpose of Activity: Participants identify traits of a good communicator.

9. Barriers to Effective Communication

Activity:

Handouts and Materials: Barriers to effective communication (see pages 29 - 30)

- Distribute the Handout (Barriers to Effective Communication). There are 9 barriers and 9 strategies for overcoming them. Explain that you want volunteers to demonstrate the barriers—and then demonstrate how to overcome them.
- Allow time for the participants to read the first two barriers (personal barriers). Ask for volunteers to act out the barrier in some fun and creative way. Then, ask the same volunteers to act out how that barrier can be overcome.
- Next ask the participants to read the next set of barriers (socio-economic barriers). Ask them to be thinking of fun and creative ways they could act them out. Ask for volunteers to again do these very short mini-dramas. Have fun!
- Continue with the barriers—as much as time allows.
- Summarise by reminding the participants that they must always be sensitive to their peers' feelings if they are to be effective communicators.

Purpose of Activity: Participants learn how to overcome problems with communicating about HIV and AIDS.

Communication

Interactive Discussion:

- ◆ Communication is the foundation of peer education programs. Peer educators must be good communicators. They must understand:
 - How to listen
 - Verbal and non-verbal messages from peers
 - Barriers to communicating with others
 - How to teach individuals to communicate with others
 - When to be quiet



HANDOUTS AND OVERHEADS for

DAY **4**

PEER EDUCATOR REFERRAL SHEET

Employer: _____ Community _____

Employee Services:

Social Worker:

Name:

Telephone Number:

Location:

Medical Aid:

Name:

Telephone Number:

Location:

Benefits for Families of people with AIDS:

Name:

Telephone Number:

Location:

Community Resources:

Sites for Treatment:

Name:

Telephone Number:

Location:

Community-based AIDS Service Organisations:

Name:

Telephone Number:

Location:

Counsellors:

Name:

Telephone Number:

Location:

Nurses/Sisters:

Name:

Telephone Number:

Location:

Doctors:

Name:

Telephone Number:

Location:

Pastors/ministers/religious leaders:

Name:

Telephone Number:

Location:

Legal Services (e.g. wills, rights):

Name:

Telephone Number:

Location:

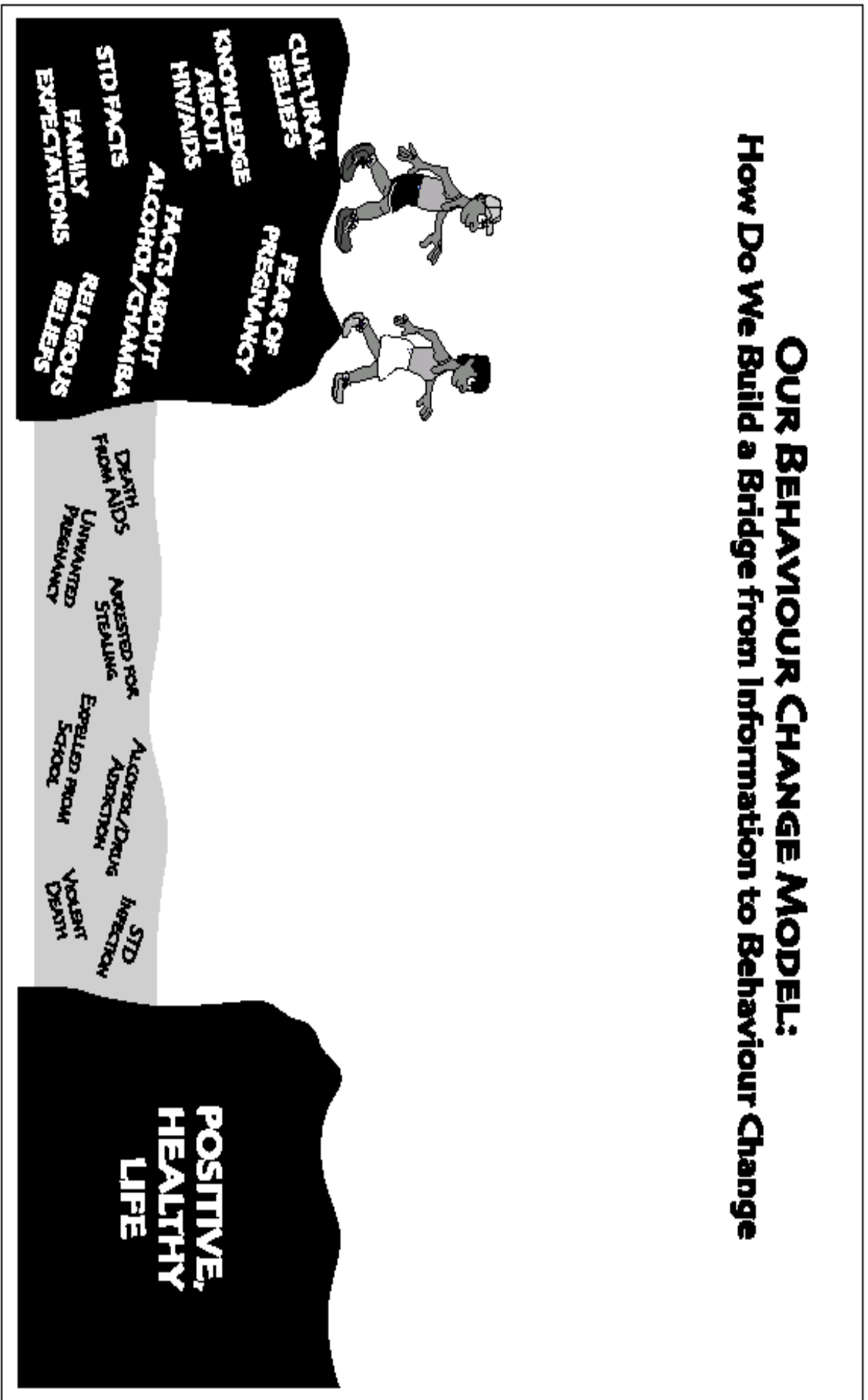
Funeral Services

Name:

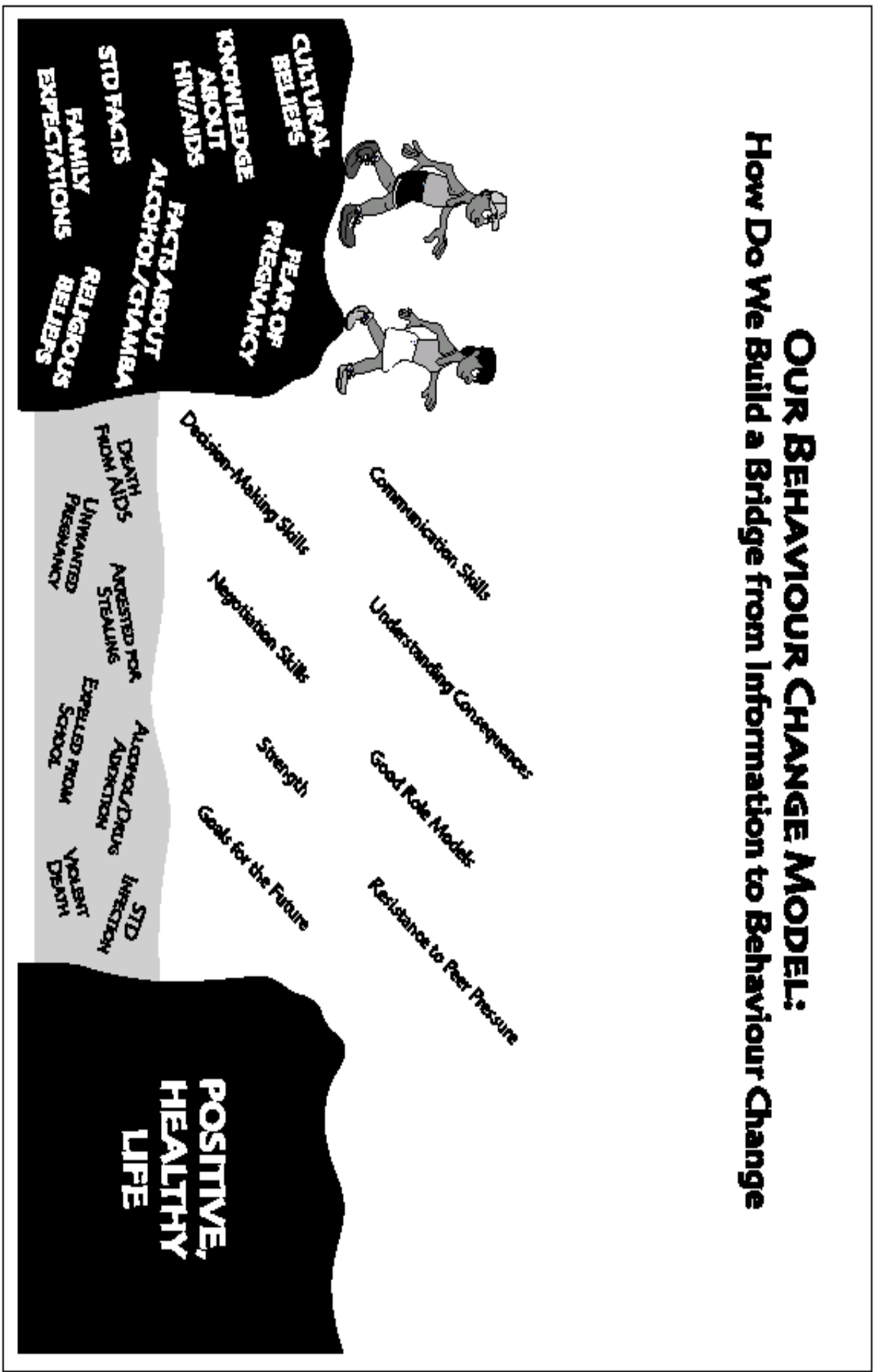
Telephone Number:

Location:

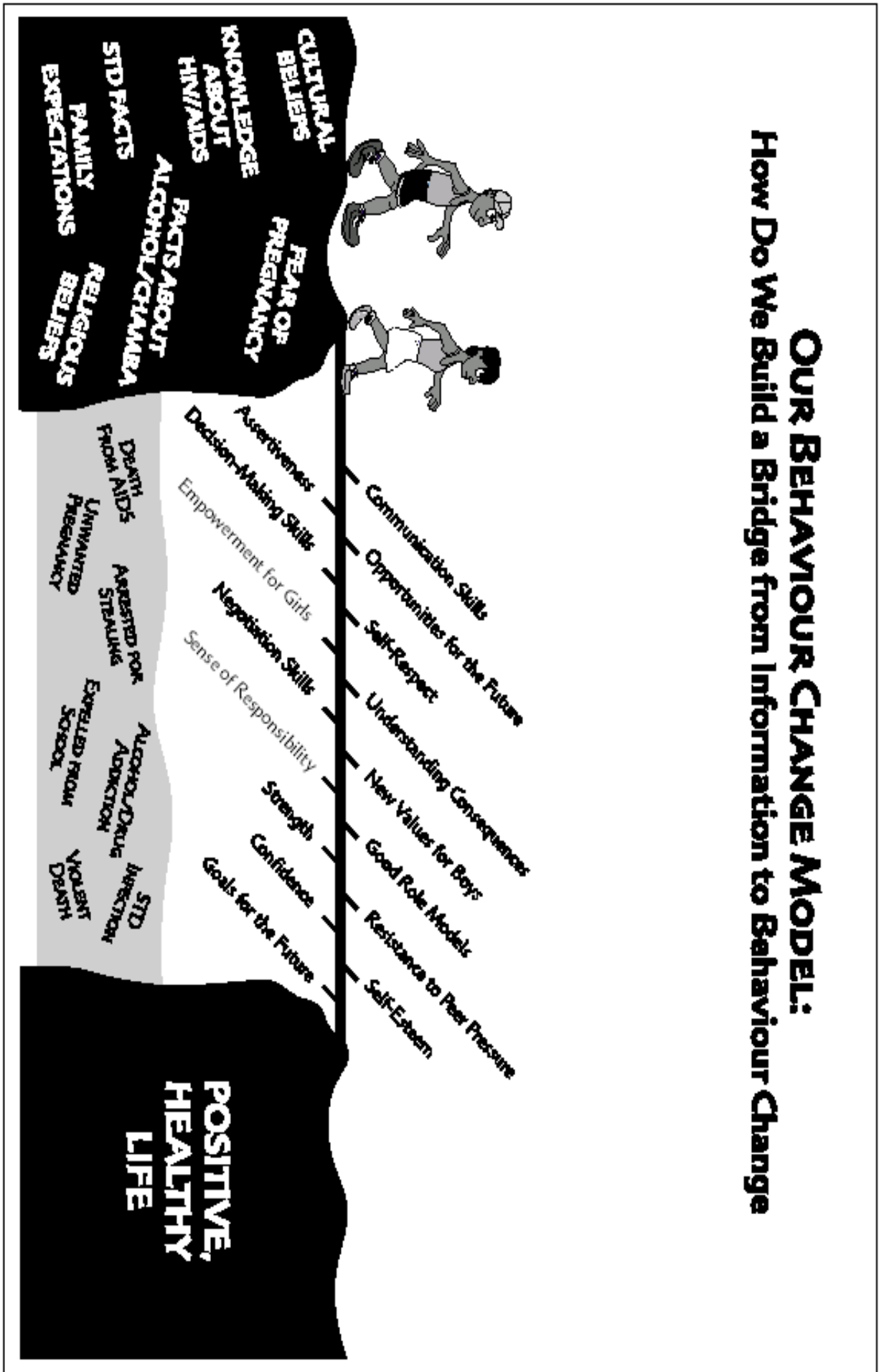
OUR BEHAVIOUR CHANGE MODEL: How Do We Build a Bridge from Information to Behaviour Change



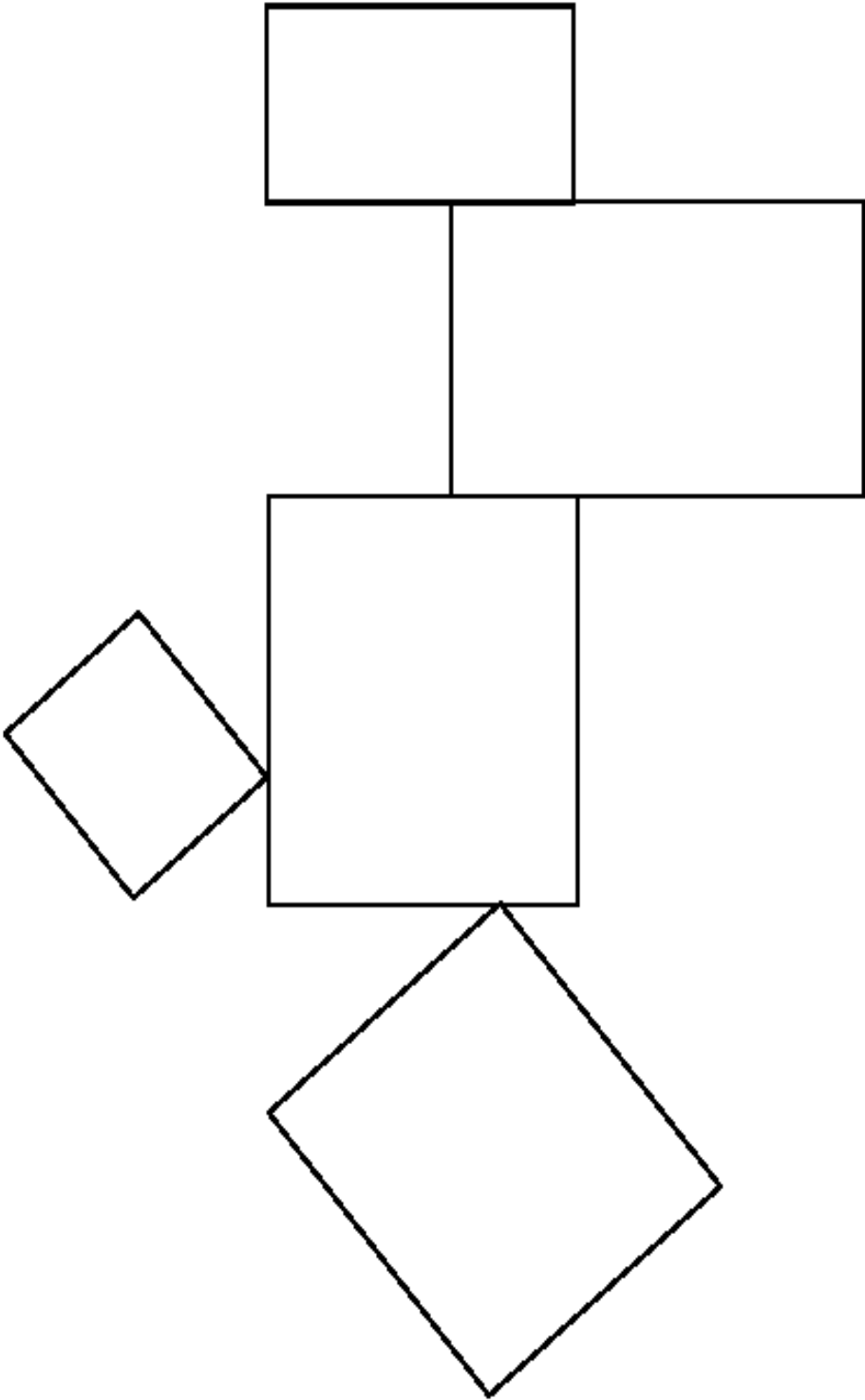
OUR BEHAVIOUR CHANGE MODEL: How Do We Build a Bridge from Information to Behaviour Change



OUR BEHAVIOUR CHANGE MODEL: How Do We Build a Bridge from Information to Behaviour Change



Geometrical Pictures



BARRIERS TO EFFECTIVE COMMUNICATION

PERSONAL BARRIERS:

Knowledge: peer educators cannot communicate effectively if they do not understand their peers, the subject content, and how their peers see the subject.

Strategies: *Make sure your knowledge is up to date. If you do not know something, tell them that, and come back to them later when you have found out.*

Attitude: a peer educator's negative attitude can affect the impact of the message that he/she is trying to get across

Strategies: *Be aware of your attitudes and biases, and try to set them aside when you work with other peers. Never impose your opinions.*

SOCIO-ECONOMIC BARRIERS

Age: Some young people do not feel comfortable with people much older than themselves, and some older people may not be comfortable discussing certain subjects with younger persons.

Strategies: *Show respect to whoever you are dealing with. Identify yourself as a responsible person who deals sensitively with difficult topics.*

Religion and Culture: Sometimes religious and cultural backgrounds may differ and may interfere with communication.

Strategies: *It helps to have background information on the religious and cultural beliefs of the people you are working with. Try to acknowledge when religious and cultural values might interfere with communication and deal with them head on. Do not ignore them. Respect people's values even when you do not agree with them.*

Sex: Some people prefer to communicate with people of the same sex, especially on sensitive subjects.

Strategies: *Acknowledge that the discussion might be embarrassing, but explain that sometimes it is necessary to discuss sensitive topics. Acknowledging embarrassment sometimes helps one to overcome it.*

Language: Some people may misunderstand technical language. It is important to speak in terms that the person understands and to use acceptable terminology. Also keep in mind the different languages that the person might speak, and the language s/he feels most comfortable communicating in.

Strategies: *Keep language as simple as possible. Find out whether terms are familiar or if they need explanations. If the person speaks a different language, find a reliable person to translate.*

Economic status: youth might find it hard to relate to a person who appears to be of another economics status.

Strategies: *show respect, no matter how poor the person might be. Avoid fancy dress. Sit among the group members instead of standing over them or sitting apart. Wearing traditional dress in community settings can help to break barriers.*

LOGISTICAL BARRIERS:

Time: If the meeting time is inconvenient, peers may not be able to listen well (or they may not show up at all) because they need to be elsewhere.

Strategies: *When possible, let the peers choose the time.*

Venue: Noise, high temperatures, and inadequate seating facilities can interfere with effective communication.

Strategies: *Make sure the venue is comfortable, quiet, and accessible.*

DAY 5

Conducting Peer Education Programmes in the Workplace

Objectives for DAY 5

By the end of Day Five, participants should be able to:

- Develop skills in conducting peer education programmes through practice and role plays
- Learn specific information and skills for organising individual and group peer education programmes as well as special events in the workplace
- Increase skills in handling difficult situations
- Develop confidence in their ability to conduct peer education programmes

Format for Day Five
Training Time: Approximately 6 hours

TRAINING SESSION	TIME NEEDED	CONTENT	ACTIVITY	OUTCOME
1. Peer Education Programmes in the Workplace	30 Minutes	Types of programmes	Interactive lecture	Participants understand what is expected of them and how to prepare for these programmes
2. Group Presentations	One Hour	Small groups prepare presentations and are scored by others	Small group activity	Participants learn presentation skills and how to organise a session
3. Individual Peer Meetings	30 Minutes	Managing individual sessions with peers	Interactive discussion	Participants learn how to handle an individual meeting
4. Question Asking Session	30 Minutes	How to encourage people to talk during small sessions	Activity and Role Play	Participants develop skills for opening individual discussions
5. Special Events in the Workplace	30 Minutes	How to organise a workplace event	Lecture	Participants learn how to prepare for a workplace event
6. Teaching Skills	30 Minutes	Using communication skills to prevent the spread of HIV	Lecture	Participants understand more about communication skills and how to teach them to their peers
7. Communication Skills 8. Helping peers Develop Skills	30 Minutes	Applying communication skills to situations	Small group discussion	Participants learn the importance of communication skills when negotiating safe sex
9. Putting the Training to Work	One Hour	Peer Educators respond to different real life scenarios	Role Play with discussion	Participants understand possible problems and how to help people solve those problems
10. Handling Difficult Situations	30 Minutes	Review problems and solutions peers may encounter	Interactive discussion	Participants learn how to address difficult situations with groups
11. Final Thoughts for Peer Educators	20 Minutes	Review follow-up with peers	Discussion	Participants learn about follow-up activities with the co-ordinator
12. Post-training Test	20 Minutes	Ask participants to complete post-test	Test	Participants detail experiences in training

TRAINING PROGRAMME

1. Peer Education Programmes in the Workplace:

Interactive Discussion: (see overhead on page 25)

- ◆ As peer educators, you may be involved in various types of programmes
 - Group education sessions
 - Individual meetings with employees
 - Workplace education days (e.g. activities for World AIDS Day)

- ◆ **Group sessions:** Are designed to convey knowledge and teach skills to small groups of employees.

For group sessions the peer educators should:

- decide on the topic for the session
 - arrange a time, date and location for the meeting
 - announce the meeting and encourage people to attend
 - prepare the content to be presented and any materials you will use when presenting (e.g. posters, pamphlets, video, etc.)
 - conduct the session
 - report the outcome of the session to the co-ordinator (see reporting sheet attached)
-
- ◆ Most workplaces provide a certain amount of time for peer education programmes. Some allow weekly group meetings, others monthly discussions. Peer educators usually have between thirty minutes to one hour for these sessions.

For each group session try to get across two or three key messages **and keep those messages simple.**

Sample Programmes for group sessions:

Preventing the Spread of HIV Infection:

“It’s not who you are, it’s what you do”

- ◆ Welcome and introductions (5 minutes)
- ◆ HIV is totally preventable. There are three main methods for prevention of sexual transmission. Tell the group you will discuss these ways as well as methods to prevent mother-to-child transmission. (10 minutes)
 - **Abstinence:** No sex during a given period. Examples: no sex until you get married, no sex while your partner is away.
 - **Be faithful:** Faithful means that you have sex with only one partner, and s/he has sex with you only. If you are married it would be your spouse. If you are not married, it would be a steady partner. Because you cannot be sure of your partner’s past behaviour, it is important that both of you be tested for HIV.
 - **Condoms:** You cannot tell from looking at a person whether s/he has HIV or another STI. Therefore use a male or female condom every time you have sex. It is also important to practice using male and female condoms to ensure their correct and, therefore, effective use.
 - **PMTCT (Prevention of Mother-To-Child Transmission):** A woman who is HIV positive can choose not to get pregnant, or if she gets pregnant to take drugs (such as Nevirapine) that reduce the chances of passing the virus on to her baby. After the birth of the child, the woman can decide not to breastfeed.
- ◆ Ask if anyone has questions
- ◆ **Condoms:** Tell people what a condom is and show the male and female condoms. Pass them around. Let participants know that as a peer educator you should have free condoms available at all times and people can get them when they need them.
- ◆ Do demonstrations – ask for participants to help with the demonstration. Try to use humour to make people feel comfortable. (20 minutes)
- ◆ Ask for questions. Remind people that you can provide condoms, (or where they can obtain/buy them); refer people to places to get confidential testing in the community. If you have condom brochures you can distribute them. (you can also copy the brochure in this manual)

Thank everyone for participating.

General Tips for Conducting Peer Education Programmes

(also provided as handout on page 26)

- ◆ Understand that every group's needs are different. Work with the participants to identify all gaps in their knowledge.
- ◆ Set goals that are realistic and achievable given your time and resources.
- ◆ Choose training methods that are within your abilities.
- ◆ Be prepared to admit that you don't have all the answers, saying that you are willing to look for them and provide the answer(s) later.
- ◆ Help each participant feel that his or her contribution to the discussion or activity is valuable and important.
- ◆ Summarise all discussions periodically and at the conclusion be certain that you and the participants all understand the same thing.
- ◆ Watch the group's "body language". Watch facial expressions. Do people look confused, angry, bored, frustrated, or attentive?
- ◆ Watch group behaviour. Are people remaining seated or pushing back their chairs, excusing themselves frequently, chatting to each other?
- ◆ Begin with and build on what people already know.
- ◆ Deliver your message in a meaningful way:
 - Smile and invite questions
 - Maintain eye contact with the group
 - Face the group and stay close to the group—not behind a desk or podium
 - Create breaks by allowing question and answer periods so the session is a two-way not a one-way process
 - Encourage discussion
 - Be sure of what you want to say. When you are not sure of the answer to a question, ask for help from participants
 - Encourage participation and avoid taking the centre stage
 - Practice new teaching approaches/methods before you use them in training
 - Encourage participation using stories, role-play, games and discussion
 - Be available, act as a resource for information, advice and support.

2. Group Presentations

Activity:

- Ask participants to work in small groups (3-4 per group)
- Ask each group to develop a short session on one of the following topics:
 - HIV Transmission
 - Importance of Condoms
 - STI detection and treatment
- In small groups have the participants outline the content, the main points, visuals and ideas to make the presentation interesting.
- Ask each group to select a presenter to conduct the session
- Ask presenter to conduct a 10-minute session on the topic
- After each presentation ask the other groups to rate the presentation using the “tips for presentation” handout to comment on each presentation

Purpose of Activity: Peer educators learn how to organise and deliver information.

3. Individual Peer Meetings

Interactive Discussion: (see overhead on page 27)

- ◆ After group meetings, employees often have personal questions. Make sure the employee knows that these sessions are confidential and will not be reported to the company. These sessions may take anywhere from 10 minutes to an hour. You may be asked for information on any range of subjects, from should the employee get an HIV test, to how to care for family members who have AIDS.

Remember your job is to:

- listen
- console
- empathise
- educate
- refer employees to the proper services or health professionals

For individual peer education sessions

1. Identify a meeting place that is private (a small meeting room would be best).
2. Be on time for the meeting.
3. Try to make people feel comfortable talking to you. Ask people how they are feeling.
4. Listen to the concerns of the employee and then make sure you are clear on what the employee is asking for.
5. If an employee asks a question that you know the answer to, such as how to use a condom educate the person.
6. For questions about STIs, HIV testing, care, medication, support services, have your list of referral services ready. If you do not know the answer, tell the employee you will find the answer and get back to him/her. Arrange a time and method for communicating.

4. Question Asking Exercise

Interactive Discussion:

Empathy means being interested and caring about what is happening to another person. One of the best ways to find out what a person is thinking and feeling is to simply ask them. The ability to ask appropriate questions and listen effectively to the participants' answers is an important skill for peer educators.

Activity:

- Introduce to the participants the importance of showing interest in what employees are thinking and feeling by asking thoughtful questions. Provide the following as examples of questions that demonstrate an interest in and empathy for another person:
 - How do you feel?
 - What do you think?
 - Could you explain that more?
 - Why do you feel that way?
 - What made you come to that conclusion?
 - How are you feeling?
 - Can we talk some more about this?
- Ask the participants to suggest other questions that can be asked which demonstrate interest in and empathy for another person.
- Ask for three sets of volunteers to role-play individual session how you would ask questions on the following topics:

Purpose of Activity: peer educators practise how to ask questions during a session with peers.

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- ◆ An employee comes to you with a question about STIs. It turns out he has a sore on his penis
- ◆ An employee is worried because he has many girlfriends and is not being careful
- ◆ An employee is very worried about what will happen now that she has tested positive for HIV

Use the questions discussed earlier.

- How do you feel?
 - What do you think?
 - Could you explain that more?
 - Why do you feel that way?
 - What made you come to that conclusion?
 - How are you feeling?
 - Can we talk some more about this?
- After completing the activity, remind the participants that:
- these are common situations that they will encounter
 - peer educators should practice and be prepared to handle these situations
 - peer educators can ask for help from the co-ordinators

5. Special Events at the Workplace

Interactive Discussion: (also see overhead on page 28)

- ◆ Your co-ordinator or company may want to give special attention to HIV/AIDS during the year. You may be called upon to assist with activities such as World AIDS Day (December 1st) , a special talk on HIV/AIDS by a professional in the community or an awareness event such as a soccer game or athletics competition.

Tips for organising a special event at the workplace:

- Secure the support of management for the activity.
- Plan what you think should be done with other peers, your co-ordinator and company representatives. Try to involve employees from all parts of the company.
- Give yourself enough time to organise the event. You will need time to make arrangements with outside people, to display materials and organise activities. Ask for volunteers to help or contact a local NGO to help you organise the event.
- Decide on a topic and messages for the event.
- Identify people in the community who may speak at the event (local health professional, managers, PLWHA, others).
- Set up a booth or table for employees to get information. Make sure there are materials available for employees (pamphlets, resource lists). Identify videos that can be shown during that day.
- Be creative - try to get the message to employees in many different ways. Invite a local drama group to do a lunchtime show.

6. Teaching Skills

Interactive Discussion:

- ◆ Peer education is a valuable way to teach individuals skills needed to prevent HIV infection. Information is an important first step. People also need skills to deal with challenging situations. A woman may understand that she must use a condom every time she has sex, but her partner may not want to use it. Therefore, she needs to learn how to handle these situations and how to communicate with her partner to protect herself.

To ensure that someone has learnt a skill, they should be able to:

- **Describe** the skill.
- **Demonstrate** the skills.
- **Practice, practice, and practice** the skill!
- Evaluate the skill to verify that it is being done correctly.



Outreach health educators from the Walvis Bay Multi-purpose Centre demonstrate their communication and presentation skills while teaching community members about condom use.

7. COMMUNICATION SKILLS

The following are some communication skills that are important for people to learn in order to protect themselves from HIV infection (also provided as handout on page 29).

Skills for communicating with sexual partners

- **TALK** is a set of tools that a person can use to be assertive and persuasive. Use **TALK** to tell a partner you want to have safe sex, you won't have unsafe sex, or for any situation in which you want to be assertive.

T = Tell your partner "I am listening to what you are saying." Acknowledge them. Use "I" statements (speak for yourself).

A = Assert what you want in a positive way. State your goal or need. Be positive. Use "I" statements (speak for yourself).

L = List your reasons for wanting to be safe (use condoms). Be brief. Use a reason that is about you. Do not mention disease.

K = Know the alternatives (for safer sex) and your personal bottom line (what you are comfortable doing).

- Be assertive, but not aggressive:

- Make sure you say what you want
- Use "I" statements (speak for yourself)
- Listen to what your partner is saying
- Respect and acknowledge your partner's feelings and options
- Be positive
- Use reasons for safe sex that are about you, not your partner

- If your partner is being negative (not wanting to practice safer sex):

- Find something positive in what your partner is saying and turn the negative objection into a positive thing. For example, if your partner is very controlling, you can say that you appreciate it and are glad he cares so much about you (rather than accusing your partner of being too controlling).
- Never blame the other person for not wanting to be safe, blame the environment or something else, but never the other person. Remember, HIV is not the only problem caused by not practising safer sex. You can get another STI or an unwanted pregnancy.

8. Helping Peers Develop Communication Skills

Interactive Discussion:

- ◆ Ask one person in each group or pair to be the note taker. Assign each group or pair to one of the scenarios and related questions listed below. Ask participants to review and discuss their scenario, answer the questions and develop responses and strategies. A strategy is simply an action that is deliberately planned out beforehand. The note taker should write down the responses and strategies developed.

Scenario A:

Peter and a friend are in a social club drinking, after spending a great day on the beach. Peter meets Lanie at the club. They dance and talk and Peter can tell just by the way Lanie smiles and touches him that she is sexually interested in him. Lanie invites Peter back to her place. Peter is worried about HIV and other STIs and wants to use a condom. After they get to Lanie's apartment, they begin to move towards intimacy. They have this conversation:

PETER: "I should tell you now that it's very important to me to use condoms. I have some with me."
 LANIE: "Why do you want to use one of those things? You don't need it with me. I take birth control pills!"
 PETER: "Well, I think it might be a good idea..."
 LANIE: "But Peter, it feels so much better without a condom."

Questions to ask participants:

- What should Peter do?
- What should Peter say to Lanie?
- If Peter wants to use a condom, what should he tell Lanie?
- If you were in Peter's situation, what would you do?

Scenario B:

Selma suspects her boyfriend Jonas has been sleeping with someone while she was away from home on a special six-month assignment. She's getting ready to go home and is worried about HIV and other STIs. Selma wants to use condoms when she and Jonas have sex, but does not know how to bring it up (they've never used them before). She's particularly worried because he has a bad temper and can be jealous.

Questions to ask participants:

- What should Selma do?
- What should Selma say to Jonas?
- If you were in Jonas' situation, what would you do?
- How could Selma convince her boyfriend to use condoms?

Scenario C:

Frieda and Willem have been having sex together for several weeks. They both wanted to use condoms in the beginning. Just before starting to make love Frieda whispered in Willem's ear that she wanted him to "go in raw" this time. Willem was very tempted but put on a condom anyway. Frieda was very upset with this. She considered this a sign that Willem didn't trust her. She even accused him of thinking that she was a prostitute and she didn't want to see him again. Willem said he really did care for her and it was for this reason that he wanted to use condoms.

Questions to ask participants:

- What did you see happening in this story?
- Is trust or honesty enough to protect people from HIV?
- Do you think the girl was right in suggesting they stop using condoms?
- How did Willem try to resolve the problem?
- Develop possible responses and strategies for Willem to use to effectively negotiate safer sex with Frieda.

Scenario D:

Jan and Anna have been married for five years. Jan is working away from home for six months. Though they have never talked about it, Anna is sure that Jan has sex with other women while he is away. She is also quite sure that he doesn't use condoms because she has heard him cursing condoms when they are advertised on the radio. She is concerned that he may have picked up an STI like HIV and will be bringing it back to her. Anna knows that her husband will never agree to use condoms with her. But she hopes to convince him to use them until they both go for an HIV test. Then they could have unprotected sex again without worry.

Questions to ask participants:

- What did you see happening in this story?
 - Do you think Anna was right to ask her husband to go for testing? Why?
 - What do you think Jan's reaction will be?
 - What could Anna do to get her husband to take the test?
- ◆ Ask one person from each group or pair to summarise the strategies that they identified in response to their scenario. Offer additional responses (if appropriate) to emphasise prevention of HIV/STIs. Make a list of all the responses and strategies that were suggested and ask the participants to judge which are realistic, which would be easy to follow and those that are very difficult.

9. Putting the Training to Work: Role Playing Practices

R O L E P L A Y

- Choose participants to play the roles of the people featured in the stories (if the group is all men and no women have men play the parts of women). Read the story aloud or have the participants read it to themselves. Ask the participants to pretend they are actors and invent the conversations between the people.
- After each dramatisation, select another participant to comment. Ask the following questions to stimulate discussion after each scenario:
 - What was going on in the role-play?
 - What did you think the point of the role-play was?
 - What do you think of the reaction of the men?
 - What do you think of the reaction of the women?
 - How was this role-play related to HIV/AIDS?
 - What would you advise these people to do?

Case Studies to Use in the Role Plays

STI PROBLEM

An employee comes home from a three-month posting. He is very happy to see his wife and is anxious to make love with her. After engaging in passionate lovemaking she notices a small red sore on his penis. “What’s that? Have you been fooling around?” she asks. He gets angry, shouts at her and walks out of the house, slamming the door.

CONDOM FOUND

An employee had been out drinking the previous night with his male friends and came home very late. He was still sleeping when his wife finds a condom in his shirt pocket as she was preparing to clean her husband’s uniform. Just then, the man wakes up and sees the condom in her hand and the accusing expression on her face. A very heated argument follows.

TEENAGE PREGNANCY

They had been meeting secretly in a maize field for months whenever they could after her school day was finished and he was off duty from his work. The last time they met she was crying. “What is the matter?” he asked. “I am pregnant with your

child and not only that, they took a blood test and found that I have the AIDS virus.”

STOLEN GOODS

A friend was comforting a widow of an employee. The friend tells her that though it is tragic that her husband died of AIDS, at least she has his bankbook, comfortable furniture and doesn't have the virus herself. She nods sadly. At this moment, there is a loud knock on the door and five men from the village burst in. They say: “Our brother is dead. He is our brother, he belonged to us. His things are ours; we have come to take his things. The widow weeps on the shoulder of her friend.

BEER BUDDIES

Two men are at a local bar, several girls move towards them sensing that they have money to spend. The men got more and more drunk. One was in a hurry to have sex with one of the girls but didn't have a condom. His buddy tried to convince him to wait until they could find a condom.

IT WASN'T ME

A visibly pregnant teenager is looking for an apartment number. She is anxious and embarrassed. She finally gets directed to the right door and knocks tentatively. Another woman who is also pregnant answers the door. She asks for the man of the house that she had met in her village several months earlier. He comes to the door sleepily, sees the pregnant girl and is visibly frightened. He slams the door, shouts: “no, no, it wasn't me!” The girl knocks again.

DAUGHTER IN TROUBLE

A schoolgirl is just starting to show the early signs of pregnancy. She is kneeling on the floor and crying. Her parents are shouting at her after she tells them that she isn't sure who the father is. The father pulls her to her feet and tells her to not come back until she has found the father. The mother tries to console her but the father insists that she leave the house immediately.

CAUGHT IN THE ACT

A wife gets out of a long distance bus and walks to the door of her house. She unlocks the door and says, “My husband, I'm home early, my mother is much better.” She receives no reply, says to herself that perhaps he's asleep in the bedroom, and goes to check. She enters the bedroom and sees her husband on the bed, clothes dishevelled, kissing and embracing the teenage daughter of the neighbours. Their eyes meet in horror. There are no condoms in sight.

HOW EMBARRASSING

A man has never bought condoms before and goes to a store that sells them. He mumbles this request to the female sales clerk who asks him to repeat it. Just then some of his wife's friends come into the store and ask him how he is doing and what he is

shopping for today. He ends up buying a small gift for his wife and no condoms.

NOT GETTING THE RIGHT HELP

A male employee had a burning sensation when he urinated. He suspected that he had an STI but didn't know what to do. He tells his friend that he is too embarrassed to go to the nearby employee clinic. He is worried about it getting on his official medical record. His friend argues that buying pills at a pharmacy or in the market might not solve his problem.

SHORT OF MONEY

Due to an administrative problem, an employee was unable to get money to his family while he was away. His wife borrowed some money but was having trouble finding money to feed her children. She decided to take matters into her own hands and went out to a local bar with a man who she knew wanted to have sex with her in exchange for money. She was enjoying herself until her husband's brother came into the place and saw her. He was furious and told her she would be divorced for sure. She pleaded with him not to tell her husband.

10. Handling a Difficult Situation

Interactive Discussion:

- ◆ There will be times when individuals challenge you or others in the group or are disruptive to the process. As the group facilitator you should try to maintain control of the group and try steering clear of conflict. You may want to establish ground rules for the discussions so that people understand the behaviour you are expecting from participants.

- Show our respect for others—by our language, posture and voice tone.
- All participants have the freedom NOT to speak or not to get involved in a particular activity.
- Raise your hand to ask questions or make comments.
- A person is free to contribute ideas, but the peer educator may set limits on his/her time.
- Avoid whispering and side conversations.

- ◆ The following are some possible problems from participants and how you can respond to them.

Problem: Individual asks many unnecessary questions or multiple questions at one time.

Solution: Ask the person to limit his/her questions to one. Offer time after the session to address all the questions.

Problem: An individual is embarrassed by the discussion and is teased by other employees.

Solution: Ask participants to be fair to employees and respect the feelings of that person.

Problem: Individuals are bored and do not participate.

Solution: Involve those individuals by asking a question or their opinion. Ask them to give an example of a point you are making.

Problem: An individual is disruptive in the group, he is talking and making it hard for individuals to hear the discussion.

Solution: Ask that person to leave if he/she is not interested in the subject.

Ask participants to come up with other potential problems and solutions.

11. Final Thoughts on Peer Education

Interactive Discussion:

- ◆ Tell participants the initial training is finished, but there are many ways that you will follow up with them:
 - One-on-one practice as peer educators
 - Monitoring peer sessions
 - Monthly meetings to discuss issues, problems, new ideas
 - Regular fact sheets to cover new information
 - Additional training as needed
 - Materials to use in peer education sessions
 - Individual meetings with the co-ordinator any time for advice and help

- ◆ **End with the overhead on page 30**

12. Post-training Test and Evaluation:

- ◆ Distribute the post-training exercise and evaluation (pages 31-33). Ask participants to fill in the post-training exercise and evaluation. It is not necessary for participants to write their names on the evaluations. Emphasize the need for participants to take time and be thoughtful in their answers. Their answers will help improve future trainings.

HANDOUTS AND OVERHEADS FOR

DAY 5

For Group Sessions, Peer Educators Should:

- ◆ Decide on the topic for the session
- ◆ Arrange a time, date and location for the meeting
- ◆ Announce the meeting and encourage people to attend
- ◆ Prepare the content to be presented and any materials you will use when presenting (e.g. posters, pamphlets, video, etc.)
- ◆ Conduct the session
- ◆ Report the outcome of the session to the co-ordinator (see “Peer Educator/Session Diary” form)

Tips for group presentations:

DO'S

1. Do maintain good eye contact
2. Do prepare in advance
3. Do use visual aids
4. Do speak clearly
5. Do speak loud enough
6. Do encourage questions
7. Do recap/review at the end of each session
8. Do encourage participation (this can be done by using role plays and asking participants questions)
9. Do link one session with the previous one
10. Do write clearly and boldly
11. Do summarise
12. Do use logical sequencing of topics
13. Do keep the presentation simple
14. Do give feedback
15. Do position visuals so everyone can see them
16. Do avoid distracting mannerisms and distractions in the room
17. Do be aware of the participants' body language
18. Do keep the group focused on the task
19. Do provide clear information
20. Do check to see if your information is understood
21. Do be patient

DON'TS

22. Don't talk to the flip chart
23. Don't block the visual aids
24. Don't stand in one spot—move around the room.
25. Don't ignore the participants' comments and feedback (verbal and non-verbal)
26. Don't just read things to them
27. Don't just lecture to them

Organising for Individual Peer Education Sessions:

- ◆ Identify a meeting place that is private (a small meeting room would be best)
- ◆ Be on time for the meeting
- ◆ Try to make people feel comfortable talking to you. Ask people how they are feeling
- ◆ Listen to the concerns of the employee and then make sure you are clear on what the employee is asking for
- ◆ If an employee asks for information that you know the answer to, such as how to use a condom- educate the person
- ◆ For questions about STIs, HIV testing, care, medication, support services, have your list of referral services ready. If you do not know the answer, tell the employee you will find the answer and get back to him/her. Arrange a time and method for communicating.

Tips for Organising a Special Event at the Workplace:

- ◆ Secure the support of management for the activity.
- ◆ Plan what you think should be done with other peers, your co-ordinator and company representatives. Try to involve employees from all parts of the company.
- ◆ Give yourself enough time to organise the event. You will need time to make arrangements with outside people, to display materials and organise activities. Ask a local HIV/AIDS NGO to help you organise the event.
- ◆ Decide on a topic and messages for the event.
- ◆ Identify people in the community to speak at the event (local health professional, managers, PLWHAs, others).
- ◆ Set up a booth or table for employees to get information. Make sure there are materials available for employees (pamphlets, resource lists). Identify videos that can be shown during that day.
- ◆ Be creative - try to get the message to employees in many different ways.
- ◆ Invite a local drama group to do a lunchtime show.

Skills for Communicating with Sexual Partners

What follows are some tips for negotiating safer sex:

- **TALK** is a set of tools that a person can use to be assertive and persuasive. Use **TALK** to tell a partner you want to have safe sex, you won't have unsafe sex, or for any situation in which you want to be assertive.
- T** = Tell your partner "I am listening to what you are saying." Acknowledge them. Use "I" statements (speak for yourself).
- A** = Assert what you want in a positive way. State your goal or need. Be positive. Use "I" statements (speak for yourself).
- L** = List your reasons for wanting to be safe (use condoms). Be brief. Use a reason that is about you. Do not mention disease.
- K** = Know the alternatives (for safer sex) and your personal bottom line (what you are comfortable doing).
- Be assertive, but not aggressive:
 - Make sure you say what you want
 - Use "I" statements (speak for yourself)
 - Listen to what your partner is saying
 - Respect and acknowledge your partner's feelings and options
 - Be positive
 - Use reasons for safe sex that are about you, not your partner
- If your partner is being negative (not wanting to practice safer sex):
 - Find something positive in what your partner is saying and turn the negative objection into a positive thing. For example, if your partner is very controlling, you can say that you appreciate it and are glad they care so much about you (rather than accusing your partner of being too controlling).
 - Never blame the other person for not wanting to be safe, blame the environment or something else, but never the other person. Remember, HIV is not the only problem caused by not practising safer sex. You can get another STI or an unwanted pregnancy.

CHARACTERISTICS of good Peer Educators

- ◆ Self-confidence in the subject matter
- ◆ Ability to be flexible and comfortable with talking to groups and individuals
- ◆ A willingness to treat male and female peers with respect
- ◆ A sense of humour
- ◆ The flexibility to make quick adjustments when time, activity or participant response has changed
- ◆ The ability to resolve a conflict or disagreement in the group
- ◆ Creativity
- ◆ Experience facilitating as well as teaching
- ◆ Willingness to do a lot of advance preparation
- ◆ Genuine commitment to helping others

POST-TRAINING EXERCISE

Instructions: Please answer the following questions to the best of your ability.

1. What do the letters STI stand for, and what do they mean?

2. What do the initials HIV and AIDS stand for and what is the difference between them?

3. Are the following statements true or false? Tick at the right answer.

- a. You can generally identify a person with HIV infection by looking at him or her.
— TRUE — FALSE

- b. All children born to HIV positive women will get HIV
— TRUE — FALSE

- c. Mosquitoes spread HIV.
— TRUE — FALSE

4. List 4 signs and symptoms of STIs.

5. List 4 signs and symptoms of AIDS.

6. List 3 ways HIV is spread.

7. List 3 ways HIV infection can be prevented.

8. Explain what the word ‘communication’ means.

9. What is Voluntary Counselling and Testing (VCT)?

10. Can people with HIV stay healthy?

_____yes _____no

11. What does the word “confidential” mean?

12. What is a female condom?

TRAINING EVALUATION

Name not required

Answer the following questions by drawing a circle around the number that is closest to how you feel. Circle

- 1 if you strongly agree**
- 2 if you agree**
- 3 if you disagree**
- 4 if you strongly disagree**

1	I feel comfortable conducting a peer education programme after this training	1	2	3	4
2	I understand my role as a peer educator after this training	1	2	3	4
3	The training was too long.	1	2	3	4
4	The training contained too much information	1	2	3	4
5	The training will help me do my job as a peer educator	1	2	3	4
6	I enjoyed the activities and role plays	1	2	3	4
7	I feel comfortable talking about the topic with my peers	1	2	3	4
8	I feel I can help people protect themselves from HIV/AIDS	1	2	3	4
9	The trainer was well prepared for this training.	1	2	3	4

10. What is the most important thing you learned at this training?

11. Is there anything you would change about the training?

Thank you for your helpGood luck as a peer educator.

Working with Peer Educators After the Training is Finished

The training of peer educators doesn't stop with the formal training sessions. Peer educators are required to absorb information and skills in a short period of time. As the co-ordinator you need to make sure that peer educators have the facts and the skills to perform their job successfully.

As you told the peer educators in Day Five of their training, there are many ways that you will follow up with them. This section of the manual describes how to follow up and offers tools for these activities.

One-on-One practice as peer educators:

Each peer educator should be required to conduct one group presentation and a one-on-one session with you before working with employees. This will give you a chance to assess if the peer educator has understood the training and what he/she is required to do.

- Ask the peer educator to prepare a presentation
- Have the peer educator present a group discussion on a subject
- Use the review form to observe
- Provide both positive and negative feedback to the peer educator
- Repeat these steps but conduct an individual session with the peer educator

Monitoring the peer educator in the workplace:

Once you are comfortable with the skills of the peer educator, he/she is ready to conduct sessions on his/her own. Observe these sessions. Monitor the peer educator's performance and the reaction of the group.

Provide the peer educators with feedback and advice on how to improve the session. The peer educator will get more comfortable with practice. Plan on dropping in, unannounced, to monitor sessions over the year. Again, provide feedback and advice after each monitoring visit.

Monthly meetings:

Regular meetings with the peer educators are essential.

Peer educators need a place to discuss issues, problems, share ideas and simply talk about their work. Co-ordinators can also use this time to discuss specific topics or conduct skills building exercises.

- Establish a monthly time and place for these meetings
- Ask peer educators for specific issues or topics they want to discuss
- Review resources that peer educators are using for referrals. Make sure that they are appropriate
- Address any issues that involve management and employees
- Share new materials and information with the group

Fact sheets:

Another way to communicate to your peer educators is to develop a monthly or quarterly fact sheet on a subject or issue. These fact sheets can give peer educators subjects for group sessions or information to use in one-on-one sessions. The topics can be very specific to the company policy on HIV/AIDS or can cover new information on HIV in Namibia.

Additional training:

Use one meeting per quarter as a training session. You can introduce new skills or work with them to practice interacting with peers. If possible you should try for a half or full day for this training.

Materials to use in peer education sessions:

There are many types of materials about STI/HIV/AIDS. Some are well written and current. Others are out-dated or incorrect. Suggest materials that peer educators should use for various topics. If nothing exists, consider developing a one page handout for the sessions. Ask your peer educators to give you input on the materials they use. When new materials are distributed, make sure that all your peer educators get copies. See also Resource List in this manual.

Individual meetings with peer educators:

Make yourself available for questions or advice. Some peer educators may need to talk about their feelings or fears related to the job. Others just may need some technical help. It is particularly important to be available to them after they have just finished training.

Other issues for the co-ordinator

What if the peer educator is not suitable?

Many employees volunteer to be peer educators and are truly interested in helping other employees. Others are selected by management and they are not interested in peer education. As co-ordinator, it is your role to see that peer educators are doing their job correctly. If you learn that a peer educator is giving out incorrect information or handling his/her job poorly, you must address these actions immediately. In some cases, simply talking to the individual and bringing his/her attention to the problem will help remedy things. Some peer educators may need to refresh their communication skills through training or individual help. In some extreme cases, it may be appropriate to ask the peer educator to stop working on the project. However, careful monitoring can help you avoid taking this action.

Progress report to management:

As with any business, the company should get regular activity reports about the peer education programme. This can be a simple reporting of how many sessions have been held, condoms and materials distributed and referrals made. These reports are useful for keeping management staff committed and engaged in the programme. It is also a good idea to let managers know if you are planning any special activities in the workplace.

Referral lists:

All peer educators should have names of individuals and organisations that provide counselling, home-based care, treatment for STIs, VCT and other health services, and support groups in the community. This is a critical tool for peer educators. It is important that these sources are reliable and open to referrals. As co-ordinator, you may want to check in with these individuals, services and organisations. Consider inviting them in for meetings with peer educators. Check the list at monthly meetings. Any new resources should be added/shared with peer educators.

Keeping the Subject Fresh and Interesting:

It is important for peer educators to keep the attention and interest of employees. As co-ordinator, you should help peers find interesting ways to present information to employees. Many of the activities in this manual can be used to liven up a group discussion. Invite people from local organisations, PLWHA and support groups to address employees. There are many good videos that address issues around HIV and AIDS. Give your peer educators information about them. You can also spend one meeting brain-storming on how to make sessions more interesting.

Peer educators have a hard job, which they often do in addition to their paying jobs. It is important to provide positive feedback to them about their work and find ways to motivate them to continue with their work. Some suggestions include:

- An annual party or dinner for peer educators to thank them for their efforts.
- A certificate of appreciation from the company for their work.
- Special individual recognition for extra efforts.
- Some token of thanks for their work such as a tee-shirt or hat.

Peer educators are an important resource for addressing HIV/AIDS in the workplace. As co-ordinators your support for peer educators will strengthen the reach and impact of the programme.

(Also see appendix, page 33)

PEER EDUCATOR / SESSION DIARY COMPANY _____**Details of meeting**

Name | Date

Department

Facilitated By: Monitored By:

Start Time: End Time:

Group (Peers)

Topic:

Attendance Details

Total Number of Participants: Males: Females:

Number attending for the first time:

Session Details**METHODS USED :**

Pictures Role Plays Display of Materials Video

Discussion Guest Speaker Quiz/Questionnaire Condom Demonstration

Number of questions asked by participants	<input type="text"/>
Number of condoms distributed in session	<input type="text"/>
Are condoms in stock this month?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Key questions and concerns

Since your last session

	Male	Female
Number of condoms distributed outside session	<input type="text"/>	<input type="text"/>
Number of 1-on-1 discussions conducted this week	<input type="text"/>	<input type="text"/>
Number of VCT referrals	<input type="text"/>	<input type="text"/>
Number of STI referrals	<input type="text"/>	<input type="text"/>

SIGNATURE: _____

(Also see appendix, page 34)

PEER EDUCATOR / Quality Assurance Checklist

Details of meeting

Name of Presenter

Name of Observer

Company

Group: Worksite Community Youth Other

Total Number of Participants: Males: Females:

Session Details

METHODS USED :

Pictures Role Play Display of Materials Video
Discussion Guest Speaker Quiz/Questionnaire Condom Demonstration

ENVIRONMENT

1. Was the venue well lit, and away from noise and distractions? Yes No
2. Was the audience mostly within 5 metres of the facilitators? Yes No

FACILITATION

3. Did the facilitator talk loudly enough for everyone to hear? Yes No
4. Did the facilitator allow participants to speak completely, even at the risk of slowing down the session? Yes No
5. Were there at least 12 people in the audience? Yes No
6. Did at least 60 per cent of the audience participate in the discussion? Yes No
7. Was there at least 25 minutes for the discussion? Yes No
8. Did members of the audience speak at least 60 per cent of the time? Yes No
9. Did facilitators listen objectively, without showing facial disapproval or interrupting? Yes No
10. Did the facilitator allow the audience to try answering questions before answering them himself or herself? Yes No

QUALITY OF DISCUSSION

11. Did at least 5 people share their personal experiences? Yes No
12. If the group had men and women, did at least 60 per cent of men and women participate? Yes No
13. Were the audience invited to ask for condoms if they wished? Yes No
14. Did the facilitator provide information on where to find VCT? Yes No
15. Did the facilitator provide information on where to get STI treatment? Yes No

SIGNATURE: _____