

# 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
<b>1. People living with HIV/AIDS: Monica's Story</b>	30 Minutes	Understand the human issues involved with HIV/AIDS	Read story and discuss issues	Participants understand the complexity of living with HIV/AIDS
<b>2. Caring for people with HIV/AIDS</b>	30 Minutes	Cover issues related to HIV/AIDS	Interactive discussion	Participants understand the needs of people with HIV/AIDS
<b>3. Company and Community Resources</b>	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
<b>4. Mother-to-Child Transmission</b>	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
<b>5. Behaviour Change</b>	One Hour	Covers stages of behaviour change	Interactive discussion	Participants understand the stages of behaviour change in relation to messages and approach to peers
<b>6. Behaviour Change: Small Group Discussions</b>	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
<b>7. Stages of Behaviour Change: Role Plays</b>	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
<b>8. Good Communicator: Verbal and Non-Verbal Communication</b>	30 Minutes	Identify traits of a good communicator	Geometrical shapes activity	Participants identify traits of a good communicator.
<b>9. Barriers to Effective Communication</b>	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:

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#### **Medical Aid:**

Name:

Telephone Number:

Location:

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#### **Benefits for Families of people with AIDS:**

Name:

Telephone Number:

Location:

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### **Community Resources:**

#### **Sites for Treatment:**

Name:

Telephone Number:

Location:

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### **Community-based AIDS Service Organisations:**

Name:

Telephone Number:

Location:

**Counsellors:**

Name:

Telephone Number:

Location:

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**Nurses/Sisters:**

Name:

Telephone Number:

Location:

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**Doctors:**

Name:

Telephone Number:

Location:

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**Pastors/ministers/religious leaders:**

Name:

Telephone Number:

Location:

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

Name:

Telephone Number:

Location:

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**Funeral Services**

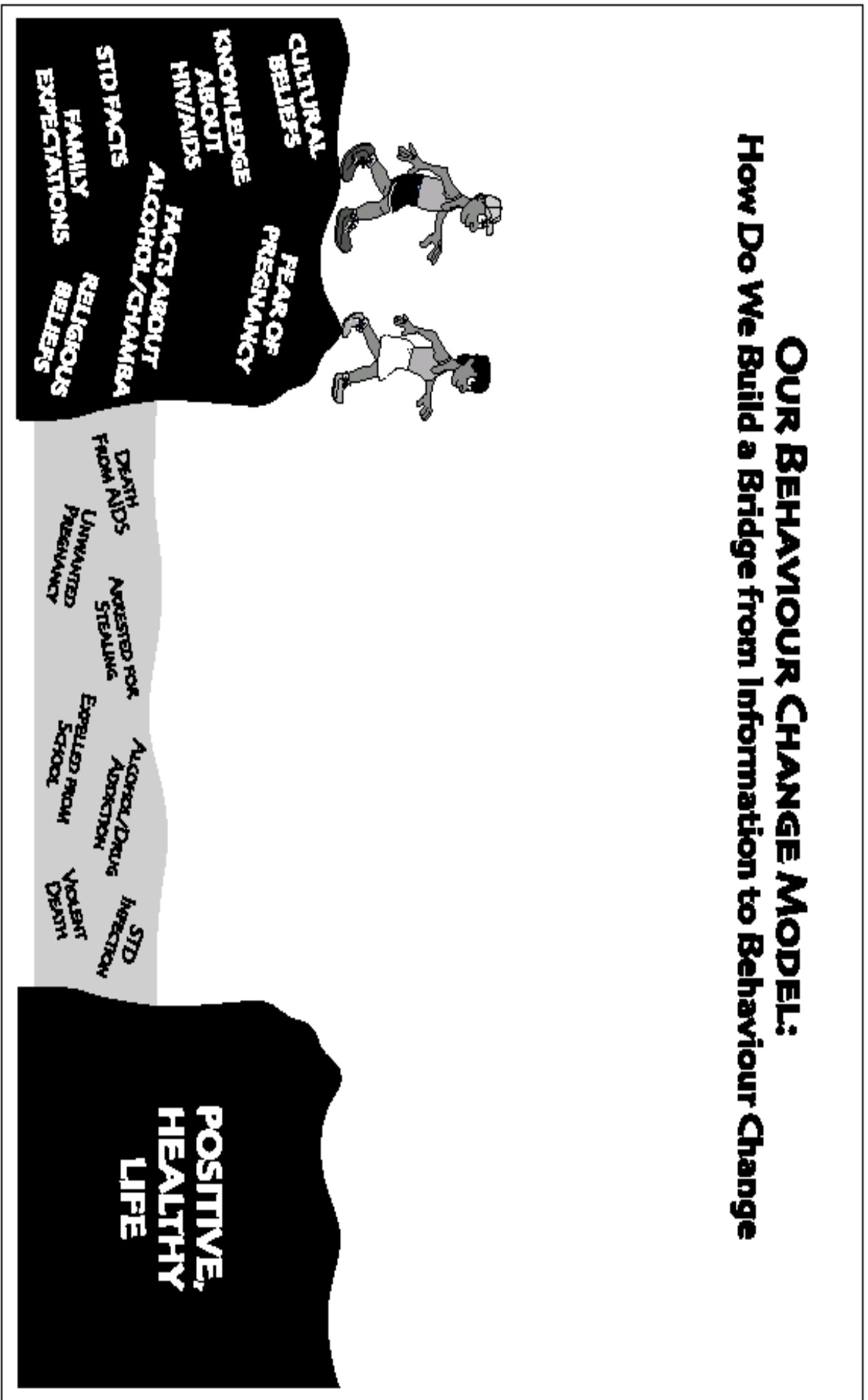
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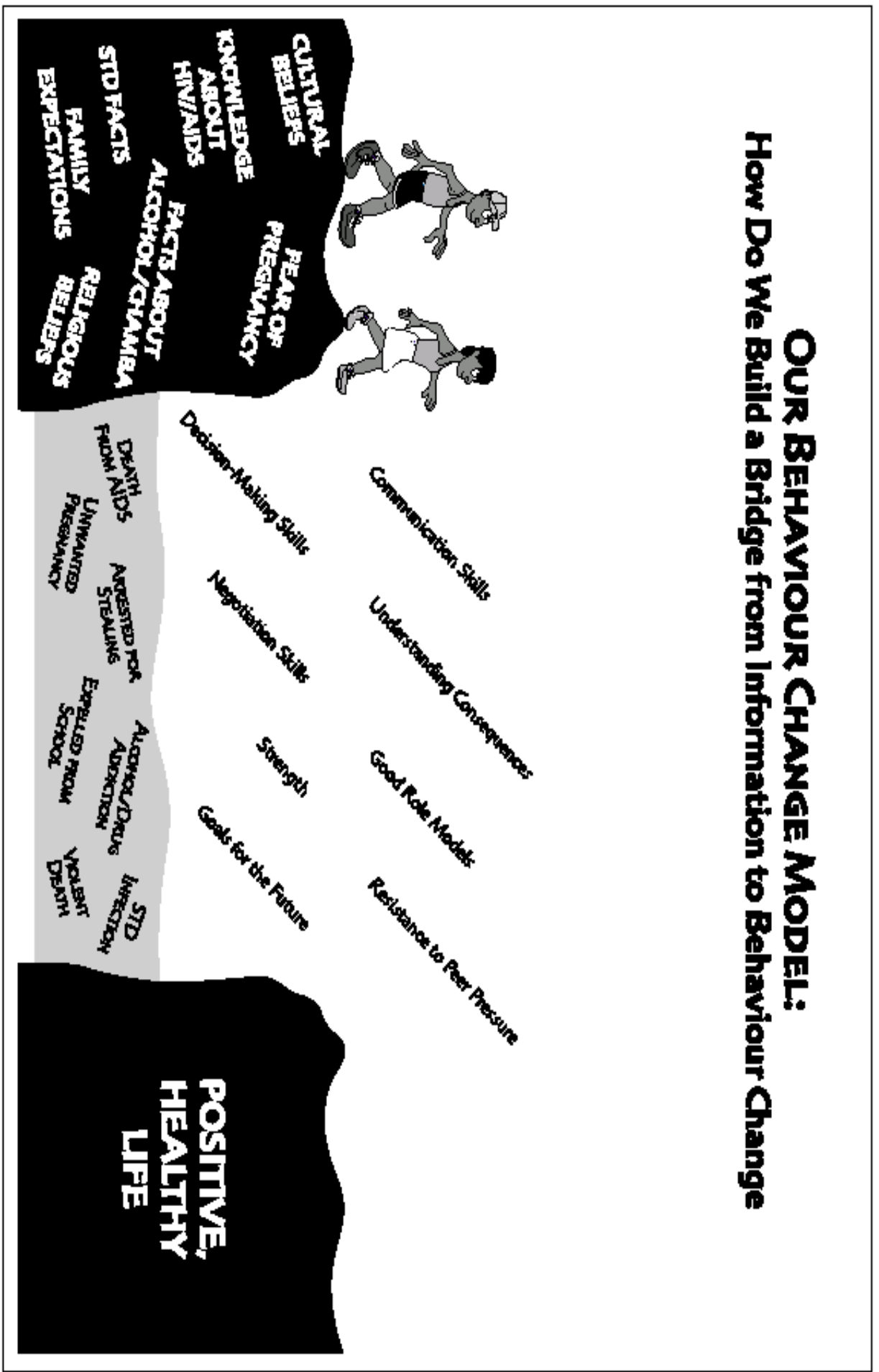
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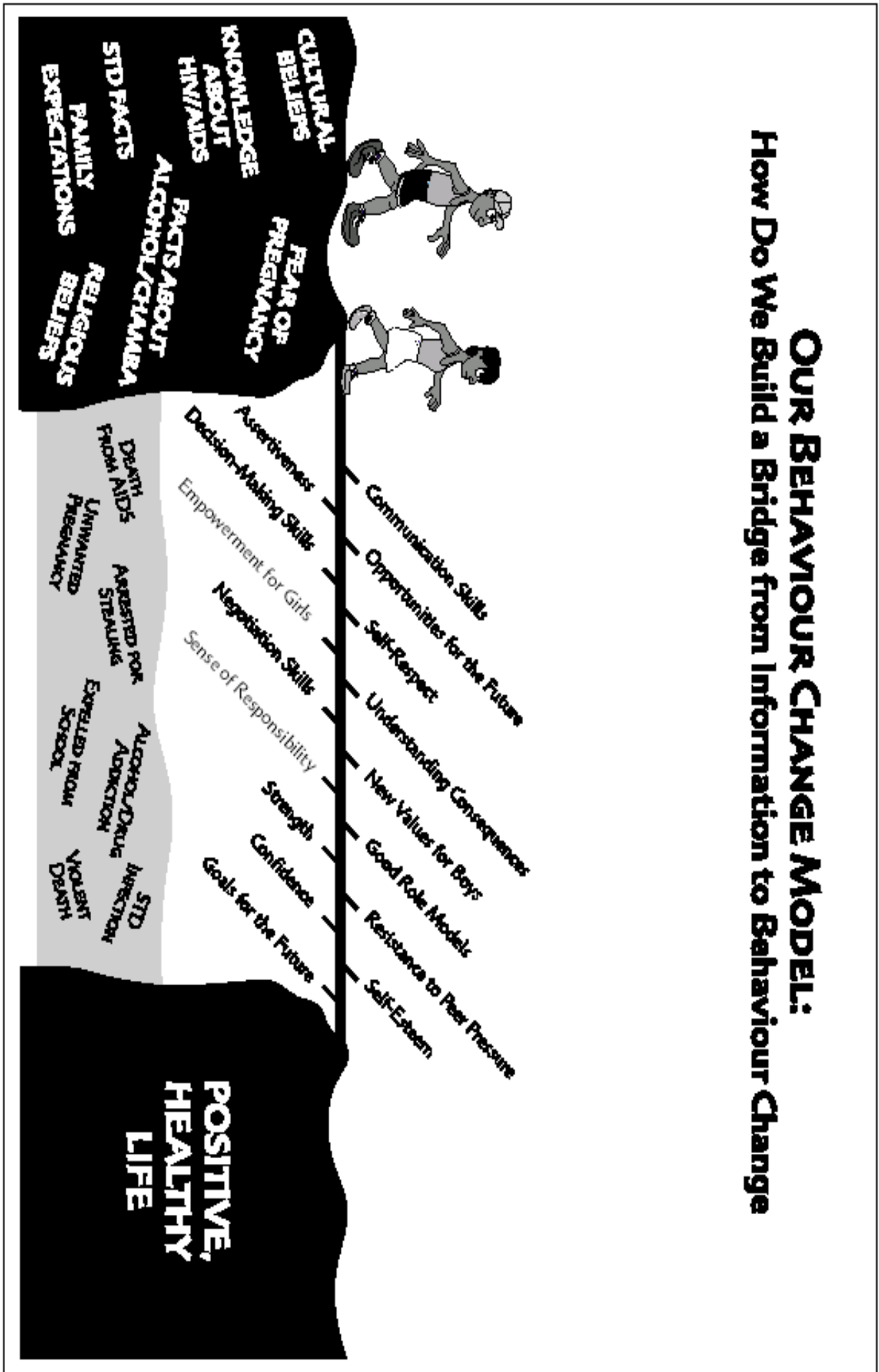
# OUR BEHAVIOUR CHANGE MODEL: How Do We Build a Bridge from Information to Behaviour Change



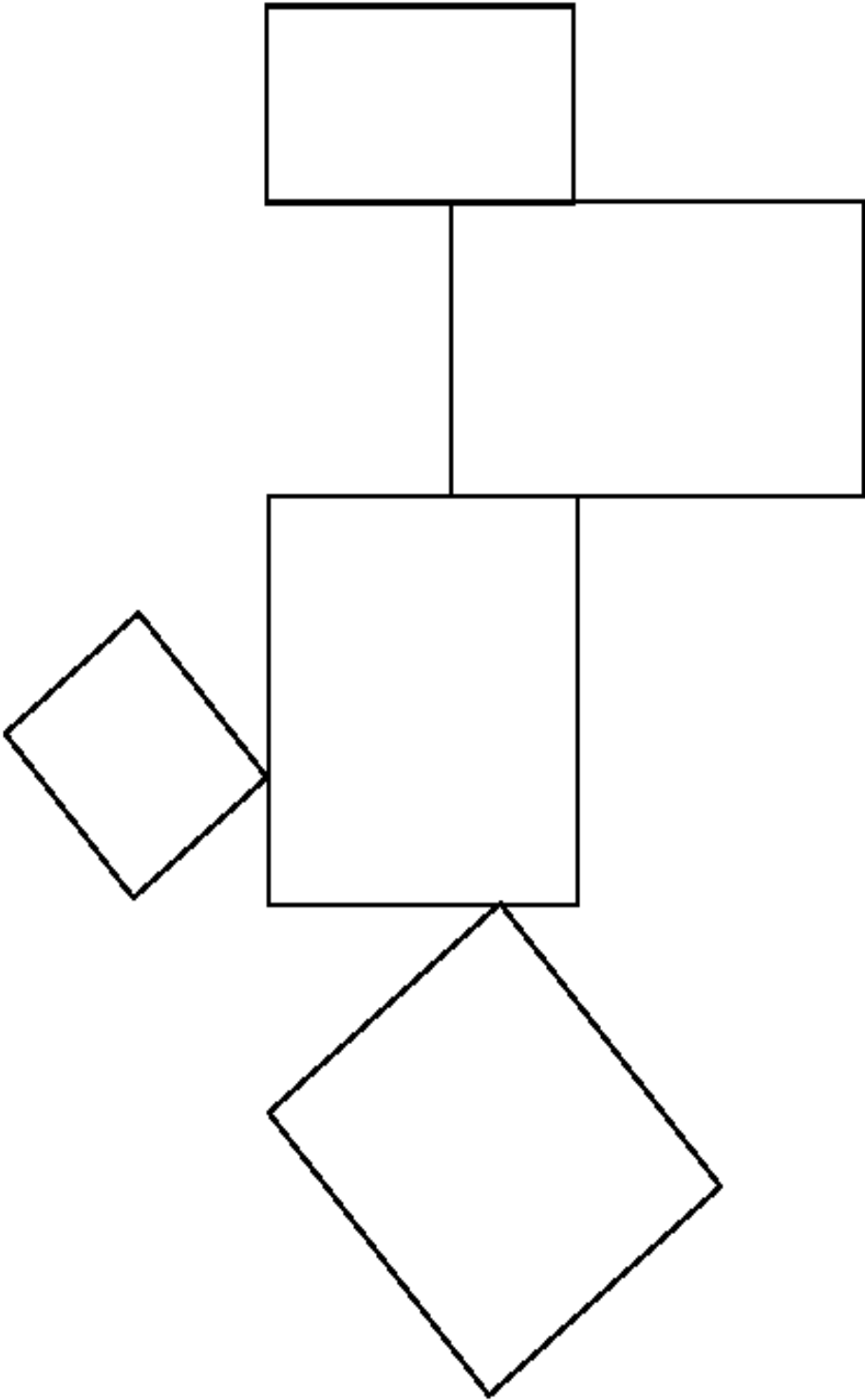
# OUR BEHAVIOUR CHANGE MODEL: How Do We Build a Bridge from Information to Behaviour Change



# 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.*