

Healthy Images of Manhood: A Peer Educator's Workbook

This Workbook Belongs to: _____



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Healthy Images of Manhood

A Peer Educator's Workbook

May 2011

About ESD

A five-year Leader with an Associate Cooperative Agreement, The Extending Service Delivery (ESD) Project is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

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Table of Contents

1. Introduction to the HIM Workbook
2. What Does a Peer Educator Do?
3. What Makes You an Effective Peer Educator?
4. How Should You Plan for Your Peer Education Activities?
 - One-to-One Meetings
 - Small Group Discussions
 - Large Group Discussions
 - Social Activities
5. How Do You Make Referrals?
6. How Can You Make Your Activities Participatory?
 - Brainstorming
 - Values Clarification
 - Case Studies
 - Role Plays
 - Games
 - Videos/Plays/Poems/Songs
 - Icebreakers and Energizers
 - Involving the Larger Community
7. How Can You Use Data to Improve Your Work?
8. How Can You Answer Difficult Questions?
9. How Can You Overcome Challenges?
10. Things to Remember & Final Tips



INTRODUCTION TO THE HIM PE WORKBOOK

Congratulations on completing your training in the Healthy Images of Manhood (HIM) program.

This training gave you new knowledge and skills to enable you to address:

- The effects of culture on the health behaviors of men - and women and communities
- Family planning and healthy timing and spacing of pregnancy (HTSP)
- HIV/AIDS, sexually transmitted infections, and other illnesses
- Gender-based violence and sexual harassment

This workbook will help you take what you have learned and use it in your work as a peer educator.

It takes time and practice to get good at all of the skills and techniques learned in the HIM training.

As a peer educator, you are an important person in the community. **You can help guide people to make good health decisions.**

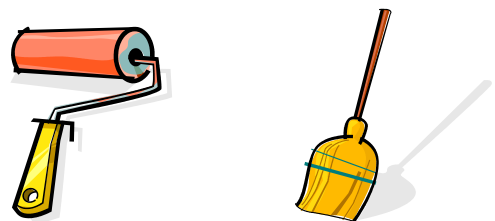
And, by helping to change the health behavior of your co-workers, family, and neighbors, you will have improved the health of the entire community.

Look at this book whenever you need to refresh your memory.

You will find tips for:

- Planning and different kinds of meetings
- Ensuring people's participation and interaction, including:
 - "Open-Ended" Questions
 - Brainstorming
 - Values Clarification
 - Case Studies, Role Playing, Games, Drama
- Using good communications techniques
- Making referrals to services
- Responding to difficult questions or challenges

This workbook is **your tool** for changing your community for the better.



1. WHAT DOES A HIM PEER EDUCATOR DO?

A HIM Peer Educator has three main responsibilities:

1. **Providing accurate information** on family planning, HIV/AIDS and other health concerns.
2. **Promoting healthier images of manhood** and new health behaviors.
3. **Encouraging people to use health services**, especially by making referrals and distributing condoms

Peer education can take place in many settings – in the workplace, in the home, in the community.

Sometimes you will organize specific activities. Other times, you will simply be at a staff meeting or at a community event or with a friend, and you will see the chance to share accurate health information or counsel on good behavior. These are called “teachable moments.”

Good peer educators take advantage of any opportunity – planned or unplanned – to influence peers, share health information, and make referrals.

You can educate people in any number of ways – in one-on-one sessions, in small and large groups, in community meetings – by providing information and helping people make good choices.

Healthy behaviors include:

- Using family planning and using condoms
- Getting voluntary counseling and testing for HIV/AIDS
- Obtaining and maintaining treatment for HIV/AIDS
- Contributing to the health of one’s family
- Resolving conflict peacefully



A peer educator is also a **role model**. *You must practice what you preach!*

People will listen to you **ONLY** if **YOU** adopt the same good behaviors you are promoting with others.

There are many ways to influence your peers. Find and use them!

3. WHAT MAKES YOU AN EFFECTIVE PEER EDUCATOR?

A good Peer Educator is first and foremost a **good communicator**.

The HIM training provided you handouts on good communication techniques. Remember, good communicators are not just people who talk, but are also **great listeners**.

Second, a good peer educator is **trustworthy**. People will be more likely to listen to you if they *trust* you.

You build trust by being:

- **Accurate** - Give only information that you know is true
- **Honest** - Admit when you do not know something or when you have made a mistake
- **Responsible** - Do what you say you will do
- **Helpful** - Find out what people need and help them get it
- **Consistent** - Practice the behaviors you are encouraging others to adopt

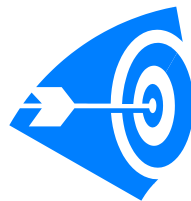
For instance, if you do not know the answer to a question someone

asks, say you don't know (*honest and accurate*).

But then be sure to tell the person that you will find the answer to the questions (*helpful*) by:

- Finding out the answer yourself
OR
- Referring them to someone who knows the answer, such as a doctor, nurse or a counselor.

Finally, get back to the person with the answer (*responsible*) or to make sure he/she was able to speak someone.



Third, a good peer educator helps people reach good health decisions - and learn new behaviors - on their OWN. Your job is NOT to tell people what to do.

People are more likely to change their ways if they make the right choice for themselves.

Fourth, a good peer educators offers to help people take action. You are an important source of health information. But your job is more than just giving information. It is to help people act on the information - especially when they have decided they want go to a

clinic or make some changes in their lives.

After any meeting, whether one-on-one or with a large group, **ask how you can help people further.** Ask them: *What else do you need? What else can I do for you? Do you need help getting to clinic?*

People may want to take small or large steps such as:

- Meeting with you again alone or with their partner
- Getting an question answered
- Attending a meeting where a doctor speaks on a health topic
- Having transportation to a clinic

When you refer people to a doctor or a clinic, you should do whatever you can to ensure they actually go. Be aware, however, that many people, especially men, may feel uncomfortable going to a health center or doctor.

You can always offer to go with a person to a health service if it makes it easier for him or her to go.

After you **make a referral**, you should follow up to see what happened. *Did the person go?* If not, why not? Were they satisfied with your help? What else can you do?

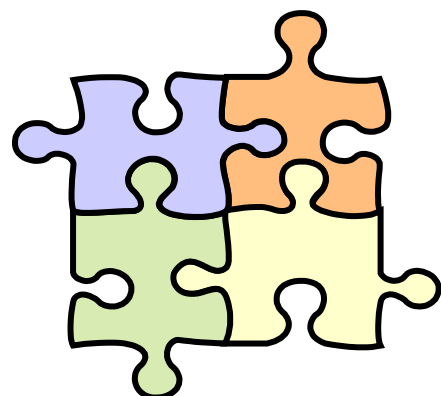
Fifth, a good peer educator shares information by getting people to participate rather than lecturing to them. Remember: people learn best by doing things themselves.

People are most likely to learn if they are able to discuss new information and interact with others.

For example, if you are making a presentation on family planning methods and the use of condoms to prevent HIV/AIDS, you might start by showing people how to put a condom on correctly. A good way to do this is use a model like banana.

But then you should make sure people practice on the banana for themselves.

Finally, a good peer educator is a good team player. Work closely with other Peer Educators and your supervisor or coordinator to achieve the goals of your program.



4. HOW SHOULD YOU PLAN FOR YOUR EDUCATION ACTIVITIES?

There are many ways you can educate and influence your peers.

All peer education activities rely on good communication skills to help people to make positive changes.

This chapter focuses on 4 kinds of activities you can plan, and the types of skills you will need to use:

1. *One-to-one discussions at work or during off hours*
2. *Small group discussions*
3. *Large group discussions*
4. *Community events, such as sports matches, festivals, school events, church activities, and community meetings*



1. One to One

At work, at home, in the community - you may find yourself alone with one or two people. This is a good time to talk to them about health.

One-to-one meetings can be a good time to learn what people need and to help them make good decisions. A person may be more

likely to open up to you when there are fewer people around.

The main communication skills you need during one-to-one meetings are:

- **Listening** carefully to the person's concerns, fears, or needs. (You may not agree with what they say, but you must first listen to what they have to say.)
 - **Understanding** the person's point of view.
 - **Watching** body language. Often people say one thing, but say something else with their bodies.
 - **Helping** the person understand his or her choices so that he or she can make a good decision.
- **Taking** action by asking if there is anything else you can do to help. For example, you might:
 - ✓ Schedule another time to meet with the person to talk about his or her concerns further.
 - ✓ Agree to help settle a disagreement with a spouse, family member or friend.

- ✓ Offer to go with the person to a clinic or a counselor.
- ✓ Make a referral for services you cannot provide. Be sure you follow up to see if the person went.

2. Small Groups

Small groups of about 10 - 15 people are often very effective ways to help people learn new health information.

That's because people learn a lot from each other as well as from you, the Peer Educator. Small groups are most effective when *everyone* has a chance to talk and participate.

Small groups are *less effective*, however, if YOU are the only one talking. It is also a problem if one or two people take over entire the discussion.

Besides using your communication skills, you will need to manage the group so that everyone actively participates

Planning ahead for the discussion will make it easier for you. You will want to keep the group focused on the information you want to

provide. Below are some guidelines for planning:

- ***Decide ahead of time what you want people to learn or do.***

Will people:

- Learn new information?
- Learn new skills?
- Decide to take action, such as:
 - Talking to a spouse about family planning or HIV status?
 - Taking a child to the clinic?
 - Going for voluntary counseling and testing?

- ***Plan how you will conduct the discussion***

Think about the following:

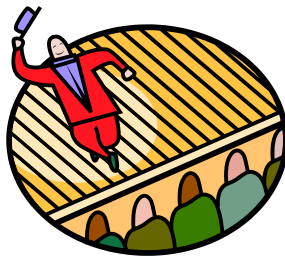
- ✓ What is the main information you want to provide?
- ✓ What are the best ways to present the information? (See pages 13 - 19.)
- ✓ Who else might help you at the meeting? Do you want to involve another Peer Educator, your coordinator, or a health professional?
- ✓ How much time will you need?
- ✓ What materials will you need?
- ✓ How will you determine if the meeting was successful? One way to do this is to ask what

people liked most or least about the discussion.

- ***Be prepared for other issues to be raised.***

Small group discussions about a health issue or health behaviors may raise other ideas or concerns that people have. Since your time may be limited, think about what those other issues might be, and be prepared to suggest options for addressing them

- ✓ Would people like to schedule another discussion on these concerns?
- ✓ Do people need any help to address these concerns?
- ✓ Would people like information from health experts or community leaders on these concerns?



3. Large Groups

Large groups of 15 - 25 or more are more challenging to manage than small groups. You should plan for a large group meeting as you would plan for a small group meeting.

*It is just as important to get people in a large group to **talk, share thoughts and participate**, rather*

than just listen to you lecture. Even with a very large group, you can find ways for the group to participate actively.

A larger group, however, means that you will have less time to discuss a lot of information, especially if many people want to talk or share their experiences.

Manage a large group by:

- ***Keeping the group focused*** on the topic even if people try and raise other topics.
- ***Focusing on a little bit of information***. People can learn only a small amount at any one time.
- ***Maintaining a positive environment*** by making sure everyone is respectful of others' opinions and ideas, even if they disagree.

*A large group is much easier to manage if you have **help from another person or two**, such as other Peer Educators.*

If you have other people help you with a large group meeting, assign specific roles. For example, you will be in charge of presenting the information, and your colleagues will help manage the discussion by keeping people focused on the

topic and encouraging participation from all.

*During the HIM training, you may have been **broken up into smaller groups**. Each small group completed a task then reported back its findings to the large group. This is a good way of encouraging participation for everyone among a large group. Try it in your sessions.*

At the end of a large group discussion, it is very important to “wrap up” and summarize the main points that were made. This is a good time for you to emphasize **important messages** that you want people to remember, such as:

“Family planning saves the lives of women and children through better spacing of children.”

OR

“Men, get tested for HIV - it can save your life and the lives of your family”

Remind people what they can do to improve their health. ***Let them know you are always available to provide help.***

4. Social Activities

Any gathering of people in the community is an opportunity to

share information about healthy practices.

Community events or social gatherings take many forms:

- Football or cricket matches
- Parties or celebrations
- Village meetings,
- Church gatherings
- Festivals

You should decide what would be the most appropriate health education activity for that social event.

Just like any other activity, *you should **plan** for health outreach at community event. Consider if you will do this activity alone or with other peer educators.*

*At some events, you may decide just to **talk to people informally** about health.*

*At other events, you may be able to organize a **small discussion group**.*

You can set up a table where you can provide information and answer questions.



5. HOW DO YOU MAKE A REFERRAL?

One of the most important things you can do as a peer educator is to **make a referral**.

Referrals may seem very easy – you just tell people to go to a doctor or a clinic.

In fact, making a referral requires you to **use all the communication and outreach skills** that you have learned so far. *To make a good referral, you must:*

- *Provide accurate information,*
- *Build trust so people listen to what you have to say and,*
- *Offer to help the person.*



First, telling people what to do usually does **not work** very well. People are more likely to try something new if it is their own choice.

Second, even when people decide they should go to see a doctor, they still find many reasons not to go.

Why don't people go for health care even when they want it?

There are many reasons, including:

1. Men often think it is a **sign of weakness** to go to a doctor and

wait until they are very sick.

2. People do not know where to go, when services are offered or what to expect.
3. The clinic is far away, and hard to get to.

So to make a successful referral, you can first **help people to make the decision** to seek health services for themselves or their family.

And next, help them take action – and actually go to the clinic! You may need to **learn what problems might keep the person from going.** Then help the person come up with solutions to the problems.

It helps if you can say you have been to the health services yourself.

You can then reassure people about what to expect. At the least, **you must be able to tell people:**

- When and where services are offered
- Who provides the services
- What to expect at the clinic

After making a referral, be sure you follow up with the person to see if he or she went for the service. **If the person didn't go, find out why not.** It may help to offer to go with them to the clinic next time.

6. HOW CAN YOU MAKE YOUR ACTIVITIES PARTICIPATORY?

Good peer education activities are **participatory**.

This means that **people take an active part in learning**. They do this by discussing, debating, and demonstrating the issues or topics being considered.

As you have learned from your own training, *sessions where everyone participates are much better for learning and more fun for everyone.*

This chapter reviews the following techniques to make sure you get good participation in your activities. These include:

- *“Open-ended” questions*
- *Brainstorming*
- *Values Clarification*
- *Case Studies*
- *Roles Playing*
- *Games*
- *Video*
- *Ice-Breakers*

Many people think education is simply one person giving information to another person.

That is how many of us have learned in school. In traditional schools, the teacher lectures to the students, and the students write down what the teacher says. At the end of the term, students sit for a written examination.

Peer education is different from traditional schooling. A Peer Educator, *doesn't lecture people* or tell them what to do.



Instead, you work with your own knowledge and experiences as well as the *knowledge and experiences of the people you are trying to reach* to help them learn about health and make good decisions and choices.

Should you ever use a lecture as a peer educator?

YES! But a lecture should be just a small part of the learning process. *You may use a lecture as a quick way to provide basic or new information everyone needs to know.*

For example, if you are planning an activity for co-workers to discuss the importance of family planning

to health you may invite a nurse to give a short lecture on family planning methods.

To make this activity more participatory, make sure that there is a group discussion before or after the lecture.

For example, before the lecture, you might ask the group to brainstorm on the myths and fears people have about family planning. Or after the lecture, you might have a discussion about the problems women have in using family planning.

These discussions will help people really understand the importance of family planning in the context of their daily lives.

Getting people to participate is not hard! Given the chance, people like to talk and share their thoughts. As always, successful discussion with good participation requires careful planning. First, you need to decide on the topic, and then decide which of the methods (below) you will use that will encourage participation:

Open-Ended Questions

Using open-ended questions is important in many ways– from one-

on-one counseling to large group discussions.

Open-ended questions get people to talk. They open the door to active, lively discussions. An open-ended question is simply a question that starts with: *How? Why? When? Who? What? or Where?*

You cannot answer an open-ended question with a “Yes” or a “No.”

Brainstorming

Brainstorming is a way to ask a group to come up with as many ideas and thoughts about a specific topic. The goal is to come up with as many ideas as possible. It is **not** about finding the correct answer.

You can use brainstorming to:

- **Introduce a topic.** Through brainstorming, you ask people to list everything they know or think about the topic. This is a good way for the group to share knowledge and to learn from each other. You can also use brainstorming to identify any common misunderstandings or correct misinformation.
- **Solve a problem.** Brainstorming is a good way to suggest many solutions to a problem. The

group can then consider all of the ideas and work together to find the best solution

Several HIM sessions used brainstorming to identify:

- Common health concerns in the community
- Messages men and women get from society on how to act in relation to health and sex
- Ways to involve men in family planning
- Ways to discuss HIV prevention in the workplace or community

To start a brainstorming session, ask an open-ended question and give everyone a chance to respond.

Remember, an open-ended question cannot be answered with a “yes” or “no.”

Some examples of an open-ended question might be:

- Why do men resist getting tested for HIV/AIDS?
- What do people in the community think about family planning?
- How can men be more involved in protecting the health of their families?

Write down participants’ responses on a blackboard or on newsprint. As brainstorming slows down, review and analyze all responses.

- ✓ Which response was given most frequently? Which the least?
- ✓ What comments surprised people or suggested interesting new solutions?

As a group, discuss which comments or ideas best respond the question asked of the group.

*Be aware, however, that a group may sometimes come up with answers that are **incorrect** or inaccurate. Consider these examples:*

- One community group was asked why family planning use was so low. They said women don’t use family planning because pills cause cancer.
- In another group, people brainstormed on why they didn’t go for HIV testing. They responded that HIV was not a problem in their community because they could tell by looking if someone had HIV.

Neither group gave responses that were true. But they repeated commonly held beliefs. These brainstorming sessions provided

important information for the peer educators and excellent “*teachable moments*” to correct these myths and misinformation.

If this happens, respectfully correct any myths or misinformation!

Brainstorming allows you to hold discussions that increase the knowledge of the group. You can also use brainstorming to identify additional topics that need further education.

Values Clarification

Values clarification helps people better understand their own feelings and attitudes about a particular issue.

Many people are unaware of why they hold certain attitudes. To help people make changes in their lives, they must first understand that their *values and attitudes can lead to poor health.*

A values clarification activity is best held **with no more than 25 people.** However, you can still use this activity in a large group if you focus on only one or two values.

Either way, make sure you have enough time to discuss people’s feelings and beliefs.

An effective values clarification exercise asks people to respond to statements that get **a strong reaction** from people.

The HIM training had several values clarification activities. For instance, you explored your values about the way men and women are expected to act. You were asked whether you agreed or disagreed to statements like:

- Family planning is always a woman’s responsibility.
- Sex is more important to men than to women.
- The only women who carry condoms are prostitutes
- Real men use violence to get their way

How to facilitate a values clarification exercise:

1. Decide on several strong values statements. You can use those from the HIM training or make up your own.
2. Post signs that say “Agree,” “Disagree” and “Unsure” in different parts of the room.
3. Read the first statement out loud to the group.
4. Ask participants if they “*Agree,*” “*Disagree,*” or “*Are Unsure.*”

5. Have them stand under the appropriate sign.
6. After people have taken their positions for each answer, ask a few people in each group to explain their reasons.

Give people plenty of time to discuss individually and as a group. *Be sure to keep the discussion civil and respectful - and fun.*

There are no “right” or “wrong” answers. Of course, if you hear incorrect information, you should respectfully correct it right away.

Repeat this process for each statement you have chosen.

Values clarification is a good way to help people to think about the roles men and women play in health and family planning, such as:

- Why men do not seek health care services for themselves.
- Why caring for children’s health is considered women’s work.

Once they understand their feelings and values, they can begin to make changes

Case Studies

You can begin any discussion by having participants discuss a case study.

A case study is a story about a real life event or situation in your community or elsewhere. A case study can be a made-up story, but it should be similar to real experiences.

There are many things happening around you that can make good case studies. For example:

- Did a woman recently die in childbirth? Why?
- Did a school girl recently get pregnant and have to drop out of school? What happened?
- Did a man recently cause a disturbance in the community by beating his wife? What happened?

Any of these “real-life” events can make for a good case study.

Warning: *If you discuss real life situations be sure to protect the privacy and confidentiality of people by changing their names and other identifying facts.*

You may find it easier to use the case studies in the HIM training, such as the stories of Henry, Thomas and Sam:

- ✓ Henry was a bar owner who was having a relationship with a schoolgirl.

- ✓ Thomas was a truck driver who had several relationships with other women besides his wife.
- ✓ Sam let his friends pressure him into having sex with a girl when she was very drunk.

After the group hears the case study, use open-ended questions to start a discussion **about the case study**:

- Why did the characters behave the way they did?
- What are the consequences of the behaviors? Who is hurt most by them?
- What do you think about each character's behavior?
- How can you prevent people from acting in harmful ways?

Role Playing

Most people enjoy watching a drama. Role playing is a great way to encourage discussion and participation.

You can use role playing in small and large groups to:

- **Act out the attitudes**, fears or concerns about health or other issues that may exist in the community

- **Confront real life problems** like HIV/AIDS stigma or alcoholism
- **Explain new health information and correct myths and misinformation**
- **Practice new communication or decision-making skills**
- **Practice new skills in dealing with real life conflicts and problems**

To create a role play, identify a real life situation in your community that you can ask two or more people to act out. For example:

- A schoolgirl gets pregnant. She tells her boyfriend and then they have to tell their parents.
- A wife learns she has HIV after she gives birth and must talk to her husband.
- A woman goes to see the nurse because she wants to use family planning. She is worried about her husband finding out. In the clinic, she sees one of her neighbors who think family planning causes cancer.
- A man learns that his best friend has HIV. He is terrified that he will also get HIV because he has spent a lot of time with this man.

During the HIM training, you participated in many **role plays**, such as:

- Acting out the ways parents, peers, the media and religious groups talk to men and women about sex.
- Practicing new communication skills (including body language) through role play.

After a role play, have the group discuss what happened. Talk about why each character behaved as he or she did.

What could the characters have done differently?

*You should also ask the group to identify any information that is **inaccurate**.*

Sometimes, you may ask the group to do the role play a second time, using the ideas suggested by the group.

Games

Games are often a good way to teach new ideas and to relax a group for a lively discussion. Games are fun and competitive, and people are challenged to do their best.

During the HIM training, you played a number of **games** that you could use in your health outreach.

These included:

- “*Myths and Facts on Family Planning*” competition
- “*Whispered Messages*” to show the importance of good communication
- “*The Statue*” to help us understand the different things that men and women do during the day.

You can also take any game that is played locally or broadcast on radio or television, like a quiz show, and adapt it.



Video Shows, Plays, Poems, Songs

A good video, play, poems, and popular songs related to a topic you would like to discuss can encourage discussion.

It may be that you and other peer educators or members of the community want *to create your own play, poem or song about a health problem*.

After any performance, make sure you are prepared to ask the group some open-ended questions on

their feelings or thoughts about the film or drama or song.

Don't forget to plan! Make sure you have all the equipment and materials that you need, such as a television, DVD player, electricity (for a video show) and props for a drama.

Icebreakers and Energizers

Icebreakers are most often used to start a meeting and get people to feel more comfortable with each other. Sometimes, it is as simple as interviewing the person next to you and introducing this person to the large group.

An energizer is an activity, such as a song, dance, exercise that is often used in the middle of a meeting, discussion or activity anytime you find people looking tired, bored or uninterested. Often, this is right after lunch!

Icebreakers and energizers are usually not educational. But they help you keep participants involved and interested. Icebreakers and energizers also help build a sense of team spirit. People who are comfortable with each other are more likely to work together.

Involving the Larger Community

You should also think about the participation of the larger community in your overall health education activities.

Community participation is about making your community – where you work, live or play – **your partner in health education.**

Your work will be much easier if the community supports your efforts to improve the health of men, women and children. You can gain community acceptance and support by:

- ✓ *Always being respectful of other's opinion*
- ✓ *Listening to other points of view*

Talk to your supervisor or coordinator about when and how to work with the community organizations such as:

- Churches
- Schools and youth groups
- Sport, social and service clubs
- Businesses and cooperatives
- Women's groups
- Local government
- Health care providers

7. HOW CAN YOU USE DATA TO IMPROVE YOUR WORK?

The HIM training showed you how to keep track of your activities by filling out data collection forms.

Collecting data – information about your work – is about helping you see how you are doing. *This data can help you do a better job!*

This is the kind of information you should keep track of:

- How many people you reach
- Where you reach them (at work? In their home? At a community center etc.)
- What information you share
- Which health topics you discuss
- How many condoms you distribute
- If you make a referral for FP, HIV testing or other services.

During the regular meetings of Peer Educators, you will be able to review your activities both individually and as a group.

Using the data you have collected, you can decide where you have been most and least effective. This is also a good time to identify problems and solve them.

For example, after the first month you may find that you talked to 120 people about things like what it means to be a “real man” and HIV/AIDS.

But you **didn't** make any effort to refer people to health services, **discuss family planning or distribute any condoms**. So, you and other peer educators may decide to put more effort into these areas in the following month.

When you review the information on your activities, you should ask yourself individually and as a group:

- What activities/topics did I do the most? The least? Why?
- What kept me from raising certain topics?
- How can I do my job better? Do I need more training? More materials? More information?

As a group, you can find solutions together to challenges you all face.

This is also a good time to share with your supervisor and fellow peer educators the things you did that worked well. Be sure to talk about your **successes as well as your problems**.



9. HOW SHOULD YOU ANSWER DIFFICULT QUESTIONS?

You will likely hear the same questions over and over again. This is because many people have common concerns and fears based on misinformation or myths.



Below are suggested answers to such questions. We have left extra space write down answers in **your own words** to the questions as well as space for new questions you hear and answers to them.

Question	Suggested Answer/Your Answer
<p><i>Do birth control pills cause cancer?</i></p>	<p>No, they do not. Birth control pills have been used all over the world for many years by many women. They are very safe.</p> <p><u>Your Answer:</u></p>
<p><i>Does the injectable contraceptive make you infertile?</i></p>	<p>No, it does not. When you do decide to stop using the injectable, it may take some time before you are able to get pregnant. This is just a delay, it is not permanent.</p> <p><u>Your Answer:</u></p>
<p><i>Why should I wait 2 years before trying to have another baby when my husband or family wants another baby right now?</i></p>	<p>If a woman uses family planning and waits at least 2 years after having a baby before getting pregnant again, she is more likely to have a healthy pregnancy and a healthy baby than a woman that does not wait 2 years. In any case, it is important for any pregnant woman to get antenatal care.</p>

	<p><u>Your Answer:</u></p>
<p><i>Can you get HIV from (kissing, hugging, toilets, mosquitoes, sharing food, etc)</i></p>	<p>No. HIV is most likely to be transmitted through unprotected sex (that is, sex without a condom). It can also be passed from a mother to her baby during pregnancy, childbirth or breastfeeding. You cannot get AIDS from kissing, hugging, shaking hands, toilet seats, mosquitoes, etc.</p> <p><u>Your Answer:</u></p>
<p><i>Can you cure AIDS through using traditional medicines?</i></p>	<p>No, there is no cure for AIDS. But you can live a healthy life on new drugs to treat AIDS. The best treatment for AIDS is to use Anti-Retroviral (ARV) Drugs. In addition to ARVs, people with HIV/AIDS also need to eat well and stay healthy.</p> <p><u>Your Answer:</u></p>

<p><i>I'm feeling better now. Why should I continue taking my AIDS medicine?</i></p>	<p>You are feeling better because the medicine is working. If you want to continue to feel well, you must keep taking the medicine. Remember, there is no cure for AIDS.</p> <p><u>Your Answer:</u></p>
<p><i>Can I have a baby if I am HIV positive?</i></p>	<p>Yes, but remember that pregnancy can be very risky for HIV + women. It is very important that you go to antenatal care and enroll in a PMTCT program (prevention of mother to child transmission) so that you will not pass the disease to your baby.</p> <p>It is also very important that you space your pregnancies (at least two years after your last live birth) by using a method of family planning so your body has time to recover from childbirth.</p> <p><u>Your Answer:</u></p>
<p>NEW Questions You Have Been Asked</p>	<p>Your Answer</p>
<p>1.</p>	

2.	
3.	
4.	
5.	
7.	
8.	

10. HOW CAN YOU OVERCOME CHALLENGES?

You will sometimes face challenges in the community when addressing sensitive topics and health concerns. Below are some examples of the types of challenges that Peer Educators typically confront.



There are no right answers. Below are some suggestions, but you should work with your coordinator and fellow peer educators to discuss the best ways to deal with these and other challenges as they come up.

Challenges	Suggested Responses
<p><i>I am giving people very good information, but they are NOT doing what I tell them to do. Why is that?</i></p>	<ul style="list-style-type: none"> ✓ Try using more participatory methods and less lecturing. ✓ Remember: your role in NOT to give people orders, but to help them make good decisions from themselves. ✓ Ask people what is preventing them from taking action and help them deal with those issues. ✓ Get community leaders involved.
<p><i>What if I don't know the answer to a question?</i></p>	<ul style="list-style-type: none"> ✓ Be honest, and tell people you don't know but you will find out. ✓ Refer people to another source of information.
<p><i>Sometimes, people disrupt the meetings, because they don't agree with what I am saying. What can I do to handle such problems?</i></p>	<ul style="list-style-type: none"> ✓ Invite the person to speak with you after the meeting to discuss his or her concerns. ✓ Offer to organize a separate meeting to discuss the person's specific issues. ✓ Ask your project coordinator for help.

<p><i>Sometimes, I am the one doing all the talking. How can I get other people to talk as well?</i></p>	<ul style="list-style-type: none"> ✓ Try organizing participatory activities where you don't have to do all the talking, like a brainstorm, values clarification or role play. ✓ Ask open-ended questions of the group, and wait for them to respond.
<p><i>What if a religious or traditional leader tells other people in the community that what I am doing is immoral or against our traditions?</i></p>	<ul style="list-style-type: none"> ✓ Respectfully ask to hold a meeting with the leader later to discuss your work. ✓ Inform your supervisor or coordinator of the problem. ✓ Your supervisor may request a private meeting with the leader to explain what you are doing.
<p><i>How will people know what to do if I do not tell them what to do?</i></p>	<ul style="list-style-type: none"> ✓ People are much more likely to change their behavior if it is their own choice. That's why we say a Peer Educator's job is NOT to tell people what to do. ✓ You do have an important role in helping guide people in making their decision. ✓ Your job is to give accurate information and help people clearly understand their choices. And then help them take action, such as go to a clinic.
<p><i>What if someone I have referred to a service does not go?</i></p>	<ul style="list-style-type: none"> ✓ People often avoid seeking health care even when they know they need it. ✓ You should follow up with that person to find out why they did not go. Find out what are their concerns and challenges. ✓ It is important to help remove those things that are stopping them from going. You can help out further by offering to go with them.

Other Challenges From Your Experiences	Possible Responses
1.	
2.	
3.	
4.	
5.	
6.	

10. THINGS TO REMEMBER & FINAL TIPS

Here are a few key points to remember as you to apply your new knowledge and skills as a peer educator:

- **Be a Role Model**

Practice what you preach!
Adopt the new health behaviors *yourself* that you are asking others to adopt. Behavior change starts with you.



- **Use good communication skills**

This means:

- ✓ Listening carefully
- ✓ Being respectful of all opinions and non-judgmental
- ✓ Being open, friendly and relaxed
- ✓ Using open-ended questions

- **Promote participation in your activities**

People learn by doing.
Participation is fun. The more fun people have, the more they will participate, and the more they will learn.

Sometimes you will need to use a lecture, but *keep the lectures short.* And make sure people have plenty of time to discuss the lecture.

Use the following to make your outreach participatory:

- ✓ Brainstorming
- ✓ Values Clarification
- ✓ Case studies
- ✓ Role play
- ✓ Games
- ✓ Videos/Poems/Songs
- ✓ Energizers

And work with your colleagues and supervisor to **involve the larger community** in your health education.

- **Don't tell people what to do**

Why? Because it rarely works. People like to make their own decisions and *find their own answers* to questions.

Your responsibility is to give people accurate information and help them make good choices about their health. The educational activities you organize can help people think about what they do and the changes they can make to improve their health and the health of others.

Your ongoing support can help people to act on their decisions and behave in healthier ways.

Whenever possible, you should **correct any wrong information** people have, or refer them if they need more help than you can provide.

- **Answer Only if you know the answer**

It is alright if you don't know the answer to a question. A good Peer Educator is a resource person who helps find the right answer.

Just tell the person you don't know, but you will try to find out the correct answer for them. Or, refer them to another knowledgeable person, such as a doctor or nurse or counselor.

- **Use your own words**

You don't need to use the exact language that is provided here, or in the HIM manual or by health providers. In fact, common words that people easily understand are much more effective.

As long as you give accurate information, you can and should use your own words that people will understand and can act on.

- **End all meetings by asking people to take some action or next step**

People are often *uncomfortable asking for help and deciding what actions they want to take*. Make it easy for them.

At the end of any meeting, **ask people what else they want or need** from you. You might ask:

- ✓ Do you want to meet again?
- ✓ Would you like to learn more on other topics, such as family planning, HIV/AIDS, TB etc.?
- ✓ Would you like me to accompany you to the health clinic?
- ✓ Can I call you next week to see how your visit to the doctor went?
- ✓ Would you like me to come to your home to meet with your spouse, children or other family members?
- ✓ Would anyone like to meet me outside after this meeting?

All of these questions *invite people to take action* and make personal and community change possible

