

DAY 2

Imparting knowledge on types of STDs D2.1

Session objective: At the end of the session, the Peer Educators must be able to do role plays of explaining types and symptoms of STDs in the context of interaction between a Peer Educator and their community members in a one to one situation and in a one to many situation.

Materials needed:

- STD education material in use in the project. This could be flip chart, flash card or some other innovation. The key feature needed is that the material should contain pictures of male and female genitalia having different types of STDs.

Note: It is important to have a picture that shows normal male and female genitalia. The educational material should also have graphics showing symptoms of STDs – lower abdominal pain, pain when passing urine, ulcer, itching in genitalia and discharge from vagina/ urethra.

- Chart paper and marker pens

Activities

1 **10 Knowledge revision:**
min

To undertake the task of conveying the types of STDs and symptoms of STDs. This has already been covered in Day 1. But it is suggested that this is quickly reviewed before going on to the skills needed for imparting this knowledge to others.

Activities for revision of knowledge:

For symptoms:

- Ask them to list the common symptoms of STD
- Write down on a chart paper the contributions from the group
- Facilitate the discussion to ensure that the five

key symptoms – (lower abdominal pain, swellings around the genital area, pain when passing urine, abnormal discharge from vagina/ urethra and ulcer) – are written up as the key symptoms.

For types of STDs:

- Ask one Peer Educator to show the flip chart/ flash cards showing STDs and ask the group to identify each one of them.
- Support the group if there are gaps in knowledge. Ensure that the figure showing normal genitalia is covered adequately – i.e. the Peer Educators must be able to say that even if outside signs are not there, the person could be having an STD, particularly HIV infection.

30 min How to transfer knowledge?

min

Activity:

- Pose the question of how they propose to transfer knowledge to the community.
- List their ideas in a chart paper
- Examine whether the following issues are covered in their ideas –
 - what is the ideal time/ context
 - what should they show them
 - what should they tell them
 - what should they ask them
 - is there something that they want the audience to do?

It is unlikely that a perfect response on these are available, hence facilitation might be needed to get adequate responses. The main responses expected on these questions are

<ul style="list-style-type: none"> • what is the ideal time/ context 	<p>When the community members they are addressing are relatively free and willing to listen.</p>
<ul style="list-style-type: none"> • what should they show them 	<p>They should show them the STD educational material (flip chart/ flash cards or some other material that the project uses).</p>
<ul style="list-style-type: none"> • what should they tell them 	<p>They should convey the key knowledge elements that has been listed above.</p>
<ul style="list-style-type: none"> • How should they tell them 	<p>They need to conduct themselves in a way that is more like sharing information than teaching something.</p>
<ul style="list-style-type: none"> • what should they ask them 	<p>They should ask them whether they have any doubts. Often people have misconcepts about STD/HIV. The Peer Educator can clear the misconcepts if they know the right information or if they do not know, they can promise that they will get the correct facts from the project and share it later.</p>

<ul style="list-style-type: none"> • is there something that they want the audience to do? 	<p>It could be useful (if there is time) for the community members to take the flip chart/ flash cards in their hands and spend some time looking at them.</p>
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Building skills for transferring knowledge:

**30
min**

Activity:
Group task

<ul style="list-style-type: none"> • Role play: The facilitators of the workshop should put up the following role play. This role play shows undesirable practices in activities for transferring knowledge – • Number of players – 2 • Roles – Player 1: Peer Educator Player 2: community member (e.g. sex worker). Give names to each player. • Outline script for role play: Set aside one portion of the training hall as a road by stating to the audience to consider the designated portion as a road. Player 1 is standing. Player 2 is walking briskly. Player 1 calls out and says I have something to tell you. Player 2 keeps walking and says she is going somewhere in a hurry. Player 2 runs after her says – No, stop – I have something to tell you and gets hold of her hand and makes her stand. Immediately Player 1 brings out the flip chart/ flash cards and starts talking about STDs. The talk is nonstop and fast. After finishing the talk, Player 1 tells Player 2 – Now you can go
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10 min Post role play activity: Ask the Peer Educators to comment on the role play. Ask them what was right and what was wrong in the way education was done in the role play. List their comments on a chart paper. After all comments have been captured, ask for two volunteers who will do it the right way. Give 10 minutes for preparation.

20 min Revised role play by the Peer Educators: This is done completely according to their own decision. Time for the role play is 10 minutes followed by 10 minutes of discussion.

20 min Discussion: Based on their observations of the two role plays, derive ground rules for interacting with the community. List down all comments/ inputs in this regard and sharpen to a manageable number (without losing any key point) Ask the group's permission whether this can be kept as ground rules for all interactions between Peer Educators and their community. After permission is obtained, put the chart paper prominently on the wall. Tell them that this can be revised at any time in the project, based on new learning and they should feel free to suggest additions/ modifications and deletions at any point in time. Assure them that this will be put up in the project office.

2 **10 min** **Focusing on HIV:**
Suggest to the group, that after they have discussed about STD and answered questions on that, HIV should be brought up. The Peer Educator has to re-emphasise that in HIV there are no symptoms for a very long time – about 5 to 10 years. Ask for doubts and clear them.

Session objective: At the end of the session, the Peer Educators should be able to conduct a session for members of their community on how STD and HIV can be prevented.

Knowledge recap: (All knowledge recaps are done using the same methodology as suggested in the previous section). Do a recap of the key knowledge that is needed for this role.

- The commonest way in which STD is transmitted is through the sexual route
- Vaginal sex, oral sex and anal sex can cause STDs
- HIV is present in semen, vaginal fluid and blood
- Commonest route of transmission is through sex
- HIV cannot enter through skin but can enter through mucosa
- If the mucosa has some disease (e.g. STDs), HIV can enter the body much more easily
- Correct and consistent condom usage can block the transmission of STDs & HIV

2

How to transfer knowledge?

There could be two approaches:

- A quick approach: This method uses only printed materials for administration
- Thorough method: When there is sufficient time and privacy

15 min Activity for the quick approach: One facilitator demonstrates the quick method. In this a flip chart/

or set of flash cards that have the needed information (transmission & prevention of STD & HIV – naturally this will also include condom usage) is administered. After this, at least two volunteers also do trial demos. After each demo (including the demo of the facilitator, get audience feed back on the demo process.

This demo will also include condom usage.

30 min Thorough method: In this case also, the facilitator does the first demo. Use the method suggested in the section of the module on prevention of HIV infection (Module 1.5). After that ask one volunteer to do a trial demo. Get comments from the group. Ensure that each demo, there is no repetition of volunteers.

Early detection, treatment and follow up of STDs D 2.3

Session objective: At the end of the session, the Peer Educators should have a clear understanding of a variety of ways to encourage early detection and treatment STDs.

Strategy: This module assumes that each intervention will have multiple strategies to promote early detection & treatment of STDs. Some of the frequently used strategies are listed below.

- Identification of good quality service providers (This means that such service providers are already practicing quality STD services. Quality STD service provides empathetic and non-judgmental service package consisting of counselling, condom education, drugs according to syndromic management and partner treatment). According to standards of health care in the state, such service providers may or may not be available for the intervention.
- Identification of popular STD care providers and training them on quality STD care. It would be useful for the project to train both male and female practitioners.
- In all possible interactions of the project with the community, symptoms of STDs are highlighted.
- In all possible interactions of the project with the community, short term and long term effects of STD infection are highlighted. This should also include higher chances of getting HIV infection.
- Advocacy with advisors to community: Community members often have people to whom they turn to advise when they have STDs. This could be senior members in their own community or medical shop

personnel or some other person to whom they habitually go. Advocacy with them could be a powerful tool for detection and referral for STD care.

- Projects could set up their own STD clinics. This could be full time or part time and could be done if project has resources for this purpose.
- Endorsements: Endorsements could be anonymous or personal. In anonymous endorsements, the project Peer Educator reports the referrals made (for e.g. a Peer Educator tells a group – “I have referred 7 people with STD to Dr. x and all of them are happy with the treatment”). In the case of personal endorsement, the person who received the treatment itself endorses – e.g. a sex worker says – “I had some symptoms which I did not know was caused by STD. When the project Peer Educator told me about this, I took her advice and went to see the recommended doctor, My illness is now cured and I am happy”.
- Referral is always combined with follow up. Hence whoever is referring the patient becomes responsible for follow up.
- In addition to this, the projects could also set up their own innovations in enhancing STD referral and treatment.
- **Task for the facilitator:**
List the strategies that the project is using. Then prepare a chart paper as follows -

Strateg y	Description of strategy (one or two sentence)
1	
2	

3	
4	
5	
Etc	

30 Activity with Peer Educators:

min

- Explain the above chart to the Peer Educators. Ask the group how they can contribute to each strategy. List all the inputs on a chart paper for each of the strategy.
- Facilitate a discussion on the inputs and finalise the activities that the Peer Educators should be doing. Achieve consensus. This section is treated in a generic manner because it is individual intervention specific.

30 Case study:

min

- MACS (Mahila Ashraya Community Services) is an NGO who has started a sex industry intervention in Ghanipet. This is an industrial town in central India. There are a total of 1800 sex workers in the town.
- At the beginning of intervention, MACS conducted a Needs Assessment Study and collected a large amount of useful data on the sex industry community in Ghanipet. Their data on STD treatment practices of the sex workers showed that
 - Most sex workers get STD at least once in three months
 - Sex workers were not using condoms
 - Many sex workers do not realize that they have STD and believe that if symptoms disappear, illness also has disappeared

- Most sex workers go to unqualified doctors to get treatment
- Interviews with the unqualified doctors showed that they are not aware of correct method of treatment

As a response to the above situation MACS set up the following approach to STD detection, referral, treatment and follow up.

- Sex workers will be educated on STDs – types, symptoms, recommended methods of treatment
- Unqualified doctors will be educated on scientific management of STDs
- Twice a week clinic will be set up within the intervention office

Once these strategies were set up, a Peer Education team was formed. The Peer Educators were asked as to how they could strengthen these project strategies.

Assume that you are the Peer Educators in that team. List your recommendations on how you would achieve the STD goals of the project.

Session objective: To explore options for partner treatment

Note to the facilitator: Partner treatment remains to be one of the most difficulties challenges in STD management. There are many obstacles to partner treatment. In the case of paid sex, the client might be untraceable. Inversely for a client, the sex worker might not be traceable. In the context of longer term relationships that many sex workers have along with the man they are living with, bringing up the issue of partner treatment is culturally a difficult task. There is no set of strategies, which have been shown to be effective in all settings. Very few interventions have achieved any significant progress in the issue of partner treatment. This should encourage interventions to search for successful approaches.

1 **Activity**

30 Group task

min

Materials needed

Chart paper and marker pens

Group task: Case study

Sunita, is a 26 year old sex worker. She has been in this trade for about 6 years. She has been in touch with a Targeted Intervention that is being implemented in the town of her operation.

She was living with a road side seller of minor goods. Though not married to this man, she considered him as her husband. This man used to also act as a pimp for her and other sex workers and often used to protect them against harassment

from goondas. She knew that her husband frequently had sex with other sex workers.

From the intervention team she learned more about STDs, HIV and understood about the protective role of condoms. Within a few months, she picked up skills for negotiating for sex with condoms. She was expecting that now she will be free of STDs. But she still continued to get STDs.

After explaining the above case study to the group pose the following questions?

- In spite of using condom regularly in all sexual acts why is Sunita still getting STDS?
- What do you think Sunita should do about it? How much success do you think Sunita can achieve in it?
- Do you think that such situations will arise in the project?
- If yes, how do you think you can help women in similar circumstances?

Elicit the core recommendations and note them on chart paper.

Conclude by stating that these recommendations will be kept in the project office and when such situations arise, the team can try out the strategies mentioned. If they are successful, then the team can make a note of successful approaches. If new strategies to address such situations become available they also can be added to the list created now.

Session objective: To identify the different roles that the Peer Educators can play in increasing condom usage.

Assumption: It is assumed that interventions have set up systems for intervention level social marketing.

Activities

1 **10 Facilitated discussion:**
min

Pose this question to the group -
How can you increase condom utilisation in your community?
Collect all the responses and put it up on a chart paper
After putting up their responses, put up an already prepared chart paper which gives experiences from other interventions. The suggested content of the chart paper is given below. Compare and contrast the inputs from Peer Educators and what is given in the already prepared chart. This is intended to give an idea as to the huge nature of the task ahead.

. It is not possible to train all Peer Educators in all these tasks within this programme itself. In fact it might be desirable to do so because if there is too much content, retention of training will be low. It is proposed all the issues given below are taken up in a timely fashion later (see section on follow up training).

Role of Peer Educators in Condom promotion

Role	Skills needed
Increasing knowledge on the protective effect of condom usage	• Communicating to the community using condom BCC

	<p>materials</p> <ul style="list-style-type: none"> • Creating opportunities for discussion on protective use of condoms • Getting endorsements
Increasing skills in correct use of condoms	<ul style="list-style-type: none"> • Communicating to the community using condom BCC materials • Encouraging others to conduct condom use demonstration
Increase negotiation skills for condom use	<p>The project should already have a list of negotiation skills, which appear to be effective in the intervention context. This list is constantly updated as new negotiation methods come up.</p> <ul style="list-style-type: none"> • Peer Educators should be able to discuss all the negotiation strategies in this list • If possible, intervention can make a flip chart/flash card with graphics showing negotiation stages
Enhancing condom knowledge within the intervention context	<ul style="list-style-type: none"> • Peer Educators are the best first hand source for successful and unsuccessful approaches in condom use within intervention. Intervention should capture them and document them.
Spreading information on source of condoms. These could be <ul style="list-style-type: none"> • Free distribution 	<ul style="list-style-type: none"> • Free distribution: Procuring condoms from project stock and distributing

<ul style="list-style-type: none"> • Commercial market • Social market 	<p>directly to the community or through established depots</p> <ul style="list-style-type: none"> • Commercial market: Giving information on where condoms are available commercially • Contribute to the development of social marketing strategies • Act as a stockist for social marketing depots or distribution systems
<p>Track condom usage within intervention</p>	<ul style="list-style-type: none"> • Ongoing collection of information and feedback to project. The information collected in this way should be discussed in weekly project meetings • Annual tracking through baseline study. Peer Educators collect information according to the established study methodology.