

Second Week's Sessions

Second week's sessions	Time
Recap of previous session.	15 min
Debriefing experience of training peer group members through the experiential learning cycle – positive reinforcement by recognition.	30 min
Behaviour Change Communication – Stages of change: <ul style="list-style-type: none"> • Graded goal setting. 	40 min
Introduction to risk-behaviour: Risks taken by drug users.	40 min
Identification of Risk-behaviour: <ul style="list-style-type: none"> • Denial of risk-taking behaviour in peer group members; • Situations where risk behaviour occurs. 	20 min
Practice of training others – Rehearsal sessions – on change hierarchy.	20 min
Winding up: <ul style="list-style-type: none"> • Motivation to train peer group members and act as a role model, • Goal setting for service to peer group over the next week, • Goal setting for change in self based on behaviour change communication hierarchy. 	40 min
	15 min

Recap and Preliminaries

Activity 1: Recap of previous session.

Objective:

- To begin the day with a prayer reinforcing one's limitations,
- To revise the previous week's sessions and correct any misperceptions,
- To sharpen one's presentation skills,
- To develop leadership skills.

Material needed: None.

Time: 15 minutes.

Methodology: Group activity followed by a presentation and discussion.

Procedure:

1. Request a volunteer to lead the group in the serenity prayer.
2. Request the participants to hold hands and repeat each line of the serenity prayer after the leader.

Notes for the facilitator:

The facilitator may lead the serenity prayer if no one volunteers to lead the prayer.

Serenity prayer:

Lord,

Grant us the serenity

to accept the things we cannot change,

Courage

to change the things we can, and

Wisdom

to know the difference.

3. The group members greet each other.
4. The group member who volunteered to recapitulate the previous week's sessions is requested to make his / her presentation.
5. Members clap in appreciation of the presentation.
6. Group members are encouraged to add what is missed/correct any inaccurate narration.
7. The facilitator corrects any incorrect narration, and requests anyone to ask for clarification.

Debriefing and Recognition

Activity 2: Debriefing experience of training peer group members through the experiential learning cycle – positive reinforcement by recognition.

Objective:

- To debrief the experience of each participant in narrating previous week's lesson to his/her peer group members,
- To debrief the experience of each participant in acting as a role model of change,
- To elicit information about change in self or others,
- To give genuine appreciation of the positive role-played by select participants.

Material needed: None.

Time: 30 minutes.

Methodology: Debriefing following the experiential learning cycle.

Procedure:

1. The facilitator explains the purpose of this session to the participants.
2. Each member is requested to relate his/her experience in narrating previous week's lesson to his/her peer group members, followed by his/her experience in acting as a role model of change.
3. The facilitator enquires about change in self or others from each participant.
4. The group claps in appreciation of each member's sharing.
5. While debriefing, the facilitator focuses on the feelings generated in the peer volunteer while educating peer groups members and acting as a role model.
6. The facilitator recognises and expresses appreciation for genuine efforts made by selected group members and encourages all to make sincere efforts towards the success of the programme.

Behaviour Change Communication

Activity 3: Behaviour change communication; stages of change

Objective:

- To introduce the participants to the concept of change.
- To introduce the participants to stages of change.

Material needed: Blackboard/whiteboard/flip chart with appropriate markers.

Time: 40 minutes.

Methodology: Group activity followed by discussion.

Procedure:

1. Start by a small exercise: Request participants to write a few lines on *one* aspect they would like to change about themselves with their left or right hand (the one they usually DO NOT use). For instance, a right-handed person should write with his/ her left hand and vice versa.
2. After they have done that, ask them to reflect on the following; some may like to share with the group:
 - How did it feel to do this small exercise?
 - Was the exercise difficult?
 - What they would like to change in their life and why?
 - What are the alternatives?
 - Who could help one change?

- How would the change make one feel?
- Who beside yourself would be affected by the change?
- What type of stress would the change bring about?
- What could one do to cope with the stress that the change will bring about?
- Will the change be worth the pain?
- What could prevent the change?

3. From the responses elicited, draw the stages of change diagram as shown of the next page. This exercise would help participants reflect on various levels of the stages of change.

Notes for the facilitator:

What is behaviour change communication (BCC)?

Behaviour change is central to most effective responses to the drugs and HIV problem. BCC can be used to:

- Reduce further transmission of HIV and consequences of drugs,
- Reduce discrimination against the people most directly affected by HIV and drug use,
- Mobilize community wide responses,
- Build consensus about legal, ethical and human rights concerns,
- Minimize harm associated with drug use,
- Organize community based care for those who are ill, their dependents and the survivors of those who die.

In working with young people we need to remember that:

- Providing only information does little to help people change their behaviour,
- We need to work with people rather than just talk with them,
- People already have their own ideas, values, knowledge and experiences. We should work with these, not against them,
- We need communication methods to engage people actively in their own exploration and learning, building on what they already know.

What is the goal of a BCC program for HIV prevention?

The overall goal of most BCC programs for HIV and drug prevention is to promote behaviours that prevent the spread of HIV and reduction of drug use in the community.

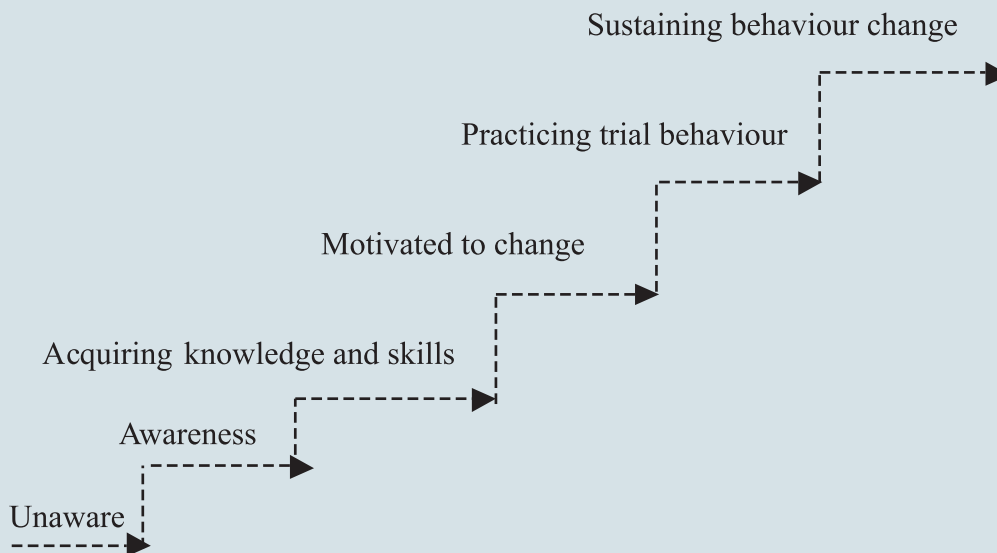
⁷. Adapted from FHI 2002. *Behavior change communication (BCC) for HIV/AIDS: A strategic framework*. Arlington: Family Health International.

These include:

- Prompt care seeking for symptoms at appropriate medical centres,
- Communicating with partners about the need to be treated,
- Practicing safer drug use and safer sex including the use condoms,
- Delaying the onset of drug use and sexual activity among young people,
- Decreasing the number of sexual partners.

Understanding the process of behaviour change – stages of change

Certain kinds of behaviours will alert you to the stage that people are in. You can then plan your behaviour change intervention and messages to respond to that stage. Below is an example using these stages and behaviours as a framework for designing BCC interventions.



Changing behaviour and attitudes is a process that takes time. As people move through that process, their needs for information and skills change. The process of behaviour change can be illustrated in five major stages. First people become aware of a problem. Next, they gather knowledge and learn new skills. At the next stage they begin to get motivated to do something about the problem. Then, they actually try a new behaviour that may solve the problem. Finally, they succeed in maintaining a new behaviour. Goals for change in behaviour, thus, need to be graded.

The process of changing behaviours and attitudes is not a direct journey. Most people move back and forth between stages before achieving success.

Activity 4: Risks taken by drug users

Objective:

- To provide knowledge of risks taken by substance users.

Material needed: Blackboard/whiteboard/flip chart with appropriate markers.

Time: 20 minutes.

Methodology: Mind-mapping.

Procedure:

1. Request the participants to describe the activities undertaken by substance users when in a state of intoxication.
2. Define risk.
3. Identify risky behaviours and write them down on the board separating categories of risks taken while intoxicated and risks taken while sharing drugs.
4. Discuss how risk behaviour can be reduced.
5. Facilitate a discussion on points of disagreement and differentiate between perception of risk by the substance users and the group members' assessment of risk.
6. Focus on why a commitment to reduce the risk behaviour is important.
7. Focus on why action is necessary to reduce risk behaviour after the risk behaviour has been identified.

Notes for the facilitator:

The facilitator does not take sides or act as a final judge in this case but encourages the participants to critically examine their points of disagreement by raising appropriate questions for further reflection.

Activity 5: Identification of risk behaviour

Objectives:

- To identify risk behaviour,
- To identify denial of risk behaviour,
- To identify situations where risk behaviour occurs.

Material needed: Blackboard/whiteboard/flip chart with appropriate markers and printed copy of the situations.

Time: 40 min.

Methodology: Role-play followed by de-briefing.

Procedure:

1. Relate the purpose of the session to the participants.
2. Divide participants in two groups.
3. Circulate copies of one the following situations to each group (alternate culturally appropriate situations may be provided to suit the group being trained):

Situation I

Anil and his friends are having alcohol at a party and appear inebriated (intoxicated). Anil offers to drop them home in his car. As they reach the car, Anil asks his driver to shift because he wants to drive the car. Anil is driving the car fast and recklessly.

Situation II

Two drug users are injecting drugs with their own syringes and needles. A third drug-using peer joins them and requests them to share the drug with him; the third drug user does not have his own syringe/needle.

Situation III

Ram and Shyam finish their last drink at a pub. Ram suggests that the two should go home. Shyam insists that they hire a taxi and go and have sex with a sex worker. Ram says he does not have a condom. Shyam laughs at Ram saying “it is OK”, he knows the sex worker and she appears healthy.

Situation IV

A group of three boys and two girls appear intoxicated after having drugs. All of them want to have group sex. None of them have a condom.

Situation V

Malini likes to go out to parties and enjoy dancing and drinking alcohol. She has many boy friends to choose from. After getting high on alcohol she often has sex with her friend.

4. Invite each group member to voluntarily participate in the role-play. It is necessary to call forth for volunteers and refrain from nominating particular members.

5. While one group enacts the role-play the other group observes. While briefing the groups on observation emphasise that they are not to focus on the quality of acting displayed. Stress that the focus should be on what is being said and done.
6. Present instructions to the role-players of the two groups.
 - a) Instruct them about the principles of role-play. Emphasise that this role-play is built around the case situation of the drug user / alcoholic with a focus on the risk behaviour.
 - b) Provide copies of one case situation to each of the groups so that each will work with a different situation.
 - c) Request them to designate roles amongst themselves and discuss an outline about how they intend to proceed. Allow only five minutes for discussion. This will ensure spontaneity in their presentation and permit them to improvise as the role-play progresses.
 - d) Request the role player to wear badges, which says 'Anil', 'girl-friend' etc. for easy identification by the observers.
7. Request the observers to sit in a semi-circle and watch the role-play without causing any disturbance/distraction to the enactors.
8. The enactors will now enact the situation. If the role-play proceeds to a point where the expected situation has developed and feelings have been expressed intensely and completely, you may call 'out'. Otherwise permit it to end on its own.
9. Ask the enactors to remove their badges that define their roles to signify that they are now stepping out of the role. Tell the enactors that the role-play is over and that the debriefing will start
10. Ask the enactors one by one about how they felt. Help them focus on:
 - (a) Their feelings during the session,
 - (b) The elements that triggered their response and recognise what made them feel or act in a particular way,
 - (c) Their feelings now, after the session.
11. Proceed to ask the observers what they observed in the session. Help them focus on the:
 - a) Sequence of events,
 - b) The manner, in which each person in the role-play influenced, supported or resisted the other,
 - c) Feelings generated in the observer,
 - d) Make sure that each and every group member shares. Help participants recognise the risk behaviour in each case situations.
12. Identify denial.
13. Ask the observers whether or not they saw denial of risk behaviour in the enactment?
14. Move on to examine if the role-play scenario matched real-life situations. Ask the group if similar situations happen in reality.
15. Ask whether this type of denial occurs in their peer group members?

16. Request each member of the group to identify possible denial of risk behaviour in himself/herself.
17. Help them relate the messages at three levels:
 - (a) Knowledge level – contextualise the role play situation to the theoretical inputs provided;
 - (b) Attitudinal shift - recognise the intensity of problems faced, feelings involved examining the present coping mechanisms in dealing with similar problems;
 - (c) Skill development – focus on the ability of the peer volunteer to build on the role-play situation while dealing with peer group members and making the experience meaningful.

Activity 6: Practice of training others - rehearsal sessions - on change hierarchy

Objective:

- To practice training others in change hierarchy.

Material needed: Paper and pencil/pen.

Time: 20 minutes.

Methodology: Interaction between two group members.

Procedure:

1. Pair two people.
2. Request one person to follow the steps of activity 3 (above).

Winding up

Graded goal setting:

1. Introduce the concept of graded goal setting, as a method of behaviour change.
2. Motivate peer volunteers to train their peer group members and act as role models.
3. Motivate peer volunteers to get their HIV status checked at the nearest VCT centre.
4. Goal setting for service to peer group over the next week: obtain a commitment from each participant to play the role of a person with a mission to reduce risk-taking behaviour in at least one peer group member and sharing today's lesson with at least two persons in the peer group

5. Goal setting for change in self - based on behaviour change communication hierarchy: obtain a commitment from each participant to reduce risk-taking behaviour in himself / herself.
6. Ask someone to volunteer to recapitulate the day's sessions at the beginning of the next week's training.
7. Form a circle with every one holding hands. Bid good-bye with the phrase: "keep coming back".