



# FAITHFULNESS

“SIKIA KENGELE”



## INTERPERSONAL COMMUNICATION TRAINING GUIDE



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HIV Training Guide for Religious Leaders  
on Interpersonal Communication

***SIKIA KENGELE***





## Who is this training for?

The Interpersonal Communication Skills for HIV one-day training curriculum is designed to teach religious leaders how to more easily communicate important information about HIV and AIDS. As highly respected members of their communities, religious leaders are in a unique position to reach individuals and families face to face with information on how they can reduce risky behaviors (and adopt healthy behaviors) that will help prevent them from getting HIV. Strengthening the interpersonal communication skills of religious leaders will help them to deliver these sometimes-difficult public health messages more effectively.

## Overview of the training

This one-day training focuses on giving religious leaders tools they will need to effectively listen and communicate HIV information so that it is most likely to be taken to heart by the people they are trying to reach – and therefore more likely to change their behaviors.

The training describes four basic interpersonal communication skills needed during HIV prevention conversations: active listening; asking questions and probing; speaking simply; and using support materials to help deliver information.

The interactive training methodology encourages participants to discuss and contribute to everyone’s learning experience. It also provides opportunities for participants to practice the four basic skills so that they feel empowered to do them on their own when they return to their communities.

## Planning a successful training event

Use the following tool when you begin planning a training event. Responding to the questions will help you get started.

### WHO

- Who is this training for?
- Who will conduct the training?
- Who should participate in the workshop?
- Who will be invited?
- What is participants’ level of literacy?
- What language will be used during training?
- Who will do the facilitation of the training? (Having two facilitators is best.)
- What technical resource people should be invited to help answer or clarify questions? For example, consider inviting a medical doctor, clinic worker, community health worker, or other HIV expert.



## WHY

- Why is this training needed?
- What is the purpose of the training?
- Is there a need to respond to an increase in HIV concerns in the community?

## WHEN

- Allow enough time to invite and follow up with participants technical resource people and others that should attend the workshop.
- Give trainers and co-facilitators enough time to organize training materials and practice training.
- Confirm that there is no conflict with other local planned events holidays etc.

## WHAT

- What skills knowledge and attitudes will participants learn during the training?
- What are the content and materials needed to support the participants learning?

## HOW

- How will the training help participants accomplish the skills they need to do after the training?





## Training space and training set up

Choose a space that is private and quiet. The training space should be free from outside distractions.

Table and chair setup should encourage active participation and discussion. It is important that participants are able to see each other and the facilitator. Arrange tables into a shape similar to a square with one side open (I I) and putting the chairs on the outside is recommended.

Arrange for some kind of refreshments. During the training it is wise to have breaks. Provide water on the tables for participants and facilitators.

## Materials needed for the training.

- Make sure that enough copies of the Participant Handouts are available for each person attending the workshop.
- Have additional blank pages (and writing utensils) available so participants can take notes.
- A flip chart and markers will be used throughout the workshop sessions.

## Interpersonal Communication Skills for HIV/AIDS

### AGENDA

	Day 1
9:00 – 10:30	<b>Session 1</b> Welcome And Overview
10:30 – 10:45	<b>BREAK</b>
10:45 – 12:30	<b>Session 2</b> HIV and Communication
12:30 – 1:30	<b>LUNCH</b>
1:30 – 3:00	<b>Session 3</b> Behavior Change and Interpersonal Communication
3:00 – 3:15	<b>BREAK</b>
3:15 – 5:00	<b>Session 4</b> Interpersonal Communication Skills
5:00 – 5:30	<b>Session 5</b> Closing



## SESSION 1



## Welcome and Overview

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### OBJECTIVES:

*By the end of this session, participants will have:*

1. Introduced themselves to each other and met special guests
2. Reviewed the workshop objectives and schedule
3. Discussed basic HIV/AIDS information

**DURATION: 90 MINUTES**

### SESSION 1, ACTIVITY 1:

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#### WELCOME, INTRODUCTION AND ICEBREAKER

#### METHODOLOGY:

- Welcome participants to the course
- Introduce yourself, other trainers, as well as special guests
- Explain the icebreaker that will be used for participants' introduction.

#### NOTES TO TRAINERS:

A formal opening to the workshop frames the importance of the day. If possible, recruit special speakers in advance, such as a respected physician, government official, traditional or community leader, or any other professional who is working in the field of HIV/AIDS. Having special speakers participate in the ceremony send an important message to participants that the information they will share is important timely and can also save lives.

After the speakers have addressed the participants, thank them for coming to open the workshop. Now it is time to meet the workshop participants with the "icebreaker" exercise.

#### ICE BREAKER

The goal of this exercise is to get participants to know each other and focus on some communication skills, such as listening attentively and to remember what has been said to them.

Divide participants into pairs. It is best to team up participants who do not know each other. The pairs must be very attentive to the information because they will report it to the group.





Exchange the following information: Name; place where they work; describe one thing they like about their current job; and what they enjoy doing on weekends.

Allow 4 minutes for the pairs to talk.

Ask the pairs to introduce each other and share the information about their partner with the group.

## **SESSION 1, ACTIVITY 2:**

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### **WORKSHOP OBJECTIVES, EXPECTATIONS AND AGENDA**

#### **NOTES TO TRAINERS:**

Before the session, clearly write the workshop objectives on flip chart paper. If possible, leave the objectives posted for the entire course.

#### **METHODOLOGY:**

- Distribute a blank page for each participant.
- Ask participants to write their individual expectations about this workshop, allowing a few minutes.
- Ask a volunteer to read the workshop objectives written on the flip chart aloud, and encourage discussion to see if participants have any questions or comments.
- Ask a few volunteers to read their own expectations aloud. Address differences between participants' expectations and workshop objectives.
- Review Workshop Agenda.

### **WORKSHOP OBJECTIVES**

*By the end of this workshop, participants will have:*

1. Discussed basic HIV facts and information for prevention
2. Increased their awareness of the importance of interpersonal communication skills in changing behaviors related to HIV prevention
3. Identified and described four basic interpersonal communication (IPC) skills needed during face-to-face interactions related to HIV prevention: Active listening, asking questions, speaking simply, and using support materials to deliver information
4. Practiced the four basic IPC Skills to improve HIV awareness and prevention



## HIV/AIDS and Communication

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### OBJECTIVES:

*By the end of this session, participants will have:*

1. Discussed HIV prevention messages
2. Reviewed the definition of communication
3. Described different types of communication channels

**DURATION: 90 MINUTES**

### SESSION 2, ACTIVITY 1:

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#### HIV PREVENTION MESSAGES

#### METHODOLOGY

- Divide participants in small groups
- From Session 2, Activity 1, Handout 1, ask participants to discuss and respond the HIV questions
- In the larger (plenary) group, participants present their responses to the questions
  - To save time, assign a few questions per group
  - Allow time for additional comments per team if needed.

#### NOTES TO TRAINERS:

*The aim of this activity is to review HIV information.*

*Refer to Session 2, Activity 1, Handout 1, Basic HIV/AIDS Information Questions, and Session 2, Activity 2, Handout 1, Basic HIV/AIDS Information Responses (found at the end of this session).*

It is important to note that HIV is a health condition like any other medical condition and requires careful, well-thought-out responses and support from religious leaders based on knowledge – and not rumors or prejudices.

Although the majority of community members have heard of HIV/AIDS through TV and radio programs or peers, a lack of HIV-prevention knowledge and belief in misconceptions persist.





## **SESSION 2, ACTIVITY 2:**

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### **DEFINING COMMUNICATION**

#### **METHODOLOGY:**

- Ask participants to form pairs and discuss/respond to the question: What is communication?
- After a few minutes, ask volunteers to read their definitions in the larger group (plenary session).

#### **NOTES TO TRAINERS:**

Communication has many definitions and can mean different things to different people.

- Communication is an exchange of ideas, information, thoughts, feelings or images between two or more individuals or groups.
- Communication is a process of transmitting and receiving information (verbal and non-verbal) on a particular topic between 2 or more people aimed at reaching a mutual understanding.

## **SESSION 2, ACTIVITY 3:**

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### **COMMUNICATION CHANNELS**

#### **METHODOLOGY:**

- In the larger group (plenary), ask participants to describe the way they receive/send information these days
- Ask participants to give examples of different communication channels available today

#### **NOTES TO TRAINERS:**

- Possible answers on to send/receive information: Radio, TV, billboards, interpersonal (friends, coworkers, partner, family, parents, children, church, mosque, community leaders), newspapers, videos, music, village theatre, puppets, text messages, and emails.

#### **POSSIBLE ANSWERS ON COMMUNICATION CHANNELS:**

- Mass media, e.g., radio, television, print advertisements, billboards
- Print materials/audio-visual, e.g., brochures, posters, booklets, videos, flip charts, karaoke, choral songs
- New technologies/social media, e.g., tweets, emails, SMS
- Public Relations/special events, e.g., print and broadcast news, news conferences, site visits, one-on-one interviews
- Interpersonal communication, e.g., face-to-face counseling, hotlines, home visits, peer education, group discussions,
- Community-based communication, i.e., drama, puppet shows, songs, dance, village theatre, social mobilization, celebrations and festivals, prayer groups, women's groups, youth groups, services at church/mosque.



Today, we will focus mostly on interpersonal communication.

## SESSION 2, ACTIVITY 4:

### METHODOLOGY:

- Divide participants into groups and ask the groups to list on a piece of flipchart paper the advantages and the limitations of the interpersonal communication (face-to-face) channel
- Bring participants back together to share their results in the larger group (plenary) session.

### NOTES TO TRAINERS:

Type of channel	Advantages	Limitations
<i>Interpersonal communication</i>	People can ask questions and discuss the information Most powerful channel for individuals to change their behavior Privacy - Good for discussing sensitive or personal issues	<ul style="list-style-type: none"> <li>• Reaches few people at a time</li> <li>• Requires training/ practice to do it well</li> <li>• More time-consuming</li> </ul>

Interpersonal communication, or face-to-face communication, is the most powerful communication channel when it comes to changing behaviors. However, using only one channel (interpersonal communication) by itself is not enough. It is always better to combine different communication channels, such as giving people a fact sheet to take home with them after you have had a one-on-one conversation.





**BASIC HIV/AIDS INFORMATION**

**Questions**

**Question 1:** What is HIV?

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**Question 2:** What is AIDS?

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**Question 3:** How is HIV transmitted?

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**Question 4:** How do you know if you are infected with HIV?

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**Question 5:** How can you protect yourself from HIV?

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## Session 2, Activity 1, Handout 1



## BASIC HIV/AIDS INFORMATION

## Answers

**Question 1: What is HIV?**

**Answer 1:** HIV stands for human immunodeficiency virus, and is the virus that can lead to acquired immune deficiency syndrome, or AIDS. HIV damages a person's body by destroying specific blood cells, called CD4+ T cells, which help the body fight diseases. Without these cells, it is difficult for the body to protect itself from diseases.

**Question 2: What is AIDS?**

**Answer 2:** AIDS stands for Acquired ImmunoDeficiency Syndrome, a condition that occurs in some people after many years of living with HIV (usually from 7 to 10 years). "Acquired" means that the disease is not hereditary but develops after birth from contact with a disease-causing virus (in this case, HIV); "immunodeficiency" means that the disease is characterized by a weakening of the immune system; and "syndrome" refers to a group of symptoms that indicate a disease.

**Question 3: How is HIV transmitted?**

**Answer 3:** HIV is found in the blood, sperm, vaginal fluid, and breast milk of a person infected with HIV. An infected person can transmit the virus to others through sexual intercourse or sharing razors or needles, and an infected mother can transmit the virus to her child during pregnancy, delivery, or breast-feeding.

HIV cannot be transmitted by touching, shaking hands, hugging, coughing, sneezing, saliva, tears, sweat, kissing on cheeks, swimming together or sharing swimming equipment, insects, sharing dishes or utensils, through the air, sleeping in the same bed, fellowship in the church/mosque, or working together.

**Question 4: How do you know if you are infected with HIV?**

**Answer 4:** The only way to know your status is to get tested for HIV. You cannot rely on symptoms to know whether or not you are infected. Many people who are infected with HIV do not have any symptoms at all for 10 years or more. Therefore, it is important to know your status so you can make informed decisions that can prolong your life and protect the health of your partner.

**Question 5: How can you protect yourself from HIV?**

**Answer 5:** We can protect ourselves from HIV in the following ways:

- Not having sex when we are not married
- Reducing the number of sexual partners we have
- Using condoms whenever we have sexual relations
- Remaining faithful to our partners



## Behavior Change and Interpersonal Communication

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### OBJECTIVES:

*By the end of this session, participants will have:*

1. Discussed behavior change communication
2. Identified basic elements of interpersonal communication
3. Described basic skills needed during effective face-to-face interaction
4. Discussed the importance of establishing a positive encounter
5. Discussed active listening, a basic interpersonal communication skill

**DURATION: 90 MINUTES**

### SESSION 3, ACTIVITY 1:

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#### BEHAVIOR CHANGE COMMUNICATION

#### METHODOLOGY:

- In the larger group (plenary) session, ask participants to think about the following questions. Ask one question at a time. Discuss answers.
- What is behavior?
- What can communication do?
- What can communication do specifically to change behaviors?

#### NOTES TO TRAINERS:

##### *What is behavior?*

Behavior is the way we act, react and perform in response to different stimuli under different situations and conditions. Different people act differently under the same conditions. Our behavior depends on different factors (external and internal) that influence and modify our behavior; behavior change is a process.

##### *What can communication do?*

There are several theories that explain how communication can influence behavior. In public health, communication is a tool through which the leaders (such as health workers or religious leaders) can help their community member understand his/her health situation and them to make the most of suitable choices.

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In this context, sharing and exchanging health-related information can result in changes or improvements in health practices.

- Communication changes knowledge and attitudes.

**Example:** After hearing a communication message, a young married couple about to have children realizes that HIV can be transmitted to an unborn child during pregnancy, child birth, or through breastfeeding. Before the campaign, they did not know this.

#### **What can good communication do?**

- Good behavior change communication helps to modify the way a person acts.

**Example:** Before hearing a communication message, condoms were not often used because there was a stigma associated with purchasing them. A communication campaign helped to increase conversation surrounding the use of condoms and “normalize” their use among young, married couples so that the stigma associated with using them was reduced. After the campaign: young men were less embarrassed to purchase condoms.

## **SESSION 3, ACTIVITY 2**

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### **ELEMENTS OF INTERPERSONAL COMMUNICATION**

#### **METHODOLOGY:**

- Ask participants to think about some of the elements of an effective face-to-face, interpersonal communication interaction: for example, between a religious leader a young couple: a young couple is receiving information on the importance of being faithful to one’s married partner to reduce the risk of getting HIV.
- On the flip chart, list elements of effective face-to-face interactions.

#### **NOTES TO TRAINERS:**

Make sure that everyone discusses the different elements listed below and that clear definitions are presented to all (e.g., what is empathy, how to establish a dialogue, how to show respect, etc.). If necessary, explain or ask the group to give concrete examples.

- Verbal and non-verbal aspects of communication are important
- Two-way listening
- Receive feedback
- Share ideas, messages
- Empathy
- Speak the same language





- Exchange information
- Establish a dialogue
- Respect
- Use support materials to provide information

## **SESSION 3, ACTIVITY 3:**

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### **INTERPERSONAL COMMUNICATION SKILLS**

#### **METHODOLOGY:**

- In the larger group, ask participants to discuss the different skills that they need to encourage dialogue and trust while talking with community members about HIV prevention.
- List the skills mentioned by participants.

#### **NOTES TO TRAINERS:**

Although there several important skills that are encourage productive dialogues, the following are the most frequently used.

- Warm welcome
- Show respect
- Listen attentively
- Do not interrupt
- Pay attention to verbal and non-verbal messages
- Ask questions
- Use simple language, repeat same words to convey information and help understanding
- Use support materials to provide accurate and consistency of information.

## **SESSION 3, ACTIVITY 4:**

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### **INTERPERSONAL COMMUNICATION SKILL: Greetings**

#### **METHODOLOGY:**

- Ask participants to discuss the traditional ways people greet each other in the community
- What are some of the characteristics of the greetings?

#### **NOTES TO TRAINERS:**

Possible answers:

- Younger people stand up to greet elders
- Men take hats off to greet women
- People shake hands
- Show respect for each other, acknowledge each other

Greetings are the first contact in a face-to-face interaction and it sets the tone for the

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rest of the interaction, so greetings are an important skill during any face-to-face interaction.

### A. *Greet appropriately*

Establish a warm and welcoming environment since the very beginning is important to start a harmonious relationship, so this is the first skill needed for effective interpersonal communication.

Use culturally appropriate body language and verbal communication to show respect and care.

Greet the person with respect, in a way that conveys that you are ready and willing to listen in an unhurried manner. This will help to establish a good rapport with them and show that you have their best interest in mind.

Another important skill is to pay attention to the verbal and non-verbal messages during the face-to-face meeting.

### B. *Observe Verbal and Non Verbal Messages*

Active listening involves more than just hearing the words, or what other people say. It involves paying attention to both verbal and non-verbal messages: the body language and the words as well as the things that might go “unsaid,” such as feelings or worries. It involves understanding and acknowledging a person’s feelings to open up a conversation and encourage dialogue. For example, if people are frowning and have their arms crossed, they might not yet be trusting or open to discussing private matters with you.

### **To confirm that the other person is being heard and understood:**

**Verbal:** Repeat words, ask questions, use the same language, and use sounds that encourage dialogue.

**Non-verbal:** Observe body language, look at the other person, make eye contact, nod your head, and listen to the tone of the voice.

#### *Example:*

- *Community Member:* Good morning
- *Pastor:* Good morning, how can I help you?
- *Community Member:* I need to talk to you about something .....
- *Pastor:* Yes, I’m listening.....
- *Community member:* I’m so upset with my husband....
- *Pastor:* Upset? Tell me more ....
- *Community member:* Yes, my husband’s family is putting pressure on him to take another wife, as is the tradition in his family. I am very worried about this...
- *Pastor:* Mmmmm... I can see why you would be very worried...





**SKILLS USED:** Greet warmly and respectfully, repeat same words, look at the other person, nod, use appropriate sounds: Mmm... Match verbal with non-verbal messages, ask questions, encourage dialogue.

## **SESSION 3, ACTIVITY 5:**

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### **EFFECTIVE INTERPERSONAL COMMUNICATION SKILLS:**

#### *Active listening*

#### **METHODOLOGY:**

- Divide participants into pairs; name them either A or B.
- Ask that each A to be the narrator and to tell his/her B (the listener) about a situation they have been involved in that relates to HIV (e.g., an unnamed member of their church who was HIV positive, local orphans who are HIV positive who are being helped by the church, a news story that appeared on television recently about HIV). Have "A" tell the story for three minutes.
- Have "B" listen, without talking, during the three minutes.
- After three minutes, have the persons switch roles and do the same thing again, this time with the listener (B) becoming the narrator and the narrator (A) becoming the listener.
- Have each pair discuss the experience with each other and describe moments when they felt the other was listening or not listening during the exercise.
- Ask volunteers to share their experience.

#### **NOTES TO TRAINERS:**

List examples of "moments they felt listened to" on the flip chart: The challenge was that no words could be used, so there are other ways to express that one person is listening to the other.

#### *Examples:*

- Following what the person said
- Made sounds letting me know he/she understood
- Used appropriate body language (e.g., looked at my eyes, nodded, smiled, did not interrupt, was friendly and respectful).

## SESSION 4



## Interpersonal Communication Skills

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### OBJECTIVES:

*By the end of this session, participants will have:*

1. Described and practiced questioning and probing, which are skills needed during effective face to face interactions.
2. Described and practiced speaking simply, a skill needed during effective interpersonal communication interactions.
3. Discussed using support materials during face-to-face interactions
4. Practiced the basic skills for effective face-to-face interactions during role plays.

**DURATION: 90 MINUTES**

### SESSION 4, ACTIVITY 1:

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**INTERPERSONAL COMMUNICATION SKILLS:** Questioning and Probing

#### METHODOLOGY:

Ask participants to discuss different ways to obtain information or encourage dialogue, and on the types of questions to ask. List responses on the flip chart.

#### NOTES TO TRAINERS:

Asking questions is an effective way to encourage dialogue and exchange information.

#### Questioning and Probing

Asking questions is a way of encouraging individuals to share information about their situation, or to express their feelings. This skill is accomplished through asking open-ended questions and probing for more information when a superficial answer is not enough.

- **Open-Ended Questions** require more than a one-word answer. They usually begin with words such as “How?”, “What?” or “Can you tell me...?” Probing is necessary when we need more information about a person’s feelings or situation.

#### *Examples:*

“Can you tell me more about that?”

“What happened after that?”

- **Close-Ended Questions** require a one- or two-word answer; are helpful to clarify or confirm issues or statements or specific information.





**Examples:**

How many years have you been together? **Three**

Did you have sex before you got married? **Yes**

## **SESSION 4, ACTIVITY 2:**

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**INTERPERSONAL COMMUNICATION SKILLS:** *Questioning and Probing*

**METHODOLOGY:**

**PRACTICE EXERCISE WITH ROLE PLAYS**

The aim of this activity is to practice the skills of questioning and probing, and also include the active listening skills of greeting and observing verbal and non-verbal messages that were reviewed earlier.

**NOTES TO TRAINERS:**

*If this training is done in a different language than English, please translate Session 4, Activity 2, Handout 1 ahead of time so that it can be used by group members during the role play simulation in their native language.*

- Make enough copies of the following role play scenarios in advance and hand them to the different groups.
- Divide participants into groups of three and distribute the role play scenarios (Session 4, Activity 2, Handout 1). One person will play the religious leader, one the community member and the third the observer.
- After 5 minutes, the participants switch roles and start again. After 5 minutes, they switch roles again. At the end, each person will have played all three roles (religious leader, community member, observer) in different scenarios.
- Each group of three reviews and discusses the comments of the observer of the different questions asked, as well as other active listening skills during the face-to-face meeting.
- Ask some of the participants to share their experience with the others in the larger group session.

## **SESSION 4, ACTIVITY 3:**

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**INTERPERSONAL COMMUNICATION SKILLS:** *Speaking Simply*

**METHODOLOGY:**

- Write this phrase on the flipchart:

*Having multiple sex partners or the presence of other sexually transmitted diseases (STDs) can increase the risk of infection during sex. Unprotected oral sex can also be a risk for HIV transmission, but it is a much lower risk than anal or vaginal sex.*

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- Divide participants into groups of three.
- Groups prepare a simple explanation for the phrase written on the flip chart
- After a few minutes, ask for volunteers to read their explanations.



### NOTES TO TRAINERS:

This is another skill that will help increase understanding during face-to-face interactions.

#### *Speaking Simply*

Using language that is easy enough for any person to understand, usually repeating the same words generates a feeling of being fully understood. Sometimes it necessary to adjust the language to accommodate the literacy level of the community members. If a literacy level is not obvious, it is better to use simple words to make sure that the information is understood.

#### *Example of simple explanation:*

*The risk of getting HIV increases if you have many sex partners, have other sexually transmitted diseases, or have unprotected sex (without a condom).*

## SESSION 4, ACTIVITY 4:

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### INTERPERSONAL COMMUNICATION SKILL:

#### *Using Support Materials*

#### METHODOLOGY:

- Divide the group into 2 large groups and ask them to describe the advantages of using HIV materials, and identify the limitations of using the HIV support materials available.
- In the larger (plenary) group, ask the groups to present and then compliment/critique each other.





## NOTES TO TRAINERS:

Another skill used during communication interactions is the use of support materials -- pamphlets, booklets, flip charts, and other printed or audio-visual materials that were designed to improve understanding related to a specific topic.

ADVANTAGES	LIMITATIONS
<ul style="list-style-type: none"> <li>• Attracts attention</li> <li>• Has accurate information</li> <li>• Explains steps in a process</li> <li>• Makes complex ideas easy to understand by using pictures</li> <li>• Triggers discussions</li> <li>• Helps discuss sensitive topics</li> <li>• Take information home as reminder</li> <li>• Share information with others in family</li> <li>• Provides consistency of information</li> </ul>	<ul style="list-style-type: none"> <li>• Less effective with people who cannot read</li> <li>• Not appropriate for large groups</li> <li>• Specific information available</li> <li>• May need additional explanation</li> <li>• Distribution and production limited by budget</li> <li>• Easily lost or thrown away</li> </ul>





## SESSION 4, ACTIVITY 5:

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### INTERPERSONAL COMMUNICATION SKILL: *Using Support Materials*

#### METHODOLOGY:

- Ask participants to list some of the support materials already available on the topic.
- Ask them to describe when to use some of the support materials available.
- Ask a volunteer to demonstrate use of support materials during a meeting with a young, newly engaged couple.

#### NOTES TO TRAINERS:

Have some materials available during the training. Pamphlets, booklets, flipcharts, handouts, or any visual support tool can be used during one-on-one visits or during small group meetings with community members. Support materials are designed to improve understanding of a specific topic and can lead individuals to make behavior change decisions.

Display and review different support materials available.

## SESSION 4, ACTIVITY 6:

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### PRACTICE INTERPERSONAL SKILLS

#### METHODOLOGY:

- Divide participants in groups of three, as they will use the role play scenarios again. See Session 4, Activity 6, Handout 2 with Role Play scenarios.
- Distribute the role play scenarios and have the participants select the scenarios to role play; one plays the community member, one is the religious leader, and the other the observer.
- The observer pays attention to the skills used by the religious leader: Active listening, questioning and probing, use of simple language, and use of support materials during the face to face interaction.
- Once the first role play is done, the groups switch roles and start again. At the end, they have played all three roles in different scenarios.
- Each group reviews and discusses the comments of the observer of the different skills used by the religious leader during the face-to-face meeting with the community member.





## NOTES TO TRAINERS:

Here is the list of skills that participants have to practice during the role plays. Have available any support materials so they can use them during the role plays.

*Skills used during effective face to face interactions:*

- **Active Listening:**
  - Greet with respect to encourage dialogue
  - Pay attention to verbal and non-verbal messages
- **Ask Questions and Probe:**
  - Open-ended and close-ended questions
- **Speak Simply:**
  - Same words and correct misperceptions
- **Use Support Materials**
  - Consistency and accuracy of information

**Session 4, Handout #1, Activity 2****Workgroup**

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**Role Play Scenarios**

1. A young couple that has a baby together but has not yet gotten married has come to your office wondering about whether they should get married. The man apparently has never trusted that the baby was his, especially because the woman always used condoms and he suspected that she had multiple partners. How would you counsel this young couple?
2. A couple where the husband is already in an official polygamous marriage (with other people) approaches you to talk about whether they should proceed with getting married to each other. Having several wives is the tradition in the man's family, but is not commonplace in the woman's family. Even though she is in love with this man, she is concerned that type of polygamous relationship constitutes infidelity, and puts her at risk for diseases including HIV. How would you counsel this couple?
3. A couple in your community comes to you before deciding to tell their families that they want to get married. They are in love, they tell you, but they are worried that they will not be able to stay faithful to each other. The woman, in particular, expresses a long-term distrust of men because all of her previous boyfriends had sex with other women while they were also having sex with her. The man has been trying to reassure her that he will be faithful, and that it is his dream to have a loving wife, family and home and he would not do anything to jeopardize that. When the woman briefly leaves the room to take a phone call, however, the man admits to you that he is tempted by other women, and that he does not want to appear "outdated" to his friends by settling with only one woman. How would you approach this couple?



## Session 4, Handout #2, Activity 6

**Workgroup**

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**Role Play Scenarios**

1. A couple comes to you in distress, saying that they want to halt their plans to get married, but their families have said they must go through with their wedding because the dowry for the woman has already been paid, and the entire community is expecting them to get married. The man recently was told by a neighbor that his wife-to-be had sex with an ex-boyfriend a few months prior, and upon confronting her with this news, she confessed. Although she apologized and promised to remain faithful in their marriage, the man is having a difficult time trusting her. How would you counsel this couple?
2. A young woman visits your office after services and begins complaining about her boyfriend. Although they are making plans to get married the following month, she is having doubts. She is concerned that he goes out to the disco too often, drinks too much alcohol, and does not work hard enough during the day to make enough money to support their future household. She is exhausted from having to do most of the work for their stall at the market, baking breads and selling them, and does not feel like she will have enough energy to keep her husband-to-be from straying to another woman he meets while he is out at the disco. She is also worried that because he is usually drunk when he is out, that he will not protect himself with a condom. What would you tell this woman?
3. A young couple approaches you after service one day, stating that they have been quarrelling for days because the man has been having a burning sensation when he urinates, and suspects that he has an STI but doesn't know what to do because he is embarrassed, especially because his sister's friend works at the local clinic. He also is worried about it getting on his official medical record, and most importantly, about his girlfriend knowing that he was unfaithful. How do you counsel this couple?

## SESSION 5



## Closing

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### OBJECTIVES:

*By the end of this session, participants will have:*

1. Described how workshop objectives were accomplished
2. Evaluated the workshop
3. Received Certificates of Completion

**DURATION: 30 MINUTES**

### SESSION 5, ACTIVITY 1:

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#### REVIEW OF WORKSHOP OBJECTIVES

#### METHODOLOGY:

- Ask participants to describe the IPC skills needed for effective face-to-face interactions related to HIV prevention
- Ask participants to read the workshop objectives
- Ask participants to comment on meeting the workshop objectives.

*By the end of this workshop, participants will have:*

1. Discussed basic HIV facts for prevention.
2. Increased their awareness of the importance of interpersonal communication skills to effect behavior change related to HIV prevention.
3. Identified and described four basic IPC skills needed during HIV prevention face-to-face interactions: Active listening, asking questions, speaking simply, and using support materials to deliver information.
4. Practiced the four basic IPC skills to improve delivery of HIV prevention information.





## NOTES TO TRAINERS:

This session is the last opportunity for participants to ask basic HIV questions, as well as questions about the four interpersonal communication skills used during face-to-face HIV-related prevention interactions and their effect on behavior change. Participants also can discuss whether the workshop objectives were met.

## SESSION 5, ACTIVITY 2:

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### COURSE EVALUATION

#### METHODOLOGY:

- Distribute the course evaluation, Session 5, Activity 2, Handout 1 to be completed anonymously.

#### NOTES TO TRAINERS:

Make photocopies of the course evaluation form Session 5, Activity 2, Handout 1.

The aim of this activity is to receive feedback from participants about the workshop content and effectiveness.

## SESSION 5, ACTIVITY 3:

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- Conduct a brief closing ceremony
- Distribute certificates, if appropriate.

#### NOTES TO TRAINERS:

Thank all participants for attending the workshop and sharing information during the day, and formally close the workshop.

## Session 5, Activity 2, Handout 1



### COURSE EVALUATION FORM

*This form is anonymous. Do not put your name on this form. Thank you.*

1. Were your expectations for this course met? (Circle one)

YES NO

2. If no, why not?

3. Which sessions did you like most? Why?

4. Which sessions did you like the least? Why?

5. Which subjects did we need to spend more time on?

6. How would you rate the style of the facilitators? (Circle one)

a. Excellent    b. Good    c. Fair    d. Poor

**Comments:**

7. What could we do differently to improve the content of the training?

8. What could we do differently to improve the logistics of the training (Hours, Tea/Coffee breaks)?

9. Overall, how would you rate this training? (Circle one)

a. Excellent    b. Good    c. Fair    d. Poor

10. Comments:



### **T-MARC Project**

Plot No.383, Mikocheni B, Ndovu Road/Garden Road Dar es Salaam, Tanzania  
(T) +255 22 2700 772/2 • (F) +255 22 2700773 • [www.tmarc.or.tz](http://www.tmarc.or.tz)

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