

Part IV

Helping Clients Assess Their Comprehensive SRH Needs and Providing Appropriate Information

In these sessions, you will begin to apply attitudes and communication skills to carry out the counseling tasks that comprise the four general objectives for this training. Helping clients to assess their own comprehensive SRH needs requires two-way communication between the client and the provider. The provider begins by asking appropriate questions; the client responds and the provider listens; the provider gives information that the client is lacking or corrects misinformation related to the client's needs; and then the provider helps the client consider how the information applies to him or her and his or her level of risk. This crucial phase of counseling thus is a combination of the first two general objectives—helping clients assess their need for a range of SRH services, information, and emotional support, and providing information appropriate to their problems and needs.

Session 18

Introducing the Subject of Sexuality with Clients

By the end of this session, you should be able to:

- Explain to clients why you will be discussing sensitive and personal issues during counseling, such as STIs and sexual relationships and behaviors
- List key points to cover with clients to help put them at ease in these discussions

Essential Ideas—Session 18

- It is the provider's responsibility to be comfortable with introducing the subject of sexuality and to help the client feel comfortable about responding to questions concerning their sexual behavior.
- Talking about sexuality should never be the first thing that a provider addresses with the client.
- There are important points to explain to clients, to help them understand why you need to ask personal and sensitive questions and to help clients feel more at ease in answering them. When initiating a discussion about sexuality:
 - Explain the reasons for asking questions about sexuality
 - Explain the importance of discussing HIV and STIs, and assure the client that you discuss this topic with all clients
 - Note that what is shared in counseling is confidential, and then ensure privacy
 - Explain that the client does not have to answer all questions
- When working with clients, *how* a counselor or provider asks questions is just as important as *what* he or she asks. If a provider appears to be nervous or uncomfortable, the client is more likely to feel the same way. You should be aware that nonverbal communication (your body language, facial expressions, and tone of voice) can convey messages as easily as language can.

Introducing the Subject of Sexuality with Clients

When counseling clients on SRH issues, providers often need to ask very personal, sensitive questions. This can be challenging for the client, who may not be accustomed to discussing such personal things with someone other than a family member or with anyone at all. It can also be challenging for providers, since they too are probably not accustomed to discussing such issues, and may fear embarrassing themselves and the client.

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Talking about sexuality should never be the first thing a provider addresses with the client. It is always best to start with general, open-ended questions to establish rapport or to get the conversation rolling. Specifically, the provider should ask open-ended questions to determine the client's reason for the visit, his or her general health, and his or her particular concerns. This will help pave the way for the more sensitive questions that you will ask later.

There are important points to explain to clients, to help them understand why you need to ask personal and sensitive questions, and to help clients feel more at ease in answering them. You and the clients may never be totally comfortable with these discussions, but, as a provider, it is important for you to get key information about behaviors and relationships that may put the client at risk of unintended pregnancy, HIV or STIs, and other SRH problems. Your own comfort and confidence in asking such questions is a crucial factor in helping the client to feel comfortable, too.

The sample statements on page 87 are provided merely to give you guidelines. *You should introduce the discussion in your own way*, depending on what is appropriate for your culture, the service-delivery setting, the client, and the type of service that the client is seeking or the complaint that the client presents with.

Sample Chart

Points to explain	Sample statements
<p>To put the client at ease, explain why you are asking sensitive questions. Explain that this discussion may require asking personal questions about the client's sexual behavior and relationships. Assure the client that the questions have a direct bearing on the client's health care and the decisions made during the visit.</p>	<p>"I will need to ask personal questions because sexual behaviors and relationships may have something to do with your health concerns or contraceptive choices. It is important for me to ask you these types of questions so I can help you make health decisions that are right for you."</p>
<p>Explain that, given the serious nature of HIV and STIs, it is the policy of your facility to discuss HIV and STIs with everyone. Reassure the client that the questions are routine and that everyone is asked the same questions.</p>	<p>"As you may know, HIV and other sexually transmitted infections (STIs) are occurring more and more in this area. We discuss this with all of our clients, so we can make sure that everyone gets the information and services that best meet their needs. And, if it is not relevant to you personally, you may be able to share this information with someone else who needs it."</p>
<p>What is shared in counseling should be confidential. Explain your facility's confidentiality policy (if applicable) to the client. If your facility does not have a confidentiality policy, the general standard in counseling is that you share the client's information only with other health staff and only when necessary (e.g., for a second opinion from a colleague). Note that confidentiality is meaningless if other people can hear what you are discussing with the client, and that ensuring privacy is the first step for maintaining confidentiality.</p>	<p>"I want you to know that what you share with me will stay with me only. If I need to ask another staff member about something, I will ask you if that is okay."</p>
<p>The client does not have to answer all questions. If the client is not comfortable answering a particular question, he or she has the right not to answer.</p>	<p>"If there are any particular questions you do not feel comfortable answering, feel free to let me know and be aware that you do not have to answer all questions."</p>

Note: Adapted from: EngenderHealth, 2003f.

Session 19

The Risk Continuum

By the end of this session, you should be able to:

- Identify risk for pregnancy, transmission of HIV, and transmission of other STIs for various practices
- Explain how one behavior can be high-risk for one condition and low-risk for another
- Identify ways to lower the risk for some behaviors
- Explain in simple terms which behaviors put people at risk for pregnancy, HIV, and other STIs

Essential Ideas—Session 19

- The risk for pregnancy and for transmission of HIV or STIs depends not only on sexual practices, but also on factors such as the difficulty of knowing a partner's sexual history, current practices with other people, and infection status.
- Behaviors that may be low-risk in one relationship could be high-risk in another. For example, a “typically” high-risk behavior such as anal sex would carry no risk at all for HIV or STI transmission if neither partner were infected; it also carries no risk for pregnancy. This makes the concept of risk confusing to providers as well as to clients.
- As a result of this confusion, it is especially important in counseling to use simple explanations to help clients better understand the risk for pregnancy and infection with HIV or an STI. Here are some examples:
 - Risk for pregnancy: any behavior that allows the man's semen to enter the woman's vagina
 - Risk for STI: any behavior (not just sexual) that allows contact between the infected area of one person and another person
 - Risk for HIV: any behavior (such as sexual contact, blood contact, and mother-child contact) that exposes one person to the body fluids (blood, semen, vaginal fluid, or breast milk) of an infected person
- It may not be possible to eliminate risk altogether, but risk *reduction* can have a significant positive impact on the client's health. This is why we think of risk as a *continuum*, in which clients can be encouraged to consider behaviors that are in a lower-risk category, even if that behavior is not entirely risk-free.

Discussion Summary

Relationship Factors for Risk

How does an individual's role in a sexual relationship and the context of the relationship affect risk? (In other words, how is risk affected if one partner has more power, or if one person has other partners, or if one person engages in some specific behavior with the other?)

- If one person in the relationship has less power, he or she may not be able to negotiate risk reduction with a partner, whether for pregnancy, HIV, or STIs.
- The “receptive” partner in vaginal and anal sex is usually at higher risk for HIV or STIs than the “giver,” and the partner who performs oral sex is at higher risk than the partner who receives it.
- If one or both partners in a relationship have other sexual partners, their risk for HIV or STIs increases.

Biological Factors for Risk for HIV and STIs

What are some biological factors that may increase the risk for HIV and STI transmission, either through some sexual acts or through mother-to-child transmission?

- Persons with open sores, lesions, or abrasions on the vagina, mouth, anus, or penis are at higher risk for HIV or STI infection if they are exposed during unprotected sex. (*Note:* “Exposed” means having had sexual intercourse—vaginal, oral, or anal—with someone who has HIV or an STI; “unprotected sex” means having had vaginal, oral, or anal sex without using either a male or female condom.)
- The tissue lining the rectum is very susceptible to microlesions and tears during anal sex, thus creating entry points for HIV and other STIs to enter the bloodstream if sex is unprotected.
- Adolescent girls whose vaginal tissue is not fully matured can develop microlesions during intercourse and are thus at higher risk of becoming infected with HIV and other STIs when exposed during unprotected sex.
- Someone with an STI, particularly an ulcerative STI such as syphilis or chancroid, is more likely to become infected with HIV if exposed.
- Men who are uncircumcised are more likely to become infected with HIV if exposed during unprotected vaginal sex than are men who are circumcised.
- A person with advanced HIV disease or AIDS has a higher viral load and is thus more likely to pass the infection on during unprotected sex than an HIV-positive person who is healthy.
- An HIV-infected pregnant woman who is healthy and well-nourished, and who thus has a lower viral load, is less likely to transmit the virus to her baby during pregnancy, labor, or breastfeeding.
- An HIV-infected breastfeeding mother is more likely to transmit the virus to her baby while breastfeeding if she has cracked and bleeding nipples (as a result of mastitis, breast abscess, or nipple fissure).

Risk Continuum for Pregnancy, HIV, and Other STIs

	No risk	Low risk	Medium risk	High risk
Pregnancy	<ul style="list-style-type: none"> • Abstinence • Masturbation • Oral sex on a man • Oral sex on a woman • Deep (tongue) kissing • Anal sex using a condom • Anal sex without using a condom 	<ul style="list-style-type: none"> • Vaginal sex using a condom • Rubbing genitals together without penetration, unclothed • Vaginal sex with multiple partners, always using a condom 		<ul style="list-style-type: none"> • Unprotected vaginal sex with your spouse • Unprotected vaginal sex with a monogamous, uninfected partner
HIV	<ul style="list-style-type: none"> • Abstinence • Masturbation • Sitting on a public toilet seat • Unprotected vaginal sex with a monogamous, uninfected partner 	<ul style="list-style-type: none"> • Vaginal sex using a condom • Deep (tongue) kissing • Rubbing genitals together without penetration, unclothed • Vaginal sex with multiple partners, always using a condom 	<ul style="list-style-type: none"> • Anal sex using a condom • Oral sex on a man • Oral sex on a woman 	<ul style="list-style-type: none"> • Anal sex without using a condom • Unprotected vaginal sex with your spouse
Other STIs	<ul style="list-style-type: none"> • Abstinence • Masturbation • Sitting on a public toilet seat • Unprotected vaginal sex with a monogamous, uninfected partner 	<ul style="list-style-type: none"> • Deep (tongue) kissing • Vaginal sex with multiple partners, always using a condom 		<ul style="list-style-type: none"> • Oral sex on a man • Oral sex on a woman • Vaginal sex using a condom • Anal sex using a condom • Anal sex without using a condom • Unprotected vaginal sex with your spouse • Rubbing genitals together without penetration, unclothed

Note: This continuum can change depending on social and individual factors, such as involvement with other partners (for HIV and STI risk) or whether the woman is in her fertile time (for pregnancy risk), among others.

Session 20

Exploring the Context of Clients' Sexual Relationships

By the end of this session, you should be able to:

- Explain why you need to ask questions about clients' sexual relationships
- List at least three questions that you can use to help clients explore their sexual lives, including social context and the circumstances under which they have sexual intercourse

Essential Ideas—Session 20

- To help clients accurately perceive where they are on the “risk continuum,” you need to ask questions to determine what kind of sexual relationships and behaviors clients are experiencing.
- For most providers, asking questions about a client's sexual relationships is one of the most difficult parts of counseling. It helps to think in advance about what questions you can ask, to make both yourself and your clients feel comfortable, while still gathering the personal and sensitive information necessary to help clients accurately assess their own risk level. These questions may change from client to client and over time, as you yourself become more comfortable with this process or as the community becomes more aware of the need to discuss such issues with providers.

Participant Worksheet

Note: This worksheet is for writing some of the questions that were developed in small-group work for this session. You can, of course, add your own ideas for questions that you would be more comfortable asking your clients.

Sample Questions to Explore the Context of a Client's Sexual Relationships

Questions from the REDI framework	Questions you could ask your clients
<ul style="list-style-type: none"> • What sexual relationships are you in? • What is the nature of your relationship (including violence or abuse)? • How do you feel about it? 	
<ul style="list-style-type: none"> • How do you communicate with your partner about sexuality, family planning, and HIV and STIs? 	
<ul style="list-style-type: none"> • What do you know about your partner's sexual behavior outside of your relationship? 	

Session 21

Information-Giving in Integrated SRH Counseling

By the end of this session, you should be able to:

- Identify basic information that clients need about SRH, regardless of the service that they request

Essential Ideas—Session 21

- Providing “integrated” SRH counseling reflects the fact that one’s sexual and reproductive life is *not* separated into unrelated units of contraception, disease prevention and treatment, reproduction, and experience with intimacy and pleasure. For individuals and couples, all of these elements are woven together into sexual and social relationships, interactions, and consequences—personal, medical, and social. Since these issues are integrated in the client’s life, it makes sense to provide information about them in an integrated manner when clients seek SRH services.
- In an *integrated* approach, we attempt to identify these issues in a comprehensive assessment of the individual’s SRH status and need for information, regardless of the reason for the visit. In many cases, subsequent visits will have to be scheduled or referrals will have to be made to other service sites or to other services within the same site. The most important thing, though, is that the client’s needs have been identified and addressed in some concrete, comprehensive way.
- There are key “facts” about each area of SRH that every client should know, regardless of the reason for their visit. The purpose of this session is to identify those key facts and help you practice explaining them to clients.

Key Messages in Integrated SRH Counseling

What do clients need to know in these areas?		
<p>Family planning</p> <ul style="list-style-type: none"> • Benefits of family planning • What family planning methods are available <p>For methods of interest:</p> <ul style="list-style-type: none"> • Effectiveness • Side effects and complications • Advantages and disadvantages • How to use • HIV/STI prevention • When to return <p>For specific information on each method, see: Appendix A.</p>	<p>HIV/STIs</p> <p>For all clients:</p> <ul style="list-style-type: none"> • Transmission of HIV/STIs • Prevention of HIV/STIs • Safer sex • Assessment of client's own level of risk • Signs and symptoms of HIV/STIs <p>Basic health education messages for STI clients (the 4 Cs):</p> <ul style="list-style-type: none"> • Compliance with treatment • Counseling for prevention • Condoms • Contact tracing and treatment <p>For specific information on HIV and STIs, see: Appendix D.</p>	<p>Pregnancy-related care</p> <p>Antenatal care</p> <ul style="list-style-type: none"> • Diet during pregnancy • Rest and activities • Personal hygiene • Immunization • Danger signs of pregnancy • Contraception after delivery <p>Messages for family</p> <ul style="list-style-type: none"> • Preparation for delivery • Access to emergency obstetric care <p>Postpartum care</p> <ul style="list-style-type: none"> • Diet and supplementary food • Rest and activities • Personal hygiene • Breastfeeding • Immunizations for newborn • Postpartum danger signs • Contraception <p>For specific information on postpartum care, see: Appendix C.</p> <p>Postabortion care</p> <ul style="list-style-type: none"> • Explanation of what is happening to her body • What to expect during the procedure • Possible side effects and complications • How to take care of herself during recovery • Return to fertility (11 days after procedure) • Use of family planning to prevent or delay future pregnancies • Risk of HIV/STIs, with referral if needed • Referral for other services, if needed <p>For specific information on postabortion care, see: Appendix B.</p>
<p>Other considerations</p> <ul style="list-style-type: none"> • Adolescent sexuality • Women's sexuality concerns • Men's SRH concerns • Infertility • Menopause • Reproductive tract cancers • Breast cancer • Gender-based violence • Female genital cutting 		

Which of these areas do you need to cover with your client?

Session 22

Risk Assessment— Improving Clients' Perception of Risk

By the end of this session, you should be able to:

- Define *risk assessment* and explain why and how it is used in counseling
- Identify three reasons why it is difficult for people to perceive their own risks
- Describe two ways in which they can help clients perceive and understand their own risks for HIV and STI transmission and for unintended pregnancy

Essential Ideas—Session 22

- Risk assessment is a counseling process to help clients understand the risk associated with sexual practices that they or their partners are engaging in, and how this level of risk may change depending on changes in their circumstances.
- We help clients to assess their own risk so they can use this understanding to reduce their risk, with a focus on behavior change. This is an ongoing process that begins with the exploration stage and continues through decision making and planning to implement the decision.
- In counseling, we must respect that people have different understandings about what risk means in their life. For a variety of reasons, people tend to underestimate their risk and perceive themselves to be at less risk than they actually are. Given this reality, providers need to develop skills to help clients perceive and understand their risks.
- Self-perception of risk is an essential step in behavior change. People who perceive themselves to be at risk will be more motivated to make changes to protect themselves from unintended pregnancy or from the transmission of HIV and STIs than will people who do not see themselves as being at risk.
- You can help clients to better perceive and acknowledge their own risks by relating risk to the client's individual circumstances and by using examples of how the client may have protected his or her health by reducing risk in other areas.

Risk Assessment

What is it?

Risk assessment is a counseling process to help clients understand the risk (i.e., the chance of getting pregnant or becoming infected) that is associated with sexual practices in which they or their partners are engaging, and how this level of risk may increase or decrease depending on changes in circumstances. For example, your risk could *increase* if:

- Your uninfected partner becomes infected
- You had one partner and now you have more than one
- You have a new partner and you do not know his or her sexual history
- Your partner changes his or her mind and decides that he or she does not want to use condoms
- You develop side effects to a contraceptive method and discontinue its use

Why do we do it?

We help clients assess their own risk so they can use this understanding to reduce their risk, with a focus on behavior change.

How do we use it in REDI?

Exploration

We use exploration as a guide for asking questions, to learn about clients' relationships and sexual behaviors and other factors that may put them at risk, and for providing information that clients will need to make a decision about reducing risk.

Decision making

We use decision making to help clients choose behaviors, family planning methods, or medical treatments that will reduce their risk.

Implementing the decision

We use implementation to help clients make a plan for how they will change behaviors, how they will communicate with partners, how they will cope with the problems or challenges they might encounter, and how they will deal with changes in their life circumstances.

Barriers to Clients' Perception of Risk

Whether the client *perceives* that he or she is actually at risk for unintended pregnancy or HIV and STI infection is a crucial starting point in helping the client to be willing to take some steps toward reducing risk. In many cases, people perceive themselves to be at less risk than they actually are. People have many reasons for underestimating their own risk.

Some reasons why people underestimate their risk include:

- **Stereotyped beliefs about who is at risk.** Many people still mistakenly believe that truck drivers, migrant workers, homosexuals, sex workers, and intravenous drug users are the only people who are at risk for HIV. They think that just because they are in a heterosexual relationship, they are safe from risk—or that because they are in a marriage or monogamous relationship, they can trust that their partner will not have any other partners. For many women, in particular, messages about “being faithful” may give a false sense of safety,

since they are most often at risk due to the behavior of their partners rather than their own behavior.

- **The illusion of invulnerability.** Some people may have a personal belief that they are immune to risk regardless of their behaviors. People generally tend to underestimate their own personal risk in comparison to the risk faced by others who are engaging in the very same behaviors. An example would be an adolescent girl who thinks she will not get pregnant even if she has sex without using a method of family planning: “It will not happen to me.” Adolescents, in particular, as part of their emotional development, often think of themselves as invulnerable to many things.
- **Fatalism.** Fatalism is a belief that circumstances are beyond one’s control: Nothing a person does will change what is going to happen anyway. An example of this would be a person who believes that spiritual forces determine how many children you will have, and that therefore it is not necessary to use family planning.
- **Bigger or more urgent problems.** A person may have other concerns that need immediate attention and that put the threat of HIV and STIs or unintended pregnancy into the background. People who live in communities where hunger, violence, or poverty is widespread, for example, are more likely to prioritize other issues, such as feeding and protecting their children from harm.
- **Misconceptions about risk.** Mistaken beliefs may interfere with a person’s understanding of what *is* actually risky. For example, a person might not have a clear understanding of how HIV is spread (i.e., they might believe that HIV can be transmitted through contact with toilet seats, or through the sharing of eating utensils, etc.). Another example would be a young woman who mistakenly believes that she cannot get pregnant the first time she has sex.
- **Traditional gender roles and societal expectations.** Different societal expectations and social norms often influence clients’ behavior. For example, a woman might suspect that her husband is having extramarital relationships, but it may not be acceptable within her social or cultural role to bring this to his attention. Therefore, it is easier for her to not acknowledge or to minimize the potential risk, when there is little or nothing she feels she can do about it.

Note: Adapted from: STD/HIV Prevention Training Center, 1998.

Discussion Summary

Why is a client’s perception of his or her own risk so important?

- Most people will not be able to make a behavior change unless they perceive that they are at risk. If a client does not perceive sufficient risk, then he or she will not be motivated to make health-related changes.
- In most cases people need to feel “ownership” of a plan to change behavior if they are to carry it out. If the provider simply tells the client what to do without working together to develop a plan that is both meaningful and realistic for the client, it is unlikely that the client will follow it.

What are some of the ways in which providers can help clients to perceive and understand their own risks?

- Ask the client to relate risks to the specifics of his or her circumstances. For example, if a client acknowledges that her husband has other partners and does not use condoms, highlight

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that particular risk to her. To make it less threatening, you might say that “many women find themselves in similar situations.”

- Try to personalize clients’ risk by providing information that is specific to the client. For example, if an adolescent girl does not wish to get pregnant but is not using contraception, you could provide her with brochures or comic-style booklets specifically designed for adolescents that discuss the risks and realities of adolescent pregnancy.
- Try to look for ways that clients have protected their health in the past and draw their attention to these successes. For example, if a client has used the pill to prevent unintended pregnancy, acknowledge that she perceived a risk of getting pregnant and took positive action to prevent the risk. Gently suggest that there may be other health risks that she might address as well. For example, if her partner recently was treated for an STI, point out that any sex partner of a person with an STI is at risk.

Note: Adapted from: STD/HIV Prevention Training Center, 1998.

Session 23

Counseling Practice I

By the end of this session, you should be able to:

- Demonstrate the Rapport-building step of REDI (or the Greet step of GATHER)
- Demonstrate how to use open-ended questions to explore the client's needs, risks, sexual life, social context, and circumstances (REDI: Exploration, Step 1; or GATHER: Assess)
- Demonstrate how to assess the client's knowledge and to give information to fill gaps, as needed (REDI: Exploration, Step 2; or GATHER: Assess and Tell)
- Demonstrate how to help the client to perceive his or her own risk for HIV and STI transmission or unintended pregnancy (REDI: Exploration, Step 3; or GATHER: Assess and Tell)

Essential Ideas—Session 23

- This session allows you to demonstrate the attitudes necessary for integrated SRH counseling, and to practice the skills and apply the knowledge that you have gained so far in this course.
- It is important to recognize that new skills can be mastered *only* through practice, and that proficiency comes with experience. Thus, these practice sessions are an important first step in that process.