Part III

Communication Skills

Good counseling requires good communication skills. The abilities to establish rapport, to elicit information, and to provide information effectively are necessary to support clients' informed and voluntary decision making. To effectively assess clients' needs, providers need to couple open-ended questions that encourage clients to talk about themselves with active listening skills and effective paraphrasing, to ensure comprehension. To give appropriate information, providers must be able to communicate their knowledge about SRH issues effectively. This requires the ability to explain things in language and terms the client understands (with or without the help of visual aids), and comfort in talking about issues related to sexuality. Developing rapport was introduced in Session 9. The training sessions that follow introduce the other essential communication skills.
Session 14
Asking Open-Ended Questions

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

• Describe two basic types of questions used when communicating with SRH clients
• Explain the importance of open-ended (and feeling/opinion) questions in assessing clients’ needs and knowledge
• Reformulate closed-ended questions into open-ended questions
• Identify open-ended questions with which to explore sexuality issues related to HIV and STI risk, antenatal, postpartum, and family planning concerns, and other SRH issues

Essential Ideas—Session 14

• Asking questions is important if a provider is to accurately assess a client’s SRH needs and knowledge early in the counseling and to actively involve the client throughout the session.

• There are two categories of questions, based on the kind of answer that they bring forth. Closed-ended questions usually require only a very short response, often just one word. Open-ended questions allow the possibility of longer responses and often involve the client’s opinion or feelings.

• Both types of questions have important roles in integrated SRH counseling. However, providers have historically relied much too heavily on closed-ended questions and thus have limited clients’ involvement in information sharing and decision making. Being able to ask more open-ended questions will make it easier for you to help clients explore their options and feelings.

Why Do We Ask Questions during Integrated SRH Counseling?

• To assess the client’s SRH needs and knowledge
• To involve the client as an active partner and elicit his or her needs, concerns, and preferences
• To establish a good relationship by showing concern and interest
• To prioritize the key issues to target during the (normally) brief time available for counseling
• To determine what educational or language level will be best understood by the client
• To avoid repeating information that the client already knows
• To identify areas of misinformation to correct

Note: Adapted from: Tabbutt, 1995.
Session 14

Types of Questions

Closed-ended questions usually will be answered with a very short response, often just one word. A closed-ended question calls for a brief, exact reply, such as “yes,” “no,” or a number or fact. These are good questions for gathering important medical and background information quickly. Examples include:

- How old are you?
- How many children do you have?
- When was your last menstrual period?
- When did the bleeding start? (for postabortion care clients)

Open-ended questions are useful for exploring the client’s opinions and feelings and usually require longer responses. These questions are more effective in determining what the client needs (in terms of information or emotional support) and what he or she already knows. Examples include:

- How can we help you today?
- What do you think could have caused this problem?
- What have you heard about this family planning method?
- [For postabortion care clients] How did you feel when you first found out you were pregnant? How do you feel now?
- What questions or concerns does your husband/partner have about your condition?
- What do you plan to do to protect yourself from getting a sexually transmitted infection again?
- What made you decide to use the same method as your sister?

*Note: Adapted from: EngenderHealth, 2003c.*
Participant Worksheet

Asking Open-Ended Questions about SRH Concerns

Instructions: For each area below, identify questions to ask the client to get information or to determine the client’s concerns about the topic. This list of issues should not be used as a checklist; it is merely a guide to help you remember some of the points that are important to cover. Remember to use open-ended questions as much as possible.

Family Planning
What questions would you ask clients about:
- Reproductive intentions (i.e., plans for number and timing of pregnancies)
- Feelings about the possibility of becoming pregnant
- Knowledge of contraceptive methods
- Previous contraceptive use, if any
- The impact on sexual pleasure of contraceptive methods (e.g., condoms or other barrier methods)
- Partner’s attitudes about contraception in general and about specific methods
- Fear of specific methods because of rumors or the experiences of others

HIV and STIs
What questions would you ask clients about:
- Knowledge about HIV and sexually transmitted infections (STIs), including how they are transmitted and the symptoms or signs that someone has an STI or HIV
- Knowledge about how to avoid getting an STI or HIV
- History of STIs or other infections
- Number (and gender) of sexual partners currently and in the past
- Knowledge of partner’s sexual practices and other partners
- Condom use
- Sexual practices and behaviors

Antenatal and Postpartum
What questions would you ask an antenatal or postpartum client about:
- Previous pregnancy and delivery experience (if any)
- Physical changes during normal pregnancy
- Diet and nutrition during pregnancy and breastfeeding
- Work and activity level during pregnancy
- Danger signs during pregnancy
- Sexual activity during pregnancy
- Contraception after pregnancy

(continued)
### Participant Worksheet

**Asking Open-Ended Questions about SRH Concerns (continued)**

### Antenatal and Postpartum (continued)
- Plans for delivery, including emergency situations
- Breastfeeding
- Sexual activity after delivery
- Postpartum danger signs
- Immunization for the newborn

### Postabortion
What questions would you ask a postabortion care client about:
- Her current physical condition
- Her current emotional condition
- Her understanding of what is happening to her body
- What to expect during the procedure
- Possible side effects and complications
- Return to fertility
- Her plans for conception or contraception after procedure
- Her exposure to HIV or other STIs
- Her need for other health or social services

### Sexuality Issues for Any Client
What questions would you ask any client about:
- Past surgery or diseases relevant to sexual functioning
- Infertility concerns
- Breast self-examination (for women) or prostate examination (for men)
- Sexual concerns with the onset of menopause (if appropriate)
- Problems with sexual activity (e.g., sexual dysfunction in the client or his or her partner, pain during sex, insufficient lubrication [for women], or lack of desire, orgasm, or sexual satisfaction)
- Impact of drug or alcohol use on sexual activity and risks
- Experience with female genital mutilation
- Experience of recent or past sexual coercion or violence

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**Note to participants:** Participant Worksheets are provided in several places throughout this handbook, and may be used in varying ways during and after the training. Mostly, they are meant to help reinforce key concepts of the training, to give you another way of thinking about what is presented and discussed. So feel free to read and answer the questions at any time—now, or even months from now, when you look back on what you learned.
Session 15
Listening and Paraphrasing

By the end of this session, you should be able to:
• Describe at least two purposes of listening as a key communication skill for counseling
• List at least three indicators of effective listening
• Name at least two purposes of paraphrasing in counseling
• Demonstrate paraphrasing

Essential Ideas—Session 15

• *Effective listening* is a primary tool for showing respect and establishing rapport with the client. When a provider does not listen well, it is easy for a client to assume that his or her situation is not important to the provider, or that he or she as an individual is not important to the provider. Thus, it is hard to develop the trust necessary for good counseling if the provider is not listening effectively.

• Effective listening is also a key communication skill for counseling. It is important for most efficiently determining what the client needs, what the client’s real concerns are, and what the client already knows about his or her situation.

• Listening skills can be improved by:
  ➤ Maintaining eye contact with the speaker (within cultural norms)
  ➤ Being attentive to the speaker (e.g., not doing other tasks at the same time)
  ➤ Not interrupting
  ➤ Showing interest by nodding, leaning toward the client, and smiling

• *Paraphrasing* means restating the client’s message simply and in your own words. The purposes of paraphrasing are to:
  ➤ Make sure you have understood the client correctly
  ➤ Let the client know that you are *trying* to understand his or her basic messages
  ➤ Summarize or clarify what the client is trying to say
Effective Listening

Listening skills can be improved by:

• Maintaining eye contact with the speaker (within cultural norms)
• Demonstrating interest by nodding, leaning toward the client, and smiling
• Sitting comfortably and avoiding distracting movements
• Paying attention to the speaker (e.g., not doing other tasks at the same time, not talking to other people, not interrupting, and not allowing others to interrupt)
• Listening to your client carefully, instead of thinking about other things or about what you are going to say next
• Listening to what your clients say and how they say it, and noticing the client’s tone of voice, choice of words, facial expressions, and gestures
• Imagining yourself in your client’s situation as you listen
• Keeping silent sometimes, and thus giving your client time to think, ask questions, and talk

Note: Adapted from: EngenderHealth, 2003c; and Rinehart, Rudy, & Drennan, 1998.
Participant Worksheet

Listening and Paraphrasing

You are a female client who is married. You know that your husband has other sexual partners and you have recently had an unusual discharge from your vagina. You have come to the clinic for family planning counseling, but you hope to be able to ask about the discharge. When it is your turn to meet with the provider, you are surprised to find that others are around and can easily hear your conversation. During the counseling session, the provider is very distracted. She looks everywhere but at you. She talks with other health care staff and does not seem to hear or care about what you are saying.

After you say that you have come for family planning, the provider asks only for your age and how many children you have. She does not ask you any questions pertaining to your personal situation and does not listen when you try to explain about the discharge. You decide that the provider must know more than you do and that your opinion must not be worth expressing, so you stop talking. The provider ends the counseling session by telling you that oral contraceptives would be best for your needs and to pick them up from the receptionist on your way out.

If you were this client, how would you answer the following questions?

• How did you feel about this counseling session?

• What made you think that the provider was not listening to you?

• How did you feel when the provider did not listen to you?

• What could the provider have done to assess your needs better?

Note to participants: Participant Worksheets are provided in several places throughout this handbook, and may be used in varying ways during and after the training. Mostly, they are meant to help reinforce key concepts of the training, to give you another way of thinking about what is presented and discussed. So feel free to read and answer the questions at any time—now, or even months from now, when you look back on what you learned.
Session 16
Using Language That Clients Can Understand

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

• Be more comfortable using sexual terminology with clients
• Refer to local words for sexual acts and body parts, to make the link between the words that the client understands and words that you are comfortable using
• Demonstrate the use of simple language to explain sexual and reproductive anatomy and physiology to clients

**Essential Ideas—Session 16**

**Part A: Language and Sexuality**

• One challenge that people confront in discussing matters related to sexuality and SRH is in choosing the words to use. Sometimes the words that come to mind seem either too clinical or too offensive. However, to communicate effectively, you as a provider must know the words that a client would understand.

• You should not feel obliged to use throughout the counseling session words that you consider offensive. However, it is important to be able to identify the word a client uses for a particular body part or activity and then explain to the client that, when a particular medical term is used, it is referring to that.

• If you are comfortable enough to use local words as a bridge for understanding, it will help the client to overcome his or her own embarrassment at discussing these subjects. An important part of this training process is for you to say the words out loud, so you begin to feel more comfortable about using them or hearing them from clients.

**Part B: Using Simple Language**

• For effective communication, it is essential to explain issues of SRH in ways that clients understand. Even when we feel that we know something very well, it can be hard to find simple ways to explain. This gets easier with practice.

(continued)
Essential Ideas—Session 16 (continued)

- Asking what the client already knows is essential. It lets us know what level of terminology—e.g., slang, common words, or medical terms—the client will understand. This also gives you a starting point, by reinforcing the client’s current knowledge and correcting inaccuracies.

- Not finding out first what the client already knows can lead to two common errors: explaining at a level beyond his or her comprehension, or wasting time explaining what he or she already knows (perhaps insulting the client in the process).

- There is rarely enough time in counseling to adequately explain everything that the client needs to know. This process is much more efficient if the basic information about anatomy and physiology and key medical terms are explained in group-education sessions prior to counseling. Then, during counseling, you can quickly review the information to see what the client did or did not understand and what questions he or she might have.

Sexual and Reproductive Anatomy and Physiology:
Using Language Clients Can Understand

Female Anatomy and Physiology

The ovaries produce eggs and female hormones. Female hormones give women their female characteristics (like breasts and the way their voices sound) and their sex drive. The woman’s ovaries release an egg once a month (ovulation).

The fallopian tubes connect each ovary with the uterus, or womb. When the egg leaves the ovary after ovulation, it travels through one of the fallopian tubes to the uterus. Fertilization (conception) is when the man’s sperm (“seed”) enters the egg; this usually happens in the fallopian tube.

Pregnancy occurs when a fertilized egg travels down the fallopian tube and attaches itself to the wall of the uterus. This is where the fertilized egg grows into a baby, over the course of nine months.

When a woman of reproductive age is not pregnant, every month the uterus sheds its lining, which is mostly blood. This is called menstruation.

The cervix is the narrow neck of the uterus that connects the uterus with the vagina. The vagina is the passage that connects the uterus with the outside of the body. Menstrual blood and babies are expelled from the woman’s body through the cervix and then through the vagina. The cervix has to widen to let a baby through, which is what happens when a pregnant woman goes into labor. To start a pregnancy, a man and a woman have sexual intercourse and the man ejaculates in the woman’s vagina. The sperm then travel from the vagina through the cervix and the uterus until it reaches the fallopian tubes.
The clitoris is a small bud of tissue, covered with a soft fold of skin, that is located above the urinary opening, which is just above the opening to the vagina. It is very sensitive to touch. During sexual arousal, the clitoris swells and becomes erect. It plays an important role in a woman’s sexual pleasure and climax (orgasm). The vulva is the area around the opening of the vagina, including the folds of skin (labia), the clitoris, the urinary opening, and the opening to the vagina itself.

**Male Anatomy and Physiology**

The scrotum is the sack of skin that holds the two testicles.

The testicles produce sperm and male hormones. Male hormones give men their masculine characteristics (such as facial hair and muscles) and their sex drive (desire for sexual intercourse).

Sperm are the man’s “seeds,” the cells that need to join with a woman’s egg for fertilization. After being produced in the testicles, the sperm are stored in the epididymis, a long curled-up tube above each testicle.

When the man’s body is ready to release sperm, the sperm leave the epididymis and travel through the vas deferens. (One vas deferens leads from each testicle.) Each vas deferens loops over the bladder and joins the seminal vesicles, two pouches located on either side of the prostate gland. These add a fluid that energizes the sperm.

The prostate gland is located at the base of the bladder. It produces the majority of the fluid that makes up semen. The prostate fluid is alkaline (basic), which is needed to protect the sperm from the acid environment in the woman’s vagina.

Semen is the liquid that comes out of the penis when a man climaxes. It contains sperm and fluids from the seminal vesicles and the prostate gland. Sperm make up only a tiny amount of the semen. After a man has a vasectomy, the semen is still produced but it no longer contains sperm.

The semen passes from the prostate gland, through the urethra, and out through the penis. During sexual intercourse, the man puts his penis into the woman’s vagina and semen is released (ejaculation). The urethra is also the tube that carries urine from the bladder when a man urinates. However, when a man ejaculates, a valve at the base of the bladder closes, so that no urine can come out with the semen.

Cowper’s glands are two small glands that release clear fluid into the penis just before ejaculation. Their purpose is probably to help clean out the acid in the urethra (from urine) before the sperm pass through. This fluid could also contain some sperm or infectious microorganisms. Since the man cannot feel or control this fluid when it comes out, it is important for him to use a condom for all contact between his partner and his penis, if there is any concern about protection against pregnancy or disease.

**Other Terms**

When a couple has sex but the man or woman (or both) do something to stop the man’s seed from joining the egg, this is known as contraception.
The genitals are the external sexual organs, usually considered to include the penis, scrotum, vagina, labia, or clitoris.

Oral sex is when one partner uses his or her mouth, lips, or tongue to stimulate the other partner’s genitals. Anal sex is when one partner stimulates his or her partner’s anus with his or her fingers, penis, lips, tongue, or other objects. Oral sex and anal sex carry no risk of pregnancy. However, sexual infections, including HIV, can be passed in this way, because body fluids and the germs or microorganisms that cause infections can be shared between partners. (Adapted from: EngenderHealth, 2000.)

A miscarriage occurs when a woman is pregnant but the lining of the womb comes out of the womb, along with the developing baby, before the developing baby is old enough to survive outside the womb. This ends the pregnancy.

An abortion is when a pregnancy is ended prematurely (before survival outside the uterus is possible). Abortions may be spontaneous (i.e., a miscarriage) or induced (when the woman does something to end the pregnancy).

In countries where female genital cutting is practiced, some women may have either the clitoris, or the clitoris and labia, removed. In some cases, the labia may be sewn together. Sometimes this is called female genital mutilation or female circumcision. (Adapted from: Arkutu, 1995.)

Sexually transmitted infections (STIs) are infections passed from person to person, primarily by sexual contact. They are also known as sexually transmitted diseases (STDs) or venereal disease (VD). Some STIs can be passed to a baby during pregnancy, delivery, or breastfeeding. Others can be passed through unclean surgical instruments, injection needles, and skin-cutting tools, as well as through blood transfusions.

Discharge is anything moist that comes from the vagina or penis, not including urine. There is “normal” discharge, such as blood during a woman’s menstruation and a clear, slippery or sticky wetness that she might feel around the time of ovulation. However, when the wetness looks or smells different, this may be a sign of an STI; this applies to both men and women. The discharge might be white, yellow, or slightly greenish; it might smell like yeast or cheese.

Note: Except where otherwise noted, information presented here is adapted from: AVSC International, 1995.
Session 17
Using Visual Aids to Explain Reproductive Anatomy and Physiology

By the end of this session, you should be able to:
• Develop your own simple visual aids to use to explain the reproductive system to clients
• Explain the importance of being able to draw the reproductive system, even if you never do this with clients

**Essential Ideas—Session 17**

• The idea behind this session is that if you can draw the reproductive system, you will be *much* better able to explain it in simple and clear terms. There are several reasons why this might be true:
  ➤ Drawing makes you focus and remember the organs and what they do
  ➤ Having more knowledge makes you more confident about explaining to others and encouraging their questions
  ➤ Learning to draw the “private parts” helps to overcome one’s own embarrassment about discussing them

• Talking about sexual body parts and processes makes a lot of people very nervous, and many people show nervousness by laughing. This is normal and good for relieving some of the tension. However, training *and* counseling must be conducted in a respectful manner. Just as making sexual jokes is not appropriate in the training setting, it should not be allowed between clients and providers either.

• Remembering how you or some of your colleagues felt when you had to draw the reproductive system here in the training may help you to empathize with how clients feel when we use visual aids without proper introduction and explanation.

• This exercise is *not* about developing “artistic” skills, but by the end most participants should be able to do a simple drawing of the male and female reproductive systems. Those who feel confident with their drawings may find it easier to explain complex internal systems to clients, particularly the male anatomy, by doing a drawing with the client, starting with the simple body outline and then, as each organ is added to the drawing, describing it and how it works. This technique may also be useful for training other health workers.

(continued)
Essential Ideas—Session 17 (continued)

• Having visual aids around the clinic space is good, but not enough to be considered "education." Clients may be embarrassed by anatomy drawings or may be confused by the representation of internal systems. To be effective, visual aids need to be explained to clients. The first step is to ask the client what the picture looks like to him or her, to understand what the client is seeing and perceiving in the drawing. The next step is to identify organs that the client knows and then go on to those that he or she may not know.
The area in the box is referred to as the vulva.

Illustration by David Rosenzweig
Male Reproductive System

- Urethra
- Bladder
- Seminal vesicle
- Prostate gland
- Cowper's gland
- Vas deferens
- Epididymis
- Scrotum
- Testicles

Illustration by David Rosenzweig