Helping Clients Develop the Skills to Carry Out Their Decisions

Making a decision about an SRH problem or need is only the first step toward the client’s meeting his or her need. The client then must leave the clinic and carry out this decision on his or her own. Some decisions (for example, condom use) will require consistent action on the part of the client and partners. Other decisions (for example, to have a partner tested for STIs or HIV) require the client to influence someone else’s behavior. These sessions examine ways in which the provider can help prepare a client to carry out his or her decision, including helping the client develop communication strategies and skills.
Session 27
Helping Clients Develop an Implementation Plan—Counseling Practice III

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

- Identify practical ways for helping clients make a plan to carry out their SRH decision
- List the skills that clients might need to develop to carry out their plan

*Essential Ideas—Session 27*

- When a provider and a client work on a plan for carrying out a decision, the plan must come from the client. The provider's role is to help the client address key considerations, to be sure that the plan fits into the realities of the client's life and is one that he or she feels confident trying.

- Another important role of a provider is to help a client anticipate the consequences of his or her decision and implementation plan, and how he or she will deal with them.

- Any plans involving behavior change must be specific. This means that when a client says that he or she will take a particular step to change a behavior, you need to ask questions that will allow this client to say the specific steps out loud and think through the sequence.

- Skills that clients may need to develop if they are to implement their decisions include partner communication and negotiation skills, condom-use skills, and how to use other family planning methods.
Helping Clients Make Implementation Plans

*Note:* This is a sample format for helping a client develop a plan to reduce risk. In most settings, it will not be feasible to fill out a form such as the one below. Rather, this form is provided for reference purposes only.

### Personal Information

- **Client background information**
  Came to clinic for IUD.

  Husband, age 40, not working right now (seasonal laborer); drinks alcohol. Occasionally yells when he is drunk, but has never hit her or their baby.

- **Social supports**
  Has one sister who lives in next village, a two-hour walk away; parents are dead. Has a close friend who lives nearby.

### Behavioral History

- **Client sexual history and current sexual behaviors (including condom use)**
  Played kissing games as an adolescent; was a virgin when married. Has never used condoms. Husband was married before; suspects that he probably has other partners. Has no idea about his past or current condom use.

- **Family planning history**
  Has never used a method of family planning. Not sure if her husband has.

### Client’s Knowledge

- **Knowledge of HIV and STI transmission**
  Believes that HIV is transmitted by promiscuous people, homosexuals, sex workers, and foreigners. Has heard that HIV and STIs can be spread by mosquito bites and by sharing cups and utensils. Believes that people with HIV look very thin and have a certain color to their eyes, and that people with STIs get very serious sores, their genitals dry up, and they can no longer have or make babies.

- **Knowledge of family planning**
  Has heard of oral contraceptives, the IUD, condoms, and sterilization. Sister uses IUD and likes it.

### Perceptions of Risk

- **Perceived risk for HIV and STIs**
  Believes that it is possible her husband is at risk, but assumes that he will be able to tell which women do and do not have HIV and choose carefully.

- **Perceived risk for unintended pregnancy**
  Stopped having sex with husband right after birth of baby. Now that the baby is three months old, her husband wants to have sex again. Afraid of a pregnancy too soon. Wants IUD.

- **Perceived risk for other concerns (e.g., violence)**
  Worried about husband’s drinking and potential for violence, especially when he is out of work.

### To reduce my risk for HIV/STIs, pregnancy, and violence, I will:

- Talk with my husband about using family planning and tell him that I would like to use the IUD to prevent pregnancy for a couple of years, until our baby is older.

- Tell my husband that the health care provider recommends also using condoms for dual protection against both unintended pregnancy and STIs.
• Talk with my husband about my spending the night at a friend’s house the nights he goes out drinking because “I feel scared to be alone.” (This will protect me if he comes home drunk and violent.)

• Bring home literature from the clinic on family planning and HIV and STI prevention so my husband can read the material and explain it to me. (This is a strategy to inform him without confronting him.)

This plan will work if my husband:

• Is willing to talk with me about family planning and HIV and STI prevention
• Allows me to spend the night at a friend’s house when he goes out
• Agrees to our using a method of family planning to prevent pregnancy, plus condoms to prevent HIV and STIs (or condoms alone to do both)

The people who will be able to help me with this plan include:

• Provider
• Husband
• Myself
• Friend

I will come back for a follow-up visit to see how well the plan is going on:

• 30 days from today

Note: Adapted from: EngenderHealth, 2002.
Session 28
Helping Clients Develop Skills in Partner Communication and Negotiation

By the end of this session, you should be able to:
• Identify reasons that clients may have for not talking with their partners about SRH concerns
• Recognize deeper personal and social issues behind clients’ difficulties in discussing SRH issues with partners
• Help clients discuss SRH issues more effectively with partners, even in relationships in which there is violence or a power imbalance between partners

**Essential Ideas—Session 28**

• There are many reasons why clients may feel that they cannot discuss SRH concerns with their partners; identifying these is an important first step in helping clients to determine whether they can move past these blocks and find ways to start these important conversations.

• It is equally important to address the deeper fears or social issues behind clients’ reasons for not talking with their partners. Identifying these root factors can help clients understand their fears and anxieties related to talking with their partners and develop strategies for overcoming them.

• Clients’ reasons for not feeling they can discuss sexuality openly can be real or perceived. A provider needs to respect the client’s reasons, even if the perception does not fit the provider’s view of the actual situation.

• If a client does not feel that she is able to discuss condoms, do not force her. Try to encourage her to come back for further discussion. In the end, however, she knows her relationship best. Urging her to press this issue when there is a power imbalance, especially when violence or abuse have occurred, could end up placing the woman’s health and life in danger.

• Even when there is a power imbalance or violence in a relationship, a woman has options for negotiating safer sex and contraception. This often requires some creativity and a willingness to adapt to the partner’s needs. Many of these options can be considered “survival strategies,” as they are options of last resort and serve to reduce harm. While you may find this frustrating or even challenging, it is important to work within the client’s situation without being judgmental.

(continued)
Essential Ideas—Session 28 (continued)

- Do not criticize the partner or spouse. Also, do not simply suggest to a woman that she leave her partner. Abusive or controlling relationships are rarely resolved by suggesting that the woman leave, nor is that always her best or most realistic option.

- You should be aware of any services available in their community for women who are in abusive relationships or who live with gender-based violence, and you should put into place mechanisms for referral.

Barriers to Talking with Partners about SRH Concerns

<table>
<thead>
<tr>
<th>Clients’ reasons</th>
<th>Deeper personal and social factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>My partner will think I am cheating if I ask him to use condoms.</td>
<td>Fear of losing the relationship</td>
</tr>
<tr>
<td>We love each other, so why should we use condoms?</td>
<td>Denial</td>
</tr>
<tr>
<td>We do not talk about things like that.</td>
<td>Following social norms and values; fear of change</td>
</tr>
<tr>
<td>People like me do not get HIV or STIs.</td>
<td>Misinformation about how HIV and STIs are transmitted; denial; lack of risk-perception</td>
</tr>
<tr>
<td>My partner will think I have HIV or an STI if I ask to use condoms, and he will kick me out of the house and tell everyone about it.</td>
<td>Fear of retribution, loss of support, etc.</td>
</tr>
<tr>
<td>I do not want my partner to know that I have other sexual partners.</td>
<td>Fear of a negative reaction</td>
</tr>
<tr>
<td>I cannot tell him that I am unhappy with our sex life—he will find someone else.</td>
<td>Fear of abandonment</td>
</tr>
<tr>
<td>I cannot tell him that it hurts because it is a woman’s obligation to have sex with her husband any way that he wants.</td>
<td>Following social norms and values</td>
</tr>
<tr>
<td>I cannot tell her that I have an STI because then she will know that I cheat on her.</td>
<td>Fear of a negative reaction</td>
</tr>
<tr>
<td>I cannot tell him that I want to use family planning because he thinks that it goes against our religion.</td>
<td>Following social norms and values</td>
</tr>
<tr>
<td>I cannot ask him about his smelly discharge because he will get embarrassed.</td>
<td>Fear of hurting feelings, embarrassing partner</td>
</tr>
</tbody>
</table>

Note: Adapted from: EngenderHealth, 2002.
Discussion Summary

Women face challenges to discussing SRH concerns with their partners under the best of circumstances. How is this further complicated when there is a power imbalance, violence, or abuse in the relationship?

- Fewer options are available to a woman who is controlled or abused by her partner.
- She feels greater pressure to “fix” what is wrong with the relationship.
- The woman may be suffering from depression or a sense of hopelessness, and therefore may care less about taking care of herself through safer sex or family planning.

What suggestions can you, as providers, make to your clients for discussing sexuality issues and SRH concerns with their partners?

The client could:

- Identify areas of family life or relationships that they do talk about. See if there is some way that these issues can be included in those discussions.
- Start the conversation by saying that this is something that she heard about in a talk at the clinic and by wondering if the partner knows anything about these issues.
- Compliment the partner or use another tactic to make him realize that he is still exercising his power by using condoms. (Note: This could be considered a “survival strategy.”)
- Say that she has some health issues that the provider wants to discuss with him (appreciating his role in the family) or some decisions that he needs to make with her.
- Identify family members (his family or hers) who may be supportive and ask them to help her communicate about these issues with her partner.

Notes to the provider:

- Use role-playing with the client to practice these strategies. Sometimes it is helpful at first for the client to practice being the partner and for you to play the role of the client, to model how these issues can be discussed. Then switch roles, to give the client a chance to practice saying these things herself.
- Be nonjudgmental, of the partner as well as of the client. Criticizing the woman’s partner may threaten her sense of well-being and end your counseling relationship.
- Respect the client’s willingness and ability to negotiate with her partner. If she says that she cannot discuss this with her partner, explore other options. If there are truly no other options, schedule a follow-up visit and address the topic again.