The Role of Providers’ Attitudes in Creating a Good Climate for Communication

The provider’s attitude toward the client is a key factor in effective counseling. Yet many providers are personally challenged by the necessity to discuss SRH needs, beliefs, and behaviors that may differ from their own, or may have difficulties in addressing these issues with particular types of clients (e.g., unmarried women, adolescents, or men). These training sessions set the stage for discussions about providers’ attitudes, values, and beliefs and their impact on clients—discussions that will be reinforced throughout the training during group work, discussions, and role plays.
Session 9
Rapport-Building—
Respect, Praise, and Encouragement

Objectives
• To name the four steps of the "rapport-building" phase of REDI (or the main purpose of the "greet" step in GATHER)
• To explain the importance of showing respect for clients
• To describe at least two ways in which providers can show respect for clients
• To explain how praise and encouragement can help to build rapport between providers and clients

Materials
• Writing paper
• Flipchart paper, markers, and tape

Advance Preparation
1. Review Session 9 in the Participant’s Handbook (page 43). Consider if or how you want to use the Participant Worksheet for this session. (See Note to Trainers, page 5.)
2. Prepare a flipchart with the four steps of “rapport-building,” showing the headings only (Activity A, Step 1).
3. Prepare a brief explanation of the four steps of Rapport-Building, for Activity A, Step 1. (The Trainers’ Tool, page 47, repeats this phase of REDI for easy reference.)
4. Prepare a flipchart defining praise and encouragement (Activity B, Step 2).

Time

<table>
<thead>
<tr>
<th>Time</th>
<th>Training Activities</th>
<th>Time</th>
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<tbody>
<tr>
<td>45 minutes</td>
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<tr>
<td>A.</td>
<td>Discussion</td>
<td>10 min.</td>
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<tr>
<td>B.</td>
<td>Discussion/large-group work</td>
<td>15 min.</td>
</tr>
<tr>
<td>C.</td>
<td>Pairs exercise/discussion</td>
<td>15 min.</td>
</tr>
<tr>
<td>D.</td>
<td>Summary</td>
<td>5 min.</td>
</tr>
</tbody>
</table>
Session 9 Detailed Steps

Activity A: Discussion (10 minutes)

1. Post the flipchart (see below) showing the four steps of “rapport-building” and briefly review each step. Note that there will be a separate session on Step 3, “Introduce the subject of sexuality.”

<table>
<thead>
<tr>
<th>Rapport-building</th>
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<tbody>
<tr>
<td>1. Welcome the client</td>
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<tr>
<td>2. Make introductions</td>
</tr>
<tr>
<td>3. Introduce the subject of sexuality</td>
</tr>
<tr>
<td>4. Assure confidentiality</td>
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</tbody>
</table>

2. Ask the participants:
   - * What does respect mean to you?
   - * How do your clients show respect for you? How do you show respect for your clients? How is this different from the way in which you show respect for other people with whom you interact?
   - * What role does respect play in building rapport with clients? How could respect (or lack of it) affect communications between providers and clients?

Activity B: Discussion/large-group work (15 minutes)

1. Ask the participants the following questions: (They should have their handbooks closed during this activity.)
   - * What does praise mean to you? What does encouragement mean to you?
   - * How could praise and encouragement be useful in building rapport with clients?

2. Post the flipchart sheet with the definitions of praise and encouragement (see below) and briefly review these, comparing them to the participants’ responses.

<table>
<thead>
<tr>
<th>Praise</th>
<th>Encouragement</th>
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<tbody>
<tr>
<td>_means the expression of approval or admiration.</td>
<td></td>
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<tr>
<td><em>means giving courage, confidence, and hope.</em></td>
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</tbody>
</table>

3. Making sure that the participants have their handbooks closed, read one of the client’s statements from the praise/encouragement chart in Session 9 in the handbook (page 44). Ask the participants what kind of response from the provider would show praise or encouragement, then read the response given in the chart and compare it to what the participants offered.

4. Continue with the rest of the client statements and possible provider responses.
Activity C: Pairs exercise/discussion (15 minutes)

1. Pair each participant with the person sitting next to him or her. Distribute pieces of writing paper, one sheet to each pair.

2. Ask each pair to think of one “client statement” that could be challenging for providers to respond to with respect, praise, or encouragement. Write this statement on one sheet of paper and fold it. Collect the papers, mix them up, and then redistribute them randomly.

3. Give the participants a few moments to read their “client statement” and to discuss with their partner what kind of response would show respect, praise, or encouragement. If the participants got their own statement, ask them to not let anyone else know, but simply act as if it came from someone else.

4. Ask one pair at a time to read their “client statement” and their response. Ask the group for other possible responses that would show respect, praise, or encouragement.

5. Continue until each pair has responded (or as time permits).

Activity D: Summary (5 minutes)

Ask the participants to discuss what they learned from this session and how they can apply it in their work.

Trainers’ Tool

Phase 1: Rapport-Building

1. Welcome the client
   • Greet the client warmly
   • Help the client to feel comfortable and relaxed

2. Make introductions
   • Identify the reason for the client’s visit
   • Ask general questions, such as name, age, number of children, etc.

3. Introduce the subject of sexuality
   • Explain the reasons for asking questions about sexuality
   • Put it in the context of HIV and STIs, and assure the client that you discuss HIV and STIs with all clients
   • Explain that the client does not have to answer all of your questions

4. Assure confidentiality
   • Explain the purpose of and the policy on confidentiality
   • Create an atmosphere of privacy by ensuring that no one can overhear your conversation, even if you are not able to use a separate room
Session 10
Provider Beliefs and Attitudes

Objectives
• To explain how providers’ beliefs and attitudes can affect their interactions with clients, both positively and negatively
• To explain the importance of being aware of our own beliefs and attitudes, to avoid imposing them on clients or having them become barriers to communication

Materials
• Flipchart paper, markers, and tape

Advance Preparation
2. Review the list of “belief” statements included in the Trainers’ Tool on pages 53 to 56. Select seven to use in this exercise, addressing each of the SRH services covered in this training (see Training Tip, below), and decide in which order to read them. (You may want to write your own, as necessary, to address specific local issues.)

Training Tip
Sexual and reproductive health includes some of the most controversial and sensitive topics in most cultures around the world. However, specific issues and concerns differ from place to place. Therefore, it is important for you to read these statements carefully ahead of time. Choose only those that are most relevant to the beliefs and attitudes of service providers in your country. Add other statements, if necessary.

Also, these statements are listed in no particular order; you will need to decide which you want to read first, second, and so on.

3. Make three large signs reading AGREE, DISAGREE, and UNSURE. Post these signs in three different locations, with space for people to gather near each sign.
4. Arrange the chairs and tables so people can move easily between the signs.
<table>
<thead>
<tr>
<th>Time</th>
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<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 minutes</td>
<td>A. Introduction</td>
<td>5 min.</td>
</tr>
<tr>
<td></td>
<td>B. Large-group exercise</td>
<td>25 min.</td>
</tr>
<tr>
<td></td>
<td>C. Discussion</td>
<td>15 min.</td>
</tr>
</tbody>
</table>

*Note:* This session is adapted from: EngenderHealth, 2003.
Session 10 Detailed Steps

Activity A: Introduction *(5 minutes)*

1. Explain that this exercise is about our individual beliefs and the effects that they may have on our attitudes toward and interactions with clients. Ask the participants what the word *belief* means to them, and then ask how we form our beliefs.
2. Ask what are *attitudes*, and how our beliefs influence our attitudes.

Activity B: Large-group exercise *(25 minutes)*

1. Explain that you will lead a group exercise intended to help the participants examine their own beliefs about SRH and SRH clients.
2. Read one of the seven “beliefs” statements chosen from the list on pages 53 to 56, and ask the participants to decide if they agree with, disagree with, or are unsure how they feel about the statement.
3. After they decide, ask them to get up and stand under the sign (AGREE, DISAGREE, or UNSURE) that best reflects their opinion. Then ask one or two participants from each group to describe their thinking about this statement.
4. Repeat this process with more of the statements, for as long as time permits.

**Training Tip**

The belief statements are *not* to be distributed as a handout, because the participants, or others who may read the materials later, may misunderstand the intent of this exercise and think that these statements reflect the beliefs of EngenderHealth and the trainers.

During this exercise, it is important to remind the participants that there are no “right” or “wrong” answers. People respond based on their own beliefs, and one purpose of the exercise is to help explore differences when they exist. Therefore, remain *neutral* throughout the exercise and maintain a balance among the different viewpoints presented.

For this exercise to be effective, it is essential for each participant to decide whether he or she agrees with, disagrees with, or is unsure about each statement. This will help them to know their own beliefs. Also, when they practice discussing their beliefs in front of others, it will help raise their awareness of how these beliefs can affect their interactions with clients (and with others).

To cover a range of issues in the time available, responses will have to be limited to just two or three per group per statement.
Session 10

Activity C: Discussion (15 minutes)

1. Ask the participants to return to their seats.

2. Use the following questions to lead a discussion about this exercise:
   * Does everyone in the group have the same beliefs, or are there differences?
   * Which statements revealed the widest range of beliefs? What could explain these differences?
   * What happens when providers and clients hold different beliefs about SRH issues?
   * Why is it important for us, as providers, to be aware of our own personal attitudes and beliefs about SRH issues?
   * What can we do, as providers, when our beliefs about a particular SRH issue make us uncomfortable about talking with clients?
Sexual and Reproductive Health Belief Statements

**Gender and Sexuality**

1. It is more acceptable for men to have multiple sexual partners than for women to have multiple sexual partners.
2. Parents should not allow their daughters as much sexual freedom as their sons.
3. It is more acceptable for a man to have an extramarital sexual partner than for a woman.
4. It is acceptable for parents to encourage their sons to have sex before marriage.
5. It is the man’s responsibility to bring the condom.
6. Most women who get STIs are promiscuous.
7. The average woman wants sex less often than the average man.
8. Women should be virgins when they marry.
9. Men enjoy sex without love more than women do.
10. If a woman never experiences childbirth, she is less of a woman.
11. A man is more of a “man” once he has fathered a child.
12. There is no such thing as rape in marriage.
13. Men have a right to extramarital sex if their wives are not sexually available.
14. Polygamy protects women from being harassed by their husbands for more sex.
15. Women are incapable of sexual pleasure without a man.
16. A woman who suspects that her husband has an STI or HIV has the right to refuse to have sex with him.

**HIV/AIDS**

17. People who do not use condoms can only blame themselves for getting HIV.
18. Health care providers have the right to know the HIV status of their clients.
19. A woman who knows that she is infected with HIV should not have a baby.
20. People with HIV should not have sex.
21. It is a crime for people who are infected with HIV to have sexual relations without informing their partner.
22. People who get HIV through sex deserve it because of the behaviors that they practice.
23. The government is doing an adequate job of responding to the needs of people with HIV.
24. Life is hopeless and not worth living if you have AIDS.
Sexual and Reproductive Health Belief Statements (continued)

HIV/AIDS (continued)
25. People with AIDS should be isolated from the rest of the community.
26. AIDS is mostly a problem of prostitutes.
27. Health care providers who are HIV-positive have a moral obligation to resign from their jobs.
28. If a health care provider is HIV-positive, those who work with him or her should have the option to change their schedule if they are no longer comfortable working under those circumstances.

Sexual Behavior
29. It is acceptable for people of the same sex to have sex with each other.
30. Homosexuals can change if they really want to.
31. Anal sex is normal behavior.
32. Sex without intercourse is not real sex.
33. To be "good," sex must end in orgasm.
34. It is acceptable for someone to have more than one sexual partner at the same time.
35. It should be recommended that couples not marry until they have had sexual intercourse.
36. Prostitutes provide a useful service.
37. Oral sex is wrong.
38. Men who use prostitutes are socially and sexually inadequate.
39. If people go too long without sex, it is bad for them.
40. The purpose of having sex is to show love for someone.
41. Any sexual behavior between two consenting adults is acceptable.
42. A person can lead a perfectly satisfying life while being celibate.
43. Celibacy goes against human nature.

Condoms
44. Condoms should be distributed to secondary school students who request them.
45. Condom use is a sign of caring and not distrust.
46. Condoms ruin the enjoyment of sex.

(continued)
**Do Not Distribute to the Participants**

Sexual and Reproductive Health Belief Statements (continued)

**Condoms (continued)**
47. Couples can have an enjoyable sex life while using condoms every time they have sex.
48. Educating teenagers about condoms will only encourage them to have sex.
49. If my teenage son asked me for condoms, I would give them to him.
50. If my teenage daughter asked me for condoms, I would give them to her.

**Judgments about Clients**
51. Most uneducated women are incapable of making their own decisions about their sexual and reproductive life.
52. If providers are uncomfortable with homosexuality, it is acceptable for them to refer homosexual clients to other providers.
53. It is hard for me to understand why people who know how HIV is transmitted would continue to have unsafe sex.
54. Clients who have good, up-to-date information about HIV transmission will make good choices about keeping themselves safe.
55. Clients with two children or more should be sterilized.

**Judgments about Postabortion Clients**
56. Women who have multiple abortions should be sterilized.
57. Women who have induced an abortion deserve any pain that occurs during postabortion treatment procedures.

**STIs**
58. If people get an STI, it is their own fault.
59. Men are the main source and transmitters of STIs.

**Adolescents and Young People**
60. Our facility should make contraceptive methods available to adolescents.
61. Fourteen is too young for a boy to have sex.
62. Schools should provide sex education for children before puberty, starting at age 9 or 10.
63. In most cases, it is not worth discussing condoms with young people because they will never use them.
Sexual and Reproductive Health Belief Statements (continued)

Adolescents and Young People (continued)

64. Children should be taught about HIV and other STIs in school.
65. The parent of a teenage client who reports she is having sex has a right to know.

Note: Adapted from: EngenderHealth, 2002, Volume 1, pp. 70-72.
Session 11
Sexuality

Objectives
• To identify (to themselves) how their personal experiences of sexual development and learning affect their current views and feelings about sexuality issues
• To explain how their own views and feelings about sexuality might influence their approach to counseling clients on these issues
• (Optional) To list four elements of sexuality and describe how they encompass much of our life experience
• (Optional) To describe milestones in sexual and social development

Materials
• Writing paper, flipchart paper, markers, and tape
• Guided visualization script (see Trainers’ Tool, page 63)

Advance Preparation

Part A. Reflections on How We Learned about Sexuality
1. Review Session 11 in the Participant’s Handbook (page 49). Consider if or how you want to use the Participant Worksheet (Part A) for this session. (See Note to Trainers, page 5).
2. Make sure beforehand that the training room can be closed to outsiders during the guided visualization exercise.
3. Practice reading the script (see Trainers’ Tool, page 63) several times prior to conducting the guided visualization, to get a sense for how long to pause between questions and how many questions to include.
4. For Activity C, decide whether you want to use large-group discussion (Option 1) or “listening pairs” (Option 2) after the guided visualization. Prepare a flipchart with the key discussion questions for whichever option you choose (page 60).

Part B. Aspects of Sexuality and Part C. Sexual and Social Development
5. Review Session 11 in the Participant’s Handbook (page 49). These guidelines show how you can cover both Parts B and C. However, you may decide to present only on “aspects of sexuality” or only on “sexual and social development”; either topic could be expanded into a full session of its own. Determine which option (either B, C, or both) best meets your participants’ needs.
6. Consider if or how you want to use the Participant Worksheet (Part C) for this session.
8. If you do Part C, prepare sheets of writing paper with the milestones listed in “Sexual and Social Development” in the Participant’s Handbook (pages 53 to 54).

9. For Part C, prepare sheets of paper for a time line. On separate sheets of writing paper, write the numbers 0, 5, 10, 15, 20, 30, 40, 50, 60, 70, and 80. Post these in sequence on the wall to create the time line.

### Time

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Time</th>
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<tbody>
<tr>
<td><strong>Part A. Reflections on How We Learned about Sexuality</strong></td>
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<tr>
<td>A. Introduction/instructions</td>
<td>5 min.</td>
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<tr>
<td>B. Guided visualization</td>
<td>10 min.</td>
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<tr>
<td>C. Discussion</td>
<td>15 min.</td>
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<tr>
<td><strong>Part B. Aspects of Sexuality</strong></td>
<td></td>
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<tr>
<td>D. Presentation/discussion</td>
<td>15 min.</td>
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<tr>
<td><strong>Part C. Sexual and Social Development</strong></td>
<td></td>
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<tr>
<td>E. Large-group exercise</td>
<td>10 min.</td>
</tr>
<tr>
<td>F. Summary</td>
<td>5 min.</td>
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*Note: This session is adapted from: EngenderHealth, 2000; and EngenderHealth, 2002.*
Session 11 Detailed Steps

Part A. Reflections on How We Learned about Sexuality

Activity A: Introduction/instructions (5 minutes)

1. Review the first two learning objectives.

2. Explain to the participants that in this activity they will spend time reflecting, with eyes closed, as you read a series of questions that will guide them through memories and thoughts about growing up and learning about sexuality. They will then consider how these experiences shaped their own sense of sexuality and how these experiences may affect their work in counseling.

3. Tell the participants that this exercise is only for them, to think and reflect for themselves. They will not be asked to share their personal thoughts or experiences with the larger group. They will sit with their eyes closed, and you will speak to them for about 10 minutes. During this time, no one else is to be allowed into the room, and no one will be watching them.

   ➤ Training Tip
   
   No interruptions should be allowed during this session. Maintaining a comfortable, quiet, and private environment in the training room is critical to this exercise. Depending on the cultural context, the participants may feel comfortable remaining seated or may prefer to lie down as they listen to the script.

4. Ask if anyone has any questions.

5. Ask the participants to make themselves comfortable and to close their eyes.

Activity B: Guided visualization (10 minutes)

In a slow, reassuring voice, read aloud the script (see Trainers’ Tool, page 63) to the participants, pausing between questions to enable them to reflect on memories and images.

➤ Training Tip

Although we do not ask people to share their personal memories or experiences, this exercise may bring up strong emotions among the participants, particularly among those with a history of sexual abuse or traumatic experiences. Be prepared to address these issues if they come up. For example, a trainer could watch the group to identify anyone who may be having difficulty with the exercise and talk to the person privately, without drawing the attention of the group, and see what would make the person more comfortable.
Session 11

Activity C: Discussion (15 minutes)

Option 1—Large-group discussion (15 minutes):
1. Emphasize that people should not share their personal life experiences, but rather discuss how it felt to think about those experiences.
2. Post the prepared flipchart with the three key questions (see below) and lead a discussion. Do not write the participants’ responses on the flipchart.

Reflections on How We Learned about Sexuality
* How did it feel to do this exercise?
* How could this kind of reflection be helpful to your counseling work?
* In what ways does this exercise give you insight into how a client might feel about discussing his or her sex life with a health care provider?

Option 2—Listening pairs (15 minutes):
1. Divide the participants into pairs to discuss how they felt during the guided visualization, sharing only as much as they feel comfortable sharing.
2. After 5 minutes, bring the group back together.
3. Post the prepared flipchart with the three key questions (see below) and lead a discussion. Do not write the participants’ responses on the flipchart.

Reflections on How We Learned about Sexuality
* How did you feel talking about these issues with another person?
* How could this kind of reflection be helpful to your counseling work?
* In what ways did talking with someone else about the guided visualization give you insight into how a client might feel about talking with a health care provider about the client’s sex life?

Training Tip
If you want to spend more time on the discussion, ask these additional questions:
* Did anything about the exercise make you feel uncomfortable or surprised?
* If the listening pair involves a man and a woman, how did you feel talking to someone of the opposite sex? How do you think clients would feel in the same situation?
* Why do you think I asked if anyone had ever assured you that your thoughts and feelings were normal and that many people have them?
* How are girls’ and boys’ experience of sexual development and learning different? Do boys and girls get different messages about their bodies and sex? (If there is only one gender represented in the group, this may be difficult to discuss, as it will be based on assumptions.)
Part B. Aspects of Sexuality

Activity D: Presentation/discussion (15 minutes)
1. Explain that while people often associate the term sexuality with the terms sex or sexual intercourse, sexuality encompasses much more than that.
2. To help the group understand the complexity of sexuality, discuss four different aspects of sexuality in a brief lecture.
3. After describing each concept to the participants, see if they have any examples to demonstrate their understanding of each element.
4. Facilitate a brief discussion by asking:
   - Where is “sexual intercourse” included within the definition of sexuality? Does the term play a large or small role in the definition?
   - How does culture influence the various circles of sexuality?
   - Which aspects of sexuality are very different between males and females? Do men and women experience sensuality the same way? Do men and women view relationships the same way? Do men and women have the same sexual health needs?

Training Tip
This agenda shows how you can do both Parts B and C. However, you may decide to include only “aspects of sexuality” or only “sexual and social development”; either topic can easily be expanded into a full session of its own. Review the materials in the Participant’s Handbook and determine which option best meets your participants’ needs.

Part C. Sexual and Social Development

Activity E: Large-group exercise (10 minutes)
1. For a fun (and frantic) closing exercise, distribute 16 prepared sheets of paper with the “sexual and social development” milestones from the Participant’s Handbook. Point out the sheets of paper (numbered from 0 to 80) that you posted on the wall earlier. Explain that this is a time line. Ask the participants to quickly (in only 5 minutes) stand along the time line in chronological order for each milestone. Expect a lot of confusion, some bunching up, and a few arguments. This is all part of the learning experience, because there are very few “right” answers.
2. After 5 minutes, ask the participants to read their milestones, from the youngest to the oldest. It is okay for a large group to be bunched together in the age range of 3 to 12 years; do not force them to be in a straight line. Thank the participants for their efforts; ask them to return to their seats, open their handbooks to Session 11, and find the “Sexual and Social Development” section (page 53).
3. Note the earliest development in the list (“begins to have sexual responses”) and see where that fell in their chronology. Note the latest development (“experiences sexuality in later life”) and see where that fell in their chronology. Briefly ask the following questions:
   - When on the time line does most sexual development occur?
Session 11

* Were you surprised about where any of the cards were placed? Which ones? Why?
* Which placements would be different for males and females? Which would be similar?

**Training Tip**

Ideally, there will be about 16 participants, which will yield one developmental milestone for each participant in the large-group exercise. If there are more than 16 participants, you can create participant “teams.” If there are fewer, then some of the wider-ranging milestones (e.g., “begins to show romantic interest” or “begins to engage in romantic activity”) can be left out.

Try to avoid arguments about where these milestones occur. Allow the participants to “bunch up” and not try to put the milestones in linear order. One of the lessons is that some of these milestones vary among individuals and among cultures.

Activity F: Summary (5 minutes)

Ask the participants:
* How have your thoughts about sexuality changed since the beginning of this session?
* How can you use what you have learned in your work?
Trainers' Tool

Guided Visualization Script

Picture yourself as a child and see what memories come up as I ask you the following questions:

• Reach back into your memories, and picture yourself as a child of 5. What was your life like then? Who were the important people in your life?

• Remember yourself at age 10. Where did you live? Who were the important people in your life?

• As you were growing up as a young child, what types of messages did you receive from other people about touching your own body?

• What messages did you receive about the opposite sex? As you grew older, how did these messages change?

• Think about when you first learned where babies come from. How old were you? How did you feel about it?

• For women, how did you first learn about menstruation? How old were you? How did you feel about it?

• For men, how did you first learn about wet dreams (nocturnal emissions)? How old were you? How did you feel about it?

• When you were 12, how did you feel about your body?

• Think back to when you first learned about sex. Where did you hear about it first? Did you talk about it with a parent or an adult, or with a friend?

• Think about the first time you tried to talk to someone about sex. What was it like? How did the person respond? How did it make you feel?

• How did you feel about the idea of having sex yourself?

• Did you ever have thoughts about sex that you wished you did not have?

• Did anyone ever assure you that these thoughts and feelings are normal and that most people have them? Do you still worry about these thoughts?

• Think about your first sexual experience. How did you feel beforehand? How did you feel afterward? What was the communication with your partner like?

• How did the messages that other people gave you about sex affect your feelings?

• As you have grown older, have you become more comfortable with sex? What has helped you feel more comfortable?

When you are ready, open your eyes.

Session 12
Variations in Sexual Behavior

Objectives
• To identify their own biases and judgments related to various sexual behaviors
• To recognize differences in individual and cultural perspectives about sexual behavior, including differences in what is considered “normal” or “acceptable”
• To explain why it is important to be nonjudgmental about sexual behaviors when counseling clients about SRH
• To be more comfortable when discussing a range of sexual behaviors with clients

Materials
• Large cards or writing paper and scissors
• Markers—one for each participant, if possible
• Tape

Advance Preparation
2. Review the list of behaviors (see Trainers’ Tool, page 70), and select 25 to 30 to use in this session. Try to get a mixture of behaviors that people would be familiar with and those that they might not. Add new behaviors or omit others, based on the local situation. It is important to include some behaviors that are outside of the mainstream or that are taboo, even if these behaviors are not generally acknowledged in the local setting.
3. Prepare the behavior cards. Use heavy paper or card stock if available, or sheets of letter-sized paper if not. Write one sexual behavior on each piece of paper. Print using a large marker and large letters, or print the pages using a computer in a large, bold typeface so the words can be read from a distance (see example, below).

Vaginal Sex
Session 12

4. Prepare three additional sheets, one with the phrase “OK for me,” a second with the phrase “OK for others, but not OK for me,” and a third with the phrase “Not OK” written in large print. Use different colors of paper for each of these three sheets, if possible. Post them high on the wall, ensuring that there is sufficient space between them to place three to five vertical columns of cards beneath each.

5. Prior to the exercise, prepare small pieces of tape, enough to affix all of the behavior cards to the wall.

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<td>25 min.</td>
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</table>

*Note: This session is adapted from: EngenderHealth, 2002.*
Session 12 Detailed Steps

Activity A: Introduction/instructions (5 minutes)

1. Introduce the exercise by saying that this session will explore the range of sexual behaviors that people engage in and the attitudes and values that we have about those behaviors. Explain that this interactive exercise will allow everyone to examine their own personal values about different sexual behaviors but in a completely confidential way.

2. Tell the participants that you will give each person one or more cards with a sexual behavior written on it. Instruct them to determine how they personally feel about the particular behaviors written on their cards and to indicate this by writing one of these phrases on the back of the card:
   - OK for me (meaning that it is a behavior I personally would engage in)
   - OK for others, but not for me (meaning that it is a behavior I personally would not engage in, but is one that I have no problem with other people doing)
   - Not OK (meaning that it is a behavior no one should engage in because it is morally, ethically, or legally wrong)

3. Remind the participants that this exercise is meant to be completely confidential, so they should not show the behavior on their card or their response to it to anyone. To ensure confidentiality, before distributing the cards you may want to ask the participants to rearrange their seats or spread around the room so that no one can see the other participants’ cards and responses.

Activity B: Large-group exercise (15 minutes)

1. Distribute the sexual behavior cards (facedown) and one marker each to the participants, attempting to give each person the same number of cards, until all of the cards have been distributed. Invite the participants to look at their cards and think about the behavior written on each.

   ➤ Training Tip
   Instruct the participants that if someone gets a card with a behavior that he or she does not understand, he or she should signal you to ask for an individual explanation. If the behavior is explained in front of the group, that will take away the anonymity for that participant.

2. Repeat what is meant by “OK for me,” “OK for others, but not for me,” and “not OK,” and ask if everyone understands.
Session 12

3. Instruct the participants not to write their names on the cards. Ask them to mark on the back of each card their response to the behavior, without showing their cards to anyone. When they are done, they will place the cards with the behavior facedown in a pile in the center of the room (or a trainer can collect them, without looking at the behavior).

**Training Tip**

It is helpful to continually remind the participants that this exercise is not about STI/HIV risk, but about values and judgments around sexual behaviors in general. Sometimes the participants may have difficulty separating their ideas about disease risk from their value judgments about behaviors.

4. Mix up the cards and redistribute them to the participants, asking them to take as many cards as they put down.

5. Have the participants take turns, one by one, reading aloud each card and then taping their cards on the wall under the appropriate category (“OK for me,” “OK for others, but not for me,” or “Not OK”), according to what is indicated on the back of the card. Remind them to put the card in the category that is marked, even if they personally do not agree with it. Encourage them to line (queue) up to read and post their cards, and move quickly one after the other.

**Activity C: Discussion/summary (25 minutes)**

1. Once all of the cards have been posted, instruct the participants to gather around the wall and to take a few minutes to observe the placement of the cards.

2. Facilitate a group discussion based on the questions below. Do not move the cards if there is disagreement. Simply acknowledge the difference of opinion and leave the cards as they are.

   - Are you surprised by the placement of some of the cards? Which ones surprised you and why?
   - How would you feel if someone had placed a behavior that you engage in yourself in the “Not OK” category?
   - How would you feel if someone placed something you felt was wrong or immoral in one of the “OK” categories?
   - How did you feel placing someone else’s response card on the wall? Would you have felt comfortable placing your own responses in front of the group?
   - What does this exercise tell us about how clients might feel when providers ask them about their sexual practices?
If some participants indicate that a particular sexual practice does not exist in their culture (e.g., anal sex), ask other participants to verify whether this is true. Some participants are more aware of variations in sexual behavior than others and can help their colleagues understand the range of behaviors.

Do not ask the participants to identify who placed any one response in a particular category. If a participant would like to volunteer such information to explain his or her answer, they may do so, but to ask might make the participants uncomfortable and take away the anonymity of the exercise.

3. Summarize by asking:

* How can you apply to your work what you have learned in this exercise?
Trainers' Tool

Different Types of Sexual Behaviors

The following behaviors represent a wide range of sexual activities. Trainers should feel free to add new behaviors or omit some on this list, based on the local situation. For the average-sized group (12 to 15 participants), select 25 to 30 behaviors, to allow enough time for discussion. If there is more time (e.g., one hour), you can increase the number of behaviors included.

Hugging
Kissing
Giving oral sex
Receiving oral sex
Having group sex
Having anal sex
Having sex with someone of the same sex
Using objects or toys during sex
Getting paid for sex
Having sex in public places
Being faithful to one partner
Having sex with a person who is much younger
Masturbating
Manually stimulating your partner
(using your hand)
Having vaginal sex
Watching pornographic movies
Having sex with many partners
Having sex with people whom you do not know
Initiating sexual encounters
Practicing sadism and masochism
Sex between a teacher and a student
Having oral-anal sex
Engaging in "dry sex"
Sex between a child and an adult relative
Having sex with someone other than your spouse (adultery)
Agreeing to have sex with someone who will not take no for an answer

Paying someone for sex
Having premarital sex
Having sex with animals (bestiality)
Having sex with a relative considered too close (incest)
Swallowing semen
Having sex with children (pedophilia)
Telling someone a lie just to have sex
Having sex with someone of another race or ethnicity
Having sex whenever your partner wants it
Having sex with someone who is married
Having sex with a disabled person
Having sex under the influence of drugs or alcohol
Watching other people have sex
Sharing sexual fantasies with others
Being celibate
Having sex in exchange for money to support your children
Having sex without pleasure
Having sex with your spouse because it is your duty
Rape
Using a vibrator for sexual pleasure
Placing objects in the rectum
Placing objects in the vagina
Placing devices on the penis to maintain an erection
Tying up your partner
Being tied up by your partner
Objectives

• To describe the special needs and concerns of two types of clients—men and adolescents
• To explain the importance of building rapport immediately with male clients and adolescents

Materials

• Flipchart paper, markers, and tape

Advance Preparation

Review Session 13 in the Participant’s Handbook (page 59), particularly to prepare for the minilecture and large-group exercise in Activities B and C and the presentation in Activity E.

Time

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Time</th>
</tr>
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<tbody>
<tr>
<td>A. Introduction</td>
<td>5 min.</td>
</tr>
<tr>
<td>B. Presentation</td>
<td>15 min.</td>
</tr>
<tr>
<td>C. Large-group exercise</td>
<td>10 min.</td>
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<tr>
<td>D. Discussion</td>
<td>10 min.</td>
</tr>
<tr>
<td>E. Presentation/discussion</td>
<td>30 min.</td>
</tr>
<tr>
<td>F. Summary</td>
<td>5 min.</td>
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</tbody>
</table>
Session 13 Detailed Steps

Activity A: Introduction (5 minutes)
1. Review the Essential Ideas from the Participant’s Handbook, as an introduction to this session. (Participants should have their handbooks closed throughout this discussion.)
2. Explain to the participants that the session’s purpose is to help them begin thinking about how they could increase their own comfort in talking with men and with adolescent clients.

➤ Training Tip
The short amount of time devoted to this topic is almost a “token” effort, but completely omitting men and adolescents from the curriculum would be worse. For providers who deal with adolescents and men, additional training is strongly recommended. Existing curricula and supplementary modules (now being developed) are cited in the Introduction for the Trainers (page xi).

Activity B: Presentation (15 minutes)
1. Give a minilecture based on the materials in “Understanding Men’s Needs and Roles,” found on page 59 of the Participant’s Handbook. Begin by asking:
   ✴ What are your biggest challenges in providing SRH counseling for men?
2. Involve the participants by using the scenarios, saying what might not work, and then asking a participant to give a better statement or question.

Activity C: Large-group exercise (10 minutes)
Using the table “Sample Phrases to Use When Addressing Men...” on page 62 of the Participant’s Handbook, read the need or role, and then go around the room, asking each participant to suggest a sample phrase that would be appropriate.

Activity D: Discussion (10 minutes)
Explain that rapport means “a close and sympathetic relationship, agreement, or harmony.” Having considered men’s needs in counseling and their roles in decision making, ask the participants:
   ✴ What can happen if you do not build rapport quickly with a man who comes to your service site?
   ✴ How could building rapport help make SRH services more accessible to men?
Activity E: Presentation/discussion (30 minutes)

1. Give a minilecture based on the materials in “SRH Services and Counseling for Adolescents,” found on page 63 of the Participant’s Handbook. Begin by asking:
   ✫ What are your biggest challenges in providing SRH counseling for adolescents?

2. Following the minilecture, ask the participants to suggest statements they could make to adolescent clients to “create an atmosphere of privacy, respect, and trust” (that is, to build rapport). Write their suggestions on a flipchart.

3. Discuss the questions:
   ✫ What can happen if you do not build rapport quickly with an adolescent who comes to your service site?
   ✫ How could building rapport help to make SRH services more accessible to adolescents?

Activity F: Summary (5 minutes)

Ask the participants:
   ✫ How can you use what you have learned to build rapport with male and adolescent clients?
   ✫ What else would you like to learn about integrated SRH counseling for men and adolescents?