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

Objectives

- To describe two basic types of questions used when communicating with SRH clients
- To explain the importance of open-ended (and feeling/opinion) questions in assessing clients’ needs and knowledge
- To reformulate closed-ended questions into open-ended questions
- To 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

Materials

- Flipchart paper, markers, and tape

Advance Preparation

1. Review Session 14 in the Participant’s Handbook (page 67). The Participant Worksheet will be used in Activity D.
2. Prepare at least two flipcharts for Activity A (page 78).

Time

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Brainstorm</td>
<td>5 min.</td>
</tr>
<tr>
<td>B. Presentation</td>
<td>10 min.</td>
</tr>
<tr>
<td>C. Large-group work</td>
<td>20 min.</td>
</tr>
<tr>
<td>D. Small-group work</td>
<td>20 min.</td>
</tr>
<tr>
<td>E. Plenary</td>
<td>20 min.</td>
</tr>
<tr>
<td>F. Discussion/summary</td>
<td>15 min.</td>
</tr>
</tbody>
</table>

Note: This session is adapted from: EngenderHealth, 2003.
Session 14 Detailed Steps

Activity A: Brainstorm (5 minutes)

1. Ask the participants:
   * What is the purpose of asking questions during counseling?
   (Since you will be referring quickly to the Participant’s Handbook, do not write their answers on the flipchart.)

2. Post the prepared flipcharts where you can write on them (see below for example of flipchart).

<table>
<thead>
<tr>
<th>Questions: Closed or Open?</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
</tr>
<tr>
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</table>

3. Ask the participants to brainstorm questions that typically are asked of SRH clients. Write each question in the “Questions” column, in full and exactly as it is given by the participant. Do not stop until you have at least 10 questions.

Activity B: Presentation (10 minutes)

1. Ask the participants to open their handbooks to Session 14. Discuss the purposes of asking questions, comparing what is included in the section “Why Do We Ask Questions...?” (page 67 in the Participant’s Handbook) with what they discussed.

2. Then discuss two types of questions—closed-ended and open-ended—and the different purposes for each type. Review the examples.

Activity C: Large-group work (20 minutes)

1. Return to the “Questions” flipchart from the brainstorm. For the first question, ask the participants, “Is this closed-ended or open-ended?” Place a check mark in the “C” or “O” column. Continue for the rest of the list. (5 minutes)

2. Tally the number of closed-ended and open-ended questions and note the totals on the flipchart. (In virtually every training, this list will be predominantly closed-ended questions.)

3. Ask the participants:
   * What can you observe from this brief exercise about the kinds of questions most often asked in client-provider communications?
Why does this happen?  
What effect would this have on counseling? (10 minutes)

4. Demonstrate how to change a closed-ended question into an open-ended question, using one from the list. Ask the participants to volunteer to do the same (if possible) for the rest. If most of the questions are appropriately closed (e.g., age, marital status, number of children, or date of last menstrual cycle, among others), ask for more examples of open-ended questions that would be useful in SRH counseling. List these additional questions on a separate flipchart. (5 minutes)

Activity D: Small-group work (20 minutes)

1. Divide the participants into five groups; give each group markers and one of the prepared flipcharts.
2. Refer the participants again to Session 14 in their handbooks; assign each group one of the topic areas from the “Asking Open-Ended Questions about SRH Concerns” Participant Worksheet (pages 69 to 70). Ask each group to:
   • Discuss what specific questions would be effective in helping the client to explore the issues listed under their topic area
   • Write these questions on the flipchart
3. Remind them that they should use open-ended questions as much as possible, and tell them they will have 15 minutes to work in their groups.
4. Quickly check with each group to see that they understand their instructions. Give them a time check after 10 minutes. Stop the groups after 15 minutes. It is okay if they have not covered all of the issues listed in the bullets (especially the fifth group). (15 minutes)

Activity E: Plenary (20 minutes)

One at a time, ask each group to post their flipchart on an easel or wall. Each group will have 4 minutes to present their questions and receive feedback from the others. A representative of each group will read the list of questions.

Activity F: Discussion/summary (15 minutes)

1. Lead a discussion by asking the participants:
   • How well do these questions address the specific issues identified in the worksheet?
   • How well did the group make use of open-ended questions?
   • What other questions would you suggest?
   • How comfortable do you think a provider would be in asking these questions?
   • How comfortable do you think a client would be in answering these questions?
   (You may not have time for all of these questions, so concentrate on the first three and do the last two as time permits.) (10 minutes)
2. Ask the participants to summarize what they have learned from this session. Add your own comments, as necessary, to cover the Essential Ideas for this session from the Participant’s Handbook. Ask how they can use in their work what they have learned in this exercise. (5 minutes)
Session 15
Listening and Paraphrasing

Objectives
• To describe at least two purposes of listening as a key communication skill for counseling
• To list at least three indicators of effective listening
• To name at least two purposes of paraphrasing in counseling
• To demonstrate paraphrasing

Materials
• Flipchart paper, markers, and tape
• Trainers’ Tool from Session 10 ("Sexual and Reproductive Health Belief Statements"), pages 53 to 56.

Advance Preparation
1. Review Session 15 in the Participant’s Handbook (page 71). Consider if or how you want to use the Participant Worksheet for this session (see Note to Trainers, page 5.)
2. Prepare a flipchart on “Paraphrasing” (Activity B).
3. Select four statements from the “Sexual and Reproductive Health Belief Statements” (Session 10, pages 53 to 56) that were not used during that session.

Time

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Demonstration role play/discussion</td>
<td>15 min</td>
</tr>
<tr>
<td>B. Presentation</td>
<td>5 min</td>
</tr>
<tr>
<td>C. Small-group work</td>
<td>20 min</td>
</tr>
<tr>
<td>D. Discussion</td>
<td>5 min</td>
</tr>
</tbody>
</table>
Session 15 Detailed Steps

Activity A: Demonstration role play/discussion (15 minutes)
1. Explain that two trainers will do a demonstration role play of interaction between a client and a provider. Ask the participants to observe the interaction, noting nonverbal as well as verbal communications.
2. Have one trainer play a “provider” who is not listening well at all, demonstrating the opposite of all of the points of effective listening for this session shown in the handbook (page 72). Have the other trainer play a “client” who is trying to communicate something important to the “provider.”
3. After one minute, stop the role play and begin a second role play, with the same trainers in the same roles but with the “provider” showing good listening skills.
4. Ask the participants what was different about these two role plays. Ask the participants how they know when someone is really listening to them. List their responses on a flipchart.
5. Summarize by stating the purposes of listening as a communication and counseling tool.

Activity B: Presentation (5 minutes)
1. Post the flipchart on “Paraphrasing” and briefly review it.

Paraphrasing

*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

2. Demonstrate paraphrasing with a participant or co-trainer, using one of the believe statements.

Activity C: Small-group work (20 minutes)
1. Divide the participants into groups of three each. Explain that they will practice listening and paraphrasing in their groups three times. Ask them to decide, for this first time, which person will be the “speaker,” which one will be the “paraphraser,” and which one will be the “observer.” Note that the roles will change for each practice session.
2. Give the following instructions: “I will read a statement. The ‘Speaker’ will have 1 minute to explain why he or she agrees with, disagrees with, or is unsure how he or she feels about
that statement. Then the 'paraphraser' will try to restate what the 'speaker' said, in his or her own words. Finally, the 'observer' will comment on the listening and paraphrasing skills that were or were not demonstrated. After that (about 5 minutes total), you will change roles, and I will read another statement."

3. Read aloud one of the statements from among the “Sexual and Reproductive Health Belief Statements” and ask the “speakers” to give their opinion—agree, disagree, or unsure—within their group. Stop them after 1 minute, and ask the “paraphrasers” to paraphrase. Stop them after 1 minute and ask the “observers” to give feedback. (5 minutes total)

4. Repeat this exercise twice (with different statements), so that each person has had a chance to practice listening and paraphrasing. (10 minutes)

Activity D: Discussion (5 minutes)
Ask the participants:
* What did you learn from this exercise on listening and paraphrasing?
* What was difficult? What was easy?
* How can you improve your skills?
* How can you use in your work what you have learned in this session?
Session 16
Using Language That Clients Can Understand

Objectives
• To be more comfortable using sexual terminology with clients
• To be able to refer to local words for sexual acts and body parts, to make the link between the words that the client understands and the words that the provider is comfortable using
• To demonstrate the use of simple language to explain sexual and reproductive anatomy and physiology to clients

Materials
• Flipchart paper, markers, and tape

Advance Preparation
1. Review Session 16 in the Participant’s Handbook (page 75).
2. Review the Training Tips (Activity A) to decide which headings to use for the language and sexuality exercise (Activities A through C) and how to organize the small-group work.
3. Prepare at least four two-column flipcharts with headings related to sexuality (body parts or sexual activities, such as male sexual anatomy, female sexual anatomy, sexual intercourse [penile-vaginal], or other sexual behaviors). Use one heading per flipchart. The left-hand column should say “medical terms,” and the right-hand column should say “local slang” (see example below).

<table>
<thead>
<tr>
<th>Medical terms</th>
<th>Local slang</th>
</tr>
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<tbody>
<tr>
<td></td>
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Session 16

<table>
<thead>
<tr>
<th>Time</th>
<th>Training Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 hour, 15 min.</td>
<td></td>
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</table>

**Part A. Language and Sexuality**
A. Introduction and instructions ........................................ 10 min.
B. Small-group exercise ..................................................... 15 min.
C. Discussion ........................................................................ 10 min.

**Part B. Using Simple Language**
D. Introduction and instructions ............................................ 15 min.
E. Small-group work ............................................................. 15 min.
F. Discussion ........................................................................ 10 min.

*Note: The “Language and Sexuality” section of this session is adapted from: EngenderHealth, 2002.*
Session 16 Detailed Steps

Part A: Language and Sexuality

Activity A: Introduction and instructions (10 minutes)

1. Explain that SRH service providers often must address issues that make people—clients and providers alike—feel uncomfortable, such as sexual activities or body parts that are considered private. Clients who do not know the “medical” terms for what they are trying to describe may use slang words or common terms that might make some providers feel uncomfortable or may avoid saying the words altogether. On the other hand, providers may use words that clients do not understand but are too embarrassed to ask about. This can constitute a major barrier to communication.

2. Explain that in this exercise the participants will try to identify all of the terms that they can think of for various sexual acts and body parts, including both “medical” (or “scientific”) terms and slang or common terms. To communicate effectively, the provider must know the words that a client will understand. However, the provider should not feel obliged to use throughout the counseling session words that are considered “offensive.” Instead, the provider can identify the word that 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 refers to that part or activity. (This may be a difficult distinction for providers to grasp; the trainer will probably need to repeat this several times both during this session and after.)

Training Tip

The purpose of this activity must be explained clearly to the participants, as some might feel as if the trainers are just trying to get them to say “dirty” words. Similarly, it is important to note that some participants may experience discomfort during this exercise if they respond emotionally to the words and feel offended. While supporting their reaction, note that their discomfort could be an important learning opportunity, as it shows honestly how providers and clients might feel about hearing or using these words. Ask the participants how they can learn from this to communicate better with clients.

It is important to acknowledge issues that may arise when this exercise is conducted with a mixed-gender group. In some circumstances, the participants may not feel comfortable saying sexual terms in front of members of the opposite sex. While one goal of this exercise is to help the participants get beyond this discomfort, it is important to start this process in a sensitive and nonthreatening way. If necessary, trainers should consider conducting the exercise in single-sex groups or ensuring that the trainer is female when the participants are predominantly female.
3. Divide the participants into four groups. Post the prepared flipcharts on the wall.

**Training Tip**

Instead of using broad categories for headings (e.g., “male sexual organs,” “sexual behaviors,” etc.), more specific terms can be provided to the participants, with more flipchart sheets (e.g., “penis,” “scrotum,” “masturbation,” “oral sex,” etc.).

This activity also can be tailored to working with a specific population or subgroup (i.e., participants can brainstorm a list of words that might be used by different groups of people, such as adolescents, men, or older men and women, among others).

4. Explain the steps for this exercise:

- Each group will start with one of the flipcharts and write down all of the words that the group members have heard of (both medical and local) to describe the heading on the sheet they have been given.
- After a few minutes, the trainer will ask each group to move to the next flipchart. After reading what the first group wrote, they can write any additional medical or local slang terms that they have heard.
- The groups will continue to move when time is called, until every group has had a chance to add words under all of the headings. A large-group discussion will follow.

**Training Tip**

This activity can be structured in several different ways:

- In the version presented here, you need wall space to post all of the flipcharts at the same time and room for the small groups to move easily among the papers. The physical movement and time allowed for informal reaction to the words is a good feature of this approach, as it allows for more “honest” responses.
- If wall space is not available, small groups can take turns writing their words and then pass their flipchart to the next group to write additional words—that is, the flipchart can move while the people stay in the same place.
- To save time, small groups can be assigned one or more headings and the results can be shared in plenary, without passing the flipchart to other groups. However, you need to allow time within the discussion period for the participants to react to the words of other groups.
- If you are very short on time, this exercise can be conducted as a large-group brainstorm, with the trainer or volunteers writing down the words on the flipchart. However, this type of exercise tends to be dominated by a small number of more vocal, “braver” participants.
Activity B: Small-group exercise (15 minutes)
1. Randomly assign each group to one of the flipcharts, distribute markers, and ask them to start. Allow about 5 minutes for the first round of writing.
2. Then ask the groups to move to the next flipchart (give specific directions—e.g., move to the flipchart on your left). The following “rounds” should take less time, as there will be fewer words to add for each round. However, the participants will need time to read what is already entered on the flipchart.
3. After the last round is completed, ask the participants to return to their seats.

Activity C: Discussion (10 minutes)
Ask for different volunteers to read each column of each flipchart. Then facilitate a large-group discussion by asking:
★ What was it like for you to hear and say these words?
★ Which category had more terms—medical language or local slang? How do you explain that?
★ Which local slang terms do you think you could use to communicate more effectively with clients? How would you do that?
★ How could you respond if a client uses a term that you consider crude or inappropriate?
★ How can this exercise help us to communicate better with clients?

Part B: Using Simple Language
Activity D: Introduction and instructions (15 minutes)
1. Explain that, besides needing to be able to bridge the gap between client and provider on sexuality-related words, providers need to be able to explain sexual and reproductive physiology and medical processes using simple, nonmedical terms. The purpose of this exercise is to give everyone a chance to practice the skills of giving simple explanations.
2. Ask the participants to open their handbooks and turn to Session 16. Find the explanations of sexual and reproductive anatomy and physiology and have the participants take turns reading each definition. Note that these are just guidelines; everyone will have their own way of saying things, but this is to show how simple the explanation can be.
3. Divide the participants into groups of three, with as much space as possible between the groups. Within each group, ask for a volunteer to be the first one to play the “provider” and another to be the “client.” The third person will be an “observer.” (The roles will be shifted for each of three role plays, so that by the end of this exercise each participant will have played each role.)
4. Explain that you will list several words on a flipchart, and that the “provider” will have 5 minutes to explain those words to the “client.” Remind the participants that the “provider” needs to ask what the “client” already knows and to use local slang, as necessary, and the “client” can ask questions at any time.
Session 16

**Activity E: Small-group work (15 minutes)**

1. Write the words *ovulation, sexual intercourse, conception,* and *contraception* on a flipchart in the front of the room. Ask the “providers” to start the role play.

   **Training Tip**

   During the first role play, remember to move quickly from group to group, both to observe and to make sure that the instructions have been understood correctly. If one group is not following the instructions, correct them gently but immediately. If more than one group is confused, stop the role plays, explain the instructions again to all of the participants, and start over. If one participant in particular is having problems with the task, come back to that group after checking with the other groups, and provide additional guidance.

2. After 5 minutes, ask the “providers” to stop their explanations, whether they are finished or not. Ask the participants to switch roles.

3. Write the words *menstruation, miscarriage (spontaneous abortion),* and *induced abortion* on the flipchart and ask the new “providers” to begin.

4. After 5 minutes, stop the “providers” and ask the participants to switch roles again.

5. Write the words *sexually transmitted infection, discharge, oral sex,* and *anal sex* on the flipchart and ask the new “providers” to begin. Stop them after 5 minutes.

**Activity F: Discussion (10 minutes)**

Facilitate a discussion based on the following questions:

- What did you learn from this exercise?
- Which terms were the most difficult to explain? Why?
- Which terms were the easiest to explain? Why?
- Did the “providers” always check to see what the “clients” knew already, before beginning the explanation? What happened when they did not?
- Did you have enough time? How could you explain these terms in less time?
- How can you apply what you have learned in your work?
Session 17
Using Visual Aids to Explain Reproductive Anatomy and Physiology

Objectives
- To develop their own simple visual aids to use to explain the reproductive system to clients
- To explain the importance of being able to draw the reproductive system, even if they never do this with clients

Materials
- Overhead projector and preprinted transparencies of the male and female reproductive anatomy and physiology
- Plenty of writing paper and pencils

Advance Preparation
1. Copy the reproductive anatomy illustrations (Appendix J) onto transparencies.
2. Practice using the transparencies and explaining reproductive anatomy and physiology. You should be able to explain male anatomy and physiology in 15 minutes and female anatomy and physiology in 10 minutes. Refer to Session 16 in the Participant’s Handbook (pages 76 to 78) for simple descriptions of anatomy and physiology to incorporate into your presentation.
4. Make sure that the transparencies are in the correct order before starting the session.

Time

<table>
<thead>
<tr>
<th>Time</th>
<th>Training Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 minutes</td>
<td>A. Pairs exercise</td>
<td>5 min.</td>
</tr>
<tr>
<td></td>
<td>B. Discussion</td>
<td>5 min.</td>
</tr>
<tr>
<td></td>
<td>C. Presentation/drawing</td>
<td>30 min.</td>
</tr>
<tr>
<td></td>
<td>D. Discussion</td>
<td>5 min.</td>
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</tbody>
</table>

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Session 17

Session 17 Detailed Steps

Activity A: Pairs exercise (5 minutes)

1. Hand out a blank sheet of paper to each participant. Make sure that all handbooks are closed.

2. Divide the participants into pairs. Ask each pair to use one sheet of paper to draw the external and internal reproductive anatomy for the man and the other sheet for the external and internal reproductive anatomy for the woman. Advise them to use pencils, if they have them.

Training Tip

This simple exercise touches on a number of important issues for providers. Keep the following considerations in mind to make the most of this opportunity.

• Expect a lot of nervous laughter when you ask the participants to draw the reproductive systems. This is normal, and good for the training, because it reflects how clients may feel when they see visual aids showing the reproductive system. However, this is also a serious exercise, with important learning objectives. It is important for the trainers to model acceptance and understanding of the laughter, but also to help the participants focus on the task and take it seriously.

• Be careful about “dirty jokes.” It is very easy to offend others and to seem disrespectful, particularly when teasing about the drawings. If joking and laughing seem to make some participants angry or withdrawn, gently turn it into a learning experience by pointing out how normal the joking is but by also asking how it might make clients feel.

• Most medically trained participants will quickly tell you that they learned anatomy and physiology in their training and probably do not need this session. However, this session is not so much about what the participants know, but about their ability to convey what they know to others. This individual exercise is thus a gentle but humbling reminder for those participants that, while one may know some things in his or her head, it does not serve much purpose for the clients if he or she cannot explain this information clearly and simply.

• Many participants will protest, “I am not an artist!” That is okay, as you are not asking them to be artists. In this session, they will learn how to make better drawings themselves or how to use existing materials more effectively. However, by drawing the reproductive systems themselves, the participants reinforce the mental learning process by using their hands and by creating
their own visual representation. This will help them remember this information better and be more confident about explaining it to others, whether they use a drawing or not.

- Putting the participants in pairs is very important, as it allows both participants to laugh together about how little they remember from their previous training and about how awful their drawings are. Some participants will know more than others, and they will help each other to figure things out. Additionally, saying “this is our drawing” takes away the embarrassment of saying “this is my drawing.” Finally, working together on it gives them practice in talking with another person about the parts of the body and processes that they usually discuss only in clinical terms (if at all).

**Activity B: Discussion (5 minutes)**

1. Ask the participants to hold up their drawings so that others can look around the room and see how everyone fared in the assignment.

2. Facilitate a discussion by asking:
   - What did you learn from doing this exercise?
   - Why did people laugh when they were doing this?
   - Did you learn about anatomy in your previous training? If yes, what was different about this approach?

**Activity C: Presentation/Drawing (30 minutes)**

1. Explain that you will now review basic reproductive anatomy and physiology, using simple drawings on transparencies. The participants will now work on their own, keeping their handbooks closed. Give each participant two blank sheets of paper and ask them to copy what they see on the transparency. Again, explain that this is not meant to make “artists” out of them, but to help them remember details of reproductive anatomy and better explain anatomy to clients. *(5 minutes)*

2. Present the transparency sheets in the correct sequence. Lay one transparency down, give the participants time to copy it, and then briefly explain what the parts are and how they work. Refer to the Participant’s Handbook (Session 16) for a simple explanation of each organ and how it works.

3. Repeat the process with the next transparency. By laying them on top of each other, you start out simply and gradually build up to the complexity of the internal systems. You should need 15 minutes for male anatomy and physiology and about 10 minutes for female anatomy and physiology.
**Training Tip**

In the trainer’s set of transparencies, each one is a simple drawing showing a different aspect of the reproductive anatomy. (The male anatomy includes the bladder and urethra. These are not technically parts of the reproductive system, but need to be explained because the urethra is involved in ejaculation.) By using them in sequence, laying one on top of the others below, you can explain in a simplified, step-by-step manner the complexity of the internal organs and how they interconnect.

The participants have drawings of the complete systems in their handbooks. However, during the presentation, you will want them to follow along with the transparencies and draw the different parts (with their handbooks closed). This helps them to remember better and builds confidence in their ability to explain. Such an approach replicates a technique that has been used many times in vasectomy counseling trainings and in counseling trainings of trainers and has been found to be very effective. Experience has shown that after the exercise, the participants would often use breaks or other free time to work on their own anatomy charts.

You will need to be able to go through the transparencies in 15 minutes for the male anatomy and physiology and in 10 minutes for the female anatomy and physiology. (More time is allowed for the male because it is a little more complicated to draw and because the participants tend to be less familiar with the male reproductive systems than with the female reproductive systems.) Practice ahead of time to be sure you can do this, building in time for the participants to do their own drawings and for a few questions to be answered.

If an overhead projector is not available, the trainer can conduct this exercise by drawing the anatomy on flipcharts, in the same sequence that is used for the transparencies. Practice doing this so that you can do it quickly, but do not expect to be “perfect”; it is good for the participants to see that this can be done without being an expert artist.

**Activity D: Discussion (5 minutes)**

Facilitate a discussion based on the following questions.

* What did you learn in this session that you did not know before?
* How can you use what you have learned in your work?