

## Session 6: Related Reproductive Health Needs and Other Issues

### Objectives

- To explain why postabortion clients may need information about reproductive tract infections (RTIs) and STIs
- To identify the essential information that all postabortion clients *must* have about RTIs and STIs before they leave the service site
- To describe the medical, social, economic, emotional, or other issues that postabortion clients may face that do not directly relate to PAC
- To identify referral resources that are available for clients' non-PAC-related needs
- To explain how to recognize the need for referral
- To help clients with threatened abortion manage their feelings related to the condition of their pregnancy

### Training Methods

- Discussion
- Small-group work
- Presentation
- Brainstorm
- Role play

### Materials

- Flipchart paper, easel, markers, and tape
- Flipcharts of the client case studies (from Session 3)
- Paper and pens or pencils for each participant
- Transparency 6-A: Sample Case Study 1: "Daisy" (page 168)
- Transparency 6-B: Sample Case Study 2: "Diana" (page 169)
- Handout 6-A: Background Information on STIs (including HIV) and RTIs (page 105)
- Handout 6-B: Sexuality and HIV/STI Risk: Broaching the Subject with Clients (page 107)
- Blank index cards (two per participant)

### Advance Preparation

1. Prepare a flipchart listing the objectives of this session.
2. Review all handouts and make one copy for each participant.
3. Prepare transparencies or flipcharts of Transparencies 6-A and 6-B, or make one copy each of case studies for distribution to small groups.

4. Prepare a flipchart like the example shown below

Other Reproductive Health Issues and Resources for Referral		
Category	Example(s)	Resource(s)
Medical		
Social		
Economic		
Emotional		
Other		

5. Prepare *two* flipcharts as shown below (one for each of the two case studies):

Addressing the Feelings of Clients with Threatened Abortion		
Client's name: _____		
Client's feelings	Why?	Provider's response



Session Time (total): 2 hours, 15 minutes

## SESSION 6 TRAINING STEPS

### Part A RTI/STI Information for the Postabortion Client



Time: 1 hour, 10 minutes

#### Activity 1: Discussion (40 minutes)

- Ask the participants: “Why is it important for postabortion clients to get information about RTIs and STIs?” The discussion should cover the following points (10 minutes):
  - Information about RTIs and STIs is particularly important for women who did not want to be pregnant this time, because a woman who has had an unwanted pregnancy may also have been exposed to infections or diseases during sex. Although unwanted pregnancy is often the result of bad planning in terms of contraceptive use, it may also result from unwanted sex, as in the case of rape or sexual abuse, or from commercial sex. Women in these situations may need help to learn how to avoid this situation in the future and how to protect themselves from STIs. (Referral for other reproductive health and nonmedical problems is discussed in Part B of this session.)
  - Although women who have had an unwanted pregnancy are considered to be especially in need of information and counseling about RTIs and STIs, we must not assume that other postabortion clients do *not* need this information, for the following reasons:
    - Women who report that the pregnancy was planned may actually be reluctant to say that they did *not* want to be pregnant.
    - Even women who are trying to get pregnant with a regular partner may be exposed to STIs due to their partner’s sexual behavior “outside” their relationship.
    - All women are at risk for RTIs. It is important to know about RTIs, both to maintain reproductive health and to know that not every discharge or sore is an STI. RTIs are infections of the reproductive system; they include both STIs *and* infections not caused by sexual contact. Some causes of RTIs outside of sexual contact include an imbalance of normal reproductive tract microorganisms (bacterial vaginosis and yeast infections) and medical procedures (often when there is a failure in aseptic technique).
- Ask the participants to suggest ways in which to begin talking about RTIs and STIs with postabortion clients, given the sensitive subject matter.
- Write their responses on a flipchart. If necessary, share some of the following examples (10 minutes):
  - “The information I am about to discuss with you is information that we provide to all of our clients. Have you ever heard of sexually transmitted infections (or STIs)?” *Continue to define, describe signs and symptoms, treatment, prevention, etc. This way, the client does not feel that either she or her partner is being singled out as someone who is suspected of having an STI.*
  - “Have you ever heard of sexually transmitted infections (or STIs)? These infections are common, and any one of us may acquire them. Therefore, it is important that we know about their signs and symptoms, how they are transmitted, how we prevent them, and where to go for treatment if we have the signs and symptoms. The signs and symptoms are...” *Discuss details.*

4. Distribute Handout 6-A: Background Information on STIs (Including HIV) and RTIs, and briefly review. Explain that this is not meant to be a complete reference, but rather an example of how the information can be presented in a simple way that nearly all clients can understand. Ask if additional information should be added for clients at the participants' sites, and note the participants' suggestions on a flipchart. Remind the participants that they can use the handout, along with notes from the additional suggestions, as a quick guide when providing information on RTIs and STIs to clients. (20 minutes)



### TRAINING TIP ○○○

Remember to refer to sexuality and gender issues that might be involved in discussions about STIs—e.g., that the woman got pregnant through unwanted sex, or that her husband has “outside” relationships that may have exposed her to an STI.

### **Activity 2: Large-group work/discussion (30 minutes)**

1. Explain that because providers may not have sufficient time to discuss all of the information on Handout 6-A with each postabortion client, it is important to prioritize which information to provide. (5 minutes)
2. Ask each participant to choose *three key points* that every postabortion client should know about RTIs and STIs before being discharged from the site. Ask each participant to write these on a piece of paper. (5 minutes)
3. Going around the room, ask each participant to report his or her three points. List each *new* point on the flipchart. (Do not write any suggestion more than once.) Then, from the large group, choose *three key points* from the complete list that each client should know about RTIs and STIs before she leaves the service site. (15 minutes)



### TRAINING TIP ○○○

We ask that the group identify “three key points” because three items are easy to remember. However, four or five points are okay, as long as the group agrees that these are “key” for every client.

Expected key points may include:

- An understanding of the signs and symptoms of STIs
- Knowledge of where to go if one suspects an STI because of signs or symptoms
- Information on treatment
- Awareness of susceptibility and prevention

4. Note that when a particular postabortion client wants to know more about RTIs and STIs, the provider should discuss as much other relevant information as possible.
5. Remind the participants that they will need to incorporate these points into their counseling role plays with their case-study clients (from Session 3). As with family planning counseling, the provider must determine the best time to give information on RTIs and STIs and to somehow ensure that the key points are covered with every client. However, this is a little more difficult than family planning counseling, because most clients are

not at all interested in hearing about RTIs and STIs. Overcoming this lack of interest (and embarrassment) will be one of the challenges for the role plays conducted later in the training. (5 minutes)

- Distribute Handout 6-B: Sexuality and HIV/STI Risk: Broaching the Subject with Clients as a reference item to remind the participants how to approach the subject of RTIs, STIs, and HIV with their clients.

## Part B Referring Clients for Other Services



**Time: 30 minutes**

### Activity 1: Presentation (5 minutes)

- Tell how this topic builds on the discussion of RTIs and STIs from the previous session.
- Explain that beyond RTIs and STIs, postabortion clients may be dealing with other types of medical and nonmedical issues.
- Review the issue categories listed in the “Category” column of the flipchart entitled “Other Reproductive Health Issues and Resources for Referral.”



### TRAINING TIP ○○○

Now that the providers are aware of the need to watch for signs and symptoms of RTIs and STIs, they must learn to whom they may refer postabortion clients for further treatment and information on those and other issues (including medical, social, economic, and emotional issues).

### Activity 2: Brainstorm (10 minutes)

- Ask the participants to think about the case-study clients (from Session 3) and to generate examples for each category of what other non-PAC-related issues those clients may face. Write their ideas on the flipchart in the “Example(s)” column.
- Ask the participants to think of appropriate resources within the institution or community that can be used for referrals, and write their ideas on the flipchart in the “Resource(s)” column. (See the sample completed flipchart on page 100 for examples of responses.)



**Sample completed flipchart—DO NOT COPY CONTENT**

Other Reproductive Health Issues and Resources for Referral		
Category	Example(s)	Resource(s)
Medical	<ul style="list-style-type: none"> <li>▪ Tuberculosis</li> <li>▪ Respiratory infection</li> <li>▪ Loss of an intended pregnancy; inability to carry a pregnancy to term</li> </ul>	<ul style="list-style-type: none"> <li>▪ Obstetric-gynecologic specialist</li> <li>▪ Other specialists (e.g., fertility)</li> <li>▪ Other health care providers</li> </ul>
Social	<ul style="list-style-type: none"> <li>▪ Rape</li> <li>▪ Domestic violence</li> <li>▪ Incest</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rape crisis center</li> <li>▪ Legal services</li> <li>▪ Other social or women’s services</li> <li>▪ Religious institution</li> </ul>
Economic	<ul style="list-style-type: none"> <li>▪ Inability to afford a family planning method</li> <li>▪ Limited or insufficient food or money</li> </ul>	<ul style="list-style-type: none"> <li>▪ Referral to free or low-cost family planning services</li> <li>▪ Social services</li> </ul>
Emotional	<ul style="list-style-type: none"> <li>▪ Emotional distress from social issues listed above</li> </ul>	<ul style="list-style-type: none"> <li>▪ Psychologist or counselor</li> <li>▪ Religious institution</li> </ul>
Other		

**Activity 3: Presentation (5 minutes)**

1. Describe the signs that a client may exhibit when dealing with non-PAC-related reproductive health or other issues.



**TRAINING TIP** ○○○

Signs of other issues include the following:

- Physical indicators, such as bruises, scratches, or other evidence of abuse, trauma, accident, or malnutrition (possibly an indicator of economic problems)
- Emotional indicators, such as distress or fear regarding the client's partner or the termination of the pregnancy, or depression over loss of the pregnancy
- Conversational indicators, such as questions on issues not directly related to the PAC procedure (such as STIs and HIV, sexuality, vaginal discharge, and others)

2. Explain the kinds of questions a provider can ask to find out about a client's needs.



### TRAINING TIP ○○○

Examples of questions for assessing a client's reproductive health needs (in addition to questions regarding family planning and RTIs and STIs) include:

- What other concerns or fears do you have regarding future pregnancies?
- Can you talk to your partner, family, or friends about these concerns?

### Activity 4: Role play (10 minutes)



1. Ask for a volunteer to act as a postabortion client in a short role play. Tell the volunteer and other participants that they will create a scenario in which one of the case-study clients (from Session 3) needs to be referred for non-PAC services.
2. Choose a case-study client for the scenario. Tell the participants that you will play the role of the "provider" to model how to use effective questioning to assess a client's non-PAC-related needs (and provide referral). (Assume that you have already covered family planning and RTI and STI issues with the client.)
3. Leave the room and give the group two minutes to come up with a situation.
4. Return to the room and instruct the volunteer not to offer you any information unless you ask questions that invite his or her response. Demonstrate how to ask questions that assess the client's needs, and refer her to the appropriate resource.
5. Discuss the role play with the participants.

## Part C Threatened Abortion



Time: 35 minutes

### Activity 1: Small-group work (20 minutes)

1. Divide the participants into two groups, and post the flipchart entitled "Addressing the Postabortion Client's Feelings" from Session 3.
2. Display Transparency 6-A: Sample Case Study 1: "Daisy" and Transparency 6-B: Sample Case Study 2: "Diana," and assign one to each group, or give each group one copy of the case study.
3. Give each group a copy of the flipchart entitled "Addressing the Feelings of Clients with Threatened Abortion." Tell the participants to read their respective case studies and to list on the flipchart what feelings the client may experience while she is at the facility.
4. Likewise, for each feeling identified, tell the participants to list the reason(s) why the client might feel that way, using the case-study flipchart from Session 3.
5. Ask each group to fill in the third column for their respective case-study clients. For this column, they should ask themselves: What can the provider do when a client is feeling this way?



6. Ask each group to choose a spokesperson who will report to the rest of the participants during the group discussion.

***Activity 2: Discussion (15 minutes)***

1. Post the flipchart entitled “Addressing the Feelings of Clients with Threatened Abortion” on the wall, alongside the respective case-study flipchart.
2. Ask the spokesperson from each group to share the group’s ideas.
3. Ask for comments or questions from the rest of the participants.

---

# **Session 6**

## **Handouts**



## Handout 6-A

# Background Information on Sexually Transmitted Infections (STIs) (Including HIV) and Reproductive Tract Infections (RTIs)

## STIs

### *What are STIs?*

- Sexually transmitted infections (STIs), including HIV infection (the cause of AIDS), are infections transmitted through sex (vaginal, anal, or oral).
- If not treated, STIs can lead to serious health problems, such as infertility.
- No cure exists for HIV/AIDS, and the infection usually results in death.
- Some STIs can be passed to the baby during pregnancy, delivery, and breastfeeding, causing serious infections.
- HIV and some other STIs can also be transmitted through unclean injection needles, skin-cutting tools, and blood transfusions (where the blood is not tested).
- STIs are sometimes called “venereal disease” (VD), and they are widespread throughout the world.

### *What are some common STIs?*

- Chancroid
- Chlamydia
- Gonorrhea
- Hepatitis B
- Hepatitis C
- Herpes
- HIV/AIDS
- Human papillomavirus (HPV)
- Syphilis

### *How do you know if you have an STI?*

Many people who have STIs, especially women, have no symptoms. (Symptoms are signs or indications in your body that may tell you when something is wrong.) When symptoms appear, these may include:

- Unusual discharge from the vagina or penis
- Pain or burning with urination
- Itching or irritation of the genitals
- Sores or bumps on the genitals or anus
- Rashes, including rashes on the palms of hands and soles of feet
- In women, pelvic pain (pain below the belly button)

Having one of these symptoms does not necessarily mean you have an STI, but if you have symptoms, you (and any sexual partners) should get checked at a clinic or hospital.

*(continued)*

## Handout 6-A (continued)

### Background Information on STIs (Including HIV) and RTIs

#### *How can you protect yourself from getting an STI?*

Practice safer sex:

- Have sex with only one partner who is not infected and who has no other partners.
- If this is not possible or if you do not know if your partner is infected:
  - ▼ For vaginal or anal sex, use a condom each and every time you have sex.
  - ▼ For oral sex, use a condom over the penis or cover the vagina or anus with plastic wrap or a condom that has been cut open.
  - ▼ Engage in other forms of sexual activity, such as using your hand to stimulate your partner. (Always wash your hands immediately afterward.)

**REMEMBER:** Communication between partners is important for practicing safer sex successfully. Partners can discuss issues about risk, trust, and condom use. The more partners can talk about practices that might put them at risk, the better they will be able to identify ways to reduce their risk of infection.

#### *How do you use a condom correctly?*

Providers should demonstrate how to use a condom correctly, then have the client repeat the demonstration. To avoid getting an STI, *always* use a condom.

### RTIs

#### *What are RTIs?*

Reproductive tract infections (RTIs) are infections of the reproductive system. RTIs include both STIs *and* other types of infections that are not caused by sexual contact.

RTIs that often are *not* sexually transmitted include:

- Yeast infection
- Bacterial vaginosis

#### *What are the symptoms and signs of RTIs?*

- Unusual discharge from the vagina
- Pain during urination
- Pain during sexual intercourse
- Vaginal itching

#### *What are the possible complications of untreated RTIs?*

- Bacterial vaginosis may increase the risk of infections following vaginal surgery or abortion and may increase the risk of early labor and delivery.
- Severe yeast infections or bacterial vaginosis may cause some women to experience extreme discomfort.

STI information adapted from: EngenderHealth. 2000. *What every client should know: STI/HIV prevention quick-reference cards for health care providers*. New York.

## Handout 6-B

### Sexuality and HIV/STI Risk: Broaching the Subject with Clients

When counseling clients on sexual and reproductive health issues, we often need to ask very personal, sensitive questions. This can be challenging for the client, who may not be accustomed to discussing such personal issues with someone other than a family member (or with anyone at all). It can be challenging for providers or counselors as well, since they must be able to obtain the information to address clients' risk of unintended pregnancy and infection with HIV and other STIs, as well as clients' concerns about sexuality.

#### Getting Started

It is best to get the conversation rolling with general, open-ended questions. Asking open-ended questions, such as about a client's reasons for coming to the service site or about her general health, will help pave the way for the more sensitive questions you will ask.

Later, you can probe with more pointed questions to obtain specific information. You may introduce the discussion in your own way, depending on the setting, the client, and the type of service she seeks or the complaint she presents with.

#### Examples

- Assure the client that the questions are routine and that everyone is asked the same questions. For example:
  - "I am going to ask some very personal questions now. We ask these questions of everyone, because we believe that one's sexual life is an important aspect of health."*
- Assure the client that the questions will have a direct bearing on her health care and the decisions made during the visit:
  - "It is important for me to ask you these types of questions so that I can help you to make health decisions that are right for you."*
- Be sure that she feels comfortable:
  - "If there are any particular questions you do not feel comfortable answering, feel free to let me know."*
- Introduce the questions within the context of HIV and STI risk:
  - "As you may know, HIV and other sexually transmitted infections occur a lot in this area. I would like to talk with you more about your situation so that we can determine if you might be at risk. We discuss this with all of our clients so that we can make sure everyone gets the information and family planning method that best meets their needs."*

#### General Questions

You may start with some very general questions to get the conversation going, such as:

- Do you have any questions or concerns that you would like to discuss about your sexual relationships?
- Can you tell me about your spouse, sexual partner, or partners? Whom do you live with?
- Tell me about your sexual experiences.
- What questions do you have about what might happen to your body during sex?
- Are you happy with your sex life? Why or why not? Do you talk with your partner about it?
- Tell me about your first sexual experiences. (This is a particularly important matter to raise with younger clients.)

*(continued)*

**Handout 6-B (continued)****Sexuality and HIV/STI Risk: Broaching the Subject with Clients****Getting Specific**

More pointed questions can often be integrated into a discussion of medical history, demographics, or risk factors pertinent to the service being provided. If the information does not emerge through general discussion, ask probing questions on HIV and STI risk, family planning, antenatal or postpartum concerns, or other relevant issues.

***Probing: Asking specific questions***

This list of issues should *not* be used as a checklist; it is merely a guide to help you remember the information points that are key to elicit. Questions about a client's sexual life, sexual practices, sexual risks, and social context should be worked into a two-way conversation about her individual situation.

***HIV/STI risk***

During the exploratory discussion, try to elicit information about key issues so you can assist the client to perceive and determine her risk for STIs, including:

- Number (and gender) of current and past sexual partners
- Knowledge of her partner's sexual practices and other partners
- Condom use
- History of STIs and other infections
- Sexual practices and behaviors

***Family planning concerns***

In addition to obtaining information about contraceptive history and needs, reproductive intentions, and potential contraindications, explore factors associated with sexuality that may affect contraceptive choice and continuation, including:

- Fear of becoming pregnant or fear of disease
- Concerns about the negative impact of the method (e.g., condoms, other barrier methods) on sexual pleasure
- Diminished sexual response due to use of hormonal methods
- HIV and STI risk (see above)

***Other issues for any client***

- Past surgery or diseases relevant to sexual functioning
- Sexual concerns with onset of menopause
- Sexual dysfunction in client or partner
- Pain during sex
- Lack of desire, orgasm, or sexual satisfaction
- Insufficient lubrication
- Age at first intercourse
- Experience of recent or past sexual coercion or violence
- Impact of drug or alcohol use on sexual activity and risks
- Partner's use of, support for, and communication about contraceptive use or disease prevention

*(continued)*

**Handout 6-B (continued)****Sexuality and HIV/STI Risk: Broaching the Subject with Clients***Some sample questions about a variety of topics*

- When did you first become sexually active?
- Can you tell me about how many sexual partners you have had?
- Were these partners male or female?
- Did you agree or consent to all of your past sexual experiences?
- Have you ever used any kind of contraception (family planning method) in your sexual relationships? If so, which methods? How frequently have you used these methods? How did you feel about them? How did your partner feel about them?
- Specifically, have you ever used condoms?
- If not, would you be interested in using condoms in your current or future relationships?
- To your knowledge, have you or any of your past or current partners ever had a sexually transmitted infection?
- What kinds of sexual practices have you and your past or current partners engaged in together? How do you have sex? (*Note: A client will often respond, “We have sex.” It is important to be specific about what “sex” means to the client. If she says, “intercourse,” find out if that is vaginal or anal, as well as whether she has performed or received oral sex. Be sure to use a gender-neutral term when referring to a client’s sexual partner until the client has revealed the partner’s sex.*)
- Do you have any other partners besides your primary partner? Do you think that your partner may have other partners?
- Do you experience any pain during or after sex with your partner?
- Do you experience any burning or other discomfort when you urinate?
- Do you feel any itching, burning, or other discomfort at any other times? Do you or have you ever had an unusual discharge from your penis/vagina?
- Do you have any questions or concerns about your sexual relationship that you would like to discuss?
- How do you feel about your current sexual relationship?
- How likely do you think it is that you may be at risk for HIV or other STIs? How likely do you think it is that your partner could be at risk for HIV or other STIs?
- How would you feel about a (or another) pregnancy at this time? How do you think your partner would feel?

**Adapted from:** EngenderHealth. 2001. *Sexuality and sexual health: Online minicourse*. <http://www.engenderhealth.org/res/onc/sexuality/index.html>.

