

## 8. Counseling and Testing for RTIs/STIs

Effective communication of information on prevention, especially on behavior change, linked with effective treatment is a key to the control of RTIs/STIs. When clear communication is linked to effective treatment there can be additional benefits. Even when treatment is not available at outreach RCH service delivery settings, prevention information and condoms can be provided. Effective communication can be done in the following ways:

Interpersonal communication: The face- to-face process of giving and receiving information between two or more people. This involves both verbal and non-verbal communication.

- Verbal communication: The way we talk with clients, the words we use, and their meanings.
- Non-verbal communication: The way we behave with clients, including actions, behaviors, gestures and facial expressions.

Counseling: Face-to-face, personal, confidential communication in which one person helps another to make decisions and then to act on them. Good counseling has two major elements: mutual trust between client and provider and the giving and receiving of relevant, accurate and complete information that enables the client to make a decision. It requires conversational and listening skills.

### Guidelines for counseling

- a) Welcome your client warmly by name and introduce yourself.
- b) Sit closely enough so that you can talk comfortably and privately.
- c) Make eye contact and look at the client as s/he speaks.
- d) Use language that the client understands.
- e) Listen and take note of the client's body language (posture, facial expression, looking away, etc.). Seek to understand feelings, experiences and points of view.
- f) Be encouraging. (Nod or say, "Tell me more about that.")
- g) Use open-ended questions.
- h) Provide relevant information.
- i) Try to identify the client's real concerns.
- j) Provide various options for the client.
- k) Respect the client's choices.
- l) Always verify that the client has understood what has been discussed by having the client repeat back the most important messages or instructions.

### Barriers to good counseling

- Lack of privacy.

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- Not greeting or not looking at the client.
- Appearing to be distracted (for example, by looking at your watch or reading papers while s/he is talking).
- Using a harsh tone of voice or making angry gestures.
- Sitting while the client stands or sitting far away from the client.
- Allowing interruptions during the consultation.
- Being critical, judgmental, sarcastic or rude.
- Interrupting the client.
- Making the client wait for a long time.
- Not allowing enough time for the visit.

Client counseling on RTIs/STIs: During counseling session, provider should talk about causation, transmission, recommended treatment, prevention, risk reduction, behavior change, and partner referral. Clinics can have take away information brochures in simple languages with illustrations to reinforce messages.

## Goals of client education and counselling

- Primary prevention or preventing infection in uninfected clients. This is the most effective strategy to reduce the spread of RTIs/STIs and can be easily integrated into all health care settings.
- Curing the current infection.
- Secondary prevention, which prevents further transmission of that infection in the community and prevents complications and re- infection in the client.

## What the client needs to know

### Prevention of RTIs/STIs

- Risk reduction
- Using condoms, correctly and consistently, availability of condoms
- Limiting the number of partners
- Alternatives to penetrative sex
- Negotiating skills

# Counseling and Testing for RTIs/STIs

## Information about RTIs/STIs

- How they are spread between people
- Consequences of RTIs/STIs
- Links between RTIs/STIs and HIV
- RTI/STI Symptoms - what to look for and what symptoms mean

## RTI/STI Treatment

- How to take medications
- Signs that call for a return visit to the clinic
- Importance of partner referral and treatment
- Acknowledge gender inequalities which may impact male partners coming forward to seek services

## Principles of effective client education

- Shows respect and concern for the safety of clients through body language, telling clients you are concerned, being attentive to and acknowledging clients' feelings, and taking more time with them.
- Is client-centered. Provides messages that are tailored for each individual –different messages for married men, women, and adolescents.
- Involves 3 kinds of learning: through ideas, actions, and feelings (cognitive, psycho-motor, and affective).
- Uses multiple channels (eyes, ears and face-to-face/visual, auditory, interpersonal). Delivers messages via the eyes, ears, and face-to-face communication.

## Integrated Counselling and Testing Centers (ICTC) and their role in STI prevention and Management

Clients with STI have shown high risk sexual behaviour. Based on this high risk behavior, the health care worker should inform the Client about the links between STIs and HIV and should encourage all Clients to undergo an HIV test as the risk of HIV among STD is upto 10 times higher. In order to get HIV test, Integrated counseling and testing centers (ICTC) have been established. Each ICTC has counselor(s) and a laboratory technician. As of November 2006, there are 3394 counseling centers and more are being established. ICTCs are located in the medical colleges, district hospitals in all states and in addition in selected CHCs and PHCs especially in the high prevalence states. It is envisaged to establish ICTCs at all CHC and additional at selected PHCs in all states.

In Integrated Counseling and Testing Centers the STI Client will receive comprehensive and accurate information on HIV/AIDS and HIV counseling to facilitate an informed choice regarding an HIV test. The integrated centers serve as single window system by pooling all Counselors and Lab



# Counseling and Testing for RTIs/STIs

Technicians working in ICTC, PPTCT, Blood Safety, STI, ART/OIs and HIV - TB together to offer round the clock counseling and testing services. This common facility will remove fear, stigma and discrimination among the clients and Clients, PLHAs and the referrals.

The ICTC have common television and video based health education materials that are screened continuously in the Clients waiting area. The information related to preventive, promotive and curative health care along with information regarding HIV/AIDS, and various services provided by the hospital is provided to all the Clients.

Further two strategies are adopted in ICTC for HIV testing.

- Opt-out strategy – In this, the counselor “assumes” that the Client has come to get an HIV test (implied consent). The HIV test will be done unless the Client actively denies the test.
- Opt-in strategy – In this, the counselor specifically asks the client, whether s/he would like to undergo the HIV test. The client has to actively agree to the HIV test.

As per the National AIDS Prevention and Control Policy, all HIV tests are voluntary, based on the clients consent, accompanied by counseling and confidentiality of the results.

## Aims of Pre-test counseling

- To ensure that any decision to take the test is fully informed & voluntary
- To prepare the client for any type of result, whether negative or positive or indeterminate
- To provide client risk reduction information & strategies irrespective of whether testing proceeds
- The Clients are advised about preventive measures and use of condoms.

If the Client declines to take the test, he/she leaves the ICTC. Some Clients return to the ICTC after a few days for the test. If the client agrees to undergo the test, he/she proceeds to the attached laboratory for blood collection. After the blood sample is taken, the client either waits for the results or is asked to return on assigned date with Patient Identification Digit (PID) number

The tests are performed by using the rapid test kits. If the test is negative and the client has history of high risk factors, he/she is advised to repeat the test after 3 months as he/she may be in the window period. If the result is positive the test is repeated with kits using a different method of antibody detection. The result is considered positive if all three tests are positive. Before the results are revealed to the client, post counseling is done.

## Aims of Post- test counseling aims to:

- Help client understand and cope with the HIV test results
- Provide the client with any further information required
- Help Clients decide what to do about disclosing their test result to partners and others

# Counseling and Testing for RTIs/STIs

- Help Clients reduce their risk of HIV/ AIDS and take action to prevent infection to others including condom, avoiding multiple partners and other high risk behaviour (Positive prevention).
- Help Clients access the medical and social care and support they need
- Establish link with PLHA groups, if needed

In STI settings, the following is recommended

- (i) HIV testing should be recommended for all STIs Clients after pre-test counseling and informed consent. There should be guarantee for confidentiality. HIV counseling and testing can either be performed in the STI clinic (if counselor is available) or Clients can be referred to the nearest ICTC.
- (ii) In some cases of STIs in the presence of HIV infection, larger doses and longer treatment duration of the drugs listed under the different STIs may be required. These Clients should be followed up regularly for longer duration.
- (iii) Excessive use of anti-microbials should be avoided, as it is likely to lead to more rapid development of antibiotic resistance.
- (iv) Although counseling of individual Clients on risk reduction, and prevention of STI transmission to the partners should be done in all Clients of STI, this is of vital importance for those infected with HIV.



