

**STD SERIES**  
**5**

**GUIDELINES ON  
COUNSELLING OF  
SEXUALLY  
TRANSMITTED  
DISEASES**



**Ministry of Health  
Malaysia**



KEMENTERIAN KESIHATAN MALAYSIA

**SERIES 5**

**GUIDELINES ON COUNSELLING  
OF SEXUALLY TRANSMITTED  
DISEASES**

AIDS/STDs Section  
**Ministry of Health Malaysia**  
**KUALA LUMPUR**

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## **CHAPTER 1**

### **WHAT IS STD COUNSELLING?**

STD counselling is an active process of communication and dialogue between a trained counsellor and the client who presents with problems related to STD and in a view to assist the client to deal with these problems adequately and appropriately.

## **CHAPTER 2**

### **OBJECTIVES OF STD COUNSELLING**

STD counselling is done to achieve various objectives among them are:

- (a) Prevention of infection through promotion of healthy lifestyles, behaviour, moral and spiritual values.
- (b) Prevention of transmission through modification of risky lifestyles and behaviour.
- (c) To complement health education and correct misconceptions or myths about STD.
- (d) Prevention of HIV infections.

## **CHAPTER 3**

### **WHO NEEDS STD COUNSELLING?**

There are individuals or groups that require counselling. Among them are:

- (a) Those who practise risky behaviours and lifestyles such as individuals with multiple sexual partners, prostitutes, etc.
- (b) Partner of the above groups of people
- (c) Those who request testing to be done for reasons best known to them
- (d) Those who are referred for counselling by other caregivers.
- (e) Those who have been tested for STD and formed to be positive.
- (f) Those with presenting medical symptoms suggestive of STD.

## **CHAPTER 4**

### **WHO IS STD COUNSELLOR?**

For a person to become a good and effective counsellor, one must be trained in skills and technique of counselling, has adequate knowledge in issues of STD infections and involved in management of these cases eg. health care workers including doctors, nurses. Non- Governmental Organization workers, Prison officers, religious personnel and community leaders.

## **CHAPTER 5**

### **WHAT ARE THE FUNDAMENTALS OF COUNSELLING?**

The counsellor should have an attitude that is responsible and caring in his/her management of his/her clients and willing to accept his/her clients in a nonjudgemental manner with regards to their sexual practices and habits, subcultural groups such as prostitutes, transvestites, homosexuals.

The issue of confidentiality is often mentioned in counselling. This must be strictly observed as far as possible within the counselling setting which may include the co-counsellors or assistants. The client has to be informed of requirement of legal notification in cases of positive result.

The setting should be done in privacy, not in open areas to ensure smooth progression of the process of counselling. In counselling, time is an important factor. The counsellor must ensure adequate time is given and punctuality must be strictly observed at almost all times. There may be occasion that a client may request unsheduled appointments to which the counsellor has to deal with.

## **CHAPTER 6**

### **TECHNIQUE OF COUNSELLING**

The effectiveness of counselling depends on the techniques used by the counsellor and in the initial phase, rapport must be established. This may be achieved by self introduction, hand shake and ensuring sitting arrangements must be such to minimize obstacles and encourage eye contact in a non-confrontational posture. The counsellor should speak in a non-threatening tone or manner. It is also important to emphasize that the counsellor should be able to empathise with the client. In interviewing clients, skills must be applied to use open-ended questions and not one-word response. The counsellor must be very tactful to guide the interview should the client digress. Questions asked to the clients should be ranked and if clients have several concerns they should also be ranked. Avoid use of technical terms and if certain jargon terms are used by the clients, they should be clarified.

It is also important that the counsellor be honest in providing all information while giving support and must avoid giving false reassurances to the clients while on the other hand giving hope to them.

## **CHAPTER 7**

### **COUNSELLING OF PATIENTS DIAGNOSED AS STD**

Whether the STD is a curable bacterial infection or a treatable but not curable viral infection, the following should be discussed with the patient in addition to risk reduction:

- the treatment;
- whether the infection is curable, and if not what the long-term effects will be;
- the complications, if any;
- when sex can be resumed;
- the special issues of fertility, pregnancy and risks to neonates;
- the fact that the infection was caught from one partner and may already have been transmitted to others;
- the possibility that infected partners may be asymptomatic;
- the risk that reinfection can occur if sex is resumed with an untreated partner;
- the consequences to a partner of failure to receive treatment;
- the risk of other unsuspected STD, including HIV infection;
- partner notification.

Patients risk of HIV who have not recently been tested should be offered HIV counselling and testing.

## 7.1 *General principles*

1. Counselling on STD is based on the following principles:
2. Information on STD and risk reduction should be easily accessible to all patients seeking STD services.
3. Staff must adopt a nonjudgemental attitude. The aim of counselling is to help the patient to explore alternatives and make the most appropriate choice (s).
4. No assumptions should be made about how much patients know or their life-style, as this may result in relevant information not being given and/or patients finding it difficult to ask questions, e.g., about particular sexual practices.
5. Monitoring and evaluation are necessary in order to learn what patients feel about the health education and counselling service, and how it can be improved.
6. Confidentiality must be assured.

## 7.2. *Practical aspects*

In the provision of counselling, the following are important:

1. Guidelines on information appropriate to the community served and the local epidemiology should be available to all providers of STD services.
2. Guidelines on risk reduction should also be available. It is particularly important that these are appropriate to the patient's culture and beliefs.
3. Training in counselling for providers of STD services as part of their clinical training should be encouraged.
4. Patients should generally be counselled alone but, when appropriate, provision can be made for them to be seen with their partners. Privacy is important, as is allowing patients adequate time to discuss their problems.

## **CHAPTER 8**

### **RISK REDUCTION COUNSELLING**

#### 8.1 *Importance of risk reduction*

Patients seeking advice on STD or HIV infection either have been at risk of infection or perceive themselves to have been so. Behavioural change is most likely to occur if they recognize that:

- even if their current infection is curable, a future STD may not be (e.g., infection with HIV, human papillomaviruses, or human (alpha) herpesvirus 1 or 2);
- future infections may be asymptomatic until permanent damage has occurred, e.g., tubal occlusion and infertility after chronic pelvic inflammatory disease;
- other STD may facilitate the acquisition of HIV infection;
- a risk activity for other STD is also a risk activity for HIV infection.

It is important, therefore, that individuals consider risk reduction so as to avoid contracting infections in the future, whether or not they are in principle curable.

## 8.2 *Communicating information about risk reduction*

It is essential that risk-reduction counsellor both thoroughly understands modes of transmission and guidelines for safer sex, and feels comfortable discussing sex and sexuality. This is more difficult when sexually transmitted infections are not the clinician's main responsibility; training may therefore be required to overcome potentially counter-productive embarrassment or unease health workers.

Patients should be given guidelines on safer sex and, where appropriate, additional information on safer ways to inject drugs. It is important to remember that drug users may attend STD clinics either to seek advice on STD or to be tested for HIV.

Risk reduction should be discussed with the patient and written information provided both as a reinforcement and so that details are not forgotten.

The counsellor must be honest about what is known and what is not, e.g., the actual risk of transmission of HIV through oral sex. Patients should be encouraged to err on the side of caution when making decisions about engaging in activities for which the degree of risk is unclear. The counsellor should start by asking patients what they understand by safer sex in order to assess their level of knowledge and determine whether any misconceptions exist. Information should be volunteered on all aspects of safer sex likely to be relevant to the patient. This reduces the risk that information will not be acquired because of embarrassment. Information that is clearly irrelevant to the patient should not be given as this may reinforce the feeling that only

others are at risk. Terms and language understood by the patient should be used, including stand as necessary.

The routes of transmission of infection should be explained so that patients understand the reasons underlying the guidelines for safer sex and can assess risk situations that have not been covered in the counselling session. Counselling should not consist of a series of "don'ts" . Safe activities should be emphasized and patients encouraged to think of other ways to enjoy sex. The point should be made that safer sex can be fun and exciting. Finally, information on condom use for both vaginal and anal intercourse should be given.

### 8.3 *Risk reduction in practice*

Information on its own is not enough to reduce the risk of STD transmission. The patient needs to be able to incorporate risk reduction into his or her life-style. The following general principles can be laid down.

advice should be appropriate to the patient's life-style;

changes made by the patient should not lead to isolation and loss

of personal contact;

- changes should be realistic and maintainable.

**On the practical side, the counsellor should:**

- explore patient's circumstances and life-styles;

- discuss how to cope with situations where there is potential risk if it is not possible to avoid them;
- encourage patients to generate their own solutions;
- discuss how and when to raise the question of safer sex with partners, and strategies for dealing with negative reactions;
- encourage patients to set limits for themselves on the degree of risk that they are prepared to take;
- help patients to take action to prevent future infection (in a lowprevalence area, a patient may feel reluctant to accept any behavioural changes aimed at reducing risk);
- advise women not only on the risks of sexually transmitted infections, but also on those of unwanted pregnancy, and give contraceptive advice or direct them to family planning services if they so wish.
- The objective is to encourage risk reduction and enable the patient to bring up the subject of safer sex with partners. The counsellor should concentrate on reducing the risk in the long term rather than eliminating it in the short term.

## **CHAPTER 9**

### **IMPLEMENTATION OF STD COUNSELLING AT PRIMARY HEALTH CARE FACILITY**

Counselling services for reduction of the risk of infection with STD agents should be done during a consultation with a doctor/ medical assistant/public health nurse.