

Photo: Fatiha Terki/Vietnam



2

COUNSELLING

2 COUNSELLING

1 What is counselling?

Counselling is a face-to-face process of communication by which one person helps another individual, couple, family or group to identify her/his or their needs and to make appropriate decisions and choices.

Counselling is a structured conversation between two or more people that assists one or more of the participants to work through particular issues that she or he faces with regard to sexual and reproductive health (SRH) needs and contraception, to explore their feelings and to find ways to deal with them. Counsellors encourage people to recognise and develop their own coping capacity, so they can deal more effectively with issues of concern.

Counselling not only helps people with their immediate needs, but also helps them to recognise and draw upon their own resources, which they can use for future problems they may encounter. Counselling is about creating new perspectives and change. The change may be inside the person (helping them to feel differently about a situation); or a change in their behaviour (e.g., practising safer sex); or a change in something in their environment.

Counselling aims to help people to:

- Understand their situation more clearly.
- Identify a range of options for improving that situation.
- Make choices, including contraceptive choices, which fit their values, characteristics, feelings and needs.
- Make their own decisions and act upon them.
- Cope better with any problems.
- Develop life skills such as being able to talk about sex with a partner.
- Provide support for others while preserving their own strength.

2 Counselling in sexual and reproductive health settings

In sexual and reproductive health settings, counselling can be used for a variety of tasks which include:

- To decide whether or not she, he or they need and want to use a method of contraception.
- To make an informed, free choice of a contraceptive method.
- To learn about the method of choice.
- To use the method of choice properly.
- To overcome anxieties and make adequate decisions if problems occur.
- To help with concerns about sexually transmitted infection (STI) and/or HIV infection.
- To prepare couples for parenthood.
- To make informed decisions about breastfeeding.
- To help women decide whether to terminate a pregnancy.
- To discuss any issues around sexuality and sexual relations, infertility, menopause and other sexual and reproductive health issues.

Effective counselling is particularly important in helping people with concerns about sexual and reproductive health because many people feel unable to talk with relatives or friends about these concerns. They may not even feel able to talk to their partner about contraceptives, safer sex or a diagnosis of STI. These situations can be complex and clients need time to talk them through and to make an appropriate decision.

Family planning/reproductive health counsellors have many opportunities to counsel clients on sexual and reproductive health issues including family planning. By expanding family planning counselling to sexual and reproductive health counselling, the client is looked at in a holistic way. This is more helpful to the client in terms of family planning and their sexual life generally, and makes clients feel that the counsellor cares about them as people rather than contraceptive acceptors. The use of the existing facilities is maximized. The counsellors have already been trained, are used to counselling and are trusted by the community, and the counsellor can reach a wider group of clients with unmet needs, including young people, men and those not at risk of pregnancy.

3 Who can do the counselling?

In many clinical settings, there may not be a formal specialist counsellor, but several clinic staff such as nurses, educators, receptionists, doctors and community workers could be trained to provide counselling. People who are motivated to counsel are more likely to make empathetic and proficient counsellors. Managers should motivate and support providers, community workers or volunteers to be involved in counselling. All staff members and community workers who provide counselling on a regular or occasional basis should be provided with appropriate training on counselling and communication skills.

To be a counsellor one needs:

- To have knowledge:
 - Of relevant sexual and reproductive health issues.
 - Of all available resources for sexual and reproductive health matters in their locality, including HIV prevention, support and/or care for victims of gender-based violence. (Counsellors might draw a map of all the resources in their district and use it to refer clients as appropriate).
 - Of trends and changes in sexual and reproductive health needs.
- To be motivated and committed.
- To have counselling skills including:
 - Active listening.
 - Non verbal communication.
 - Paraphrasing.
 - Asking questions.
 - Reflecting feelings.
 - Providing information.
- To have the right attitudes, including:
 - Being non-judgmental.
 - Not imposing one's own values on clients.
 - Being warm and approachable.
 - Being empathetic.
 - Having respect for clients.
 - Being committed to the client's well-being.

- Being willing to learn continuously and from one's own mistakes.
- Knowing oneself.
- Having knowledge of life and of people with different cultures and ways of life.

4 Environment

It is important to make clients feel at ease and to make them feel safe and confident. Creating a safe environment for counselling includes consideration of the physical environment. Wherever counselling takes place, whether at home or in the clinic, it must be held **privately**.

- Ensure that counselling is done in private and is confidential so that every client feels comfortable to discuss risk factors, including sexual behaviour.
- Provide a space where accompanying children can play with supervision while the mother is counselled.
- Make sure that the room is arranged in such a way that the communication between the client and the counsellor is private and confidential and that it facilitates communication between the client and the counsellor.
- Use visual aids to facilitate discussions, such as flip charts, anatomical and contraceptive posters or pelvic models.

The counsellor's approach and attitude is crucial. The counsellor can make the clients feel safe and confident by treating them in a warm and respectful way and communicating with them in a language and terminology they understand. The appearance and approach of the counsellor should be such that clients do not feel overpowered and feel secure enough to open up. Whenever possible and practical, counsel both the client and the partner and/or the family when appropriate.

- As soon as you meet a client, give them your full attention.
- Greet them politely and introduce yourself (name and title).
- Explain that any information they share with you is confidential.
- Ask the client what is the reason for their visit and how you may help them.

- Listen attentively and demonstrate this through positive body language and non-verbal communication.
- Give the client enough time to express her or his ideas and to make their own decision. Value silence while the client thinks deeply or copes with her or his emotions.
- Be aware of possible or known cultural differences between you and your client and ask for a fuller explanation if you do not understand or need to know more.
- Good interpersonal communication requires appropriate eye contact. However this may not always be culturally acceptable.
- Do not write and listen at the same time. Give your full attention to listening and then make notes with the client's permission if you need to.
- Encourage the client to speak or continue speaking by words such as "I see", "go on" etc. These small signs are vital to show that you are interested and pleased that the client is expressing her/himself.
- Assist the clients to talk about their needs and encourage them to ask any questions to help them with their sexual and reproductive health needs.
- Explain to them that you are asking questions to help them with their needs.
- Help the client to focus on issues where they can actively do some positive change, rather than being overwhelmed by the whole issue or problem. Help them to identify others that they can rely on and receive help from.
- Try to answer your client's questions honestly, accurately and fully, however difficult they are. It does not help the client to give false reassurance to stop them worrying.
- Involve new clients in the process of completing any acquired forms accurately and completely. For continuing clients, involve them in updating their records with any new information.
- If counselling is taking place in a clinic, as opposed to the client's home or other place in the community, explain the steps of the clinic visit, including who they will see, what examinations and tests will be performed and the reasons they are necessary, how long the visit will take and whether any payment is necessary.
- Refer the client to a range of services as needed.
- Provide ongoing support but avoid dependency and help clients to develop their own coping skills.

5 The link between education/information and counselling

Information obtained by clients before counselling will make the counselling process easier and will save time during personal interviews. Clients should learn about family planning, contraception, safer sex, STIs, HIV/AIDS and other sexual and reproductive health issues through other education activities, including posters and pamphlets (in appropriate languages) placed in waiting areas; films or videos; and by taking part in group discussions. **Time in waiting areas should be used to educate clients on reproductive health, contraception, STI/HIV/AIDS prevention and other sexual and reproductive health issues.**

Counselling is part of the information and education process. Giving information and education before the counselling can save some time in individual counselling but the counsellor still needs to check that the client understands the basic facts in relation to her or his own life.

During *individual counselling*, learning is enhanced by clients receiving information and education to their specific needs.

In *group information-giving*, the provider (or a video or printed pamphlet) gives the basic facts about an issue (e.g., family planning, contraceptives, safer sex, STIs, HIV/AIDS, transmission routes, potential advantages and disadvantages of having an HIV test and the process of counselling and testing). The provider or video needs to give the information in a clear and interesting way that relates to people's lives. Ask the group if they have any questions and encourage discussion through the information giving. If you have enough time, have some discussion after each topic. Warn the group that you cannot guarantee confidentiality and it is safest to talk about issues in a general way rather than disclose personal information. This can happen later in the individual counselling session. The ideal size for the group depends on the venue and the time available; between ten and twenty people gives opportunities for discussion.

In certain settings and cultural norms around sexual and reproductive health matters, *group counselling* such as in (extended) family or community groupings may be preferred. In group counselling, the counsellor guides a process of rapport building, exploration of the issues around prevention, options for risk reduction and other sexual and reproductive health information. The group is smaller (maybe up to ten people) and made up of people who will feel comfortable to talk together

(e.g., single-sex groups of a similar age and status, couples or families). They may share their feelings and experiences but with the understanding that confidentiality is not guaranteed. The group can share successful strategies for safer sex and, support and encourage each other and leave the session with more understanding of their options, their own feelings and values.

6 Contraceptive counselling

6.1 Choice of method

Clients should make their own decision on which contraceptive method is appropriate for them. The counsellor should help each client to match her or his family planning needs and preferences to a safe and appropriate method.

If the client is visiting the clinic to start using a method of contraception, ask the client if s/he has a particular method of contraception in mind.

If the client is considering a particular method:

- Try to determine by discussion and review of the client's medical and social history if the method is appropriate for the characteristics, needs and circumstances of the client.
 - If the method is appropriate, determine if the client knows about other contraceptive options and make sure that s/he is firm about her/his choice.
 - If the method is not appropriate (e.g., if she is breastfeeding, is less than 6 months postpartum and wants to use combined oral contraceptives; or if a barrier is unlikely to be used properly when an unwanted pregnancy would be a high risk), explain the disadvantages of using such a method and inform the client about other more appropriate contraceptive options.
- If, after discussing all the contraceptive options, the client chooses the originally preferred method, this method can be provided if the benefits outweigh the risks and there are no absolute contraindications.
- **If the client has a relative contraindication and the method is provided, advise her of the warning signs relevant to her condition.** In these cases, the participation of a senior member of staff in the screening and counselling process may be required.

If the client is not considering a particular method:

- Ask the client which methods of family planning s/he knows about. (This gives an opportunity to determine the client's level of knowledge as well as an opportunity to correct any misinformation).
- Briefly describe each method to the client. Provide additional information on the methods in which the client is interested. Show the methods to the client and let her/him examine them. Make sure information on all the following is included:
 - How the method works.
 - Effectiveness of the method.
 - Medical contraindications.
 - Possible side-effects.
 - Advantages.
 - Disadvantages.
- Encourage questions.
- Discuss advantages and disadvantages of the various methods in relation to the characteristics and needs of the client (e.g., current family situation, ability to remember to take a pill every day, partner's cooperation, frequency of sexual intercourse, number of partners). Advise the client that except for barrier methods no other method provides protection against STIs and that the condom is the only method demonstrated to protect against HIV (see chapter 14: HIV infection and AIDS).
- Determine if the client is ready to make her/his decision by specifically asking "What method have you decided to use?"
- After listening to all the contraceptive options available, the client may still be unable to decide and may ask you to recommend a method. Through continuous education and counselling, the choices will become clearer and the client will eventually be able to make her/his decision. In the meantime, suggest a method which is best suited to the client's particular characteristics and needs. If this is done, explain the reason for recommending that method and make sure that the client has understood those reasons and agrees with the recommendation. If the client does not agree, recommend another method until the client is satisfied. If there is still some hesitation, give the client some more time to consider before making her/his choice.

Never try to impose a method against the will of the client.

Special situations

- Some clients cannot use the method they choose for health reasons. When this occurs explain to the clients what the contraindications are and help them choose another method.
- **If the client chooses a method which you do not have in stock or do not offer, make a referral to a location where the method of choice may be obtained.** Help the client choose a method which can be used until her/his preferred method is available.
- If the client chooses female or male sterilization, she or he will have to receive special counselling, since this is a permanent method. The client must sign a specific informed consent form (see chapter 8: Male and female sterilization).

6.2 Explanation of how to use the method of choice

- The specific information that a client should receive about each method is stated in the chapters on each method. The following general areas must be covered when discussing the chosen contraceptive method:
 - How to use the method.
 - Possible side-effects.
 - Management of side-effects.
 - Warning signs that indicate need for medical follow-up, and where to obtain this follow-up.
 - Re-supply information, if applicable.
 - When the next follow-up visit should take place.
- Ask clients what they have understood about each of the above points by asking them to repeat the instructions in their own words. If necessary, repeat the instructions, emphasizing the points which the client has not understood well. Correct any misunderstandings and provide any information that is missing.
- Provide each client with printed information on the chosen method in a language appropriate to their reading level. When serving illiterate clients, provide carefully designed pictorial materials as a support for the one-to-one counselling. These materials are especially important

for methods such as the pill and barriers, which are dependent on correct use to be effective.

- Explain when the client should return for routine follow-up and re-supply. Also, explain the importance of a return visit if the client:
 - Is experiencing any side-effects.
 - Has any questions.
 - Wishes to switch to a different method.
 - Wants to stop using the method.

6.3 Return for follow-up

Enabling a client to understand complete information about family planning is not something that is usually accomplished in one visit; assisting clients to plan their families throughout their reproductive life is an ongoing process. Follow-up visits are an important opportunity to:

- Reinforce the decision clients have made to plan their family.
- Discuss any problems they are having with their method of choice.
- Answer any questions they may have.
- Explore changes in their current health status or life situation which indicate a need to switch to another contraceptive method or stop using any method.

During a follow-up visit:

- Briefly review the chart for the main details of the reproductive health history.
- Ask the client how s/he feels with the method and if there are any questions.
- If s/he is having any problems with the method, assess the nature of the problem and discuss possible solutions.
- If the problem is a side-effect, assess how severe it is and offer suggestions for managing it or refer the client for treatment.
- If the client is not using the method any more, ask why not (it may be due to problems related to misunderstanding, side-effects or supply). If the client still wishes to continue using a contraceptive answer her/his questions and provide information that will enable her/him to continue with a contraceptive of choice.

- If the client is still using the method, determine if it is being used correctly. Instruct the client on the correct use of the method if necessary.
- Ensure that the client receives re-supplies and an appropriate examination if necessary.
- Assist the client in selecting another contraceptive method if the client is not satisfied with a method, if her/his situation has changed, or if the method is no longer safe.
- If a client wishes to become pregnant, help her to stop her method and provide information on the return of fertility. Emphasize the importance of antenatal care and where to obtain it.

6.4 Problems using the method

- If a client seeks help because of problems with the method, it is important that service providers take care of the psychological needs of the client as well as the medical condition. **Comfort the client and give emotional support.**
- If the client is unhappy about the method being used, ask about the reasons; if appropriate, give reassurance about the method or advise about other contraceptive options.
- If a client is having complications which indicate that the method should be discontinued, give advice on other contraceptive options.

6.5 Method failure

If pregnancy has occurred, it is necessary to discuss it with the client (ideally with the couple) and to give her all the support and advice she may need. Try to determine if the pregnancy is the result of method failure and identify, if possible, any factors that may have contributed to it. (Please refer to chapters on specific methods).

It is usually impossible to anticipate accurately the effect of this event on the pregnant woman and her partner. The immediate reactions vary widely. Providers should be sensitive and understanding of changing feelings and provide support as required.

The client should be supported and encouraged to return for further counselling if desired.

- *If the woman plans to continue the pregnancy:* Advise her on the importance of early antenatal care and nutritional counselling and where and how to obtain it. A referral should be provided if necessary.
- *If the woman does not wish to continue the pregnancy:* Counselling should be provided in accordance with local laws and regulations. Explain to the client the dangers of unsafe abortion practices.

6.6 Integrating STI and HIV/AIDS counselling

Counsellors who are mainly involved in family planning may feel that STI and HIV/AIDS counselling is an additional task that involves all kinds of problems that are difficult to resolve. They will need to understand the benefits of integrating STI/HIV counselling, given a chance to express their concerns, and to identify the support that they will need.

STIs, including HIV/AIDS are major problems, and clients should understand the risks and decide how to protect themselves. For each contraceptive method, providers should explain whether it protects or not against STIs/HIV and promote dual protection when appropriate (see chapter 14: HIV infection and AIDS).

7 Counselling for groups with special needs

Programmes serving clients with special needs should ensure that providers of counselling are well trained in the needs of these groups and what specific approaches may be useful. Examples of such client groups include adolescents, as well as non-literate or low-literate populations.

