
UNIT 24 COUNSELLING

Structure

- 24.0 Objectives
- 24.1 Introduction
- 24.2 Benefits of Family Planning
- 24.3 Counselling
 - 24.3.1 Physical Setting for Counselling
 - 24.3.2 Basic Steps of Counselling
 - 24.3.3 Interpersonal Communication
 - 24.3.4 Essential Counselling Skills
- 24.4 Counselling in Family Planning
 - 24.4.1 Types of Clients Seeking Counselling in Family Planning
 - 24.4.2 Methods of Counselling
 - 24.4.3 Informed Consent
- 24.5 Method Specific Counselling in Family Planning
 - 24.5.1 Natural Methods
 - 24.5.2 Condoms
 - 24.5.3 Oral Contraceptive
 - 24.5.4 Intra Uterine Device (IUD)
 - 24.5.5 Surgical Methods
- 24.6 Let Us Sum Up
- 24.7 Answers to Check Your Progress

24.0 OBJECTIVES

At the end of this unit, the students should be able to:

- enumerate the major purpose of family planning counselling;
- discuss the basic principles of counselling;
- provide effective family planning counselling to all clients; and
- describe the various aspects of interpersonal communication.

24.1 INTRODUCTION

You have learnt about the demographic situation of India in Course 1. You have also become aware about the various important demographic parameters of other parts of the world. To contain the population growth the family planning practice needs to be improved. This could be achieved only by successful counselling.

Major purpose of family planning counselling is to assess clients requirements, provide the couple with a balanced presentation of contraceptive options available (giving details of advantages and disadvantages of each method), assist clients in making their choice and provide follow up care so that their anxieties regarding contraceptive usage are allayed. In this unit, we will discuss in detail the various aspects of family planning counselling.

24.2 BENEFITS OF FAMILY PLANNING

The family planning practice could have the beneficial effects for a woman, for a child and for a couple.

Benefits to the Women

- Decrease in the incidence of high risk pregnancies.
- Decrease in deaths due to high birth order and advanced age.
- Decrease in deaths due to illegal abortions for unwanted pregnancies.
- Improves women’s reproductive health as morbidity due to frequent child birth and abortions are decreased.
- Condom prevents STDs, AIDS and decrease risk of Pelvic Inflammatory Diseases (PID) arising due to STD - Notably gonorrhoea and chlamydia. They also reduce risk of cervical decrease, which is associated with malignancy.
- Oral contraceptives reduce the incidence of ovarian and endometrial cancer, functional cysts, benign breast diseases and pelvic inflammation. They help in menstrual problems like menorrhagia and dysmenorrhoea, anaemia due to heavy menstrual flow, dysfunctional uterine bleeding, pre-menstrual syndrome.

Benefits to the Child

- Family planning increases birth interval and thus increases child survival. Maternal depletion is corrected, hence better infant growth and survival is a direct benefit. Older children also benefit from spacing.
- Infant and childhood problems like low birth weight (including intra uterine growth retardation) and risk of certain congenital malformations are reduced if pregnancies occurring either too early or too late are avoided.
- The number of pregnancies and birth will reduce with improved health of the mother and child.

Benefits to the Couple

- A happier, tension free sex life as the fear of unwanted pregnancy is eliminated. There is more time to devote to each other and to the family.
- Couples can achieve higher education and economic goals if fewer children are born when desired. Level of literacy and standard of living improves.
- There is reduced chances of STDs and AIDS with the use of condoms. Transmission of STDs to the spouse can be prevented.

The Role of Induced Abortion

All contraceptive methods, even if used properly, have some failures although small. In such an event, a couple or client can exercise the option to terminate a pregnancy. The risk of induced abortion even in trained hands is higher than the risk of complications due to contraceptive use. Therefore, induced abortion is to be used only as a back up for failed contraception and is not a method of family planning.

Check Your Progress 1

1) What benefits family planning provide to the women?

.....
.....
.....
.....

2) Write True (T) or False (F):

- i) Family planning increases child survival. (T/F)
- ii) Induced abortion is a recommended method of family planning. (T/F)
- iii) Level of literacy in the community will improve with family planning. (T/F)

24.3 COUNSELLING

Counselling is a process through which one person helps another by purposeful conversation in an understanding atmosphere. It seeks to establish a helping relationship which helps people to grow, to change and to be capable of making their own decisions. Each person knows his/her own situation and is best equipped to choose between various alternatives.

However, there are times when it is difficult to decide on what to do, especially when decisions have far reaching consequences on their lives. Counselling helps in such situations. A counsellor never makes decisions on behalf of the client (the person who is seeking help) but simply steers the discussion in such a way that the client is able to make a decision.

Counselling in family planning is an interactive relationship between the M.O./Health Paramedic and a client which helps the client to decide whether to adopt a family planning method and if so, to make an informed choice of a particular family planning method.

Potential users of family planning services benefit by discussing their anxieties, fears and doubts. In a counselling situation, these negative feelings are resolved.

24.3.1 Physical Setting for Counselling

The physical setting should have the following criterias:

- i) **Privacy:** Counselling is most effective when it is done in a separate room/chamber where the couple/client feels free to bring up personal matters such as family planning. Physical privacy is ensured by restricting the entry to others in the room, shutting doors, using curtains etc. Social privacy or confidentiality is ensured by not sharing a client's experience with anyone else (not even the spouse, unless the client agrees), keeping records secret, and not even talking so loudly in a clinic that everyone outside can hear.
- ii) **Comfort:** The physical setting of the room should provide for a friendly atmosphere where the client can speak freely. Adequate sitting space be available. The M.O. should also keep visual aids and literature such as pamphlets, sample charts, leaflets, contraceptive samples etc. in the room to explain various family planning techniques to the client.

24.3.2 Basic Steps of Counselling

Final goal of counselling is a satisfied client. This could be achieved by following the suggested steps of counselling. The acronym GATHER could be remembered easily.

G: Greet the client

A: Ask the client about herself/himself and the family

T: Tell the client about all available Family Planning methods, including advantages, effectiveness and possible side effects

H: Help the client choose a method

E: Explain how to use the method (Demonstrate on dummies wherever possible)

R: Return-tell the client to return to the clinic for follow up for any doubts, problems and regular check-ups

24.3.3 Interpersonal Communication

Counselling is a face to face communication in which one person helps another person make decisions and act upon them. This becomes possible only when a relationship of mutual trust and confidence gets established. Hence, good communication skill is essential.

Communication can be described as a process by which information and understanding are exchanged between individuals by any effective means. Effective means may be verbal, non-verbal or written. The objective of communication is that the desired action on the part of the listener or receiver is achieved.

Communication Process

The communication process involves five components i.e. communicator, communicatee, message, media and interference.

- 1) **Communicator:** Also known as information source, encoder, sender, transmitter, author and addresser. The communicator first formulates the ideas, secondly he translates those ideas into meaningful codes which he thinks would bring desired changes in the receiver and then he transmits the codes through the most effective media at his command at that time.
- 2) **Communicatee:** Also known as receiver, decoder, reader and addressee. The receiver decodes the transmitted signals and translates them into meaningful messages. In turn the communicatee sends feedback to the communicator in reply to the message received. The feedback may be in the form of oral statements, written comments or in the form of non-verbal symbols like a smile or a gesture.
- 3) **Message:** It is the means by which the sender affects or influences the receiver. The message may be in the form of an oral statement, a written comment or in the form of a non-verbal code like a smile, nodding of head, facial expressions, body movements or any other kind of sign, symbol or gesture that is transmitted by the communicator for the recreation of meaning.
- 4) **Media:** Medium or channel acts as an intermediate agency that enables communication to take place. The medium generally used are:
 - a) Print
 - b) Audio
 - c) Visual
 - d) Audio Visual
- 5) **Interference:** Interference are factors which hinder successful reconstruction of meaning. The sources of interference in effective communication may be grouped as:
 - a) Physiological hindrances like fatigue, sleepiness, being hard of hearing, etc.
 - b) Psychological hindrances like anxiety, attitudes, mistrust, etc.
 - c) Environmental hindrances like noise, congestion, etc.
 - d) Sociological barriers like differences in knowledge, culture, experience, customs, beliefs, religion, etc.

24.3.4 Essential Counselling Skills

The essential communication skills for effective counselling are the following:

- Expressing empathy: Empathy implies being able to put herself/himself in other persons shoes and imagine how the other person is feeling.
- Being respectful.
- Telling the truth.

The essential counselling skills that are important for a counsellor to pick up are:

- a) Active listening and non-verbal communication
- b) Identifying and reflecting content (paraphrasing) and feelings
- c) Asking questions

- d) Validating the client
- e) Providing information
- f) Summarising

a) **Active Listening and Non-Verbal Communication**

The counsellor shows interest in what the client is saying without words. It allows the client to know that she/he is being heard and the counsellor is interested in her/him. The appropriate use of silence is the key element of active listening. It is the neutral response which opens communication and permits the counsellor to find out what the client knows and needs. Tips for active listening are:

- i) Meet the client in a comfortable and private place.
- ii) Accept the client—treat each person as an individual.
- iii) Listen to what the client say and the way she say it. Pay attention to her tone of voice, choice of words and facial expression.
- iv) Maintain eye contact without being rude.
- v) Lean forward when listening nod your head.
- vi) Make comments such as ‘uh huh’, ‘mmm’, ‘go on’, ‘yes’, ‘I see’, etc.
- vii) Try to feel empathy for the client.
- viii) Stop talking from time to time. Allow time for the client to talk and ask questions.
- ix) Listen carefully to the client instead of thinking about what you are to say next.

b) **Identifying and Reflecting Content (paraphrasing) and Feelings**

For paraphrasing, the counsellor listens to what the client says, then repeats in his/her own words the content of what the client has said. This helps the client to clarify what she or he is thinking and allows the counsellor to check if he/she understood what the client said.

One can use such *beginning phrase*

‘As I understand, what you are saying is

‘Do you mean that.....?’

‘So the point is that

For identifying and reflecting feelings, the counsellor listens to what the client says and identifies and reflects the clients feelings back to her/him. This empathetic response to what the client says, tells the client that the counsellor has heard and understood what he/she is feeling and her/his situation. Identifying and reflecting feelings tends to open communication. For example, we can use the following *phrases*:

‘I suppose that must make you rather anxious.’

‘If that happened to me I’d be rather upset.’

‘Times when I’ve been in that sort of situation, I have really felt I could use some help.’

‘If I achieved that, I think I would be rather proud of myself.’

‘That must have been rather satisfying.’

‘I suppose you thought you could hardly be expected to do any more.’

In reflecting the underlying feelings, delicacy is required in order not to over expose the speaker or press him/her to admit to more than he/she would like to reveal.

c) **Asking Questions**

The counsellor asks questions to find out what the client wants to get basic social and medical information about the client, to find out more about the client, to find out more about a particular matter, need or problem and to clarify what the client is saying. Questions can be open or closed and they can be used to elicit either factual information or feelings from the clients. Questions may fall into two major categories:

- i) Closed *versus* open questions
- ii) Information *versus* emotional/feelings questions
- i) *Closed verses Open Questions*

Closed questions are those which can usually be answered with a fact or a “yes” or a “no”
Examples are:

Closed (facts)

- How old are you?
- When did you have your IUCD inserted?
- How many children do you have?
- When did you start your last packet of pills?

Closed (Yes/No)

- Do you have children?
- Is your period regular?
- Are you satisfied with the pill?
- Are you concerned about AIDS?
- Call you feel the thread of your IUCD?

Open questions are those which usually seek thoughts, feelings and explanations. The examples are:

- What do you know about AIDS?
- Can you tell me how you are taking the pill?

ii) *Information versus Emotional/Feelings Questions*

Informational questions are those which generally seek information without asking for the client’s feelings. The examples are:

- How old are you?
- How many children do you have?
- When did you have your IUCD inserted?
- When did you start your last packet of pills?
- Is your period regular?

Emotional/feelings questions are those which generally seek a response about the client’s emotions and feelings. The examples are:

- How do you feel about having more children?
- How do you feel about using the pill?

Open questions are preferred since they lead to more and more exposure of the speaker without letting him or her know how the listener is receiving and evaluating the communication.

d) **Validating the Client**

When clients are expressing feelings that are common to a specific situation, it is helpful for them to be told that. It is reassuring for the client to know that what they are feeling is not exceptional.

e) **Providing Information**

The counsellor needs to find out from the client what she/he already knows or has heard. Then the counsellor must gently counter wrong information and provide additional new information clearly using language which the client can understand. The counsellor provides the clients with facts and other information so that the client can make her/his own decisions.

f) **Summarising**

The counsellor should use this skill to help the client summarise what has been discussed in a particular session or to clarify what decision, if all, the client has made as a result of the counselling session. The technique of summarising helps the client clarify the topics discussed during the sessions which may include medical or personal information, important facts and a clarification of the feeling which the client had expressed. If the client did not make a decision during the session and needs more time, information and resources to do so, the skill of summarising helps the client clarify, for the moment her/his alternatives and other offer clients the opportunity to return for follow up sessions.

Self Assessment in Counselling

As a counsellor you can ask the following questions to yourself. This will act as a check list for your preparedness for counselling.

- 1) How do you act with clients?
 - Are you relaxed?
 - Do you smile occasionally?
 - Do you avoid wrinkling your brow or raising an eyebrow in a judgemental way?
 - Do you avoid expressing nervous habits?
 - Do you avoid playing with something in your hands while you are listening to client (e.g., pens, paperclips)?
- 2) How does the area in which you are speaking with the client look?
 - Is it clean and orderly?
 - Is it pleasant and attractive?
 - Is there privacy?
 - Is there a comfortable space available for the client?
- 3) What is your body language like?
 - Do you avoid reading the medical history or doing other work while you are speaking with client?
 - Do you avoid looking frequently and obviously at your watch?
 - Do you avoid yawning during the interview?
 - Do you avoid being distracted and staring at the wall or out of the window?
 - Do you avoid shifting positions frequently?
- 4) How does your voice sound?
 - Do you use a smooth and gentle tone of voice during the counselling session?

- Do you avoid expressing judgement, disapproval or negative thoughts through your tone of voice?
- Do you respect silences and allow time for the client to express her/himself?
- Do you avoid filling silences with your voice?

24.4 COUNSELLING IN FAMILY PLANNING

Counselling is an essential skill for providing quality family planning services. Currently most of the service providers do not have the skill to provide the family planning counselling. You will learn the essential components of counselling in this section.

24.4.1 Types of Clients Seeking Counselling in Family Planning

Clients seek counselling sessions for various needs. During these sessions, various other health information are also sought. The important situations in which family planning counselling is usually practised are:

- 1) **Married couples** seeking information and help for the first time.
- 2) **Counselling the continuing client:** When counselling a continuing client, it is important to check correct usage, time for procuring supplies of condoms, change of IUD/Implant, time for the next shot of injectable contraceptive etc.

If a client wants to try out another method (method switching), tell the client about other methods again and help the client to choose another suitable method. Remember changing methods is not bad and is normal. No one really can decide on a method without trying it. Also a person's situation may change, whereby another method may become more suitable. Even if the client is not satisfied with a particular method, he/she should be able to return to the same service provider for another method. To make this possible, the provider must be seen as someone who is sympathetic, approachable and who will not be "disappointed" or "unhappy" that the client has not continued with the initially decided method.

- 3) **Premarital counselling:** People wanting to know exactly what will happen when they are married and about contraception.
- 4) **Counselling the client for termination of pregnancy:** When clients come for a MTP, counselling involves dealing with their fears about the procedure, expectations of pain and guilt at terminating a pregnancy. The M.O. must be sensitive to religious sentiments and value systems, however, different and unusual they may seem. Counselling in contraception is essential to avoid another unwanted pregnancy.
- 5) **Counselling adolescents and youth:** Adolescents need a special approach as this is the period when they are discovering their sexuality, feel curious and at the same time embarrassed about many areas of sexual function. They need accurate information about the reproductive system, function of various organs and changes to puberty. They have misconceptions about menstruation, masturbation and nocturnal emissions, all of which are natural processes. In many cases, their only sources of information are their peers; who are likely to be misinformed. It is necessary to be approachable, non-judgmental and non-threatening when dealing with adolescents. The M.O. should not be moralistic with adolescents, as in that case they will never return and will lose their only way of obtaining accurate information that would enable them to practice safer behaviours.

24.4.2 Method of Counselling

Following the spirit of GATHER, greet the client with pleasant gesture and offer to sit, if place available. If already talking with some other client/patient or staff, intermittently watch the waiting client, smile. Give a feeling to the waiting client that she/he is as important as the one being already attended by you.

Enquire the purpose of the client's visit, i.e., whether the client has come for information, for a method of family planning or for any other reason.

a) **Counselling for Information**

Present balanced information about the contraceptive choices available at the clinic. The focus should be on the advantages, possible discomforts/side-effects, both short-term and long-term. Conclude with-what generally Indian women/men have experienced with particular methods. Encourages the client to ask for clarification, any doubts/dia information or rumours about any method? Make them feel that you are available to them for any help/advice required.

- Give factual information to dispel the doubt or rumours about any method associated with any major side effects or disease.
- Give, if available leaflet, pamphlet or any other literature about the family planning methods or a method in which the client seems to be more interested or inquisitive.

b) **Counselling for a Method of Family Planning**

The focus of counselling and information should be on the method mainly. However, you have to ascertain during your discussion with the client. If she/he has proper information about the other methods available at the clinic. Also, tell how the method works and how it is used. Use the available posters/methods and charts for this purpose. When the client is supposed to return for follow up, her doubts and problems should also be discussed and good care assured.

c) **Counselling for Both Information and Specific Method**

While following both the steps, (a) and (b) above, the client should be helped and encouraged to relate the method with different perspectives, like health, parity, purpose— spacing or altogether avoidance of pregnancy, mode of use, intended duration of use, spousal support, etc., in order to ensure informed choice before offering the method.

d) **Counselling for Any Other Purpose**

This could be possible in the case of current users of contraception who might come with some problems for treatment or clarification. Also, some relations or others might come for information or ascertaining the facilities and good care available at the clinic for someone else. Visits with such purposes also need to be given importance and proper attention.

Remember, counselling is aimed to help the client with factual information about different methods available, to clarify any doubts, rumours and decide about family planning practice, choose a method voluntarily and be happy with it.

24.4.3 Informed Consent

Informed consent is the decision by a client to undergo a surgical procedure/invasive intervention after she/he has been fully informed about the procedure and its consequences. In India, a client’s signature on an informed consent form is legal authorisation for the procedure to be performed. The consent form for vasectomy/ tubectomy recommended by Ministry of Health and Family Welfare is given in Annexures I and II of Unit 28 of this block.

Check Your Progress 2

- 1) List the essential communication skills.

.....

.....

.....

.....

.....

.....

2) What are the barriers to effective communication?

.....
.....
.....
.....
.....

3) What is the acronym for basic steps in counselling?

.....

4) List the type of clients seeking counselling in family planning.

.....
.....
.....
.....
.....

24.5 METHOD SPECIFIC COUNSELLING IN FAMILY PLANNING

As a counsellor, you should try to include the following information/points as a part of the communication between you and the client/spouse.

- Tell the client about the method she/he is interested in or has a choice for that.
- Who may/may not use that method? This should be clarified with valid reasons.
- If the method of choice is not found appropriate for the client, what other alternative method might suit her/him, should be told with factual information.
- How safe and effective is the method? Client must be informed about these without suppressing or hiding any information related to tile advantages/disadvantages of the method.
- How the method works? This should be explained in a simple way easily understood by the client.
- How the method is used? Using the model/charts or by demonstration, the client should be made aware about it.
- Who administers/uses the method—the client/provider? When the method is independent of the provider, the client need not depend on the provider. This should be explained.
- If desired, how to stop the usage? If it involves surgical intervention or the client herself/himself can stop the use of the method. How and where, the user can stop using the method or seek withdrawal, should be explained.
- If withdrawal/removal difficult, painful, time taking etc., this should be clarified. If surgical intervention is involved, the procedure, time, possible inconvenience or pain etc. should be told to tile client.
- Where to go/whom to consult in case of a problem while using the method? The sources of facilities that can help manage the complication due to use of a method should be told to the client.

- Follow up schedule. When she/he has to return for regular or periodical checkup/consultation, should be told to her/him.
- Assurance for post contraception care. This aspect needs to be clarified in very convincing manner.
- Appreciation for the choice and adoption of the method. For this, technique should be applied to appreciate the decision of family planning and choice of the method so as to provide lasting motivation to the client. This will eliminate the chances of regret and guilt in case of complication and strengthen the spirit of tolerance of inconveniences and common side-effects.
- Appreciation of the spousal support/motivation for spousal support. During follow up, communication with the spouse and clarification to his/her points elicit and strengthen spousal/social support to the user at family level. This minimises the chances of discontinuation of the method.

24.5.1 Natural Methods

For the clients preferring for natural methods of contraception, the following points need to be communicated.

- Explain various natural methods.
- Tell the advantages and disadvantages.
- Need for compliance from both partners.
- Discuss whether client can observe all precautions necessary.
- Explain the failure rates.
- Discuss all other options.
- Encourage the client to ask questions, seek more information.
- Schedule another visit giving him for the client to make up his/her mind.

24.5.2 Condoms

For the clients preferring for use of condom as a mode of contraception, the following points need to be communicated

- Show the condom to the client. If the client is a female, tell that condom is a reasonably effective method that her husband can use.
- Find whether husband is sympathetic and will comply. If husband is willing, he should be demonstrated the condom use. Tell how it is used and how it stops conception.
- Tell when used correctly (a new piece at every act of sexual intercourse), it provides reasonably effective protection against pregnancy.
- The use of condom provides safeguards against STDs including HIV infection.
- Tell about the advantages/disadvantages of the method (infrequent side effects).
- Tell different sources, including social marketing channels of their availability on free of cost and on highly subsidized rates.
- Tell how and where to keep/dispose of the condoms.
- Assure of any help/consultation in case of a problem.

24.5.3 Oral Contraceptive

For the clients preferring for use of oral contraceptive condom as a mode of contraception, the following points need to be communicated:

- Tell the client about different brands/names/packs of oral pills. Show those packets to her/spouse.

Family Planning

- Clarify that there is no difference so far as the safety and efficacy of these different brands of oral pills are concerned.
- Tell the sources — clinic, market, including social marketing channels, etc., where from the pill may be obtained free of cost or on subsidized rates.
- Tell the advantages/disadvantages of the oral pill.
- Tell about the physical examination and laboratory tests required to ascertain the appropriateness of the pill for use by the client.
- Contraindications — absolute/temporary/relative. These should be clarified to the client.

Health Benefits

Besides contraceptive protection, the ancillary protective health effects of the pill should be told to the client. She may benefit in the following conditions:

- Anaemia due to heavy menstrual bleeding
- History of ectopic pregnancy
- Painful menstrual periods
- Recurrent benign ovarian cysts
- Pelvic Inflammatory Disease (PID)
 - Breakthrough bleeding.
 - Nausea, dizziness
 - Breast tenderness
 - Headaches
 - Acute vomiting and diarrhoea interfere with the effectiveness of the pill
 - Certain medicines reduce the effectiveness of the pill
- Warning Signals:
 - Severe abdominal pain
 - Severe chest pain, cough, shortness of breath
 - Severe headache
 - Eye problems: Loss of vision or blurring
 - Severe leg pain in calf or thigh
 - Jaundice (Yellowness of the eye and skin)
 - Tell the client that these complications are very rare
 - Tell about the follow up schedule - 3 month after the use of the pill and the annual
 - Tell about the alternative method for herself/spouse.

24.5.4 Intra Uterine Device (IUD)

Explain there are different types of IUDs, but in India CuT -200 is being offered in the programme and that is as safe and effective as any other IUD available in the market that she may have heard about:

- Show the CuT -200 with inserter and demonstrate how it is inserted, where it is inserted, what is its function, etc. Use model, chart, etc., to explain these points.
- Tell about its safety and efficacy.

- Tell the advantages/disadvantages — possible side effects, particularly bleeding, spotting, etc.
- Tell about the alternative methods for herself/spouse.
- Clarify the doubts and rumours about the IUD associated with perforation or major illness.
- Tell who can and who cannot use IUD
- Tell that the appropriateness of the IUD for her use would depend on her medical history, physical and laboratory examinations.
- Tell what instructions the client would be required to follow if she would have IUD inserted.

You can also refer to counselling in IUD (Sub-section 27.4.1).

24.5.5 Surgical Methods

The following points should be included in relation to vasectomy and tubectomy:

- Explain the permanent nature of the method.
- Tell the advantages and disadvantages.
- Explain what is done in this method show charts/pictures and how contraception is achieved.
- Discuss follow up schedules.
- Ensure that the client has understood the procedure.
- Tell about other methods with their advantages and disadvantages.
- Explain the complications that can occur with surgical procedure.
- Tell them the failure chances and the need for additional contraception till 20 ejaculations or for three months whichever is earlier.
- Clarify doubts and rumours.

24.6 LET US SUM UP

Counselling is a face to face communication in which one person helps another person make decisions and act upon them. Counselling is very important in the field of family planning.

Such a process would improve acceptance of contraception and what is even more important continued use of contraception — either the same method or if the first method did not suit change over to a suitable one at a later date.

Good communication is essential for effective counselling. Essential counselling skills are:

- Active listening and non-verbal communication.
- Identifying and reflecting content (paraphrasing) and feelings.
- Asking questions — Open questions are preferable to close ones.
- Validating the client.
- Providing information.
- Summarising.

You should provide information in details about the contraceptive method that the client wants to accept so that long term use could be ensured.

24.7 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- 1) The benefits are:
 - Decrease in incidence of high risk pregnancies.
 - Decrease death due to high birth order, advanced age and illegal abortions.
 - Improves reproductive health as morbidity due to abortions and child birth are decreased.
 - Special benefits are provided by specific methods like condom, Oral pill, etc.
- 2)
 - i) T
 - ii) F
 - iii) T

Check Your Progress 2

- 1) The essential communication skills are:
 - Active listening and non-verbal communication.
 - Identifying and reflecting content (paraphrasing) and feelings
 - Asking questions — Open questions are preferable to close ones
 - Validating the client
 - Providing information
 - Summarising
- 2) The barriers of effective communications are:
 - Physiological like fatigue, sleepiness, deaf
 - Psychological like, anxiety, attitudes, mistrust
 - Environmental like, noise, congestion
 - Sociological like, differences in knowledge, culture, experience, customs, beliefs, religion, etc.
- 3) GATHER
- 4) The type of clients are:
 - Married couples seeking advice for first issue
 - Clients already on contraceptives
 - Couples before marriage
 - Women seeking MTP
 - Adolescents and youths