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## **UNIT 4 COUNSELLING IN REPRODUCTIVE AND SEXUAL HEALTH INCLUDING PROBLEMS OF ADOLESCENTS**

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### **4.0 INTRODUCTION**

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In this unit you will be learning about the definition of counselling, need for counselling, principles, purpose and steps of counselling, Techniques for effective communication with the adolescents and how to counsel the adolescent on sexual and reproductive health matters.

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### **4.1 OBJECTIVES**

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After completing this unit, you should be able to:

- define the terms: Counselling, sexual Health and Reproductive Health;
- discuss the need for counselling in adolescence;
- list the principles and purposes of counselling;
- describe the steps of counselling;
- explain the techniques of effective communication with adolescents; and
- discuss how to counsel the adolescents on sexual and reproductive health matters.

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## 4.2 DEFINITION OF TERMS

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Let us now discuss about definitions as given below:

### **Counselling**

It is face to face communication between two or more people in which one person helps the other to make a decision and then act upon it. It is two way communication in which the counsellor listens patiently to the client's thoughts / fears / misconceptions / problems without being judgmental.

### **Sexual Health**

The term sexual health is used to describe the absence of illness and injury associated with sexual behaviour and a sense of sexual well-being. Sexuality influences thoughts, feelings, interactions and actions among individuals, and motivates people to find love, warmth and intimacy. It can be expressed in many different ways and is closely linked to the environment in which people live.

### **Reproductive Health**

Reproductive health is a state of complete physical, mental and social well-being. It is not merely the absence of disease or infirmity, in all matters relating to the reproductive system, its functions and processes, at all stages of human life (WHO).

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## 4.3 NEED FOR COUNSELLING IN ADOLESCENCE

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Adolescence (10–19 years) is a transition period between childhood and adulthood characterised by rapid physical, psychological, social and behavioural changes. As the adolescent come across these changes, they have many doubts and concerns about the changes which are happening in their bodies. However majority of adolescents hesitate to share their doubts and concerns and to seek answers from caring adults. During this period, they start extending their relationships beyond the family and give important place to peers. Adolescence is also a period for contracting many negative behaviours such as violence, consumption of alcohol, smoking, substance abuse and unprotected sex. The leading causes of adolescent mortality are accidents (death from unintentional injury), homicide and suicide. Additional morbidity is related to drug, tobacco, and alcohol use; risky sexual behaviours, poor nutrition and inadequate physical activity. One third of adolescents are engaged in atleast one of these high-risk behaviours. If these adolescents are not well informed or guided, they are likely to make decisions that could harm them. All these adolescents require counselling from the trained counsellors, although adolescents may be reluctant to initiate discussions about risky behaviour because of confidentiality concerns. The key is to provide relevant and useful preventive counselling. It is necessary to develop trust for discussing the specific issues that have a long lasting impact on this age group. It is the responsibility of health care professionals to help the adolescents by providing them with information, advice, counselling and clinical care to maintain safe behaviour and modify unsafe habits.

Counselling helps adolescents to identify the problem, make decisions and give

them confidence to put their decisions into practice.

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#### **4.4 PURPOSE OF COUNSELLING THE ADOLESCENT ON SEXUAL AND REPRODUCTIVE HEALTH ISSUES**

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- Exercise control over her/his life.
- Make decisions using a rational model for decision-making.
- Cope with her/his present situation.
- Achieving control over behaviour, understanding oneself, anticipating consequences of actions, and making long-term plan.

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#### **4.5 PRINCIPLES OF COUNSELLING**

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- Helps the client to identify the problem and make decisions for himself or herself.
- The client has the right to choose his or her own action.
- Accurate information is provided.
- Is strictly confidential.
- Takes into account psycho-social, financial and spiritual needs of the client.

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#### **4.6 GATHER APPROACH FOR COUNSELLING**

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- Greet the adolescents
    - Put them at ease, show respect and trust
    - Emphasise the confidential nature of the discussion
  - Ask how can I help you?
    - Encourage them to bring out their anxieties, worries and needs, determine their access to support and help in their family and community
    - Encourage the person to express his/her feelings in own words
    - Show respect and tolerance to what they say and do not pass judgement
    - Actively listen and show that you are paying attention through your looking
    - Encourage them through helpful questions
    - Find out what steps they have already taken to deal with the situation
- Tell them any relevant information they need
- Provide accurate and specific information in reply to their questions.
  - Give information on what they can do to remain healthy.
  - Provide information they need to know about the particular health issue.

Help them to make decisions

- Explore the various alternatives

- Raise issues they may not have thought of
- Be careful of letting your own views, values and prejudices influence the advice you give
- Ensure that it is their own decision and not one that you have imposed
- Help them make a plan of action

Explain any misunderstandings

- Ask questions to check understanding of important points
- Ask the person to repeat back in their own words and key points

Return for follow-up or Referral

- Make arrangements for a follow-up visit or referral to other agencies
- If a follow-up visit is not necessary, give the name of someone they can contact if they need help

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## 4.7 COUNSELLING SESSION

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Individual comes to the counsellor with concerns, problems, difficulties and confusion. During counselling all aspects of problem get discussed with due respect to the client. Counsellor assesses the strengths and weakness of the individual based on the discussion and provides multiple alternative solution and help client to take the right decision or solution.

### Six Steps of Counselling

#### STEP 1 - Connect

- Initiate first contact
- Communicate appropriately
- Establish trust and confidentiality

#### STEP 2 - Reassure

- Be a calming influence
- Minimise feelings of insecurity
- Provide accurate information
- Refer to appropriate services

#### STEP 3 - Stabilise

- Help clients understand their own reactions
- Recognise the signs of severe distress
- Refer to specialists if necessary

#### STEP 4 - Address Needs and Concerns

- Gather accurate information
- Clarify the client's concerns
- Formulate possible solutions to problems

- Provide practical assistance

#### **STEP 5 - Provide Support**

- Help rebuild social networks
- Encourage clients to seek external support
- Assist in overcoming ‘support obstacles’

#### **STEP 6 - Facilitate Coping**

- Raise awareness of positive coping skills
- Enable clients to identify negative coping
- Help clients to manage anger

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## **4.8 TECHNIQUES FOR EFFECTIVE COMMUNICATION WITH THE ADOLESCENTS**

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The following technique helps for effective communication with adolescents.

- Create a good, friendly first impression.
- Start the session on time. Don't make the client wait.
- Smile and warmly greet the adolescent client.
- Introduce yourself and what you do.
- Ask her/his name and what she/he likes to be called.
- Establish rapport during the first session.
- Face the adolescent, sitting in similar chairs.
- Use the adolescent's name during the session.
- Demonstrate a frank and honest willingness to understand and help.
- Begin the session by allowing the adolescent to talk freely before asking directive questions.
- Congratulate the adolescent for seeking help.
- Eliminate barriers to good communication.
- Avoid judgmental responses of body or spoken language.
- Respond with impartiality, respecting the adolescent's beliefs, opinions and diversity or expression regarding her/his sexuality.
- Use “active listening” with the client.
- Show your sincere interest and understanding and give your full attention to the client.
- Sit comfortably and avoid movements that might distract the adolescent.
- Put yourself in the place of the adolescent while she/he speaks.
- Assist the client to be more aware of the problem without being intrusive or taking away her/his control over the issue.
- Observe the tone of voice, words used and body language expressed and reflect verbally to underscore and confirm observed feelings.
- Give the adolescent some time to think, ask questions, and speak. Be silent

when necessary and follow the rhythm of the conversation.

- Periodically repeat what you've heard, confirming that both you and the adolescent have understood.
- Clarify terms that are not clear or need more interpretation.
- Summarise the most relevant information communicated by the adolescent, usually at the end of a topic.
- Provide information simply.
- Use an appropriate tone of voice.
- Speak in an understandable way, avoiding technical terms or difficult words.
- Understand and use where appropriate the terms/expressions adolescents use to talk about their bodies, dating, and sex.
- Use short sentences.
- Do not overload the adolescent with information.
- Provide information based on what the adolescent knows or has heard.
- Gently correct misconceptions.
- Use audiovisual materials to help the adolescent understand the information and to demonstrate information in more concrete terms.
- Ask appropriate and effective questions.
- Use a tone that shows interest, attention, and friendliness.
- Begin sessions with easy questions, gradually moving up to more difficult questions.
- Try not to take notes except in a structured interview that has an established order for special cases.
- Ask a single question and wait for the response.
- Ask open-ended questions that permit varied responses and require thought.
- Allow for explanations of feelings or concerns. Examples: "How can I help you?", "What's your family like?"
- Ask in-depth questions in response to a previous question and to solicit more information. Example: "Can you explain that better?"
- Ask the same question in different ways if you think the adolescent has not understood.

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## **4.9 COUNSELLING AN ADOLESCENT ABOUT SEXUALITY**

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Sexuality includes the sum total of a person's personality, thinking and behaviour towards sex. It includes the identity, emotions, thoughts, actions, relationships, affection, feelings that a person has and displays. The negative aspects of sexuality include sexual coercion, eve teasing, sexual harassment, rape and prostitution. Communicating and counselling with adolescents about sexuality can be challenging because it is a sensitive topic about which adolescents often feel emotional, defensive, and insecure.

Counselling an adolescent about sexuality require the following:

- Consider an adolescent's age and sexual experience.
- Have patience and understanding of the difficulty adolescents have in talking about sex.
- Assure privacy and confidentiality.
- Respect the adolescent and her/his feelings, choices, and decisions.
- Ensuring a comfort level for the adolescent to ask questions.
- Respond to expressed needs for information in understandable and honest ways.
- Exploring feelings as well as facts.
- Encourage the adolescent to identify possible alternatives.
- Discuss consequences, advantages, and disadvantages of options.
- Assist the adolescent to make an informed decision.
- Help the adolescent plan how to implement her/his choice.

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#### **4.10 DECISIONS ON SEXUAL AND/OR REPRODUCTIVE HEALTH MATTERS**

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Adolescents must often make significant decisions on the following sexual and / or reproductive health matters:

- How to discourage and prevent unwanted sexual advances?
- Whether to engage in sexual relations or not. If yes, when?
- How to prevent pregnancy and STI/HIV?
- Whether to conceive a child or not? If yes, when?
- Whether to continue or terminate a pregnancy?
- What kind of antenatal care to seek and where to go?
- How to deal with sexual abuse and/or violence?

Most of these decisions can be worked through during counselling sessions.

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#### **4.11 COUNSELLING IN CASES OF SEXUAL ABUSE AND/OR VIOLENCE**

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Sexual abuse is any sexual activity carried out against a person's will. Often, sexual abuse is perpetrated by an adult, whether by deceit, black mail, or force, against a child or someone not mentally or physically mature enough to understand or prevent what is happening. Sexual abuse has a significant impact on an adolescent's health, mental state and life. It can cause serious future sexual and reproductive health problems. If violence is associated with the abuse, even more severe physical and emotional problems can result. The victim needs to be referred to the health facility.

The objectives of counselling session addressing sexual abuse are:

- Provide psychological and emotional support. Be understanding but not pitying.

- Help the adolescent to not feel guilty.
- Explore feelings of guilt.
- Tell the adolescent she/he is not responsible for what happened.
- Help the adolescent recover her/his sense of self-esteem.
- To regain self-confidence.
- To trust others.
- Counteract anxiety or depression.
- Refer the adolescent to the health facility.

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## 4.12 CONDUCTION OF COUNSELLING SESSION WITH ADOLESCENT

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### I) Establishing Rapport with Adolescent for Counselling.

- 1) Some adolescents may come to the counsellor alone or with friends or relatives. Other adolescents may be brought by a parent or another adult. Based on the circumstances, the adolescent could be friendly or unfriendly with counsellor. Depending on the nature of the problem or concern, the adolescent could be anxious or afraid.
- 2) Adolescents may be reluctant to disclose information on sensitive matters if their parents or guardians or even spouses are present.

In such a situation, you as a counsellor should do the following:

- 1) Greet the adolescent in a cordial manner.
- 2) Explain to the adolescent that:
  - You are there to help them, and that you will do your best to understand and respond to their needs and problems;
  - You would like them to communicate with you freely and without hesitation;
  - They should feel at ease and not be afraid because you will not say or do anything that negatively affects them;
  - You want them to decide how much they would like to involve their parents or others;
  - You will not share with their parents or anyone else any information that they have entrusted you with, unless they give you the permission to do so.
- 3) If the adolescent is accompanied by an adult, in their presence, explain to the accompanying adult that:
  - You want to develop a good working relationship with the adolescent. At some stage you may need some time to speak to the adolescent alone.

### II) Taking a history of the present problem or issue

As many adolescent health issues are sensitive in nature for e.g. sexual activity or substance use, adolescents may be reluctant to disclose information because of fears that they may be scolded. Hence as a counsellor,



- 1) **Start with non-threatening issues:** Start the session with issues that are the least sensitive and threatening. First to start with some introductory questions (e.g. about the adolescent's home situation) before proceeding to more sensitive topics such as sexual and reproductive health. Then ask questioning about sexual and reproductive health, it is best again to start with the most non-threatening questions before proceeding to the more sensitive ones.
- 2) **Use the third person (indirect questions) where possible:** Instead of asking directly the activities of adolescent, first ask their peers and friends activities. For example, rather than ask an adolescent directly, "Do you smoke cigarettes?" you could ask, "Do any of your friends smoke?" If the adolescent replies, "Yes", you could then ask, "Have you ever joined them?" This can lead to other questions such as, "How often do you smoke?" etc.
- 3) **Reduce the stigma about the problem by normalising it:** An adolescent who has an unwanted pregnancy or a sexually transmitted infection may feel embarrassed or even ashamed. You can reduce the stigma around the issue by saying to the adolescent that, "I have treated a number of young people with the same problem you have".

### III. Going beyond the presenting problem or concern

- 1) When adolescents seek help, they tend to volunteer information about the health problem that seems most important to them (i.e. the presenting complaint). They may have other health problems and concerns but may not say anything about them unless directly asked to do so.
- 2) Adolescents may not volunteer information about a health problem or concern because they may be embarrassed or scared to do so, or because they may not be comfortable either with the counsellor or the situation they are in.

Using the following HEADS assessment one can

- detect health problems that the adolescent has not presented;
- detect whether the adolescent is engaged in behaviour that could put one at risk of negative health outcome (such as injecting drugs or having unprotected sex);
- detect important factors in their environment that increase the likelihood of engaging in such behaviour;
- handout provided if necessary.

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## 4.13 SEQUENCE OF CONVERSATION AMONG THE ADOLESCENTS (HEADS)

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The HEADS assessment helps to start the discussion with the most non-threatening issues. It starts with examining the home, educational/employment setting, eating habits, activities and then it deals with more sensitive issues such as drugs, sexuality, safety and suicide/depression etc.

- 1) Home
  - Where do they live?
  - With whom do they live?
  - Whether there have been recent changes in their home situation?
  - How they perceive their home situation?

- 2) Education/ Employment
  - Whether they study/work?
  - How do they perceive their performance?
  - How do they perceive their relations with their teachers and fellow students / employers and colleagues?
  - Has there been any recent change in their situation?
  - What do they do during their breaks?
- 3) Eating patterns/habit
  - How many meals do they have on a normal day?
  - What do they eat at each meal?
  - What do they think and feel about their bodies?
- 4) Activity and Leisure time
  - Which activities are they involved in outside study/work?
  - What do they do in their free time-during week days and on holidays?
  - Whether they spend some time with family members and friends?
- 5) Drugs / substance abuses
  - Do they use tobacco, alcohol or other substances?
  - Whether they inject any substances?
  - If they use any substances, how much do they use: when, where and with whom do they use them?
- 6) Sexuality
  - What do they know about sexual and reproductive health?
  - What do they know about their menstrual periods?
  - Any questions and concerns that they have about their menstrual periods?
  - What are their thoughts and feelings about sexuality?
  - Are they sexually active; if so, the nature and context of their sexual activity?
  - Are they taking steps to avoid sexual and reproductive health problems?
  - Have they encountered any of the problems such as unwanted pregnancy, infection, sexual coercion?
  - If so, have they received any treatment for it? What is their sexual orientation?
- 7) Safety
  - Whether they feel safe at home, in community, in their place of study or work or on the road etc.
  - If they feel unsafe, what makes them feel so?
- 8) Suicide/Depression
  - Whether their sleep is adequate?

- Whether they feel unduly tired? Whether they eat well?
- How do they feel emotionally? Whether they have any mental health problems (especially depression)?
- If so, whether they have received any treatment for this?
- Whether they have had suicidal thoughts?
- Whether they have attempted suicide?

If the time is short to do a full HEADS assessment, you as counsellor need to prioritise which sections of the HEADS assessment to do. You may choose to prioritise the sections which are most related to presenting complaint. For e.g. If an adolescent presents with an injury after a fall while drinking alcohol, you may prioritise the “Drugs” section of the HEADS assessment.

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## **4.14 LET US SUM UP**

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Adolescence (10–19 years) is a transition period between childhood and adulthood characterised by rapid physical, psychological, social and behavioural changes. It is also a period for contracting many negative behaviours such as violence, consumption of alcohol, smoking, substance abuse and unprotected sex. If these adolescents are not well informed or guided, they are likely to make decisions that could harm them. All these adolescents require counselling from the trained counsellors. It helps adolescents to identify problem, make decisions and give them confidence to put their decisions into practice. The common approach used in counselling is GATHER approach. In counselling, individual comes to the counsellor with concerns, problems, difficulties and confusion. During counselling all aspects of problem get discussed with due respect to the client. Counsellor assesses the strengths and weakness of the individual based on the discussion and provides multiple alternative solution and help client to take the right decision or solution. Communicating and counselling with adolescents about sexuality is challenging because it is a sensitive topic about which adolescents often feel emotional, defensive, and insecure. While Counselling an Adolescent about sexuality, the counsellor has to consider an adolescent’s age, sexual experience and have patience and understanding of the difficulty adolescents have in talking about sex. Counsellor needs to assure privacy, confidentiality, respect the adolescent and her/his feelings, choices, decisions and respond to expressed needs for information in understandable and honest ways. He has to encourage the adolescent to identify possible alternatives, discuss consequences, advantages, and disadvantages of options and assist the adolescent to make an informed decision. He also needs to help the adolescent plan how to implement her/his choice.

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## **4.15 MODEL ANSWERS**

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### 1) Definition of Counselling

It is face to face communication between two or more people in which one person helps the other to make a decision and then act upon it. It is two way communication in which the counsellor listens patiently to the clients’ thoughts / fears / misconceptions / problems without being judgmental.

2) List the Principles of Counselling are:

- Helps the client to identify the problem and make decisions for himself or herself.
- The client has the right to choose his or her own action.
- Accurate information is provided.
- Is strictly confidential.
- Takes into account psycho-social, financial and spiritual needs of the client.

3) Six Steps of Counselling are:

**STEP 1 - Connect**

- Initiate first contact.
- Communicate appropriately.
- Establish trust and confidentiality.

**STEP 2 - Reassure**

- Be a calming influence.
- Minimise feelings of insecurity.
- Provide accurate information.
- Refer to appropriate services.

**STEP 3 - Stabilise**

- Help clients understand their own reactions.
- Recognise the signs of severe distress.
- Refer to specialists if necessary.

**STEP 4 - Address Needs and Concerns**

- Gather accurate information.
- Clarify the client's concerns.
- Formulate possible solutions to problems.
- Provide practical assistance.

**STEP 5 - Provide Support**

- Help rebuild social networks.
- Encourage clients to seek external support.
- Assist in overcoming 'support obstacles'.

**STEP 6 - Facilitate Coping**

- Raise awareness of positive coping skills.
- Enable clients to identify negative coping.
- Help clients to manage anger.

4) Points to be considered while counselling an Adolescent about Sexuality.

- Consider an adolescent's age and sexual experience.

- Have patience and understanding of the difficulty adolescents have in talking about sex.
  - Assure privacy and confidentiality.
  - Respect the adolescent and her/his feelings, choices, and decisions.
  - Ensuring a comfort level for the adolescent to ask questions.
  - Respond to expressed needs for information in understandable and honest ways.
  - Exploring feelings as well as facts.
  - Encourage the adolescent to identify possible alternatives.
  - Discuss consequences, advantages, and disadvantages of options.
  - Assist the adolescent to make an informed decision.
  - Help the adolescent plan how to implement her/his choice.
- 5) Objectives of Counselling Session Addressing Sexual Abuse:
- Provide psychological and emotional support. Be understanding but not pitying.
  - Help the adolescent to not feel guilty.
  - Explore feelings of guilt.
  - Tell the adolescent she/he is not responsible for what happened.
  - Help the adolescent recover her/his sense of self-esteem.
  - To regain self-confidence.
  - To trust others.
  - Counteract anxiety or depression.
  - Refer the adolescent to the health facility.

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## **4.16 REFERENCES**

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