Counselling In Family Planning

Essay
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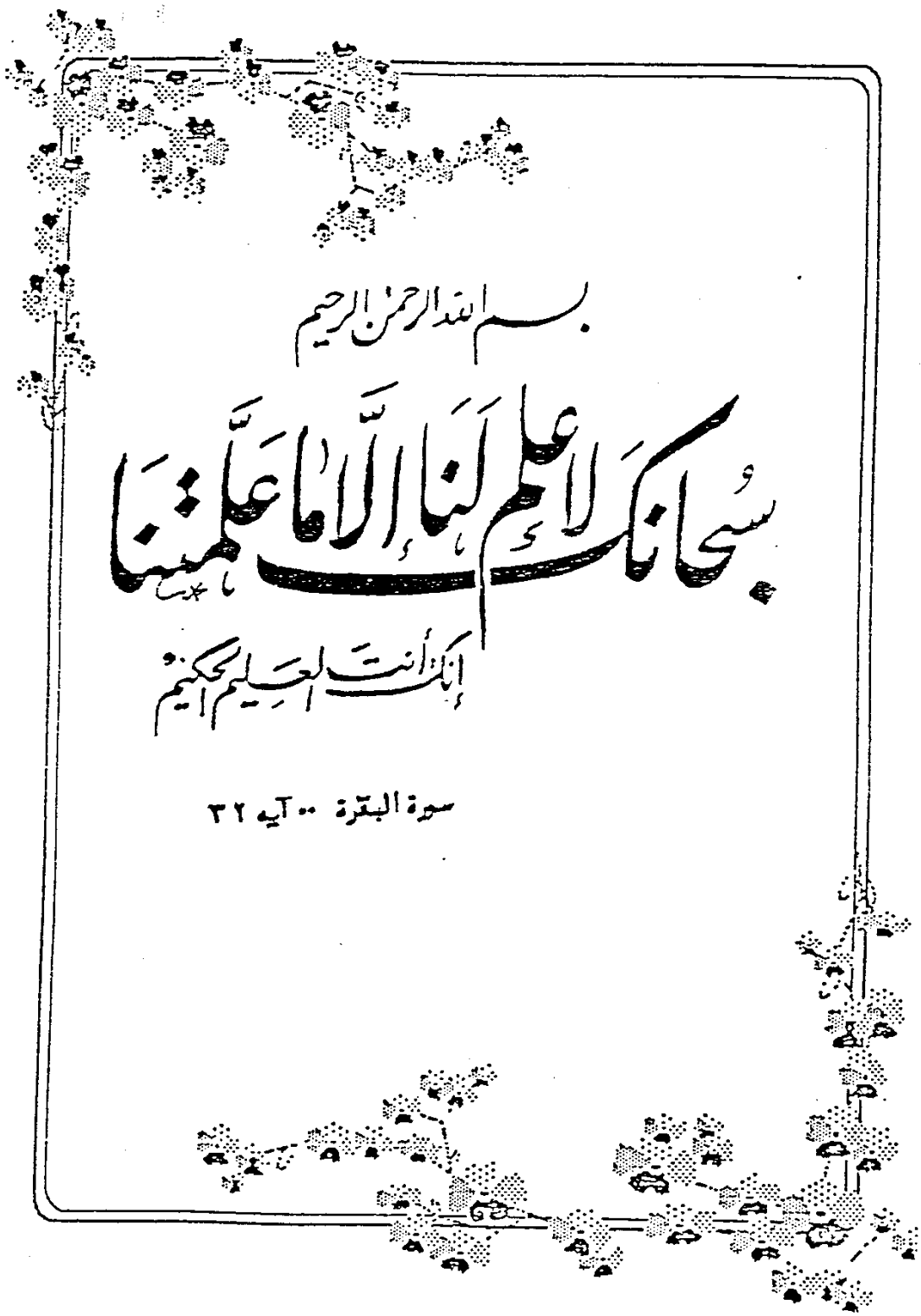

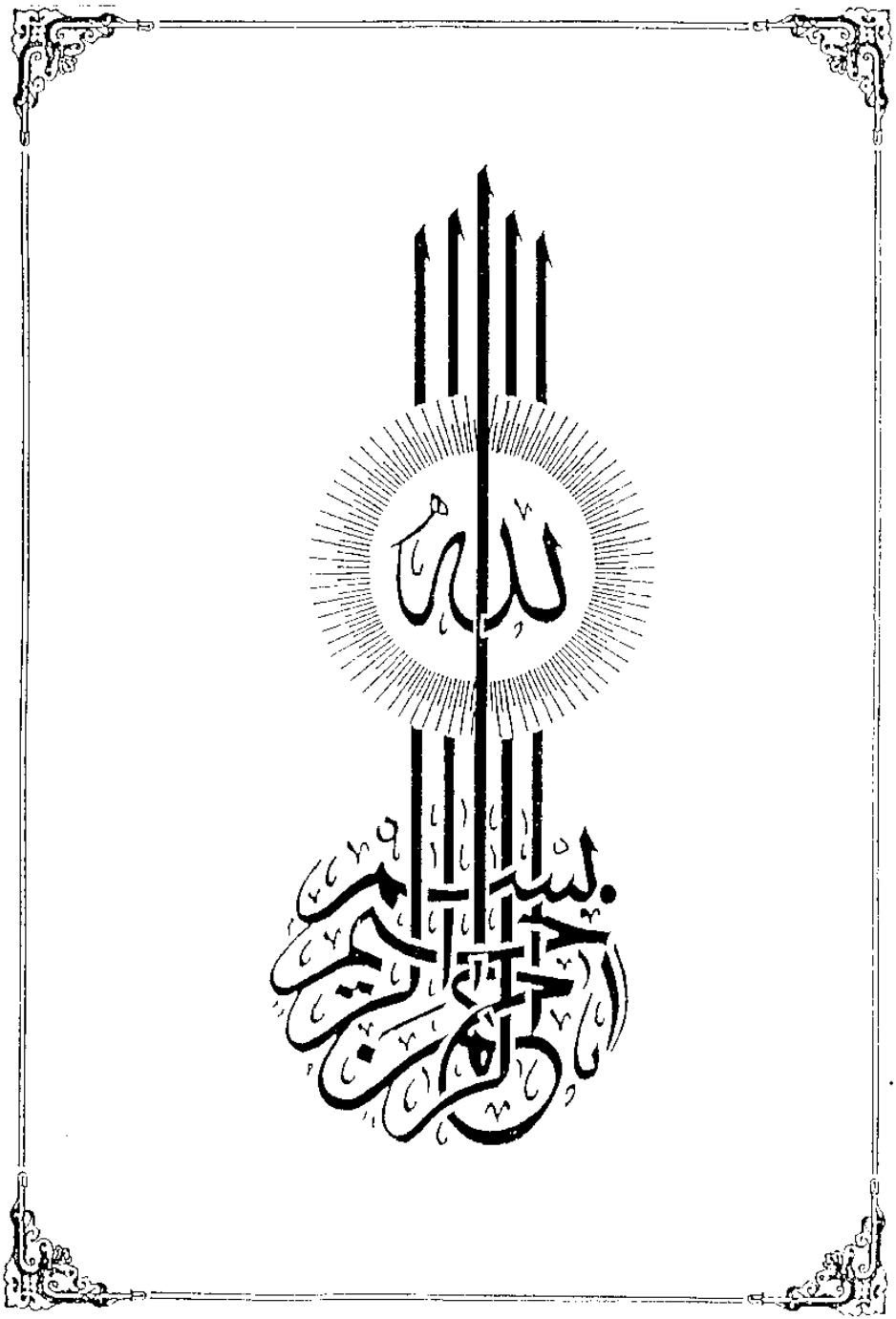

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Traditionally, most family planning training concentrated on reproductive physiology, family planning methods, and technical skills, less attention was paid to how to listen and respond to clients in an empathetic way, how to help them to make decisions, and how to inform and instruct clients in ways that they will remember and follow ***(Gillmor-Kahn et al., 1982)***.

Counselling is the heart of most family planning programs. It is face-to-face communication in which one person helps another make decisions and act on them. Face-to-face discussion with a family planning provider can be the crucial step for a person in deciding to use a family planning method and in learning how to use it correctly. Any family planning provider, at any level, at any time, should be able to help a client make these decisions ***(Gallen et al., 1987)***.

Counselling can be carried out by a doctor, nurse, midwife, or any other trained member of the family planning or health team. Nurses and midwives play an especially important part in discussing family size, as there is much goodwill between them and the women they look after. They often know the women well and their views are respected. As women, they may be easier to talk to and have more time to spend in discussion***(Kleinman, 1986)***.

Counselling, by definition, involves helping the client deal with feelings, using specific information-gathering techniques. Education, on

the other hand, imports information in an instructive fashion but does not routinely include advising or assistance in decision-making *(Porter et al., 1983)*.

Good counselling and education, when provided together, will help each other: contraceptive information can help decision-making, confronting feelings can help the client in proper method use. Psychological as well as physiological aspects of human sexuality contribute to the acceptance and effectiveness of contraception. A skilled provider can help the client to improve her contraceptive decision-making by providing accurate information about sexuality and sexual behavior. When discussing these topics, the provider must be especially mindful of sociocultural factors such as community beliefs, taboos and ethical codes that might affect family planning acceptance, and therefore effectiveness. It is often advantageous, therefore, that the provider be a community member who shares the clients cultural traditions *(Porter et al., 1983)*.

Effective counselling requires special training and good observational and communication skills ***(World federation of health agencies for the advancement of voluntary surgical contraception, 1988)***.

Good counselling requires both empathy and information. Providers need to show that they care about their clients and establish an atmosphere of understanding, respect and honesty. At the same time, provider should have accurate information and know how to

communicate it clearly to clients in language that they understand *(Church et al., 1990)*.

Aim of The Work

Essay study of counselling in family planning to achieve a protocol that fulfills the following objectives:

(1) Identification of the eligible couples.

(2) Motivation towards family planning.

(3) Presentation of the vailable suitable methods.

(4) To instruct about the use of chosen methods.

(5) To inform couples what to expect while using the method.

(6) To tell the couples when to seek medical advice.

(7) Future of the methods.

REVIEW OF LITERATURE

Importance Of Counselling In Family Planning

The role of counselling in family planning programs:

For people to practice family planning successfully they need to:-

(1) Recognize that family planning can benefit them and their families.

(2) Know how to practice family planning correctly.

(3) Know where to obtain services or supplies.

In addition, people sometimes need help making choices that involve their reproductive behavior. This family planning programs not only deliver supplies and services but also carry out a wide range of communication activities, from mass media campaigns to individual counselling that helps people to make informed decisions ***(World Federation of Public Health Association [WFPHA], 1986)***.

The counselling process helps clients:-

(1) To decide whether they want to use family planning and if they do.

(2) To choose in an informed way what method they want and are able to use.

(3) To practice family planning effectively and safely ***(Gilluly et al., 1986)***.

Consistently, counselling or various forms of expanded clients education have led to greater adoption of family planning and longer use ***(Edmunds et al., 1987)***.

Principles Of Family Planning Counselling

❑ ***Impartiality:*** is the attitude on the part of the counsellor to remain neutral when providing information or counselling to clients so that the client can make her/his own decision without pressure or inducement by the counsellor. Impartiality does not mean, however, that the counsellor should be indifferent to the social or health needs of the client seeking information or counselling. Truthfulness when giving information is also a part of impartiality ***(Neamatalla et al, 1990)***.

❑ ***Privacy:*** is the condition of being able to attend to each person individually to the degree possible and within the capacity of each clinic or setting, so that the client can speak freely about her/his own fears, doubts or concerns. Privacy respects individuality ***(Parris et al., 1990)***.

❑ ***Voluntarism:*** refers to situations and the means by which the client decides freely and responsibly whether or not to use a contraceptive method, and if so, which method to use ***(Smit et al., 1991)***.

❑ ***Truthfulness:*** is the moral responsibility of the counsellor to provide accurate information about each contraceptive method and other aspects of family planning without imposing her/his own sociocultural values or morals on the client or imposing a bias or preference for one particular contraceptive method ***(Kleinman, 1988)***.

❑ ***Confidentiality:*** is the obligation of the counsellor to maintain in confidence or in secret the information received from the client with the goal of assuring the client that what she/he has said will not be communicated to others ***(Kleinman, 1986)***.

Characteristics and Qualities of a Good Counsellor:

A good counsellor is:

- ***Committed:*** feels that family planning, reproductive health , and the prevention of AIDS and other STDs is important, that is an important part of family health and that it is a basic human right.

- ***Warm:*** shows warmth and responds to the needs of others. Enjoys relating to a variety of people of different ages, with differing personalities and backgrounds.

- ***Self assured:*** is comfortable with her/his own sexuality and family life. This is important since she/he will be dealing with the concerns of the client in relation to these aspects of their life.

- ***Truthful:*** tell the client the truth about contraceptive methods, medical procedure and about AIDs / STDs. Truthfulness is basic to ensure that the client will be able to make an informed choice, and give informed consent.

- ***Knowledgeable:*** well-trained and informed about family planning methods, reproductive health issues, sexuality, AIDs / other STDs and counselling techniques.

● ***Efficient:*** able to work well under pressure, with minimum supervision, and has committed her/himself to the disciplined task of helping others.

● ***Unbiased:*** is non-judgmental of the values and lives of other and respects them.

● ***Discreet:*** maintains confidentiality at the clinic and in the community. Is careful not to disclose information entrusted to her/him by a client unless appropriate and the client consents.

● ***Empathetic:*** is able to put her/himself in the other person's shoes (position) and imagine how the other person is feeling. "Empathy" should not be confused with sympathy ***(Hatcher et al., 1990 and Parris et al., 1990)***.

Essential Counselling Skills:

❍ Active Listening And Non -Verbal Communication:

The counsellor indicate interest in what the client is saying without words. This allows the client to know that she/he is being heard and that the counsellor is interested in her/him. It is a neutral response which opens communications and permits the counsellor to find out what the client knows and needs. Appropriate non-verbal communication assures the client that the counsellor is interested in what she/he is saying. The appropriate use of silence is a key element of active listening ***(Porter et al., 1983)***.

❍ Identifying And Reflecting Content (Paraphrasing):

The counsellor listens to what the client says, then repeats in her/his own words the content of what the client has said. This helps the client to clarify what she/he is thinking, and allow the counsellor to check if she/he understood what the client said ***(Hatcher et al., 1990)***.

❍ Identifying and Reflecting Feelings:

The counsellor listens to what the client says, and identifies and reflects the client's feelings back to her/him. This empathetic response to what the client says tells the client that the counsellor has heard and understood what she/he is feeling and her/his situation. Identifying and reflecting feeling tend to open communication ***(Gallen et al., 1987)***.

❍ 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 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 client so that the counsellor can then help the client to make her/his own decisions ***(Porter et al., 1983)***.

❍ Validating The Client:

When clients are expressing feelings that are common to specific situations, it is helpful for them to be told that. It is important for the client to be reassured that what they feel is not exceptional ***(Kleinman, 1986)***.