

COUNSELLING IN FAMILY WELFARE

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Counselling is a process through which one person helps another by a purposeful conversation in an understanding atmosphere enabling him/her to cope more effectively with life problems. The importance of counseling in family welfare has been well demonstrated in cases of unwanted pregnancy, infertility, and in cases of birth of an abnormal baby. The role of counselor in family planning is of utmost importance. The effectiveness of counselling will depend upon the professional skills of the counsellor, her ability to communicate to the clients the contraceptive and non-contraceptive benefits of contraceptive enabling the couple to make an informed choice.

COUNSELLING IN FAMILY PLANNING

Procreation is a universal phenomenon; the decision of when or whether to have children should be the privilege of the couples concerned. The increased use of contraceptives parallels to decrease in the rate of population growth that leads to improved quality of life. With the increase in use of contraceptives, the total fertility rate decreases, so does the Human suffering index for a nation. The rate of infant mortality and maternal morbidity is also checked as a result.

COUNSELLING SKILLS OF HEALTH PROFESSIONALS

The success of health and family welfare programme in a community depends upon the counselling capabilities of the health professionals. Unfortunately, counselling as an effective tool has not been given due importance by the health

professionals. A health care provider generally shares a good rapport with his / her patients. The duty of the health professional is to enable the patient to arrive at an appropriate decision rather than give advice. As counselling is a face-to-face communication, the counsellor must have the skills to understand his/her clients, develop a friendly relationship and give complete, correct and clear information, using an easy language.

CHOOSING A CONTRACEPTIVE METHOD

If a health care provider is a skilled counsellor, he/she can help a client to choose an appropriate and effective contraceptive method. Currently, spacing methods such as condoms for males, oral pills and Intra-uterine contraceptive devices (IUD) for females are available for limiting the family size. Terminal methods like vasectomy (including No Scalpel Vasectomy) and Tubectomy (Conventional, Mini Lap, and Laproscopic sterilization) are also available.

Each contraceptive methods has its advantages as well as disadvantages. Hence it is important that family planning decisions are made on the basis of thoroughly informed choice on the part of individuals and couples and should be voluntary. A decision about child bearing cannot be called voluntary if individuals and couples are not well informed about the meaning and methods of family planning. Choosing a contraceptive is an important decision. A method that is not effective for an individual may lead to serious consequence of unwanted pregnancy.

A method that is not safe for the user can create unfortunate medical complications. A method that does not fit into the individual's personal lifestyle of societal norms will not likely be used correctly or consistently. Ideally the users should always make the choice themselves taking into consideration the feelings, thoughts and beliefs of their partners.

In many societies, cultural norms play important roles in determining what contraceptives a woman or man may use, thus limiting the available options. In some cases, the decision maker is the woman's husband or her mother in law. In many rural areas, family planning service providers make the decision for the patient simply by stocking and providing information about select methods only. This indirectly limits their choices, which amounts to improper counselling. It should always be borne in mind that the client must not only be given advice but also proper education by the counsellor, thus empowering him / her to make an informed choice.

The client's choice of a contraceptive depends on various factors such as effectiveness, safety, side effects, non-contraceptive benefits and even personal considerations. While helping the clients choose the right contraceptive, one should not assume that the couple have made the initial decision to use a method of birth control – any method! If an individual or a couple is not committed to family planning, then even the most perfect contraceptive method is doomed to fail. The counsellor must also enlighten the clients about other →

considerations which may be helpful in choosing a method such as access to family welfare supplies, their changing needs during reproductive life and above all, cooperation between partners. Educating the clients in these regards will definitely help them make an informed choice.

INFORMATION ABOUT CONTRACEPTIVES

A counsellor should provide complete information about safety efficacy, cost, side effects and availability of contraceptives and ensure that the client is fully conversant with the correct methodology for the usage of the same and its advantages and disadvantages over other methods.

CONDOMS are very popular as they are easily available, inexpensive, safe, and easy to use, do not require any supervision and have no side effects. They provide effective protection against sexually transmitted diseases including HIV / AIDS when used correctly. They also have certain disadvantages. For example, they may slip off or tear during coitus due to incorrect use. Sometimes they may cause allergy, as some people are allergic to latex and in some cases may decrease sensation.

ORAL PILLS provide very effective protection against unwanted pregnancy, when used correctly. They can be used at any age from adolescence to menopause. Monthly period become regular, bleeding lightens and menstrual cramps become milder and fewer with the use of oral pills. Oral Pills are easy to use and fertility returns back with discontinuation of the same. They not only prevent pelvic inflammatory diseases but also help prevent ovarian and cancer of lining of uterus as well as pregnancies outside the uterus. Pills also have some disadvantages. They

do not provide protection against sexually transmitted diseases. To be effective, the pills must be taken every day. Minor side effects like nausea, headache, breast tenderness and breakthrough bleeding may occur sometimes. They can also cause stroke, blood clots in deep veins of the legs or heart attack very rarely. Those at highest risk are women with high blood pressure, and at the same time smokers.

MYTHS AND REALITIES

Despite the fact that the Oral Pill is an effective and safe reversible contraceptive, there are certain myths that hinders its wide scale use. The counsellor therefore must expose the myths and give proper information to the clients as follows:

Myth - pills may lead to cancer

Reality - Pills offer protection against cancer of Ovary and endometrium. No increased risk of breast cancer detected.

Myth - pills cause infertility

Reality - Pills do not lead to permanent infertility. After discontinuation fertility returns back rapidly in majority of women.

Myth - pills harm woman's health permanently.

Reality - Pills contain very low amounts of hormones and hence do not lead to major complications.

Myth - Baby may be deformed

Reality - Even if pills are accidentally used during undiagnosed early pregnancy, there is no increased risk of fetal abnormalities.

Myth - Pills should be discontinued intermittently

Reality - Pills can be safely used continuously for 5 years. Interruption of pills without use of another contraceptive can result in un-

wanted pregnancy.

INTRAUTERINE CONTRACEPTIVE DEVICE is one of the most convenient reversible contraceptive methods that is effective for 3 to 5 years. Its a one time convenient method for preventing pregnancy and does not interfere with sexual desire or intercourse. Common side effects are menstrual changes in the form of bleeding or spotting, cramps of pain during periods especially during first three months. It is ideal for spacing of children, as it does not affect the quality of milk in lactating mothers. Its insertion is simple especially during the last two days of the menstrual period or immediately following medical termination of pregnancy and can be easily removed when desired. It does not cause cancer. However it has a 1-3% chance of failure, and very rarely, perforation of uterus may occur. It also does not provide any protection against sexually transmitted diseases including HIV / AIDS.

STERILISATIONS are permanent methods of contraception. Although in some cases it can be reversed, but couples opting for sterilization should keep in mind the irreversible nature. Therefore they should opt for sterilisation after they have had two healthy children and the second child is already of about 5 years of age. The counsellor must always convey to the client, that female sterilisation is a simple, effective and permanent method of preventing pregnancy. It does not affect the sexual life or a woman's hormones and therefore continues to have periods as before. Male sterilization (Vasectomy) is also a permanent family planning method for men who decide not to have more children. It is a safe, simple and quick surgical procedure. It does not affect the testes or →

sexual ability and is not castration.

Vasectomy is simpler, safer and less expensive than female surgical contraception, although less popular. Ideally a couple should consider both vasectomy and female sterilization. If both are acceptable, vasectomy would be the medically preferred procedure.

INFORMED CHOICE

The counsellor must ensure that the sterilization decision is based on good information, careful thought and the clients' desire to have no more children. In no other area of family planning it is more important that decision be based on clear and complete information. Couples wishing to retain option of procreation should be encouraged to use other readily available methods of family planning. The job of counsellor here is to ensure that the client has no misconceptions.

Women who come to the hospital for delivery may be counselled after delivery. If the baby is healthy and the woman desires no more children, she could be a suitable candidate for sterilization. However alternative post partum methods such as intrauterine device, may be advised if sterilization is not the preferred choice. Women should feel no pressure to decide upon sterilization because of the unavailability of alternative methods or lack of skill to provide them. If the procedure is delayed beyond four weeks after delivery, the woman may be counselled to use an effective contraceptive method until the

sterilization procedure. Sterilization must never be counselled in case of unstable marriage, since surgical contraception has stabilizing influence and the individual may regret the decision if divorce and re-marriage occur. The health and age of the youngest child may also be a factor in the choice of this method.

CONCLUSION

Apart from the availability of family welfare services and supplies, effective counselling also influences the acceptance and continued use of contraceptives by men and women. The choice must be left to the user for which adequate information be provided. The choice of the method could be influenced by considerations such as safety, efficacy, side effects, non-contraceptive benefits and personal considerations. At the same time factors such as access to services and supplies, cost of contraceptives, changing needs during reproductive life, pattern of sexual activity and cooperation between partners may also influence the decision making process. A counsellor to be effective must address all these issues and provide all available information about the contraceptive methods to the couple to help them make an informed choice.

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