

From Research to Practice

# **Training Course in in Reproductive Health Research**

**Modules 4,5 and 6**

Vientiane, 23– 27 November 2009

Organized by

**Geneva Foundation for Medical Education &  
Research** (WHO Collaborating Centre in Education &  
Research in Human Reproduction)

**WHO and UNFPA** Laos

**University of Health Sciences and Ministry of Health**  
Lao, PDR



# Family Planning



# **Interpersonal communication and contraception counselling**

**13.00 – 15.00 on Monday, 23 November 2009**

**Robert Thomson**

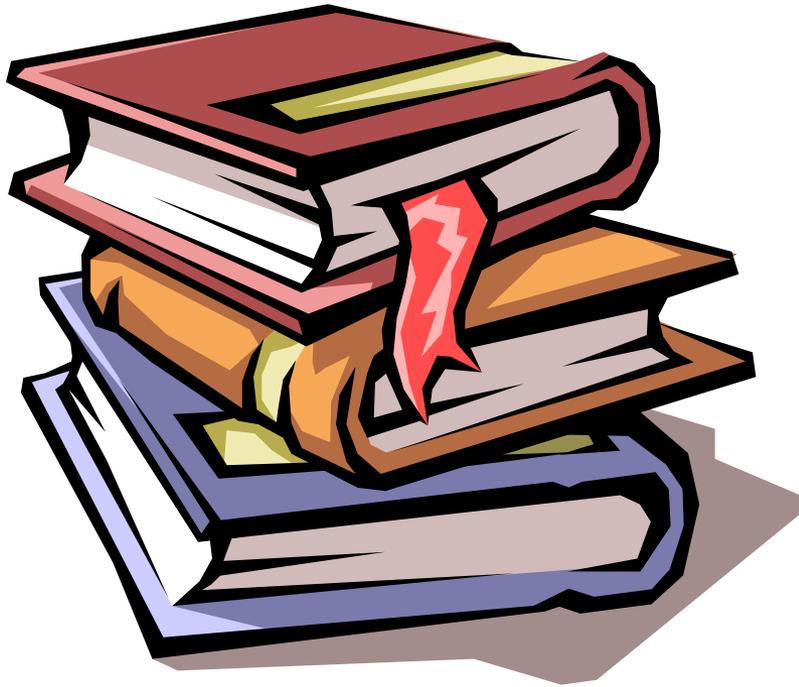
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# What are the keywords?



- Health provider training
- Health seeking behaviour
- Health system
- Participatory research methods
- Accessibility and acceptability

# FRAMEWORK 1 Research objective

To facilitate the acquisition of new knowledge as needed particularly with regard to **patterns of behaviour** and **interactions** between people seeking reproductive health and professionals who provide health care or influence their behaviour.

This would include both **biomedical** and **psychosocial** issues, which may have relevance for contraceptive prevalence and access

# FRAMEWORK **2**

- Health development and rights
- Reproductive health behaviour
  - Social science research
    - Empowerment
      - Diversity

# FRAMEWORK 3

ICPD 1994

- **Identify how health professionals provide personal support to reproductive health decision making of individuals**
- **Examine influence of human environment on personal growth, health & development**
- **Support interventions for society as a whole and communities**

# FRAMEWORK 4

# Services



levels of intervention  
for clinical  
consultations:

(1) Sexuality  
education

(2) Counselling

(3) Commodities

(4) Sexual therapy.



# Effects of counselling

- **Research to enhance counselling design** (peer-based / non-formal methods / life skills influences / sex education).
- **Promoting health-seeking behaviour** / access to commodities & services) or identify non-school (parent, relative, significant adult) approaches
- **Develop couple dialogue** (commitment to sexual well-being, or stated grounds for rejection)
- **Communication and information needs** associated with key psycho-sexual developmental stages



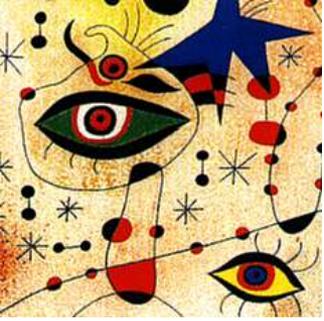
# Resistance to counselling

- World Health Organization declares sexual health an integral part of overall health, yet physicians engage in taking sexual health history less than their patients desire.
- Sexual history taking is understood in terms of active exploration, focus, and competence in discussing and treating sexual dysfunction, sexual difficulties, contraceptive needs and sexual health promotion.



# Context of counselling

- Communication skills seems to be fundamental for sexual history taking, contraceptive choice and the management of sexual problems.
- Training overcomes discomfort in dealing with sexual issues; exposure to sexual medicine courses, and psychosocial awareness are important factors affecting involvement in counselling.
- Health professionals personal sexual attitudes also relevant as they can be an obstacle.
- Routinely inquire about sexual issues, overcome discomfort with the subject and regard sexuality as more than function.



# Counselling training

- Previous training in communication skills is the strongest predictor for ability to address sexual counselling.
- Physicians addressing patients' psychosocial concerns were found to be more likely to ask for sexual health problems and to consider their management as less difficult.
- Other identified predictors of involvement in sexual history taking were: level of education in sexuality, and having liberal sexual attitudes.
- Female physicians and general practitioners reported more difficulty in dealing with sexual problems.



# Counselling gaps

- Main factor that predicts physicians' involvement in addressing sexual health issues is attitude toward the doctor–patient relationship
- Second factor is the physician's attitude to sexual issues.
- General practitioners (GPs) and urologists are often first medical contacts for men with sexual dysfunction or non-specific sexual problems
- Previous studies have shown that many GPs hesitate to address sexual issues and little is known about the sexological skills of urologists.

Zoi Tsimtsiou MDMSc, Konstantinos Hatzimouratidis MDPHd, Evangelia Nakopoulou MSc, Evie Kyraia MSc, George Salpigidis MDPHd, Dimitris Hatzichristou MDPHd (2006)

The Journal of Sexual Medicine 3 (4), 583–588.  
doi:10.1111/j.1743-6109.2006.00271.x

# **Pre-marriage counselling**

**Age at first marriage is  
advancing in many  
places**

***Decreasing in others***

**Nonetheless, preparing  
for marriage is a useful  
time for contraceptive  
counselling**



# **The challenge for researchers**

translate ideas into **programming**

That is the rationale behind action  
research

# The challenge for researchers

Establishing guidelines for sexual health history taking to better meet the sexual health needs of male and patients.

Physicians and nurses should be encouraged to routinely inquire about sexual issues, overcome their discomfort with the subject and regard male sexuality as more than erectile function and female sexuality as more than just conception and contraception

A clear need exists for relevant communication education and counselling training for GPs and urologists, as well as gynaecologists.

# ***A Case Study***

Divide into groups of three, adopt roles  
(contraceptive/information seeker,  
counsellor, observer)

- Assess information in the case report
- Interview transcript
- Discuss case
- make recommendations for action
- Compare decisions in plenary

# **CASE STUDY**

***Objective:*** engage urologists and GPs in ways that will improve the overall sexual & reproductive health (SRH) of partners, health of their children as well as men's own health and access to contraception

***Hypothesis:*** by enhancing interpersonal communication and counselling skills of clinically up-to-date medical staff, greater male involvement in SRH, including family planning and contraceptive prevalence, and STI/HIV prevention would be achieved.

# Begin now!

If you keep waiting for just the right time, you may never begin.

Begin where you are with what you are!