



SKILLS ACQUISITION IN THE AREA OF CONTRACEPTIVE COUNSELING: APPROACHES AND CHALLENGES IN TRAINING STUDENTS IN "MIDWIFE"

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ABSTRACT

PURPOSE: The aim of this study is to present approaches in teaching students of "Midwife" to acquire skills in contraceptive counseling and related challenges.

METHODS: Approaches in teaching students of "Midwife" to acquire skills in contraceptive counseling were described. A qualitative sociological method was applied: discussion with focus group of students of "Midwife" about their attitudes and needs in the area of contraceptive counseling.

RESULTS: The highlights of the lectures related to contraceptive practice are presented. Interactive approaches are applied during practical training. Emphasis is placed on cooperation with the Regional Bulgarian Family Planning Association Center. During the discussion students express very good awareness about contraceptive methods. Good awareness also was described as the biggest challenge in the professional appearance of the consultant.

CONCLUSIONS: Lectures content, interactive methods of work and cooperation with Regional Bulgarian Family Planning Association Center are important for skills acquisition in the area of contraceptive counseling of midwifery students. Results of the discussion after the training are satisfactory in terms of training objectives. Limits such as workload for lectures and practical training represent a significant challenge for both teachers and students. Activity and motivation of students is crucial, it's important to be stimulated in an appropriate manner, encouraging them to develop continuously endeavor to be "good" consultants.

Key words: contraceptive counseling, midwifery students, training, qualitative sociological method.

INTRODUCTION

Family planning as a part of preventive medicine requires coordinated efforts of specialists from different fields. A multidisciplinary approach in training students in this area is needed. Training of students in "Midwife" in compulsory course "Sexology and Family Planning" at Medical Faculty, Trakia University is implemented on a modular principle: module "Medico-social aspects of family planning" and module "Sexology" in the sixth semester of their education (1).

The lecture course in the module "Medico-social aspects of family planning" provides current

The lecture course in the module "Medico-social aspects of family planning" provides current information about a number of aspects of sexual and reproductive health (SRH) by aiming to increase midwife students' awareness and preparedness for providing quality services to clients. It is focused on the five areas (the five "A") of the International Planned Parenthood Federation Strategic Plan (2): ✓ to meet the needs of adolescent in the field of sexual and reproductive health; ✓ to fight against HIV/AIDS; ✓ to remove unsafe abortion and to improve access to safe abortion; ✓ to provide services addressing sexual and reproductive health of marginalized and disadvantaged people: access; ✓ to carry out advocacy, as based on factual data and expertise available for

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the protection and promotion of reproductive and sexual rights.

Contraceptive counseling as one of the most important contributions to women's health we consider as a priority among the set of services that midwives are trained to provide. Skills acquisition in the area of counseling including contraceptive counseling is regarded as a sequential process in their education, part of which is the module "Medico-social aspects of family planning". This gives us reason to discuss this with particular attention, turning to the wanted results and what was really achieved in the course. Concerning contraceptive counseling by means of lecture course and practice sessions we aim to achieve the knowledge and skills needed in the area, including integrated counseling on STI/HIV, counseling in special cases, failure of the method, as well as groups with special needs (adolescents and illiterate) (3).

PURPOSE

The aim of this study is to present approaches and challenges in teaching students of "Midwife" to acquire skills in contraceptive counseling and related challenges.

Tasks: 1. Description of the approaches used in training; 2. Presentation of the results of the discussion with the students after training module "Socio-medical aspects of family planning".

MATERIALS AND METHODS:

- Description of the approaches applied in the training of students;
- A focused discussion was conducted with the students of "midwife" about their awareness and needs in the area of contraceptive counseling. The discussion was carried out according to the set goals the questions are tailored to the characteristics of the study group and outline the needs and challenges in the area under discussion. Registration of the answers and observation of nonverbal behaviour elements was done by the researchers. The discussion was held after the training module "Medico-social aspects of family planning" academic year 2013/2014, with a group of volunteers of 9 students with duration of 60 minutes.

RESULTS AND DISCUSSION

The lecture course in the module "Medico-social aspects of family planning" contribute to raising awareness, as well as the practical training

associated with this module, although the workload is limited. The longstanding cooperation with the Regional Bulgarian Family Planning Association Center and the extensive experience of the lecturers in family planning activities are especially helpful. On spot at the Centre of Bulgarian Family Planning Association (BFPA): fieldwork, the students are able to discuss aspects of family planning in a real situation, an integral part of which is contraceptive counseling. That way they get a direct impression of the conditions and how to conduct counseling. Besides that, they enrich their knowledge of contraceptive practice in a real setting. Among the available range of contraceptive methods, which we discussed with them, it turned out that they had never seen some up to that moment. Obviously these are less popular for a number of reasons, e.g. the hormonal contraceptive ring.

In the lectures we present medico-social aspects of modern contraception with an accent on the levels and tendencies of using contraception; we review and elaborate the knowledge of the ethical issues of contraception (4). In this respect, particular attention is paid to important international documents and national legal regulations (5-8). These documents and legal regulations consistently exceed the limits of contraception only, they are addressed to the general issues of reproductive health and rights, including abortion and expanding possibilities of reproductive medicine.

In a separate lecture we present and discuss the specifics of counseling in family planning as a theoretical formulation to understanding the nature of the consultation process, its phases, techniques, requirements to the consultant, including his/her ability to achieve effective verbal and nonverbal communication with the client (9, 10). This theoretical presentation helps students understand their role as consultants in the field of family planning. Particular attention is paid to the requirements for the behavior of the consultant in the consultation process for the different types of counseling. These requirements are discussed during a practice session in the classroom by discussing case studies /cases of contraceptive counseling: leading tool for acquiring the necessary skills in the field of counseling when choosing a method when visiting for the first time with a clear request from the client to the appropriate method; counseling in specific situations: a

health problem, which makes the client's choice inappropriate; consultation with minors; consultation on failure of the method.

At the will of the students a role play is carried out: contraceptive counseling, the students decide themselves what the situation will be.

Results of the discussion with the students who expressed their willingness to participate (9 students representing 41% of the course), age: 21

- 5 students and 22 - 4 students; all unmarried and unrelated in partnership; participating in the survey - voluntarily: focus group with a strong interest in the study area.

Awareness of contraceptive methods: From the discussion towards: popularity, safety and reliability of contraceptive methods the students expressed solidarity with comments and reach consensus ranking presented at the **Tables 1-3**.

Table 1. Popularity of the contraceptive methods: students' consensus ranking

Popular	Less popular	Unpopular
1. Condoms	1. Transdermal patch	Subcutaneous implants
2. Oral contraception (OC)	2. Abstinence	Diaphragm
3. Withdrawal	3. Spermicides	Femidom
4. Emergency pills	4. Calendar method	Voluntary female and voluntary male sterilization
5. Intrauterine device (IUD)		Hormonal ring
		Injectable contraception

Of the popular methods they discussed the condom consensually as the most popular. In the discussion, participants highlighted its

advantages, not only as a contraceptive but as a method of protection from sexually transmitted infections (STIs).

Table 2. Safety of the contraceptive methods: students' consensus ranking

Most safe	Intermediate	Least safe
Condoms	All that contain hormones /Transdermal, hormonal ring, emergency contraception, pills, injection, subcutaneous implants, IUD with hormon/	Voluntary female and voluntary male sterilization: (<i>comment: surgical intervention, irreversible method</i>)
Femidom	Diaphragm	
Abstinence	spermicides	
Withdrawal	IUD	
calendar method		

The students discussed condoms as the safest: double effect barrier method: contraception and prevention of STIs. About hormonal contraception they commented requirements on woman health, health risks as deep vein

thrombosis, the relationship between smoking and hormonal contraception: "It may cause thrombosis ... smokers have increased risk to health", "Would have fertility problems during prolonged use of OC".

Table 3. Reliability (effectiveness) of the contraceptive methods: students' consensus ranking

Most reliable	Medium	Least reliable
Oral contraception (OC)	Spermicides	Withdrawal
Abstinence	Intrauterine device (IUD)	Calendar method
Condom, femidom	Diaphragm	
Pills + condom (double Dutch method)	Transdermal patch	
Emergency pills		
Voluntary female and voluntary male sterilization		

In the discussion students commented the reliability of the methods as they expressed knowledge of the reliability, based on which they rank the most and the least reliable methods. They were united around the concept of the greater reliability of the double Dutch method.

From the presented so far expectedly the students expressed very good awareness about the popularity, safety and reliability of contraceptive methods, a good base for contraceptive counseling.

- Attitudes to counseling: The next question in the discussion is: "Do you feel ready to realize contraceptive counseling?" The answer is positive, without any doubt.

"In consultation with the failure of the chosen contraceptive method, how will you refer to the

situation?" When given such a question, the students discussed various options in which the lead was the need to properly identify client's needs. The situation may be different. "It depends on how the woman relates to the problem." "Emergency contraception could be applied if circumstances permit it." "We have to direct the woman to a specialist in obstetrics and gynecology, if she decided to terminate her pregnancy."

The discussion continued with comments on the features of the "ideal consultant": which of these students consider as the biggest challenge for them as consultants and which of these they considered to be easier to achieve. Students' consensus ranking of the features of the "ideal consultant": most difficult to achieve and easier to achieve is presented at the **Table 4**.

Table 4. Features of the "ideal consultant": students' consensus ranking

Most difficult to achieve	easier to achieve
1. To be well informed	1. To be active
2. To be committed to the problem	2. To be accurate
3. To be discreet.	3. To be objective

"To be well informed" (good awareness) was described as the biggest challenge in the professional appearance of the consultant. This is understandable due to the fast accumulation of new scientific facts, the development of new methods, the spread of "correct" and "incorrect" rumors about contraception (myths about contraception).

CONCLUSIONS

1. The lecture content, interactive methods of work and cooperation with Regional BFPA Center are important for skills acquisition in the area of contraceptive counseling of midwifery students.

2. Results of the discussion after the training are satisfactory in terms of training objectives in the module "Medico-social aspects of family planning."

Limited opportunities - as workload for lectures and practical training present a serious challenge for the lecturers as well as for the students. The activity and motivation of the students is crucial, it is important that they are stimulated in an appropriate manner to develop themselves and to strive to be "good" consultants.

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