



**AMREF DIRECTORATE OF LEARNING SYSTEMS
DISTANCE EDUCATION COURSES**

**MALARIA MANAGEMENT, PREVENTION
AND CONTROL**

**UNIT 11
Counselling And Health Promotion In Malaria**



**Allan and Nesta
Ferguson Trust**

Unit 11: Counselling And Health Promotion In Malaria

A distance learning course of the Directorate of Learning Systems (AMREF)

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Unit 11: Counselling And Health Promotion In Malaria

INTRODUCTION

Welcome to Unit 11. In the last unit we looked at the interaction between malaria and HIV/AIDS. In this unit we shall learn about counselling and health promotion in malaria.

As you may already be aware, there are a lot of misconceptions in communities about malaria. For this reason, it is important for you to educate and counsel both the healthy people as well as those suffering from malaria. Education and counselling play a very important role in reducing the high rates of malaria infection.



As a health worker, you play a key role in health promotion and counselling for Malaria.

LEARNING OBJECTIVES

By the end of this unit you should be able to:

- Define counselling and health promotion;
- Explain the importance of counselling in Malaria management;
- Describe the Qualities of a good counsellor;
- Explain the counselling skills;
- Describe the counselling process;

- Explain barriers to effective counselling;
- Counsel patients/clients effectively;
- Identify IEC Messages for specific Malaria prevention and control.

Let us begin our discussion by defining counselling and health education.

11.1 What is Counselling and Health Promotion?

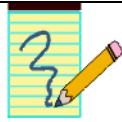
Counselling is the professional advice and guidance given to a person (client) by a trained person (usually counsellor), in order to assist the client to explore, discover and clarify ways of living more positively, satisfactorily and resourcefully in society.

You the health worker, is the trained person (counsellor), the malaria patient or a member of the community you serve is your “client”

Health Promotion is the process of passing information and practical skills with the primary goal of improving people’s health by promoting better health practices.

Health promotion/education usually aims at changing positively the knowledge, attitudes and practices of its recipient.

Before you proceed, do Activity 1 it should take you 5 minutes to complete.



ACTIVITY 1

What general information about malaria would you pass on to the client or community?

We hope your list included the following important information about malaria, which should be part of your messages to the client or community:

- Malaria is caused by a parasite that infects a person's blood when he or she is bitten by a mosquito carrying the parasite;
- Malaria can also be transmitted through blood transfusion if the blood contains malaria parasites;
- The other method of transmission is to the unborn baby through the placenta. This is also known as congenital malaria;
- Malaria is not a sexually transmitted infection;
- Malaria is commonly transmitted by a mosquito bite. Transmission by blood transfusion or during pregnancy is very rare;

- The unborn baby is not the cause malaria in the mother;
- If a pregnant mother gets malaria, the parasites live in blood and in the placenta. The parasites in the placenta interfere with the nutrition and oxygen supply of the unborn baby. When this happens, the following may occur:
 - Abortion,
 - The baby may die before birth. This is called still birth,
 - the baby may be born weak, small and sickly;
- Malaria is more dangerous for women when they are pregnant. It weakens them and often causes anaemia;
- Mosquitoes that transmit malaria breed in stagnant water. Draining the stagnant water and building houses at least 2 Km away from water sources, such as rivers and lakes, reduces mosquitoes and their contact with people respectively.
- Malaria is best prevented by sleeping under LLINs every night to avoid mosquito bites.
- Malaria is also prevented by spraying of internal walls of houses with residual insecticides particularly in epidemic prone areas.
- Malaria is treatable and curable by effective antimalarials.

You now know the messages you should pass on to your client and/or the community. Next, let's turn to the importance of counselling.



11.2 Importance of Counselling

Counselling occurs only when there is a mutual understanding between the health worker and the patient/client which is brought about by information sharing and exchange of ideas.



Figure 11.1: Counselling Patient/Client. (© 2003 Germain Passamang Tabati, Courtesy of Photoshare)

Before you read on do Activity 2, it should take you 5 minutes to complete.

**ACTIVITY 2**

State three reasons why you think counselling is important in the management of malaria.

1.
.....

2.

.....
3.

Confirm your answer as you read the following discussion.

Counselling is important for a number of reasons:

- It is a psychological therapy. It enables patients/clients to release their stress and anxieties on malaria;
- Patients/clients are empowered and able to understand and solve their own problems relating to the treatment and prevention of malaria;
- It enables patients/clients to use available resources and experience to develop positive ways of coping with situations/problems;
- It acts as a preventive measure since it encourages adoption of healthy behaviour in combating malaria;
- It ensures that patients/clients are adequately informed about their medication.

Having learnt the importance of counselling, let us now turn to the qualities of a good counsellor.

11.3 Qualities of a Good Counsellor



What qualities or attributes should you possess as a counsellor in Malaria in order to pass on effective messages and communication to your patient/clients?

To be a good counsellor you must possess the following qualities:

- ***Patience:***
You need to be very patient. Go to the next step of explanation only when the patient/client has clearly understood the content of the information you are giving. Have ample time for the patient.

- ***Good Listening:***
You need to be a good listener. Never interrupt what the patient/client has to say. Give your inputs only when the client / patient has finished talking.

- ***Observant:***
You need to be very observant and able to interpret non-verbal communication. If the patient/client looks angry, find out the cause of his/her anger first.

- ***Warm:***
Provide non-possessive warmth in a counselling environment. Smile and show concern and acceptance to the patient/client.

- ***Knowledgeable:***
You should have good knowledge on rational drug use and drug compliance. Some people do not take medication for one reason or the other, while others demand drugs. For example, Muslims do not take oral medication when they are fasting while Jehovah's witnesses do not take blood transfusion. This interferes with drug compliance. Giving patients/clients drugs on demand can cause drug shortage at the health facility or lead to drug abuse (overdose/under dose).

- ***Having empathy with the patient/client:***
Try to understand the feelings the patient/client is having in the counselling process. In other words put yourself in his/her position.

- **Maintaining a therapeutic relationship with a patient:**

Give the patient/client the opportunity to make his/her own decision from your message.


- **Confidentiality:**


Although confidentiality is important in health matters it does not apply very much to malaria. Most people will openly say they have malaria. However, ensure that you maintain confidentiality on what the patient/client tells you. The patient/client would feel greatly offended if you disclose any information about him or her to other people. Counselling must be done individually and privately.

- **Personal integrity:**

Maintain a high degree of personal integrity, credibility and mutual trust as a counsellor.

Before you read on, do Activity 3, it should take you 5 minutes to complete.





ACTIVITY 3

From the knowledge you have acquired so far in this and previous units, write down the key counselling and health education messages you would pass on to a patient with signs and symptoms of Malaria.

Confirm your answer as you read the following discussion.

The following are the counselling and health promotion messages you should give to a patient with signs and symptoms of malaria:

- A person can have malaria parasites and show no signs of the illness. This is why it is important to take measures to protect oneself from Malaria;
- Fever, however mild, is not a normal sign. Fever is an important symptom of illness and should be treated or investigated;
- Signs of malaria include fever, headache, body aches, chills, rigors, and signs of severe Malaria as discussed earlier;
- Uncomplicated/simple malaria can quickly progress to severe/complicated malaria, which is life threatening and can be fatal if not treated in time.
- Seek medical advice whenever you are sick.
- Explain to the patients' use of and application of malaria prevention methods such as importance of sleeping under Insecticide Treated Nets (ITNs) or LLINs. These nets not only kill mosquitoes which come into contact with it, but also repel and reduce mosquitoes in the room. They are safe to the user and should be used daily all year round.
- Whenever you have fever visit a health facility immediately for treatment;
- Visit ANC clinic during pregnancy for IPT (SP);

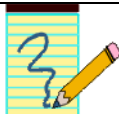

You can identify other relevant messages from the previous units you have studied.

You have come to the end of our discussion on qualities of a good counsellor and the key counselling and health education messages you should give to your clients/patients. Next, let us look the counselling skills you will need.

11.4 Counselling Skills

The qualities of a good counsellor go hand in hand with good counselling skills. In this section you shall learn about some counselling skills.

Before you read on, do Activity 4, it should take you 5 minutes to complete.

**ACTIVITY 4**

List down five skills you need in counselling

- (i)
- (ii)
- (iii)
- (iv)
- (v)

The following are some of the skills that you need as a counsellor:

- ***Active Listening***

As a health worker, you should listen to what your patient/client says. Show the patient/client that you are paying attention. For example, rather than looking through papers on your desk as the patient/client is talking to you, you should look at his/her face as you listen.

- ***Attending Behaviour***

You should greet your patient/client politely and make him/her feel comfortable and relaxed. With facial expression, eye contact, gestures, and posture, show him/her that you are interested in what he/she is telling you.

- ***Interviewing/Asking Questions***

As a good counsellor, you should ask open-ended questions as opposed to close-ended questions. You should also ask probing questions.

We have used three expressions i.e. close ended, open-ended and probing questions. Before we proceed to learn about the other skills, let's explain what they are.

- *What is a closed ended question?*

A closed ended question is a question that invites a "Yes" or "No" response. For example, "Are you happy with the drug you are taking?" This is a bad question because it does not provide the client with an opportunity to express his or her feelings.

- *What is an open-ended question?*

An open-ended question is a question that leaves room for a patient/client to give a detailed and complete answer. For example, “tell me about your experience so far with the drug you are taking”.

– *What is a probing question?*

A probing question is a question that asks for more details for example, “And what else can you tell me?” or “What happened after that?” “Is there anything else you would like to add?” And so on.

You should avoid asking why questions because they may elicit feelings or actions that can be complex and embarrassing.

A good counsellor asks open-ended questions and probing questions because they encourage the patient/client to explore and express his/her feelings. Next time you counsel a patient/client try to use both the open ended and probing questions.

- ***Reflecting Feelings***

By observing and listening, you can imagine how a patient/client feels. You can then tell the patient/client what you think. When a patient/client gives a vague answer, you can point this out by saying “You seem not to be clear on this”. This serves three purposes:

- The patient/client thinks about how he or she feels and why;
- You the health worker can find out whether the patient/client is confused;
- If there is confusion you can clear it up through discussion.

- ***Praise appropriate practices***

You should praise a patient/client for any good practice he/she may mention.

- ***Giving Information and negotiating changes***

After the patient/client has told you his/her problem, you should give her/him relevant information and negotiate changes. You should use words that the patient/client understands. Check whether the patient/client understands you by asking him/her to repeat the information and instructions you have given. If the feedback shows that the patient/client did not understand the information or cannot remember, explain again.

- ***Use of local language***

Whenever possible use a local language that the client understands best. It is important for both you and the patient to understand each other very well.

- ***Remain neutral and non-Judgemental***

Whenever possible give advice but do not judge.

- ***Be consistent in giving advice***

If you are sure of the facts be consistent.

- ***Summarising and Paraphrasing***

By re-stating in your own words what the patient/client says, you show that you are listening and that you have understood what the patient/client has said. For example, “What you are saying is that you have no problem with the drug so far...”





It is important to develop skills in counseling so that you can effectively help your patients/clients.

Having discussed skills in counselling, let us now discuss the counselling process.

11.5 The Counselling Process

When counselling patients/clients, we progress through a series of interconnected and overlapping stages to help patients/clients make informed decisions. Both you and the patients/clients actively participate. You exchange information and discuss the patients'/client's feelings and attitudes about the disease and drugs. Through this interaction the patient/client makes a decision, acts and evaluates his/her actions.

Before you continue reading, do Activity 5. It should take you 10 minutes to complete.

**ACTIVITY 5**

The stages of the counselling process can be abbreviated by the word GATHER. Do you know what each letter in the word GATHER stands for?

Fill in what each letter stands for.

G

A

T

H

E

R

Confirm your answer as you read the following discussion.

There are six elements to the counselling process. They are easy to remember with the memory aid GATHER. Each letter in the word GATHER stands for an action or step that a counsellor is expected to take when counselling a patient/client.

What does each letter stand for?

- G Greet the patient/client.
- A Ask patient/client about herself/himself.
- T Tell patient/client about proper use of drugs.
- H Help patient/client to understand the instructions
- E Explain how to use the drugs.
- R Return for follow-up.

In order to have a successful counselling session you must do the following:

- Give the patient/client the right to make his or her own decisions;
- Keep patient's/client's problems confidential;
- Be truthful to the patient/client;
- Give correct information;
- Recognise your own limitations in counselling in regard to specific problems.

Remember, self-introduction when you meet the patient/client and the initial questions which address the purpose of the visit or nature of the problem, are useful activities to encourage the patient/client to talk.



This brings us to the end of our discussion on the counselling process. Let us now discuss barriers to effective counselling.

11.6 Barriers to Effective Counselling

To a great extent, the counselling process is concerned with effective communication. Therefore, many of the barriers to effective counselling are those related to communication.

Often barriers interfere with the counselling process. They prevent the patient/client from being able to make free and informed decisions about the course of treatment, how to act on them and to continue using them. When there are barriers the patient/client will not disclose her/his feelings and concerns fully enough for you to be able to give the necessary assistance and guidance.

Before you continue reading this section do Activity 6, it should take you 5 minutes to complete.

**ACTIVITY 6**

Imagine you receive a patient/client in your Health Unit, what would you consider as barriers to effective counselling of this patient/client.

(i).....

(ii).....

(iii).....

(iv).....

(v).....

We hope the answers you have written include the following barriers to effective counselling:

- Physical barriers;
- Differences in social and cultural background and psychological barriers;
- Inappropriate non-verbal behaviour by you the health worker;
- Barriers caused by patient/client;
- Language and level of education.

Let us now discuss each of these barriers one by one.

- ***Physical Barriers***

Physical barriers refer to environmental factors that prevent or reduce opportunities for the communication process to occur. They include:

- A counselling room which does not offer privacy;
- Poor lighting;
- Dirty and untidy room;
- Distracting noise;
- Extreme temperatures;
- Uncomfortable seating arrangement;
- Distractions in the room such as equipment and visual aids;
- Objects and chemicals which are dangerous to the patient/client.

If the room where you serve patients/clients at your health unit has any of these barriers you should do something to improve it.

- ***Differences in Social and Cultural background***

When a patient/client is from a different nationality, race or ethnic group, it may be difficult for you to know the patient's/client's beliefs, taboos and cultural practices. The patient/client may not be able to take action because perhaps the information you give him/her does not tally with his/her beliefs, taboos etc.

As a good counsellor you should endeavour to know a patient's/clients' cultural background before you start a counselling session.

- ***Non-Verbal Communication***

Non-verbal communication involves all the little things you do while you talk to a patient/client. It includes:

- Gesturing;
- Frowning;
- Showing signs of boredom or humour;
- Showing signs of disgust;
- Displaying signs of despise towards a client;
- Nodding the head;
- Shaking the head

Some non-verbal communications are negative while others are positive. Nodding the head is a positive non-verbal communication. Gesturing can be both positive and negative non-verbal communication. Therefore, try to make good gestures which will demonstrate your interest, concern and understanding of the patient's/client's expressions. These may be a smile or occasional nodding in appreciation of what a patient/client tells you.

- ***Barriers caused by patient/client***

Let us now look at some of the barriers that may be caused by a patient/client.

These are:

- Lack of interest in being counselled;
- Patient's/client's appearance to you (impression);
- Patient/client's emotions.

It is important that you motivate your patients/clients and arouse their interest as soon as you start the counselling session. Use of visual aids helps arouse patients'/clients' interest.

It also stimulates active thinking and learning while providing a shared experience. Lack of interest makes a patient/client inattentive and biased in thinking.


If there is something disturbing a patient/client, such as a family or social problem, you should be able to identify it. If you think the patient/client is so disturbed that they cannot benefit from the session, you should postpone it to another day. If you fail to handle your patient/clients problem they may never come to back to see you again.

We hope you are now well prepared to counsel malaria patients/clients. Next, let us consider the IEC messages you should give on malaria prevention and control.

11.7 IEC Messages on Malaria Prevention and Control

As we mentioned in Unit 8, IEC messages on malaria prevention and control should be given to all your clients/patients.

Before you continue reading this section do Activity 7, it should take you 5 minutes to complete.



ACTIVITY 7

Write down 5 Malaria IEC messages

(i).....

(ii)

(iii)

(iv)

(v)

Confirm your answer as you read the following discussion.

The following are the IEC messages you should give to parents of children under five years and pregnant mothers.

- Malaria In Children Under Five Years
 - Every year so many cases of malaria are reported among children under five years of age often leading to deaths;
 - Protect your child from malaria;
 - Malaria is a dangerous disease and can easily kill your child;

- FEVER is a key sign of malaria especially in children. Other signs are vomiting, diarrhoea, restlessness and loss of appetite;
 - Seek early and correct treatment from the nearest health facility;
 - Delay may result in dangerous signs like convulsions, difficulty in breathing and anaemia.
 - REMEMBER to ensure that your child sleeps under an ITN/LLIN;
- Malaria in Pregnancy in Endemic Areas
 - Pregnant women should sleep under ITNs/LLINs;
 - Pregnant women should take two doses of SP (IPT);
 - Seek early treatment.

In addition, you should be well prepared and knowledgeable about when malaria epidemics occur in your catchment area. What should you do to prepare?

- Epidemic Preparedness and Response
 - Set up early warning and detection systems
 - Start limited and supervised Indoor Residual Spray (IRS) in epidemic prone areas;
 - Set up mobile clinic;
 - Ensure that health facilities are stocked with antimalarial drugs;
 - Inform communities to seek early treatment.

CONCLUSION

We have come to the end of this unit 11 on Counselling and Health promotion. In this unit we defined counselling as a face-to-face communication between a counsellor and a patient/client which aims at helping the patient/client understand their problems and make informed decisions for change. We said that

counselling is psychological therapy and should be given to all patients suffering from malaria. We also discussed the qualities of a good counsellor and the skills in counselling. Finally, we explained the barriers to effective counselling, which included physical barriers, differences in social and cultural background, non-verbal communication, and barriers caused by patients/clients.

You should now review the learning objectives at the beginning of this unit to check whether you are up-to-date with basic knowledge about counselling and health promotion in Malaria. If you are not sure about any of the objectives go back to the relevant section and read it again. If you feel confident that you have achieved all the objectives, complete the attached Tutor Marked Assignment attached before you proceed to the next unit. Remember to also do the practical assignment given below.

PRACTICAL ASSIGNMENT

1. Instructions:

- **Counsel five patients with Malaria disease.**
- **Develop and pass on health education messages on Malaria to the five patients.**

2. Feedback:

Write down your experience and findings and send them to the tutor.

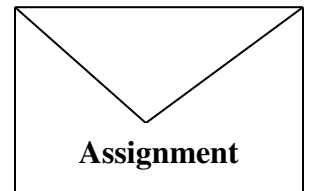


**AMREF DIRECTORATE OF LEARNING SYSTEMS
DISTANCE EDUCATION PROGRAMME**

Student Name _____

Student Number: _____

Student Postal Address: _____



**DISTANCE LEARNING COURSE ON MALARIA
Tutor Marked Assignment
Unit 11: Counseling and Health Promotion in Malaria**

1. a) Define counseling.

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b) What are the aims of Health Promotion/Education?

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2. What Health Promotion/Education messages would you pass on to the individuals, families and communities on prevention of Malaria?

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.....

3. A health worker called Loot investigated a patient and found that he had Malaria. If you were Loot:

a) What steps would you go through in the counseling process of this Patient?

(i)
(ii)
(iii)
(iv)
(v)
(vi)

- (vii)
- (viii)
- (ix)
- (x)

b) What skills would you need to be able to provide effective counseling to this patient?

- (i)
- (ii)
- (iii)
- (iv)
- (v)
- (vi)
- (vii)
- (viii)
- (ix)
- (x)

c) Loot tried to counsel his patient but was not successful. What do you think failed him?

- (i)
- (ii)
- (iii)
- (iv)
- (v)
- (vi)
- (vii)
- (viii)
- (ix)

(x)

4. Outline some of the IEC information you should give in the following Situations:

a) Children under five years old

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b) Pregnant women

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c) Epidemic situation

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Congratulations! You have come to the end of this assignment. If you experienced any difficulties in this unit write to us. Your tutor will be happy to give you relevant responses to enable you cope with the course.

Confirm that you have written your name , student number and address on the assignment. Then post or bring it in person to AMREF.

Enjoy the rest of the course 😊