



Nurturing Gender-Responsive Counsellors

Gender responsive integrated counselling approach for strengthening reproductive health services

This document examines an initiative in Uttar Pradesh that uses an integrated counselling approach to embed gender responsiveness in reproductive health services. The programme trains Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) counsellors to identify how gender norms, roles, and power inequalities influence health behaviours and service utilisation. It equips them with tools to address barriers hindering informed decision-making by women and their families. The document highlights how integrating a gender lens into counselling practices has enabled counsellors to support clients in making informed decisions about their reproductive health. Early findings demonstrate the initiative's positive influence on both counsellors and the women they serve, showcasing its potential for wider adoption and adaptation to meet the state's family planning goals.

01

THE CONTEXT

The state of Uttar Pradesh (UP) in India is the most populous state in the country, accounting for approximately 16% of India's population and 3% of the global population [1].



UP's growth rate, currently at 2.4%, remains above the national average of 2.0% but is gradually slowing.



With women of reproductive age (15–49 years) making up over half the population (54%), effective family planning services are essential to achieving population stabilisation goals.

Family planning significantly impacts women's health, with far-reaching implications such as reducing malnutrition and promoting long-term well-being for both mothers and children. Access to contraceptives enables women to delay, space, and limit pregnancies, which not only lowers healthcare costs but also ensures that more girls complete their education and enter the workforce [2]. However, socio-cultural and gender norms often hinder access to and utilisation of contraceptives, disproportionately placing the responsibility for family planning on women. This imbalance is apparent in the limited engagement of health workers with non-female users, as only 25.1% of them have ever discussed family planning with non-female users [3]. Additionally, the availability of contraceptive choices is disproportionately higher for women [4]. This unequal distribution not only reinforces traditional gender roles but also overlooks the importance of shared responsibility in reproductive health.

1.1. Meeting the Challenge of Population Growth in Uttar Pradesh

Currently, UP has a modern contraceptive prevalence rate (mCPR) of 34%, with

15% of the population experiencing an unmet need for family planning.

To address this need and empower reproductive choice, the state aims to achieve a

Total Fertility Rate (TFR) of
1.92

mCPR of
52%

satisfy **75%** of contraceptive demand with
modern methods by 2030 [1]

The Government of Uttar Pradesh (GoUP) is committed to achieving these goals by promoting safe and voluntary family planning and improving reproductive health care services. The government strategy underscores the importance of gender equality, reproductive rights, and overall well-being as essential pillars for achieving the set goals [1].

1.2. Gender Barriers to Contraceptive Use in Uttar Pradesh

The 2021 Integrated Family Planning Survey (IFPS) highlights that while women in UP are involved in decisions about family size, their autonomy is limited when choosing and using contraception. Only 69% women are involved in decisions about using family planning and 68% in method choice. Factors like age, education, socioeconomic status, partner dynamics, and family size influence decision-making power. Concerningly, 43% of women reported experiencing intimate partner violence (IPV), further hindering their reproductive autonomy [1].

Socio-cultural barriers like myths about modern contraceptives, limited exposure to family planning information, preference for traditional methods, and son preference hinder modern contraceptive uptake in Uttar Pradesh [1].

These barriers contribute to a lack of awareness, perpetuate misconceptions, and reinforce gender norms that limit women's reproductive autonomy.

Frontline health workers (FLWs), while vital in bridging the gap between communities and healthcare services, are often influenced by social norms surrounding fertility behaviors, which can shape the information they provide. This is reflected in the tendency of FLWs to promote methods like female sterilisation while showing reluctance to discuss options such as condoms with younger women or those who have only daughters [1]. On the other hand, evidence indicates that women and their families are generally more receptive to counselling and messaging delivered at healthcare facilities, emphasising the critical role of facility-based FP counsellors in addressing these gaps.

Unlike FLWs, facility-based RMNCAH+N counsellors are equipped not only with detailed information but also with strategies to understand clients' situations and respond comprehensively [4,5]. Since 2014, UP TSU has supported the Government of Uttar Pradesh (GoUP) in building the competencies of RMNCAH+N counsellors to strengthen their effectiveness in bridging these gaps.



A decade of strengthening counselling services for RMNCAH+N in Uttar Pradesh

A total of 232 counsellors have been deployed across high-delivery-load facilities, including Community Health Centers (CHCs) and higher-level facilities, in Uttar Pradesh. The first batch of counsellors was hired a decade ago, with an initial focus on the full spectrum of family planning (FP) options, supporting couples in making informed decisions. Over time, the Government of Uttar Pradesh (GoUP) expanded the scope of counselling services to include the broader RMNCAH+N framework. To support this transition, an integrated counselling module was developed for the orientation and training of counsellors, incorporating a gender-integrated approach.

Since the initial recruitment, no additional counsellors have been hired. Instead, the UP government opted to train counsellors from Adolescent Friendly Health Clinics (AFHC) and Integrated Counselling and Testing Centers (ICTC) to provide comprehensive counselling services across the RMNCAH+N spectrum¹.



¹The competency-building initiatives for RMNCAH+N counsellors have been documented in the publication, 'Onward and Upward: Documenting the Journey of Competency-Building Initiatives for RMNCAH+N Counsellors in Uttar Pradesh'.

02

THE INTEGRATED COUNSELLING APPROACH

Recognising the limitations of traditional family planning counselling focused solely on preventing unintended pregnancies and providing information, the GoUP initiated the Integrated Counselling Approach, in May 2020, with the support of the Uttar Pradesh Technical Support Unit (UP TSU). The GoUP approved the rollout of this package in January 2021, with a revised version incorporating a gender-responsive approach rolled out in March 2022.

The approach aims to enable Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH +N) counsellors to effectively support their clients. It has evolved from a focus on promoting family planning methods to a more holistic approach that addresses the diverse needs of women across different life stages. The expanded scope of the approach acknowledges the various interconnected factors affecting reproductive health and choices and addresses a wider range of determinants, such as:



Gender: A core component of the programme is addressing gender dynamics and their influence on health choices and service uptake while recognising how gender intersects with issues like violence, substance use, mental health, and nutrition to shape health outcomes and access to care.



Partner violence: Counsellors are trained to identify and address issues of intimate partner violence, offering crucial support and resources to those affected.



Substance abuse: Recognising the impact of substance abuse on individuals and families, the programme integrates counselling and referral services for substance use disorders.



Mental health: The programme acknowledges the interconnectedness of mental and physical well-being, providing support and referrals for mental health concerns.



Nutrition: Integrating nutritional counselling promotes healthy behaviours across all life stages, from adolescence to adulthood.

This new approach prioritises gender-responsive counselling to address the complex factors influencing women's reproductive choices, including socio-cultural norms, gender roles, and power dynamics.



03

GENDER RESPONSIVENESS IN INTEGRATED COUNSELLING APPROACH

The integrated counselling approach aims to empower women to make autonomous decisions about their reproductive health, free from coercion and violence. The development of an integrated counselling package, encompassing modules on communication skills, counselling techniques, and reproductive health information, equips healthcare providers with the tools to deliver effective and sensitive care. Prioritising client-centered care and integrating a gender-responsive lens, this approach fosters an enabling environment where women's informed choices and bodily integrity are upheld. This foundation sets the stage for deeper discussions on gender equity, leading to actionable insights that enhance women's reproductive agency and engage men in supportive roles.

3.1. Building a Gender-Responsive Counselling Workforce

The training provides counsellors with knowledge of various socio-economic and cultural factors that affect women's choices and decision-making, enabling them to provide personalised counselling. By utilising counselling cards, a structured questioning approach (HEADS)², and the OSCE³ tool, the programme fosters counsellor skills in navigating complex gender-related issues.



Counselling Cards

Counsellors receive a set of 35 supplemental counselling cards designed as practical job aids. These cards provide readily accessible information on a wide range of topics relevant to women's reproductive health, including maternal nutrition, family planning methods, safe abortion, menstrual hygiene, and gender-related issues.

The cards build counsellors' knowledge of gender inequities with themes such as the distinction between gender and sex, gender-based violence, and gender discrimination faced by women at different life stages. They also contain vital information, like helpline numbers, to aid counsellors in situations where clients disclose experiences of violence or abuse.

Furthermore, the cards enhance counsellor-client interactions by facilitating sensitive discussions and promoting informed decision-making. When discussing family planning, for example, counsellors use the cards to introduce clients to various contraceptive choices, enabling women to select the option that best suits their needs and circumstances. The cards are integrated into the overall counselling process, working in conjunction with other elements like the HEADS approach.



²HEADS: Home, Education, Eating, Activity, Drugs, Depression, and Sexuality

³OSCE: Objective Structured Counselling Examination



The HEADS Approach

The HEADS approach, a globally recognised counselling strategy, provides a structured framework for counsellors to comprehensively explore women's lives, including their home life, education, health behaviours, and experiences. The counsellors were trained in using this approach to identify potential barriers and engage in respectful conversations about family dynamics and gender roles. This adaptation fosters trust, creates a safe space for women to share their experiences, and ultimately helps to address issues like gender-based violence and improve access to care. Integrated into the counselling strategy and supervision tools, the HEADS approach ensures that gender is considered throughout the counselling process.



The OSCE Tool

The OSCE, a practical tool using simulated sessions and a standardised checklist, assesses and enhances counsellors' communication, techniques, and client engagement. Specifically adapted to include gendered responses, it incorporates role plays in skill-building sessions to help counsellors practice responding to real-life scenarios. Through structured feedback and supportive supervision, the OSCE fosters continuous improvement in delivering high-quality, gender-responsive counselling services.

3.2. The Training Process

The comprehensive training programme, focused on knowledge building, skill development, and ongoing support, played a crucial role in strengthening the integrated counselling approach and promoting gender-responsive service delivery. All 232 RMNCAH+N counsellors placed in high-delivery-load facilities, including district hospitals and CHCs across Uttar Pradesh, were trained through this process.



Knowledge and Skill Building

The training programme encompassed both knowledge-building and skill-building components.

- Virtual knowledge-building sessions aimed to enhance counsellors' understanding of key concepts related to gender and reproductive health. These sessions were led by GM-FP (General Manager- Family Planning) and GM-RKSK (General Manager- Rashtriya Kishor Swasthya Karyakram) and their teams, with support from UP TSU. Master trainers from the RKSK and FP divisions of the National Health Mission (NHM) participated, along with trainers from partner organisations, including the State Innovations in Family Planning Services Project Agency (SIFPSA).
- On-site skill-building sessions, supported by UP TSU, were held at district headquarters and focused on developing practical counselling skills. The district staff, including the Additional Chief Medical Officer and Chief Medical Officer, played a key role in supporting the operationalisation of these trainings. The in-person format facilitated interactive learning experiences, enabling counsellors to practise and refine their skills in a supportive environment.



Content and Methodology

The training sessions incorporated diverse content and methodologies to promote active learning and engagement.

- A dedicated session on gender and empathy encouraged counsellors to reflect on real-life examples and understand the linkages between gender and reproductive health. This session aimed to sensitise counsellors to the influence of gender norms and the importance of empathy in counselling interactions.
- Interactive case studies and role plays explored how gender norms impact clients' lives, prompting counsellors to consider their influence on service delivery. These activities provided practical insights and encouraged

critical thinking about the application of gender-responsive approaches in real-world scenarios.

- Skill building sessions focused on enhancing counsellors' communication skills, specifically active listening, probing, and paraphrasing. These skills are crucial for establishing rapport, gathering comprehensive information, and ensuring clear communication during counselling sessions.
- Counsellors also received training on the OSCE checklist, helping them understand the structured format of questioning and develop effective probing techniques. This training aimed to improve their ability to assess client needs comprehensively and identify potential gender barriers.



Ongoing Support

The training programme included mechanisms for sustained learning and practice.

- UP TSU teams actively reinforced key messages and facilitated discussions during state and divisional meetings. This consistent support helped ensure that counsellors remained engaged with the concepts and practices introduced during their training.
- The OSCE served not only as an assessment but also as a tool for supportive supervision. Feedback provided during OSCE assessments helped counsellors identify areas for improvement and further refine their counselling skills.



PROMISING SHIFTS: GENDER RESPONSIVENESS IN ACTION

The counsellors foster an environment of support and empowerment, enabling women to navigate the complexities of reproductive decision-making within a context often shaped by gender-based pressures. They prioritise creating a safe space for women to express their needs and concerns openly, while also engaging with partners and families to promote understanding and respect for women's autonomy.

By actively mitigating the negative impacts of these pressures, counsellors enable women to make informed choices aligned with their own aspirations. This may include ensuring privacy during consultations, offering tailored solutions that consider individual circumstances, and connecting women with additional support services to address specific needs.

Ultimately, this approach empowers women to take control of their reproductive lives and navigate the challenges they face with confidence and agency. Integrating gender-responsive components shows early promise in improving counselling services, according to in-depth conversations with eight trained RMNCAH+N counsellors across different healthcare facilities in UP.



Recognising and addressing the impact of patriarchal norms

The counsellors acknowledge the significant influence of patriarchal societal norms on women's lives, including pressure to bear sons, domestic violence, and limited decision-making power. They understand that these pressures can heavily influence women's reproductive choices and strive to create a safe and supportive environment where women can freely discuss their concerns without judgement.



"...We have seen women facing pressure in all the phases- during the ANC period the woman is forced for gender detection so that they can abort it if a girl child is born...the family doesn't provide properly for women. Then, when girl grows, they don't send them to school, or provide nutritious food...there is constant comparison with the son and at times, there are cases of sexual harassment within the families. And then they marry them young and again the pressure to produce a son comes on and hence the cycle continues."

Sudha Mishra, RMNCAH +N Counsellor



Prioritising women's needs and perspectives

They understand the importance of providing a safe and confidential space for women to share their concerns. Realising that women often require support beyond family planning, they address broader gender-related issues, such as relationship dynamics, domestic violence, and gender inequality.



Building women's reproductive agency

Counsellors emphasise women's autonomy and their right to make informed decisions about their reproductive health. By presenting a "basket of choices" and explaining discreet methods, they empower women to select options that suit their needs and circumstances. This approach allows women to take control of their reproductive lives, even in unsupportive family environments.

“There was a client who had three children. Her husband and mother-in-law were adamant about having a boy child. When her baby was born, she started crying loudly. She shared that if it was not a boy child then the mother-in-law wanted her to get pregnant again...I consoled her and asked her what she wanted to do. She said that she is happy with the children she has. I told her that the right to make the decision is completely with her as it is her body...When she said that counselling her family was not an option, I suggested family planning methods that she could take independently. She adopted Antara which she can continue taking until she feels the need to. I gave her all the information. Whenever she visited the facility for immunisation of the baby, she took a dose of Antara. Now she goes about her routine life and is very happy.”

Seema Gonda, RMNCAH +N Counsellor



Providing individualised counselling

The counsellors offer one-on-one sessions to address specific needs and concerns, particularly when sensitive issues like gender-based violence or family pressure arise. They recognise that each woman's situation is unique and tailor their approach to provide the most relevant and effective support. These private sessions allow women to openly share their experiences and fears without feeling judged or pressured by family members.



Creating an enabling environment for service access

The counsellors facilitate conversations with husbands, in-laws, and extended family members to challenge the misconception that women are solely responsible for the sex of a child, using visual aids to explain the science of sex determination in a culturally sensitive way. These discussions aim to dispel harmful gender stereotypes and promote a more equitable understanding of reproductive health within the family unit.

“There was a couple who used to come to me for several years and always took condoms. They already had two children through caesarean. They didn't want the woman to undergo tubectomy as her body was weak due to caesarean. Initially, the husband didn't want to do NSV – I helped him understand how simple the process is-and also told him about the monetary benefit. This gave him the confidence to undergo the procedure. After this, they were so happy, they even got me a gift. He brought his other friends to me for counselling.”

Poonam Chaudhary, RMNCAH +N Counsellor





Engaging male partners in family planning

Counsellors employ a multi-pronged approach to support men in understanding and sharing responsibility for family planning, while challenging gendered expectations. This includes direct engagement and education, where counsellors provide individual and couple counselling, utilise tools like counselling cards and videos to explain various methods, including non-scalpel vasectomy (NSV) for male sterilisation.

By addressing common myths and concerns, demystifying procedures, and sharing testimonials from men who have undergone NSV, counsellors build confidence and challenge son-preference norms. These efforts help men view family planning as a viable and beneficial option for their families. Further, counsellors emphasise shared responsibility in family planning, encouraging men to actively participate in decision-making and challenging the expectation that women bear sole responsibility for contraception. This is reinforced by involving men in counselling sessions, fostering open communication within couples.

Finally, counsellors provide ongoing support through follow-up visits, leveraging the assistance of ASHAs (Accredited Social Health Activist), ANMs (Auxiliary Nurse Midwife), and other health workers to build men's confidence and ensure continued engagement with family planning services.



Offering ongoing support and resources

The RMNCAH+N counsellors strive to provide ongoing support throughout a woman's pregnancy spectrum of care, including antenatal visits and postpartum care. During immediate postpartum care—an especially challenging time for decision-making—counsellors engage with women to provide guidance on suitable contraceptive methods, acknowledging the difficulties in making decisions during this period. They also visit postnatal wards, creating opportunities to follow up with clients they previously interacted with in antenatal OPDs. The intention is to help women adopt appropriate contraceptive methods or plan effectively to avoid unintended pregnancies; however, achieving this goal remains a work in progress. Additionally, counsellors share information about helplines and support services for emergencies or further assistance.



Sensitising communities through health workers

While ASHAs play a vital role in promoting family planning, they may sometimes hold biases or lack adequate knowledge. In areas with facilities where RMNCAH+N counsellors are posted, they participate in monthly cluster meetings, during which ASHAs are trained in counselling techniques and gender-sensitive approaches. Counsellors use tools like counselling cards to address myths and misconceptions, both for ASHAs and the communities they serve. These sessions dispel common myths, encourage ASHAs to involve men in conversations about reproductive health and shared responsibility, and provide ongoing support through regular interactions and case discussions.

"We keep interacting with the ASHA to encourage families to adopt a method. But sometimes ASHAs themselves say the couple should have more children if they only have daughters. We always remind the ASHA of her role as a health worker to take care of the woman's health and to use her position to address gender norms, not reinforce them. This helps the ASHAs understand better on how to do counselling as well."

Babil Gupta, RMNCAH+N Counsellor

WAY FORWARD

The integrated counselling approach fosters ongoing conversations that empower women to navigate healthier pathways throughout their lives. However, counsellors face challenges, such as engaging with older family members and finding actionable solutions for complex situations. Continuous capacity building is crucial to equip them with the skills to address these issues effectively. To overcome these challenges and amplify the intervention's positive influence, UP TSU remains committed to supporting the Government of Uttar Pradesh (GoUP) in several key areas:

- **PROVIDING ONGOING SUPPORT:** Continuous support will be provided at the state level for RMNCAH+N counsellors by UP TSU. The focus will be on reinforcing and deepening the integration of gender-responsive components into their practice. This support will equip counsellors with strategies to engage influential family members, fostering equitable dynamics to encourage family planning uptake.
- **EXPANDING CAPACITY:** Building on the success with RMNCAH+N counsellors, UP TSU will support the state in launching capacity-building initiatives and providing job aids for Adolescent Friendly Health Clinic (AFHC) counsellors. This will equip them to deliver the integrated counselling package, with a focus on recognising and addressing gender-based discrimination and its impact on young clients.
- **STRENGTHENING THE HEALTH WORKFORCE:** To ensure continuity of services across all facilities, UP TSU will assist the state in identifying and enhancing the capabilities of other service providers, including auxiliary nurse midwives (ANMs) and staff nurses (SNs). This will enable them to provide effective counselling services in areas where designated RMNCAH+N counsellors are unavailable.
- **DEVELOPING COMPREHENSIVE RESOURCES:** UP TSU plans to develop a comprehensive counselling toolkit for the state government, designed to equip counsellors with the resources needed to deliver high-quality, gender-responsive services. Additionally, UP TSU will provide ongoing support by creating supplementary materials based on emerging needs and requirements.

Looking ahead, carrying forward, and further strengthening these gender-responsive strategies will remain a priority. As Preeti Anand, Director of Family Planning at UP TSU, aptly states,

"The RMNCAH+N counsellors have been capacitated with a holistic understanding of gender and its profound influence on accessibility, decision-making, norms, and beliefs. These factors collectively shape the choices women make even around contraceptive usage. We anticipate that the counsellors will continue to incorporate these gender-responsive components into their counselling practices to enhance the effectiveness of their interactions."

The Uttar Pradesh Technical Support Unit (UP TSU) and the Government of Uttar Pradesh are dedicated to enhancing women's agency and decision-making through informed choice to promote contraceptive uptake. By strengthening partnerships with ASHAs and implementing targeted outreach strategies, counsellors will help shape positive social norms. They will actively engage men and mothers-in-law in discussions that support women's reproductive autonomy. This approach supports and equips counsellors to facilitate family-wide dialogue, enabling women to build negotiation skills and agency while fostering environments that encourage shared responsibility. These transformative efforts aim to make reproductive health a cornerstone for creating more gender-equitable and inclusive communities.



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Uttar Pradesh Technical Support Unit

Uttar Pradesh Technical Support Unit (UP TSU) was established in 2013 under a Memorandum of Cooperation signed between the Government of Uttar Pradesh (GoUP) and Bill & Melinda Gates Foundation (BMGF) to strengthen the Reproductive, Maternal, Newborn, Child, Adolescence Health and Nutrition (RMNCAH+N). University of Manitoba's India based partner, India Health Action Trust (IHAT) is the lead implementing organization.

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