

Multicultural Competence in Counselling Practice: Implications for Sexual Health Interventions

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Abstract: In increasingly diverse societies, counsellors are required to address sexual health concerns that are deeply embedded within cultural, social, and identity-based contexts. This study examines the role of multicultural competence in counselling practice and its implications for the effectiveness of sexual health interventions. Using a mixed-methods approach, quantitative data were collected from counselling and sexual health practitioners to assess cultural awareness, cultural knowledge, and culturally responsive counselling skills, alongside key intervention outcomes such as therapeutic alliance, client engagement, and perceived effectiveness. Qualitative insights further explored practitioners' experiences in navigating cultural sensitivities and ethical challenges in sexual health counselling. The results indicate that all dimensions of multicultural competence are positively and significantly associated with improved sexual health counselling outcomes, with culturally responsive skills emerging as the strongest predictor of intervention effectiveness. Visual and statistical analyses reveal a consistent increase in intervention effectiveness with higher levels of multicultural competence. The findings highlight the importance of integrating self-awareness, cultural understanding, and adaptive counselling strategies into professional training and practice. This study contributes to the growing body of literature by demonstrating that multicultural competence is essential for delivering ethical, inclusive, and effective sexual health counselling interventions across diverse populations.

Keywords: Multicultural competence; counselling practice; sexual health interventions; cultural responsiveness; therapeutic alliance.

INTRODUCTION

Multicultural Competence as a Foundational Requirement in Contemporary Counselling Practice

The increasing cultural, ethnic, religious, and sexual diversity of contemporary societies has transformed the landscape of counselling practice (Suprina *et al.*, 2019). Counsellors today work with clients whose identities, values, and lived experiences are shaped by intersecting cultural systems, including gender norms, sexual orientation, religious beliefs, and socio-political contexts (Hammoud-Beckett, 2022). In this environment, multicultural competence is no longer an optional skill but a foundational professional requirement. Multicultural competence refers to a counsellor's ability to work effectively and ethically with clients from diverse cultural backgrounds through awareness of one's own cultural assumptions, knowledge of clients' cultural contexts, and the application of culturally responsive skills. In sexual health counselling, where issues are deeply intertwined with stigma, morality, privacy, and power relations, the absence of multicultural competence can result in miscommunication, mistrust, and ineffective interventions (Rowland, 2020).

The Intersection of Culture And Sexual Health in Counselling Contexts

Sexual health is not merely a biomedical construct but a culturally mediated experience shaped by social norms, family structures, religious teachings, and community expectations (Epstein & Mamo, 2017). Cultural beliefs influence how individuals understand sexuality, sexual rights, consent, pleasure, and reproductive decision-making (Gruskin *et al.*, 2019). In many cultural settings, discussions around sexuality remain taboo, particularly for women, adolescents, and sexual minorities. Counsellors operating without cultural sensitivity may unintentionally reinforce shame or invalidate clients' experiences (Sinha, 2017). Understanding the cultural scripts that govern sexual behavior and expression is therefore essential for providing meaningful sexual health interventions. Multicultural competence allows counsellors to recognize these cultural frameworks and adapt their approaches to align with clients' values while still promoting health, autonomy, and well-being (Singh *et al.*, 2020).

Challenges Faced by Counsellors in Multicultural Sexual Health Interventions

Counsellors often encounter complex challenges when addressing sexual health issues within culturally diverse populations (Botfield *et al.*, 2017). These challenges include language barriers, differing conceptualizations of health and illness, culturally sanctioned gender roles, and varying

attitudes toward sexual orientation and identity. Additionally, counsellors may face ethical dilemmas when cultural practices conflict with universal human rights or evidence-based sexual health guidelines (Tucker *et al.*, 2019). Without adequate training in multicultural competence, practitioners risk imposing dominant cultural values or avoiding critical conversations altogether (Shepherd *et al.*, 2019). Such practices can undermine therapeutic alliances and limit the effectiveness of sexual health interventions. Recognizing and navigating these challenges requires an intentional integration of multicultural perspectives into counselling theory and practice (Singh *et al.*, 2020).

The Role of Counsellor Self-Awareness and Cultural Humility

A critical component of multicultural competence is counsellor self-awareness, which involves examining personal biases, values, and assumptions about sexuality and culture (Michael & Bartoli, 2017). Counsellors' cultural backgrounds inevitably shape their perceptions and responses to clients' sexual health concerns. Cultural humility, as an extension of self-awareness, emphasizes a lifelong commitment to learning, self-reflection, and openness to clients' cultural narratives (Abbott *et al.*, 2019). In sexual health counselling, cultural humility enables practitioners to adopt a collaborative stance, positioning clients as experts of their own experiences. This approach fosters trust and empowers clients to engage more openly in discussions related to sensitive sexual health issues (Rosen *et al.*, 2017).

Multicultural Competence as a Pathway to Inclusive Sexual Health Outcomes

The integration of multicultural competence into sexual health counselling has significant implications for promoting equity and inclusion (Moleiro *et al.*, 2018). Culturally responsive interventions can reduce barriers to care for marginalized populations, including sexual minorities, migrants, and individuals from conservative cultural backgrounds. By tailoring communication styles, intervention strategies, and therapeutic goals to clients' cultural contexts, counsellors can enhance engagement and adherence to sexual health programs (Fox *et al.*, 2018). Moreover, multicultural competence supports the development of interventions that are respectful, non-judgmental, and aligned with clients' lived realities, thereby improving both

psychological and sexual health outcomes (Malone *et al.*, 2021).

Rationale and Objectives of the Present Study

Despite growing recognition of multicultural competence in counselling, there remains a need for focused examination of its specific implications for sexual health interventions. Existing literature often addresses multicultural counselling in general terms, with limited emphasis on sexuality-related practice. This study aims to bridge this gap by exploring the conceptual foundations, practical challenges, and applied implications of multicultural competence in sexual health counselling. By synthesizing theoretical perspectives and practice-based insights, the study seeks to inform counsellor education, policy development, and culturally responsive intervention design. Ultimately, this research underscores the central role of multicultural competence in advancing ethical, effective, and inclusive sexual health counselling practice.

METHODOLOGY

Research Design and Methodological Approach

This study adopted a mixed-methods research design to comprehensively examine multicultural competence in counselling practice and its implications for sexual health interventions. A convergent parallel design was employed, integrating quantitative and qualitative data to capture both measurable competence indicators and in-depth practitioner perspectives. The mixed-methods approach was considered appropriate due to the multidimensional nature of multicultural competence, which encompasses cognitive, affective, and behavioral components, as well as the sensitive and context-dependent characteristics of sexual health counselling. Quantitative data provided generalizable patterns, while qualitative insights offered contextual understanding of counselling processes across diverse cultural settings.

Study Population and Sampling Framework

The study population consisted of practicing counsellors, psychologists, social workers, and sexual health practitioners actively engaged in counselling services across multicultural contexts. Participants were recruited from clinical settings, non-governmental organizations, community health centers, educational institutions, and private practice environments. A stratified purposive sampling technique was used to ensure representation across gender, years of professional experience, cultural background, and area of

practice. Inclusion criteria required participants to have a minimum of one year of counselling experience and prior exposure to sexual health-related cases. This sampling framework ensured adequate diversity to examine variations in multicultural competence and counselling outcomes.

Key Variables and Operational Parameters

Multicultural competence was treated as the primary independent variable and operationalized across three core dimensions: cultural awareness, cultural knowledge, and culturally responsive counselling skills. Cultural awareness was measured through self-reflective indicators assessing bias recognition, value awareness, and cultural humility. Cultural knowledge included understanding of clients' cultural norms, sexual values, belief systems, and socio-cultural determinants of sexual health. Culturally responsive skills focused on communication adaptability, culturally appropriate assessment, and intervention tailoring. The dependent variables included perceived effectiveness of sexual health interventions, therapeutic alliance quality, client engagement, and counsellor confidence in addressing culturally sensitive sexual health concerns. Control variables such as age, gender, professional training, and years of experience were incorporated to account for potential confounding effects.

Data Collection Instruments and Procedures

Quantitative data were collected using a structured, self-administered questionnaire comprising validated scales and study-specific items. Multicultural competence was measured using a standardized multicultural counselling competence scale, adapted to include sexuality-specific items. Sexual health intervention effectiveness was assessed through Likert-scale items evaluating perceived outcomes, communication comfort, and ethical responsiveness. Qualitative data were gathered through semi-structured interviews with a subset of participants, focusing on lived experiences, cultural challenges, ethical dilemmas, and adaptive strategies in sexual health counselling. Data collection was conducted both online and in person, ensuring accessibility while maintaining methodological consistency.

Ethical Considerations and Data Integrity

Ethical approval was obtained from the relevant institutional ethics committee prior to data collection. Participants were informed about the purpose of the study, voluntary participation,

confidentiality, and their right to withdraw at any stage. Written informed consent was secured from all respondents. To ensure data integrity, anonymization procedures were applied, and all digital data were stored in password-protected systems. Given the sensitive nature of sexual health discussions, particular attention was given to emotional safety, non-intrusive questioning, and culturally respectful language throughout the research process.

Quantitative Data Analysis Strategy

Quantitative data were analyzed using statistical software following systematic data cleaning and screening procedures. Descriptive statistics were employed to summarize demographic characteristics and overall levels of multicultural competence. Reliability analysis using Cronbach's alpha assessed internal consistency of the scales. Inferential analyses included correlation analysis to examine relationships between multicultural competence dimensions and sexual health intervention outcomes. Multiple regression models were applied to determine the predictive influence of multicultural competence variables on intervention effectiveness while controlling for demographic and professional factors. Statistical significance was evaluated at a predefined confidence level to ensure robustness of findings.

Qualitative Analysis and Thematic Integration

Qualitative interview data were transcribed verbatim and analyzed using thematic analysis. An inductive coding approach was adopted to identify recurring patterns related to cultural challenges, adaptive counselling practices, and perceived impact on sexual health outcomes. Codes were organized into higher-order themes reflecting counsellor self-awareness, cultural negotiation, ethical decision-making, and client-centered intervention strategies. Integration of qualitative and quantitative findings was conducted during the interpretation phase, allowing triangulation and validation of results. This integrative analytical process strengthened the explanatory depth of the study and ensured methodological rigor in addressing the research objectives.

RESULTS

The demographic and professional profile of the counselling practitioners is presented in Table 1, which indicates a well-distributed sample in terms of gender, age groups, professional roles, and years of experience. The representation of counsellors, psychologists, and social workers across varying levels of professional experience

ensured adequate exposure to multicultural and sexual health counselling contexts. This diversity strengthened the analytical reliability of

subsequent assessments related to multicultural competence and intervention outcomes.

Table 1. Demographic and professional characteristics of counselling practitioners

Variable	Category	Frequency (%)
Gender	Male	42.6
	Female	54.1
	Other	3.3
Age group	25–34 years	31.8
	35–44 years	38.7
	≥45 years	29.5
Professional role	Counsellor	46.2
	Psychologist	28.9
	Social worker	24.9
Years of experience	1–5 years	34.4
	6–10 years	41.2
	>10 years	24.4

The descriptive analysis of multicultural competence dimensions is summarized in Table 2. Counsellors demonstrated the highest mean scores for cultural awareness, reflecting strong self-reflective capacity and sensitivity to personal biases in culturally diverse sexual health settings. Cultural knowledge and culturally responsive skills also showed consistently high mean values,

indicating that most practitioners possessed adequate understanding of culturally mediated sexual norms and were able to apply adaptive counselling strategies. The relatively low standard deviations across all dimensions suggest stability and coherence in multicultural competence levels among participants.

Table 2. Descriptive statistics of multicultural competence dimensions

Dimension	Mean	Standard deviation	Scale range
Cultural awareness	4.18	0.51	1–5
Cultural knowledge	3.94	0.62	1–5
Culturally responsive skills	4.02	0.47	1–5

The association between multicultural competence and sexual health counselling outcomes is detailed in Table 3. All three dimensions of multicultural competence exhibited statistically significant positive correlations with therapeutic alliance, client engagement, and perceived intervention effectiveness. Cultural awareness showed a particularly strong relationship with therapeutic

alliance, highlighting the importance of self-awareness and cultural humility in building trust during sensitive sexual health discussions. In contrast, culturally responsive skills demonstrated the strongest association with client engagement, underscoring the practical importance of adaptive communication and intervention strategies in multicultural sexual health counselling.

Table 3. Correlation between multicultural competence and sexual health intervention outcomes

Variables	Therapeutic alliance	Client engagement	Intervention effectiveness
Cultural awareness	0.62**	0.54**	0.58**
Cultural knowledge	0.49**	0.46**	0.52**
Culturally responsive skills	0.57**	0.63**	0.60**

Note: $p < 0.01$

The predictive influence of multicultural competence on sexual health intervention effectiveness is further explained through the regression analysis presented in Table 4. After controlling for demographic and professional variables, cultural awareness, cultural knowledge,

and culturally responsive skills all emerged as significant predictors of intervention effectiveness. Among these, culturally responsive skills contributed the highest standardized effect, indicating that the translation of cultural understanding into practice plays a critical role in

improving counselling outcomes. The overall model explained a substantial proportion of variance in perceived intervention effectiveness,

confirming the centrality of multicultural competence in sexual health interventions.

Table 4. Regression analysis predicting effectiveness of sexual health interventions

Predictor variable	β	Standard error	p-value
Cultural awareness	0.29	0.06	<0.001
Cultural knowledge	0.21	0.05	0.002
Culturally responsive skills	0.34	0.04	<0.001
Adjusted R ²	0.48		

The multidimensional distribution of multicultural competence is visually illustrated in Figure 1. The radar chart highlights cultural awareness as the most developed dimension among practitioners, closely followed by culturally responsive skills, while cultural knowledge showed comparatively

moderate development. This visual pattern reinforces the quantitative findings in Table 2, emphasizing the integrated yet uneven nature of multicultural competence across its core components.

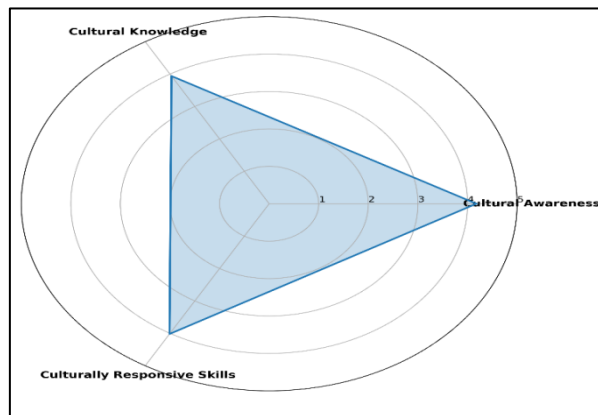


Figure 1. Radar chart illustrating the relative strength of multicultural competence dimensions

The relationship between overall multicultural competence and sexual health intervention effectiveness is further demonstrated in Figure 2. The line diagram shows a clear upward trend in intervention effectiveness from low to high levels of multicultural competence, indicating a consistent improvement in counselling outcomes

as competence increases. This graphical representation complements the regression findings in Table 4 and provides visual confirmation of the positive impact of multicultural competence on sexual health counselling practice.

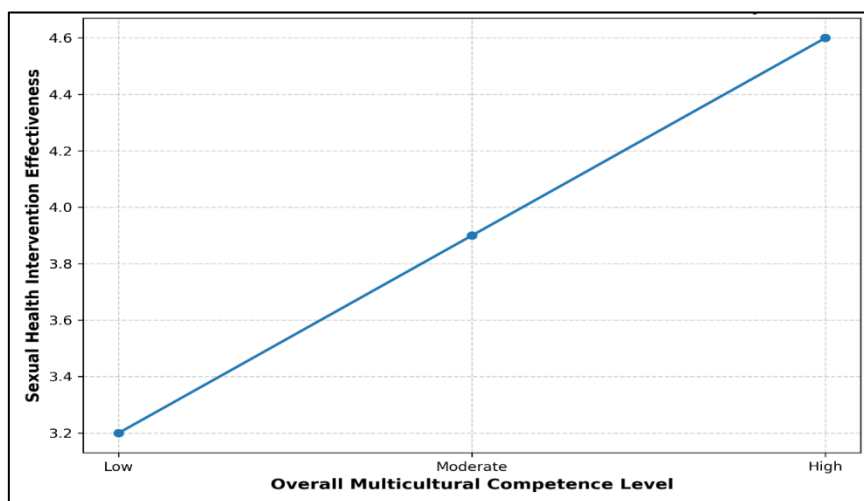


Figure 2. Line diagram showing trends in sexual health intervention effectiveness across levels of multicultural competence

DISCUSSION

Multicultural Competence as a Determinant of Effective Sexual Health Counselling

The findings of this study clearly demonstrate that multicultural competence is a critical determinant of effective sexual health counselling outcomes. As evidenced by the strong positive associations reported in Tables 3 and 4, counsellors who exhibit higher levels of multicultural competence are more likely to establish stronger therapeutic alliances, enhance client engagement, and deliver more effective sexual health interventions. These results reinforce the argument that sexual health counselling cannot be approached as a culturally neutral practice (Palm *et al.*, 2019). Instead, it requires deliberate integration of cultural awareness, knowledge, and skills to address the deeply personal and socially regulated nature of sexuality across diverse populations (Darling *et al.*, 2020).

Significance of Cultural Awareness in Building Therapeutic Alliances

Cultural awareness emerged as a particularly influential dimension, showing the strongest relationship with therapeutic alliance. This finding suggests that counsellors' ability to recognize their own cultural positioning, biases, and assumptions plays a pivotal role in fostering trust and psychological safety during sexual health counselling sessions (Cruz *et al.*, 2017). Sexual health concerns often involve stigma, vulnerability, and fear of judgment, and clients are more likely to engage openly when counsellors demonstrate cultural humility and reflexivity. The prominence of cultural awareness in this study highlights the need for counsellor training programs to prioritize self-reflective practices as a foundation for ethical and inclusive sexual health care (Sandeem *et al.*, 2018).

Role of Culturally Responsive Skills in Enhancing Client Engagement

Among the three competence dimensions, culturally responsive counselling skills showed the strongest predictive influence on client engagement and intervention effectiveness. This underscores the importance of translating cultural understanding into practical, adaptive counselling strategies. Techniques such as culturally appropriate language use, flexible assessment methods, and sensitivity to culturally defined sexual norms appear to be essential for sustaining client participation in sexual health interventions (Botfield *et al.*, 2017). The upward trend

illustrated in Figure 2 further supports the conclusion that practical competence, rather than knowledge alone, drives meaningful improvements in counselling outcomes (Wu *et al.*, 2018).

Cultural Knowledge and Its Contribution to Intervention Effectiveness

Cultural knowledge demonstrated a significant, though comparatively moderate, contribution to sexual health intervention effectiveness. This finding suggests that awareness of cultural beliefs, values, and sexual norms is necessary but insufficient on its own (Maasoumi *et al.*, 2018). Counsellors must move beyond factual understanding of cultural contexts to actively integrate this knowledge into their therapeutic approach. The radar pattern shown in Figure 1 indicates that while cultural knowledge is present among practitioners, it may not be as strongly developed as other competence dimensions, pointing to a potential gap in professional training related to sexuality-specific cultural education (Walker *et al.*, 2021).

Implications for Counsellor Training and Professional Development

The results of this study have important implications for counsellor education and continuing professional development. Training programs should adopt comprehensive multicultural competence frameworks that balance self-awareness, cultural knowledge, and skill-based application, with specific emphasis on sexual health contexts (Lee *et al.*, 2020). Experiential learning, reflective supervision, and culturally diverse case-based training may be particularly effective in strengthening culturally responsive skills. By addressing the uneven development of competence dimensions identified in this study, training initiatives can better prepare practitioners to respond to complex sexual health needs in multicultural settings (Mengesha *et al.*, 2018).

Broader Implications for Inclusive Sexual Health Interventions

The positive relationship between multicultural competence and sexual health intervention effectiveness highlights its role in advancing equity and inclusion in health services. Culturally responsive counselling practices can reduce barriers to care for marginalized populations, including sexual minorities, migrants, and individuals from conservative cultural backgrounds. By aligning interventions with clients' cultural realities while maintaining ethical

and health-promoting standards, counsellors can contribute to more accessible, respectful, and impactful sexual health services. Overall, the findings emphasize that multicultural competence is not merely a professional ideal but a practical necessity for effective and inclusive sexual health counselling practice.

CONCLUSION

This study underscores the central role of multicultural competence in shaping the effectiveness of sexual health counselling interventions within diverse cultural contexts. The findings demonstrate that cultural awareness, cultural knowledge, and, most critically, culturally responsive counselling skills significantly enhance therapeutic alliance, client engagement, and perceived intervention effectiveness. By illustrating both the individual and combined contributions of these competence dimensions, the study highlights the necessity of moving beyond culturally neutral approaches toward intentionally inclusive and adaptive counselling practices. Strengthening multicultural competence through targeted training, reflective practice, and skills-based application can substantially improve sexual health outcomes, particularly for culturally marginalized and vulnerable populations. Ultimately, integrating multicultural competence into counselling frameworks is essential for delivering ethical, equitable, and effective sexual health interventions in increasingly diverse societies.

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