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## Family Planning Counseling During the Covid-19 Pandemic

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### ABSTRACT

Health services have been directly affected since COVID-19 spread throughout the world, including family planning and counseling services. Various efforts have been made by the government and health providers to continue to carry out family planning (KB) counseling safely. This research was to analyze the behavior of fertile aged couples in accessing family planning counseling services in the Special Region of Yogyakarta. A cross-sectional study using an online survey approach was conducted on a sample of 266 couples of reproductive age who volunteered to participate. Data were analyzed using multiple logistic regression models to identify the correlation between the socio-demographic characteristics of reproductive age couples and the behavior of family planning counseling during the pandemic. The results of this research indicate that the variables most closely related to the behavior of reproductive-age couples in accessing family planning counseling services during the pandemic were the experience of visiting health facilities (AOR = 2.64; 95% CI = 1.42–4.88) and the use of contraception, both modern (AOR = 2.71; 95% CI = 1.34–5.47) and traditional (AOR = 3.67; 95% CI = 1.12–12.02). Based on these findings, it is necessary to strengthen strategies and innovation in the promotion of family planning services to maintain the continuity of contraceptive use by trying to shift offline services to higher quality and safer telehealth services.

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## Konseling Keluarga Berencana Selama Pandemi Covid-19

### ABSTRAK

Layanan kesehatan secara langsung terdampak sejak COVID-19 menyebar luas di seluruh dunia, tak terkecuali layanan keluarga berencana dan konselingnya. Berbagai upaya dilakukan oleh pemerintah maupun provider kesehatan untuk tetap dapat melakukan konseling keluarga berencana (KB) secara aman. Penelitian ini bertujuan untuk menganalisis perilaku pasangan usia subur dalam mengakses layanan konseling KB di Daerah Istimewa Yogyakarta. Studi cross-sectional dengan pendekatan survei daring dilakukan pada sebanyak 266 sampel pasangan usia subur yang sukarela berpartisipasi. Data dianalisis menggunakan model regresi logistik berganda untuk mengidentifikasi hubungan antara karakteristik sosiodemografis pasangan usia subur dengan perilaku konseling KB yang dilakukan selama masa pandemi. Hasil penelitian ini menunjukkan bahwa variabel yang paling erat hubungannya dengan perilaku pasangan usia subur dalam mengakses layanan konseling KB pada masa pandemi adalah pengalaman mengunjungi fasilitas kesehatan (AOR=2,64; 95%CI=1,42–4,88) dan pemakaian kontrasepsi baik modern (AOR=2,71; 95%CI=1,34–5,47) maupun tradisional (AOR=3,67; 95%CI=1,12–12,02). Berdasarkan temuan ini, penguatan strategi dan inovasi promosi layanan KB perlu dilakukan untuk mempertahankan keberlangsungan pemakaian kontrasepsi dengan berupaya menggeser layanan luring menjadi telehealth yang lebih berkualitas dan aman.

#### Kata kunci:

Akses kesehatan  
Konseling keluarga berencana  
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## INTRODUCTION

The global COVID-19 pandemic has shifted the health systems of all countries in the world so that it focuses on one thing, namely limiting the impact of the pandemic in all sectors. In the health sector, in fact, no single health service is immune to the impact of COVID-19 (Bateson et al., 2020). In fact, the COVID-19 pandemic has hampered people's access to health services, especially sexual and reproductive health (SRH). Physical restrictions prompted some SRH services to stop operating (Riley et al., 2020). This is because these services experience scarcity of commodities, lack of personal protective equipment, limited mobility, and even a reduction in human resources (IPPF, 2020b).

Some parties regret this, because the discontinuation of SRH services has consequences for the high number of unwanted pregnancies due to barriers to access to contraceptive methods (Bateson et al., 2020; Mmeje et al., 2020). In fact, access to contraceptive services and family planning is a fundamental right of every individual in determining fertility (Ahmed & Sonfield, 2020; Gruskin et al., 2017; Jain & Hardee, 2018). Experts recommend that contraceptive service standards must be maintained even though the government is currently focusing on handling the pandemic (Bateson et al., 2020; Benson et al., 2020; Mmeje et al., 2020; Townsend et al., 2020; Wilkinson et al., 2020).

However, due to the current health system prioritizing the prevention and control of COVID-19, contraceptive product services, supply chain management, and family planning counseling have been disrupted. Prior to the COVID-19 emergency, the National Population and Family Planning Agency (BKKBN) in collaboration with the Ministry of Health was aggressively working to improve the quality of Family Planning and Reproductive Health (KBKR) services, one of which was improving family planning counseling (KB) services. By improving counseling services, it is hoped that it can help couples determine the number of children, when is the right time to have children, the desired contraceptive tool / method, and reduce the drop-out rate of contraceptive use (Kistianana et al., 2020). However, currently the world has been devastated by COVID-19 which has resulted in limitation and reduction of health services, including family planning counseling services (IPPF, 2020a).

At the start of the pandemic, to maintain the continuity of contraceptive use and to fulfill people's contraceptive needs, the BKKBN and the Ministry of Health issued a new regulation that allows Family Planning Extension (PKB) and KB Field Officers (PLKB) to directly provide contraceptive needs to couples of reproductive age who meet the requirements in coordination with health officers and facilities in their respective areas of duty. This policy is of course also accompanied by guidance on KBKR services in pandemic situations so that health workers can still provide services but by applying the principles of prevention of infection control and maintaining distance (Ministry of Health, 2020).

Several studies recommend the use of telemedicine / telehealth in family planning services such as for risk assessment of pregnancy and antenatal care, provision of emergency contraception, prescribing oral contraceptive pills, counseling prior to insertion and removal of implants or IUDs, and evaluation of contraceptive side effects as innovations to bring family services closer together, plans on a global crisis (Benson et al., 2020; Kasaven et al., 2020; Mmeje et al., 2020). However, studies that report on how developing countries with various kinds of limited access and infrastructure innovated family planning services during

the global crisis are still limited. Based on these things, a study on access to family planning counseling services in the emergency situation of COVID-19 in the Special Region of Yogyakarta needs to be carried out in the context of evaluating and providing input for policies on managing family development programs and family planning in a pandemic situation.

## METHOD

### Research participants

The population involved in this research were men or women in the age range of 15 to 49 years who lived in the Yogyakarta Special Region during this research. The inclusion criteria set were married or a couple of childbearing age (PUS). Samples were determined using a voluntary non-probability sampling approach, citing limitations in the sample recruitment process in online surveys that made it impossible to apply a probability sampling method (Fielding et al., 2017). Respondents in this research were subjects who met the inclusion criteria who volunteered to respond to online questionnaires. Taking into account the 10% margin of error and the estimated number of EFA in the Special Region of Yogyakarta in 2020 of around 500,688 (DIY Dataku Application, 2020), the minimum target sample size is 100 people (SurveyMonkey, 2020). The number of respondents who met the criteria was 266 respondents.

### Research procedure

This research is a cross-sectional study using an online survey approach covering the Special Region of Yogyakarta. This is because the offline survey approach is not possible in an emergency situation with very limited mobility. The survey was conducted online from 3 June to 30 June 2020 using Google Forms. Participants were recruited voluntarily by distributing the survey questionnaire link online. This research has received ethical approval from the Health Research Ethics Committee of STIKes Surya Global with an ethical statement number: 6.23 / KEPK / SG / VI / 2020.

### Instrument

The dependent variable in this research undergo of PUS in accessing offline and online family planning counseling services during the pandemic. Meanwhile, the independent variables involved are husband-wife education, husband-wife age, husband-wife work status, number of biological children, use of contraception during the survey and experience of visiting health facilities since the COVID-19 emergency was declared. The instrument was developed by researchers using a questionnaire with a number of closed questions in accordance with the research variables.

### Data analysis

The data obtained were analyzed descriptively to identify the frequency distribution of each research variable. In addition, a bivariable statistical analysis (cross tabulation) was performed to identify the relationship between the independent and dependent variables by calculating the crude odds ratio. In addition, multivariable analysis using

multiple logistic regression was carried out as a form of confounding effect control so that the adjusted odds ratio was obtained. Hypothesis testing is carried out at the 5% significance level and the 95% confidence interval. All analytical procedures were performed using STATA version 14.2.

## RESULTS AND DISCUSSION

Respondents who met the requirements and became the subject of this study were 269 people. There were three respondents who were double recorded, so that the final

sample of this study which was used as the unit of analysis was 266 respondents. The number of this sample has exceeded the minimum targeted sample of 100 people. Based on Table 1, it is known that more than half (72.2%) of couples of childbearing age in this study had never conducted family planning counseling during the COVID-19 pandemic, half (54.9%) of respondents had visited health facilities during the emergency period. Then, the majority of husband and wife respondents were 15-40 years old (58.3%) and 15-35 years old (51.1%), highly educated (wife 72.2%; husband 62.8%), and working (wife 59.4%; husbands 79.7%), had 2 children (33.5%) and used modern contraception (44.7%).

**Table 1**  
**Characteristics of the Sample of Fertile Age Couples (n = 266)**

| Characteristics                    | Total | %    |
|------------------------------------|-------|------|
| <b>Wife Characteristic</b>         |       |      |
| Age (year)                         |       |      |
| 15-35                              | 136   | 51,1 |
| 36-49                              | 130   | 48,9 |
| Wife Education                     |       |      |
| Graduated under senior high school | 74    | 27,8 |
| Graduated Higher Education         | 192   | 72,2 |
| Wife Occupation Status             |       |      |
| unemployed                         | 108   | 40,6 |
| Employed                           | 158   | 59,4 |
| <b>Husband Characteristic</b>      |       |      |
| Age (year)                         |       |      |
| 15-40                              | 155   | 58,3 |
| 41-59                              | 111   | 41,7 |
| Husband Education                  |       |      |
| Graduated under senior high school | 99    | 37,2 |
| Graduated Higher Education         | 167   | 62,8 |
| Husband Occupation Status          |       |      |
| unemployed                         | 54    | 20,3 |
| Employed                           | 212   | 79,7 |
| <b>Family Characteristic</b>       |       |      |
| Children total                     |       |      |
| 0                                  | 46    | 17,3 |
| 1                                  | 83    | 31,2 |
| 2                                  | 89    | 33,5 |
| ≥ 3                                | 48    | 18,0 |
| Contraception used                 |       |      |
| Not use/Pregnancy                  | 130   | 48,9 |
| Use modern family planning         | 119   | 44,7 |
| Use traditional family planning    | 17    | 6,4  |
| Visit to health services           |       |      |
| Ever                               | 146   | 54,9 |
| Never                              | 120   | 45,1 |
| Family Planning Counseling         |       |      |
| Ever                               | 192   | 72,2 |
| Never                              | 74    | 27,8 |

The results of the bivariable analysis showed that there were only three variables which were significantly ( $p < 0.05$ ) related to the behavior of family planning counseling among reproductive age couples in Yogyakarta, namely the number of children, current contraceptive use and having visited / checked into health facilities during the pandemic (Table 2). Couples who have 1 child are 3.3 times more likely to have had family planning counseling since the COVID-19 emergency than couples who have not had children; those who have 2 children are three times more likely to have had

family planning counseling since the COVID-19 emergency than those who have not had children; and those who have 3 or more children are 6.4 times more likely to have had family planning counseling since the COVID-19 emergency than couples who have not had children. In addition, couples who use modern contraception are 3.4 times more likely to have had family planning counseling than couples who do not use contraception or are pregnant, and couples who use traditional contraception are 2.8 times more likely to have had family planning counseling. Then, couples who have

visited / checked into a health facility have had a family planning consultation 2.2 times than those who have never visited a health facility.

**Table 2**  
**Characteristics of fertile aged couples who carry out family planning counseling during the COVID-19 pandemic**

| Variables                          | Family Planning Counseling |       |      |      | p-value | Nilai OR (95%CI)  |
|------------------------------------|----------------------------|-------|------|------|---------|-------------------|
|                                    | Never                      |       | Ever |      |         |                   |
|                                    | n                          | %     | n    | %    |         |                   |
| Wife Age (Year)                    |                            |       |      |      |         |                   |
| 15-35                              | 103                        | 75,7  | 33   | 24,3 |         | 1                 |
| 36-49                              | 89                         | 68,5  | 41   | 31,5 | 0,187   | 1,44 (0,84-2,46)  |
| Wife Education                     |                            |       |      |      |         |                   |
| Graduated under senior high school | 50                         | 67,6  | 24   | 32,4 |         | 1                 |
| Graduated Higher Education         | 142                        | 74,0  | 50   | 26,0 | 0,298   | 0,73 (0,41-1,31)  |
| Wife Occupation Status             |                            |       |      |      |         |                   |
| unemployed                         | 75                         | 69,4  | 33   | 30,6 |         | 1                 |
| Employed                           | 117                        | 74,1  | 41   | 25,9 | 0,411   | 0,79 (0,46-1,37)  |
| Husband Age (Year)                 |                            |       |      |      |         |                   |
| 15-40                              | 117                        | 75,5  | 38   | 24,5 |         | 1                 |
| 41-59                              | 75                         | 67,6  | 36   | 32,4 | 0,156   | 1,48 (0,86-2,54)  |
| Husband Education                  |                            |       |      |      |         |                   |
| Graduated under senior high school | 65                         | 65,7  | 34   | 34,3 |         | 1                 |
| Graduated Higher Education         | 127                        | 76,1  | 40   | 23,9 | 0,069   | 0,60 (0,35-1,04)  |
| Husband Occupation Status          |                            |       |      |      |         |                   |
| unemployed                         | 42                         | 77,8  | 12   | 22,2 |         | 1                 |
| Employed                           | 150                        | 70,7  | 62   | 29,3 | 0,306   | 1,45 (0,71-2,93)  |
| Children Total                     |                            |       |      |      |         |                   |
| 0                                  | 41                         | 89,13 | 5    | 10,8 |         | 1                 |
| 1                                  | 59                         | 71,1  | 24   | 28,9 | 0,024   | 3,34(1,18-9,46)   |
| 2                                  | 65                         | 73,0  | 24   | 27,0 | 0,037   | 3,03(1,07-8,56)   |
| ≥3                                 | 27                         | 56,2  | 21   | 43,8 | 0,001   | 6,38 (2,15-18,96) |
| Contraception used                 |                            |       |      |      |         |                   |
| Not use/Pregnancy                  | 109                        | 83,9  | 21   | 16,1 |         | 1                 |
| Use modern family planning         | 72                         | 60,0  | 47   | 40,0 | 0,000   | 3,38(1,87-6,14)   |
| Use traditional family planning    | 11                         | 64,7  | 6    | 35,3 | 0,063   | 2,83(0,94-8,49)   |
| Family Planning Counseling         |                            |       |      |      |         |                   |
| Ever                               | 116                        | 79,5  | 30   | 20,5 |         | 1                 |
| Never                              | 76                         | 63,3  | 44   | 36,7 | 0,004   | 2,24(1,29-3,87)   |

Source: Primer Data, 2020

Based on the multivariable model using multiple logistic regression, it can be seen that the variable that is most closely related to the behavior of reproductive age couples accessing family planning counseling services during the pandemic is the variable having visited / checked health at a health facility. The next dominant variable is the variable use of contraceptives both modern and traditional (Table 3).

Based on the experience of family planning counseling, among respondents who have never visited or accessed family planning counseling services during the COVID-19 emergency, 58 percent (111 respondents) stated that they did not know how and where to access FP counseling both online and offline (face to face). Then, the group of respondents who stated that they had accessed family planning counseling services during the pandemic were 72 percent (53 respondents) accessing offline or face-to-face counseling services, 19 percent (14 respondents) accessing online counseling services and 9 percent (7 respondents) having accessed both online and offline.

Most of the respondents who had access to face-to-face offline counseling services had consultations with medical personnel such as midwives or obstetricians, where

consultation materials such as contraceptive side effects, finding out what contraception was considered suitable for them, calculated fertility and reproductive health problems. Respondents mentioned that direct consultation services adhere to COVID-19 health protocols such as making appointments, wearing masks, washing hands, and COVID-19 screening. The reason why respondents prefer direct family planning consultation services is because respondents who have used contraception can simultaneously check the position of the IUD, schedule the removal and insertion of implants, and respondents are more confident that they can be examined directly by the provider. The online FP counseling services that were accessed by respondents included Halodoc, through the WhatsApp application directly to health workers whom the respondent knew (midwives, doctors and family planning counselors), as well as through websites and hotline services.

Respondents' experience of visiting health facilities and the use of contraceptives based on this study are factors that are significantly related to access to family planning counseling services during the pandemic. Couples of childbearing age who have visited health facilities since the

enactment of the COVID-19 emergency are more likely to access family planning counseling services than respondents who have never visited a health facility. The results of this study are very different from the hypothesis where previously the researchers suspected that couples of childbearing age would avoid or delay getting family planning services at health facilities <sup>17</sup> in several previous studies (Bateson et al., 2020; Benson et al., 2020; Lindberg et al., 2020; Luppi et al., 2020; Mmeje et al., 2020; Townsend et al., 2020; Wilkinson et al., 2020). In the United States <sup>18</sup> more than 33 percent of women postpone or cancel visits to health facilities for family planning and reproductive health services because respondents are concerned about being exposed or contracting COVID-19 (Lindberg et al., 2020).

Although the findings from the research indicate that not many respondents have conducted online family planning counseling or telemedicine, the health care system during a pandemic must be adaptive to change. In order to be able to provide better family planning and reproductive health services to couples, innovation is needed in order to bring family planning services closer to the community. Efforts to maintain contraceptive use in women by shifting community behavior from offline consultations to telehealth / telemedicine will be a challenge for family planning services <sup>23</sup> times of crisis (Bateson et al., 2020; Benson et al., 2020; Family Planning Still Needed During COVID-19 Pandemic, nd; Gray, 2020; Kasaven et al., 2020; Mmeje et al., 2020; Townsend et al., 2020; Wilkinson et al., 2020).

**Table 1**  
**Double Regression Logistic Model Correlation between couple characteristic bearing age with family planning counseling in pandemic COVID-19**

| Variable                           | Adjusted Odds Ratio (95%CI) | p-value |
|------------------------------------|-----------------------------|---------|
| Wife Age                           |                             |         |
| 15-35                              | 1                           |         |
| 36-49                              | 1,20 (0,54-2,67)            | 0,653   |
| Husband Age                        |                             |         |
| 15-40                              | 1                           |         |
| 41-59                              | 1,41 (0,63-3,15)            | 0,409   |
| Husband Education                  |                             |         |
| Graduated under senior high school | 1                           |         |
| Graduated Higher Education         | 0,66 (0,36-1,19)            | 0,174   |
| Children Total                     |                             |         |
| 0                                  | 1                           |         |
| 1                                  | 2,18 (0,72-6,64)            | 0,168   |
| 2                                  | 1,11 (0,32-3,79)            | 0,866   |
| ≥3                                 | 2,66 (0,74-9,51)            | 0,133   |
| Contraception used                 |                             |         |
| Not use/Pregnancy                  | 1                           |         |
| Use modern family planning         | 2,71 (1,34-5,47)            | 0,005   |
| Use traditional family planning    | 3,67 (1,12-12,02)           | 0,031   |
| Family Planning Counseling         |                             |         |
| Ever                               | 1                           |         |
| Never                              | 2,64 (1,42-4,88)            | 0,002   |

Source: Primer Data, 2020

Several countries such as <sup>11</sup> United States, Canada, United Kingdom, France, Australia, Scandinavia, China, South Africa, and Nepal are developing virtual consultations to keep long-term contraceptive users from experiencing withdrawal (Bateson et al., 2020). In Uganda, women are trained to use injectable contraception or known as subcutaneous DMPA (DMPA-SC) with e-learning media involving health workers (Gray, 2020). Not only that, telehealth in America w<sup>26</sup> also developed to carry out counseling, prevention, and management of sexually transmitted infections in adolescents (Wilkinson et al., 2020). However, potential economic constraints caused by non-validity of health insurance and loss or reduction in household income must also be anticipated through cheap and affordable online and offline counseling services (Lindberg et al., 2020; Linton & Hammond, 2016). <sup>3</sup>

This research also found the phenomenon that couples of childbearing age who use modern contraceptives have a greater chance of accessing family planning consultation services than respondents who do not use contraception. This fact is reinforced by the pattern of contraceptive use in the Special Region of Yogyakarta among highly educated

women (college / university graduates) before the pandemic and du<sup>12</sup> the pandemic there was only a slight difference, where the results of the 2017 Indonesian Demographic and Health Survey (IDHS) showed as many as 41 <sup>6</sup>-rcent who use modern contraception (BKKBN BPS and the Ministry of Health of the Republic of Indonesia, 2017), while the results of this study were 40 percent. Most of the respondents used IUD contraception (18% or 48 respondents) and condoms (13% or 34 respondents).

Couples who use traditional contraceptives in this study also have a greater chance of accessing family planning counseling services than respondents who do not use contraception. Most of the respondents consulted the side effects of contraception because most of the respondents had a history of not being suitable for using modern contraceptives. This kind of situation is considered normal in the midst of a crisis / pandemic and a difficult situation, considering that users of traditional methods basically have concerns about unwanted pregnancies because the potential for failure of the methods used is relatively large. Therefore, several studies recommend that health care facilities provide counseling on the use of emergency contraception as an

anticipatory measure to prevent unplanned pregnancies (Benson et al., 2020).

Another interesting finding is that 3 out of 4 respondents who were pregnant in the study had never accessed family planning counseling. In fact, ideally respondents who are pregnant should receive family planning counseling before childbirth so that respondents can determine which contraception to use after childbirth (Abbas et al., 2017; Wardani et al., 2019). From a program point of view, FP counseling for pregnant women is expected to increase the prevalence of using modern family planning, reduce unmet need and reduce maternal mortality (MMR). This phenomenon needs attention in a crisis situation given the large threat of maternal complications besides the threat of the COVID-19 pandemic.

This research succeeded in uncovering a fairly unique pattern regarding family planning counseling behavior among couples of childbearing age in the Special Region of Yogyakarta in the midst of a pandemic situation. Even so, the facts found by researchers have not been able to reflect the readiness of the community to accept family planning service innovations in the midst of a health crisis situation as is currently happening. Therefore, future studies are expected to be able to accommodate an assessment of public readiness in accepting behavioral change communication strategies in the field of contraceptive services in the era of adaptation to new habits.

## CONCLUSIONS AND SUGGESTIONS

Respondents' experience of visiting health facilities at 23 using contraceptives were significant factors related to access to family planning counseling services during the pandemic in the Special Region of Yogyakarta. It is suggested that more intensive efforts are needed in socializing how to access family planning counseling safely during a pandemic. In addition, strengthening strategies and innovations in the promotion of family planning services by bringing family planning services closer to maintaining the continuity of contraceptive use in women by trying to shift people's behavior from offline consultation to affordable online / telemedicine so that family planning services including counseling can be universally accessed.

## Conflicting of Interests Statement

The authors declared that no potential conflicts of interests with respect to the authorship and publication of this article.

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