Development of Tele Counseling Model in Family Planning Services

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ABSTRACT

Background: The impact of the Covid-19 pandemic was truly extraordinary. Not only affecting the health sector or the economy, this outbreak also has an impact on population problems. The decrease in access to health services was not only for ill patients visits, but also the new or old family planning acceptor due to the fear of exposure to illness. Women of childbearing age are predicted to experience unmet need and unwanted pregnancies. This condition was exacerbated by the public's ignorance of accessing family planning counseling services to clinicians/midwives. Therefore, to bridge the needs of prospective family planning acceptors to get assistance in accessing family planning services, a family planning tele-counseling model was developed.

Purpose: We aimed to develop a family planning tele-counseling service model.

Methods: It was a qualitative study design. Data obtained from snowball sampling technique. Women of reproductive age in the Pasteur subdistrict, Bandung City was interviewed to build themes. The themes obtained were drafted to build a family planning tele-counseling model using a narrative literature review approach.

Result: Generated themes that build models of family planning tele-counseling.

Conclusion: Family planning tele-counseling was the development of services that were already needed by the community.

Keywords: *Telecounseling, Family Planning Services*

BACKGROUND

The direct impact of the Covid-19 pandemic on disruption of health services and lockdowns has resulted in an estimated 47 million women not being able to access modern contraceptives. Consequently, there will be 7 million unwanted pregnancies. From February to March the number of acceptors of family planning was decrease by 40%. IUDs acceptors in February 2020 was 36,155, down to 23,383, while implants were from 81,062 to 51,536, injections from 524,989 to 341,109, pills from 251,619 to 146,767, condoms from 31,502 to 19,583, men's surgery contraception from 2,283 to 1,1963, women's surgery contraception from 13,571 to 8,093 (Çalikoğlu et al., 2018).

As a result, around 47 million women were predicted to be unable to access modern contraceptives, which means that there will be 7 million unwanted pregnancies. This condition was exacerbated by the ignorance of the community in accessing family planning counseling services to clinics (Setyorini et al., 2020).

In the scope of family planning, the impact of implementing counseling is very clearly seen in various studies that the quality of interpersonal services in the form of counseling can improve contraceptive services by building good communication between health workers and clients in making decisions about using contraception, clients use contraception longer because they find a method according to their health conditions and needs, clients make repeat visits or contact health workers if they experience problems related to the method they have chosen and discuss again which method is more suitable to replace the method currently used (Stanback et al., 2015). The process of interpersonal communication in family planning counseling during the Covid-19 pandemic was disrupted due to the limited interaction time between midwives and clients. This condition can hinder the provision of assistance to clients in making decisions to gain access to contraceptive services. The phenomenon of the development of science and technology with the current industrial revolution 4.0 seems to be an opportunity in the development of online family planning services. Internet users who have entered all circles have become an opportunity to provide long-distance counseling services (tele-counseling) which are an urgent need for the community. Telecommunication media through tele-counseling can be used as a solution to the problem of access to family planning counseling assistance services in Indonesia. Currently, anyone can receive professional counseling health services through online counseling as opposed to face-to-face counseling services. To date, a number of professional individuals and organizations have started offering online counseling services to a wide range of client populations. This development is a sign of the integration of the use of technology in the provision of counseling health services (Li et al., 2013).

Based on this description, we aimed to conduct research on Development of Family Planning Telecounseling Model.

OBJECTIVE

Purpose of this research was to find out which family planning tele-counseling models are acceptable to the public.

METHODS

This research design was qualitative. Data was taken by conducting interviews with a group of women of childbearing age who were family planning acceptors, had smartphones and active internet user, willing to be a respondent as inclusion criteria. It

was snowball sampling until the sample was saturated with 11 people. The results of the interviews were then transcribed, reduced, coded and categorized to obtain a theme. The themes obtained were then compiled in a family planning tele-counseling model with a literature review narrative approach to produce a draft tele-counseling model. After the draft model is produced, the final qualitative stage seeks consensus from IT experts about the tele-counseling model through expert judgment so that the resulting tele-counseling model is valid and reliable.

Table 1. Information about the participants (n=11)

Characteristics	n	%
Age		
< 20s	1	9
20-35s	4	36
>35s	6	55
Level of Education		
Junior high school	0	0
Senior high school	10	91
Bachelor	1	9
Family planning acceptor		
Injectable	6	55
Implant	2	18
IUD	2	18
Condoms	1	9

Ethical Consideration

The Health Research Ethics Committee at the Bandung Health Polytechnic (Number 6/KEPK/EC/XI/2021) has approved the research. Our participants were informed, in writing and orally, about data management, how to disclose results, and their freedom to participate in or withdraw from the research at any time. They were guaranteed anonymity and were told that the data would not be used for any purpose except for study, and their written consent was obtained.

RESULTS

Results of interviews with groups of women of childbearing age:

1. **Barriers to family planning services during the Covid 19 pandemic**

    The first main theme is the thing that underlies the need for a family planning tele-counseling application because during the Covid 19 pandemic, health services were limited, visits that could be made were prioritized in emergency situations. There are several reasons why people cannot access health services, especially family planning and have difficulty getting services and information during a pandemic. Almost all respondents said that with the Covid-19 pandemic, family planning services were difficult to obtain due to limited health services, including midwives' independent practice and community health centers.

    a. **People's fear of being infected**

       People are hesitant to visit health care centers for fear of exposure to disease.

       "During this pandemic I was afraid to visit a midwife's practice to get family planning services"(W04,01)

b. **Health services are not ready to provide services**
Visits are limited for outpatient services, in fact many midwives' independent services are closed because the midwives are exposed or not ready to open services during a pandemic.
" There was my neighbor who didn't get the family planning injection and ended up getting pregnant, because the midwife was closed " (W01,01)

"Many health services are closed, family planning services are also closed, so I can't get my injections according to schedule" (W02,01)
The difficulty of community access to family planning services causes the fertility of women of childbearing age to increase because many women who experience unmet need cannot fulfill their needs. This condition increase chance of unwanted pregnancy.

2. **Utilization of information technology in daily life**
Advances in information technology today with the industrial revolution 4.0 have also been felt by the wider community. These days, smartphones are not a luxury item. In fact, every family already has a smartphone, especially during this pandemic, children studying at home must use online applications, both social media, YouTube and other applications. So that housewives of reproductive age are accustomed to using cell phone applications every day. Participants were also found to have used online applications for health consultations.
a. **Utilization of social media**
Today's rapidly growing use of social media has both positive and negative impacts on people's social life. Moreover, based on UNESCO data, Indonesian people are very active in using social media. It was stated that 4 out of 10 Indonesians are active on social media such as Facebook which has 3.3 million users, then WhatsApp with 2.9 million users and others.

"All this time I've been using cellphones for WhatsApp, YouTube" (W01,02)

"Download applications from play store like instagram, facebook" (W03,01)

b. **Use of online health service applications**
Digital health services have developed since 2 years ago, especially during the pandemic. This significant user growth is proof that digital health services have become popular in the community, especially in the era of technological disruption that has changed a person's habits and behavior.

"Ever tried halodoc but had to pay after the consultation" (W03,02)

"I had a fever, I wanted to go to the public health center but was afraid, so my child asked halodoc for a prescription, it's only five thousand cheap, I have a prescription, all I have to do is buy it at the pharmacy (W04,03)

c. **Use of online family planning services**

So far, the health application used is consultation when sick, as stated by several participants, but for consultation or family planning services, all participants have never used it. All participants did not know and had never used the online application for midwifery/family planning services.

"For family planning consultations, I have never used an online application" (W02,04)

"If I need family planning, I don't use an app, just come to the midwife's practice" (W03,03)

"Don't know there is an application for family planning consultation"(W05,03)

3. **Tele-counseling of family planning services**

a. Response for telecounseling of family planning

Participants are happy if the application can help people get family planning services or online family planning consultations.

"Happy if there is an application that can help serve family planning" (W06,03)

"You don't have to go to the public health center if there is an online family planning consultation application" (W07,02)

Participants agreed that currently tele-counseling services, especially for family planning, are services that are important to be developed for the community, helping and serving the needs of the community, especially family planning, both now during a pandemic or later even though the pandemic has ended because it has become a necessity for the millennial era.

"Telecounseling for family planning is important, because the use of family planning is not always safe, there must be complaints that you have to consult a special person." (W10,05)

"Family planning online consultations are important, right? Using family planning is suitable, maybe another month I want to change it, it's already a necessity." (W11,04)

"Since the pandemic, this online consultation is new, because it is limited, for counseling, hospitals are closed except for emergencies. If the pandemic is over, it will still be important, still useful, a necessity for people who are increasingly busy. You can consult at any time." (W08,04)

"Important, can save time, can get service whenever" (W05,05)

b. Expectation for telecounseling of family planning

1) Fee

Participants hope that the teulecounseling application developed is free.

"Want to make an application that is free" (W01,06)

"if possible the application is not paid, but it can be opened from the quota only" (W02,04)

"Want a free one, just use the quota. Unlike halodoc, you have to pay again"(W03,04)

2) Menu

Participants hope that the telecounseling application developed will contain an interesting pictorial menu to open. In addition, the services provided complement the health services that have been available so far, including the consultation menu.

"if you can look like youtube"(W08,03)

"We want an application, for example an online public health center, we don't have to come, just use the application, then we come only to pick up medicine."(W04,05)

"the app wants pictures."(W09,02)

"If there is a notification, we will first see the picture and description. Just take pictures, don't need moving pictures, if the video quota runs out. Just a picture, there are descriptions. Pictures to draw it if you're just lazy reading" (W03,05)

"It's good that there is a schedule menu to know when you can consult" (TRW10,04)

3) Use

Participants also said that the menu in the application was easy for housewives to understand and use, because generally housewives rarely use technology and are confused if the menu is impractical..

"Want an easy one, with a menu, you just have to click." (W10,03)

"Young mothers depend on the application, for family planning like this they don't really understand the application, they want something simple, easy, the menu is simple. Like Peduli Lindungi aplication, click menu, protect, we list out, ask, it's not too complicated." (W11,03)

"Ever confused with the application, how to use it."(W01,03)

4) Content

The available information helps acceptors understand all information about family planning

"If possible, do you have information on the types of birth control, where is the recommended birth control place, explanation of side effects, when should you have birth control, how many children do you have" (W11,02)

6

5) Services

In addition to visual images, participants also expect that the tele-counseling service menu can talk or consult directly with officers, or that operators provide services to the public at any time, although consultations are not required to be answered directly and chat menus, both public and private.

"Want to have a question menu, want to chat directly."(W06,03)

"Want to be answered, it's okay to reply later but answer, like on Google, if someone asks, we can read it too" (W07,03)

"For me it's better to talk face to face, because I'm impatient with people, I'm lazy to type, I tend to get lost."(W06,04)

"When it comes to writing, there are sometimes misunderstandings, it's better to call right away, but you have to agree on a time."(W06,05)

The time is long, the opportunities are definitely limited, whereas if there is an operator, they can be answered at any time, and they can be read repeatedly at any time. (W08,04)

'It is also good if there is a chat menu, and a telephone menu" (W07,04)

"The chat service is good some are private and some are public."(W07,05)

6) Access

Participants hope that the use of this application can be accessed using internet quota, integrated with other application services so that there are no obstacles in using the application being developed. Internet quota is always available because it has become a priority for community needs.

"No, it's for all quota needs for WA, for others."(W05,06)

"The quota has never been cut off, once there was no quota for 1 week, the next time it immediately filled the quota again " (W11,05)

"The quota has never been disturbed, we use wi-fi at home, we are busy, if it's not filled, we can't do anything. If there is an announcement, we may miss the information. (W08,05)

" It is better to have a quota than snacks, if there is no quota, we will miss the news"(W06,06)

"Quotas are no longer an obstacle, because they have become integral, so if there is an online service, it means there is no problem with the quota."(W01,04)

7) Size of the telecounseling application
Participants also expect that the developed application will not burden their device, because generally the available smartphone memory capacity is limited.

"Smartphones are often full, because the RAM is small"(W 01,05)

"Once the cellphone memory was full, but it didn't cause an error" (W08,06)

" If the cellphone memory is full, I will reset it."(W11,06)

4. **Statements from information technology experts about telecounseling**
The results of interviews with information technology experts show that the plan for the family planning tele-counseling application to be made is very good because currently there are not many developed midwifery application services.

a. Response of family planning telecounseling
"Personally, I also often look for telemedicine provided by midwives but haven't found one." (EJ01,01)

"The development of a family planning telecounseling application is an important innovation that can help people be served even if they are far away." (EJ01,02)

b. Develop of family planning telecounseling
1) Use
"The development of telecounseling should be kept simple at first, for example by creating video content that contains information that can be accessed by the public, so as to make it like a podcast." (EJ01,03)

2) Arrange the menu
"For the first step, you can collect various questions that are often needed by the community regarding family planning services" (EJ01,04)

3) Content
"Then create content that answers these questions. Videos can be made by students and uploaded to the application, so that people do not need to download videos, but this can be done by playing videos through applications such as YouTube content about questions and answers, so it's like metadata." (EJ 01,05)

4) Services

"So the service is provided in stages at the start like this, until later when you are ready to fill out an online consultation, you can consider developing it there." (EJ 01,06)

According to experts, this telecounseling application can be developed in stages starting from simple content provided to provide information to the public to if there are people who need remote consultation services.*(EJ01,07)*
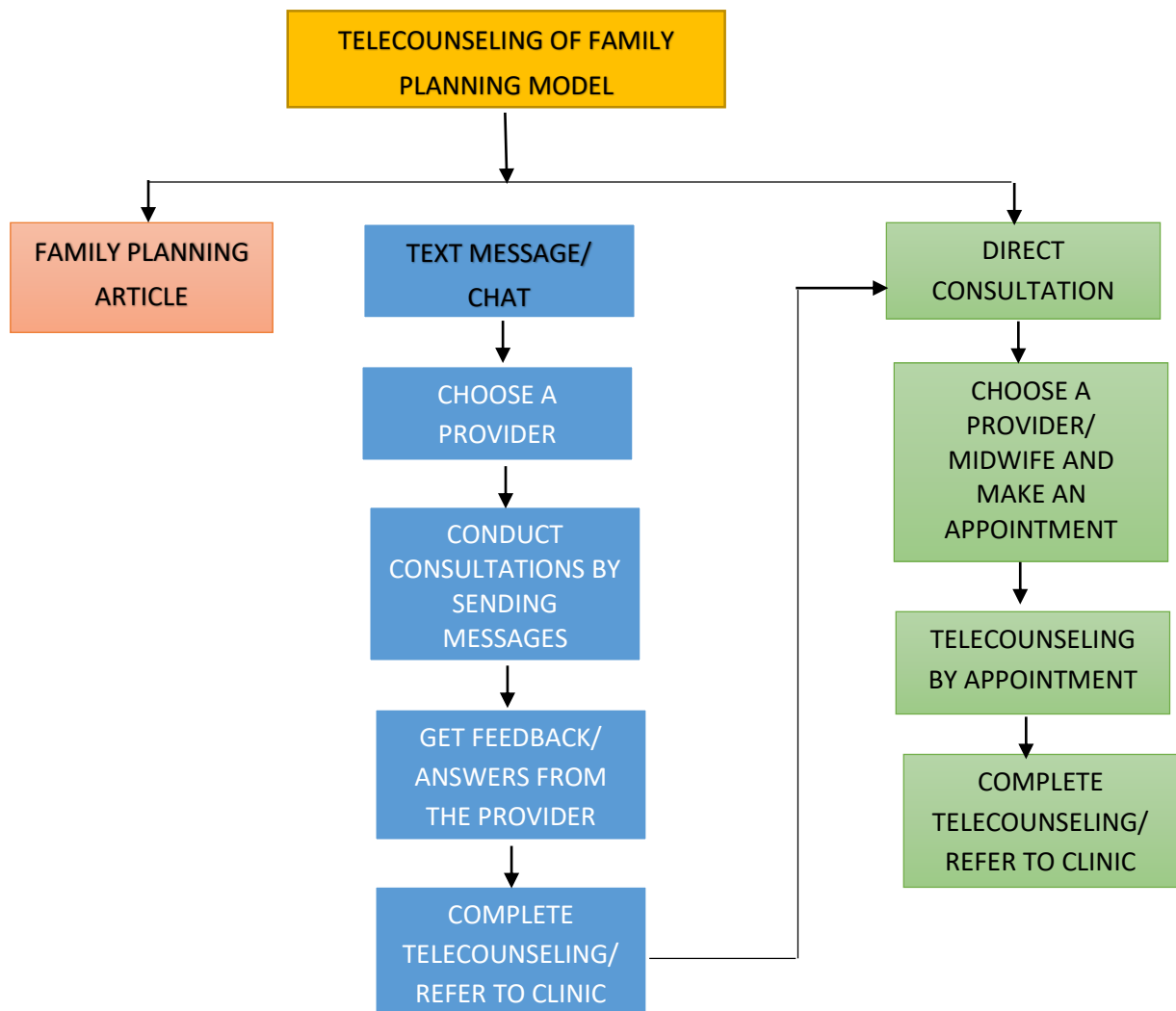
Picture 1. Family planning telecounseling model development

DISCUSSION

The family planning telecounseling design model developed by researchers is a new innovation in digital health services. So far, digital health services generally provide disease consultation and treatment services (telemedicine). Family planning digital consulting services have not been developed to target community users. Existing digital family planning services are being developed for providers, such as family planning screening using WHO medical eligibility criteria. The form of telecounseling services for family planning acceptors is not yet available.

Based on the results of interviews with female acceptors of childbearing age, the expected form of the family planning telecounseling model consists of a menu of articles containing information about family planning, discussion services in the form of written messages for both private and public, and consultations. direct service talk to the provider. This model is in line with the results of other studies that explain if the telecounseling can be done in many ways, including via asynchronous e-mail (the telecounseling method most often used by counselors and therapists, private chats, text messages, and video conferencing (Chester & Glass, 2016). Telecounseling is any mental and behavioral health services, not limited to therapy, consultation, and psychic education, by licensed practitioners on clients face-to-face using remote communication technologies such as telephone, asynchronous email, synchronous chat, and video conferencing (Li,Lau et al., 2013).

Family planning telecounseling service is a new innovation that is not widely known by the public. So far, digital health services are more prioritized for sick patients, especially during the Covid 19 pandemic. However, in line with technological advances and times, digital services are not only intended because of social restrictions, but as a service requirement for the millennial era. Telecounseling is a relatively new service. Telecounseling is a therapeutic intervention through the world of the web where computer mediated communication technology is facilitated as a medium of communication between professional counselors and clients. Telecounseling is a professional counseling practice that occurs when the client and counselor are in separate or distant locations and use electronic means to communicate with each other.

The telecounseling model, whether in the form of indirect or direct consultation, each has advantages and disadvantages. One of the main advantages of telecounseling is increasing the accessibility of remote consulting health services. Telecounseling can be a solution for clients who are constrained to access health services such as those who live in remote geographical areas (Almalik et al., 2018; Li et al., 2013), and also those who have difficulty leaving their homes due to certain illnesses, physical limitations, transportation difficulties or family commitments (Mallen et al., 2015). Online counseling should be considered as a new type of therapeutic intervention characterized by fundamentally unique features. This perspective views online counseling as an adaptable and flexible resource with the potential to complement and support other types of interventions and is definitely not a substitute for face-to-face interventions (Fenichel et al., 2012).

For the future challenge, telecounseling can also be a constructive and therapeutic modality for clients who have social phobia. This includes people who are afraid to seek face-to-face counseling therapy because of anxiety or stigmatization (Lange et al., 2013;

Mlotshwa et al., 2017), or who are hesitant and wary about face-to-face counseling (Barnett, 2015). In addition, family therapists may be able to involve absent family members in family therapy with the use of computer-mediated communication. Economically, online counseling services are more affordable for clients because private therapists usually offer online services at a lower cost than regular face-to-face counseling sessions (Hall et al., 2013; Hong et al., 2018).

Online counseling is also a convenient service as it can be provided at any time of day and clients can message them whenever they feel the most need or are interested in therapy (Bailey et al., 2012). Basically, online counseling can be accessed from any corner of the world as long as there is internet access (Chester & Glass, 2016). Online counseling allows individuals to access therapists conveniently from home or even their workplace. Therefore, therapists have more work schedule flexibility because difficulties in scheduling appointments can be reduced because therapists and clients do not have to sit at each other's computers at the same time (Barnett, 2015). Although the time delay is considered a disadvantage of email counseling because it is an integral part of asynchronous communication, it can also be seen as an advantage. Time delays allow counselors and clients sufficient time to frame thoughts or questions that accurately reflect their concerns. Therefore, the client can answer when he or she is ready to answer in detail because there is no pressure to think hastily.

Online counseling is also able to provide long-lasting and concrete records of counseling sessions that provide many benefits to both clients and therapists as reminders of things they have expressed before. Clients can re-read the emails to evaluate the methods they have used in previous problems as well as to review the positive and encouraging comments their therapist has made about them (das Neves Martins Pires et al., 2021; Mallen et al., 2015).

Regarding the language used in online counseling, the counselor may need to develop the ability to understand the style and interpret the content of messages written by clients. This includes languages characterized by abbreviations, phonetic spelling, and the absence of many grammatical rules (Asfaw et al., 2021; Barnett, 2015).

Services related to contraception during the pandemic were carried out by midwives mostly online, namely by conducting teleconferences where communication and consultations were carried out online either via SMS, telephone, or online chatting. This was done to minimize contact and maintain physical distance. Midwives can play an active role by providing communication of educational information and visitation agreements to acceptors through online media to arrange visit schedules at private midwifery practices so that acceptors can still use contraceptive services at private midwifery practices by minimizing contact time, minimizing the risk of transmission, using personal protective equipment and physical protection so that there is no accumulation of patients while on duty in private midwifery practice.

The difficulty of community access to family planning services can cause the fertility of women of childbearing age to increase so that there will be many women who experience unmet need, their needs cannot be met. This condition can increase the chance of unwanted pregnancies.

Advances in information technology today with the industrial revolution 4.0 have also been felt by the wider community. Currently, handphone (cell phone) is not a luxury item. Women of reproductive age are used to using cell phone applications on a daily basis. The use of this online application is generally used by mothers for social media. Participants were also found to have used online applications for health consultations.

So far, the health application used is consultation when sick, as stated by several participants, but for consultation or family planning services, all participants have never used it. Participants are happy if the application can help the community get family planning services or online family planning consultations that are free of charge with an application menu provided in the form of visual images so that it is interesting to see for yourself. In addition, the services provided complement the health services that have been available so far. The application menu provided is one that is easy for housewives to understand, because generally housewives rarely use technology. The telecounseling service menu can talk or consult directly with officers, or operators can provide services that can serve the public at any time, although consultations do not have to be answered directly and chat menus, both public and private. Available applications can be accessed using internet quota, integrated with other application services so that there are no obstacles in using the applications being developed. Internet quota is always available because it has become a priority for community needs. The community has no objections to downloading and installing telecounseling applications for family planning services, but it is hoped that the applications developed will not burden their devices, because generally the available HP memory capacity is limited. Most importantly of all, the application is developed to be easy to operate, simple, contains comprehensive information about maternal and child health and family planning services.

The limitation of the development of this telecounseling model is that it has not yet been made a prototype application of telecounseling. Further development is needed to make a family planning telecounseling prototype based on this model.

CONCLUSION

Family planning telecounseling is the development of services that are already needed by the community. Application development is expected to be simple, easy to use, with an application size that does not burden the user's memory

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