Article history:

Received: June 7th, 2025

Revised: June 9th, 2025

Journal Educational of Nursing (JEN)

Vol. 8 No. 1 – January – June 2025; page 54-62 p-ISSN: 2655-2418; e-ISSN: 2655-7630

journal homepage: https://ejournal.akperrspadjakarta.ac.id Accepted: June 12nd, 2025

DOI: 10.37430/jen.v8i1.253

Systematic Review: "The Effectiveness of Counseling Strategies on Contraceptive Use in Women of Childbearing Age"

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Abstract

Family Planning (KB) counseling is a key intervention to increase the use of contraceptives in women of childbearing age (WUS, aged 15-49 years), in order to reduce unplanned pregnancies and improve reproductive health. Various counseling strategies have been implemented, but their effectiveness varies based on the individual, social, and health care system contexts. This systematic review aims to identify the effectiveness of family planning counseling strategies on the use of contraceptives in women of childbearing age. Evaluation of the Systematic Review using the PRISMA checklist with the framework (Women of reproductive age) AND (Contraceptive counseling) AND (countraceptive use). To determine the selection of studies that have been found. The protocol used in this study is JBI (Joanna Briggs Institute). Article search using 5 databases namely PubMed, Wiley, Sciencedirect, Reserch Rabbit, Cochrane. Insertion Criteria: The criteria included in this study are Indonesian or English articles with the last 5 years of publication and articles that discuss contraceptive counseling. Out of 452 articles, 10 articles were found to be likely to be relevant and meet the inclusion criteria. The results of the synthesis show that interpersonal, media-based, couple-counseling, and digital-based counseling strategies significantly improve knowledge, attitudes, and adherence to contraceptive use. Counseling that is carried out on a recurring and needs-based basis is also more effective in encouraging the selection of long-term contraceptive methods (MKJP). Structured and responsive counseling strategies have been shown to be effective in increasing contraceptive use in women of childbearing age. It is necessary to strengthen the capacity of health workers and innovate counseling media so that interventions become more adaptive and reach a wider population.

Keywords: Counseling; Contraception; Women of Childbearing; Age

Introduction

Family Planning (KB) is a program that plays a major role in improving reproductive health with the aim of controlling birth spacing, improving the quality of family life, and reducing maternal and child mortality. One of the main target groups in the implementation of the family planning

program is women of childbearing age (15-49 years). [1]

Women of childbearing age (WUS) are the main group in the Family Planning (KB) program because they are in the active reproductive period and are at high risk of experiencing unplanned pregnancies if they do not use contraception. According to WHO

data, about 1.1 billion of the world's 1.9 billion suburban women need family planning services. However, the level of use of modern contraceptives is still not optimal, especially in Indonesia, so that the number of unwanted pregnancies and the risk of pregnancy complications remain high. [2]

In Indonesia, one of the main strategies to control the high rate of population growth is the family planning (KB) program. This growth rate has an impact on various fields, including health, education, economy, and community welfare. One of the main goals of the family planning program is to increase the prevalence of contraceptive use to control birth spacing, reduce the number of unwanted births, and ensure the reproductive health of women of childbearing age (WUS). However, in some regions of Indonesia, the use of contraception, especially long-term contraceptive methods (MKJP) such as implants, IUDs, and surgical procedures, is still low. According to data from the 2017 Indonesian Demographic and Health Survey (SDKI), the use of modern contraceptives among women suburban age in Indonesia only reaches around 62.4% in some regions. This is still below the national target of 63.41%. [3]

Although the family planning program has been around for a long time in Indonesia, there are still many challenges that hinder the effective and sustainable use of contraception. According to BKKBN (2022), there is still a difference between active contraceptive users and family planning needs. This is mostly due to a lack of information, misunderstandings, fear of side effects, and cultural or partner influences. [4]

A variety of factors can lead to the ineffectiveness of this contraceptive use,

including a lack of knowledge about contraceptive techniques, myths and concerns about side effects, and a lack of support from a partner or family. In addition, there are obstacles to getting right information and good reproductive health services, especially in areas with low economic and educational levels. One important method to increase knowledge, change perspectives, and encourage effective contraceptive use among women of childbearing age is family planning counseling. There is evidence that counselling done in the right way, such as using audiovisual media or Decision Making Tools (ABPK), can increase understanding and interest contraception, especially MKJP. [5]

The provision of information intended to improve public knowledge, attitudes, and behaviors about choosing the right contraceptive strategy is known as contraceptive counseling. Effective counseling can reduce warmth, improve adherence to the chosen method, and improve the user's experience with contraception, according to the WHO (2018). Family planning counseling also helps reduce misconceptions and misconceptions about family planning that often deter people from using it. [6]

Family Planning Counseling aims to provide complete information, education, and communication (KIE) to WUS so that they can make informed decisions about the use of contraception, especially long-term contraceptive methods (MKJP) such as IUDs. Effective counseling can increase knowledge, change attitudes, encourage positive behavior toward contraceptive use. Studies show that properly conducted counselling, such as using Decision Making Tools (ABPK) or audiovisual media, can increase WUS's understanding and interest in protection. [7]

However, many things affect the effectiveness of counseling, including the quality of counseling, the ability of health professionals, husband support, and social, economic, and cultural elements. Research on the effectiveness of counseling strategies against contraceptive use in Women of Childbearing Age is important to identify the best methods to increase Family Planning participation, reduce unmet needs, and support national

development goals in population control. In some areas, low levels of education, social stigma, and fear of the effects of contraception are obstacles to the acceptance of the Family Planning method. The purpose of this Systematic Review is to synthesize of effectiveness contraceptive counseling strategies on the use of contraceptive selection in women of childbearing age

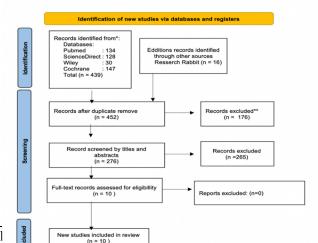
Method

The Systematic Review method is used to systematically synthesize research data using the PRISMA flowchart guidelines. (Tricco et al, 2016). In this Systematic Review, it was prepared using the PICO method which consisted of Population, Intervention, Comparison and Outcome. The population in this study is women of childbearing age, the intervention is contraceptive counseling and the desired outcome or outcome is the use of contraception. Articles that can be accessed with article limitations from 2020-2024 as well as articles that use English and Indonesian.

The exclusion criteria include grey literature in the form of papers, reports, conference proceedings. The keywords used in this study are *Counseling; Contraceptives; Women of Fertile Age.* Literature searches were conducted using PubMed, Science Direct, Wiley, Cochrane, Resserch rabbit. From these searches, the keywords (*Women of reproductive age*)

AND (Contraceptive counseling) AND (countraceptive use) were used.

There were 452 articles relevant to the systematic review question. There are 134 articles from Pubmed, 16 articles from Reseach Rabbit, 128 articles from scince direct, 30 articles from wiley and 147 articles from Cochrane. Furthermore, all articles are imported into Mendeley's reference management. As many as 3 duplicate articles were detected so that the articles were deleted with the final number of 452 articles, then filtered based on titles and abstracts related to "Effectiveness of Counseling Strategies for the Use of Contraceptives in Women of Childbearing Age". A total of 265 articles were irrelevant, then 10 suitable articles were obtained. PRISMA flowchart is considered to be usable because its use can improve the quality of publication reporting as well as as a basis for reporting systematic reviews from other researchers.



Gambar 2.4 PRISMA-ScR Flow chart (Tricco et al. 2018)

Journal Educational

Results and Discussion

| No | Title/Author/Year | Country | Purpose | Types of Research | Sample Size | Result |
|----|--|-----------|--|---|----------------|---|
| | | | T 1 1 | | | m · |
| 1 | Counseling countraceptive devices on the level of knowledge and attitude of third trimester pregnant women at UPT Puskesmas Kalampang Plangka Raya City [9] | Indonesia | To analyze the effect of family planning counseling in pregnant women TM 3 on participation in postpartum family planning | Quantitative: Quasy experimental pre-post test design | 33 people. | There is an average difference between the level of knowledge before and after counseling so that there is an effectiveness of family planning counseling on the mother's level of knowledge |
| 2 | Quality of family planning counseling and associated factors among reproductive age women who are current contraceptive users at Dessie town health facilities east [10] | Afrikaans | To assess the quality of family planning counseling and related factors in WUS | Kuantitatif : Cross sectional | 342 people | The number of women who receive good quality family planning counseling is 36.5% and there is a significant relationship between the type of contraceptive device, the source of contraceptive and the separate room for family planning counseling and the quality of family planning counseling |
| 3 | Effects of structured contraceptive counseling in young women: Secondary analyses of a cluster randomized controlled trial (the LOWE trial) | Sweden | To evaluate the impact of structured contraceptive counselling on long-term contraceptive use (LARCs) and pregnancy rates. | Quantitative: RCT | 1338 orang | Structured contraceptive counseling increases the use of LARC (long-term contraceptive use) and significantly reduces the rate of unplanned pregnancies |
| 4 | Contraceptive uptake and compliance after structured contraceptive counseling secondary outcomes of the | Sweden | To evaluate the effect of structured contraceptive counseling on the choice, initiation, and use of Larc In | Quantitative: RCT | 770 orang | Provision of comprehensive structured contraceptive counseling significantly increases the choice, initiation, and use of LARC with high satisfaction |
| | LOWE trial | | young women | | | |

| No | Title/Author/Year | Country | Purpose | Types of Research | Sample Size | Result |
|----|---|------------------|---|---------------------------------------|----------------|--|
| | counseling and facilitation in improving modern contraceptive uptake in urban slum of Karachi [13] | | effective counseling to patients in choosing long- term contraceptive use methods | Observational Analysis | orang | use of long-term contraceptives after counseling |
| 6 | Person-centered contraceptive counseling and associations with contraceptive practices among a nationally representative sample of women in Ethiopia [14] | Africa | To describe the contraceptive counseling process (the group receiving counseling, and the relationship of counseling to contraceptive use) | Kuantitative: Cross sectional | 2731 orang | Most women who use contraception receive moderate-quality counseling, and women who receive the highest quality counseling have a 62% higher chance of determining their preferred method compared to women who receive low-quality counseling |
| 7 | The association between quality of contraceptive counseling and selection of contraceptive method post-counseling among women | Africa | To find out the relationship between high-quality contraceptive counseling and meeting family planning needs | Kuantitative: Survey | 906 orang | There was a not significant increase in the chances of choosing contraceptives with counselling quality |
| 8 | An intervention in contraceptive counseling increased the knowledge about fertility and awareness of preconception health [16] | Sweden | To evaluate the impact of RPLC (Reproductive Planning Counseling Tool) among women who participate in contraceptive counseling. | Kuantitatif: Quasy experimental | 1997 orang | Knowledge of preconception health awareness increased after counseling (RPLC) |
| 9 | Structured contraceptive counseling [17] | United States | To evaluate the addition of structured contraceptive counseling to usual care in terms of the choice, initiation, and continuation of highly effective contraceptives after uterine | Quantitative: RCT | 222 orang | 54% of all participants chose the most effective method. Structural counseling gives damoaj for the selection of contraceptive methods even if it is a little |

| No | Title/Author/Year | Country | Purpose | Types of Research | Sample Size | Result |
|----|--|-----------|---|---|----------------|---|
| | | | aspiration | | | |
| 10 | The Effectiveness of Counseling on the Knowledge and Selection of Long-Term Contraceptive Methods (MKJP) in Women of Childbearing Age (WUS) [18] | Indonesia | to analyze the effectiveness of counseling on knowledge and selection of long-term contraceptive methods (MKJP) in women of childbearing age. | Quantitative: pre- experiment with one group pre-test post-test design approach | 52 orang | The effectiveness of counseling on the knowledge of women of childbearing age before and after counseling was obtained with a P Value of 0.000 < 0.05 and there was an effectiveness of knowledge on the selection of MKJP conception tools for women of childbearing age before and after counseling P Value of 0.000 < 0.05 |

Family planning counseling can provide comprehensive, client-focused, and integration with other health services to help clients make informed contraceptive decisions that fit their needs, preferences, and health conditions. Family planning counseling not only informs people about contraception, but also helps clients make conscious and voluntary decisions. [19]

Women of childbearing age (WUS) in this 10-article study were generally aged 15-49 years, where they needed information about Family Planning (KB) counseling for various reasons related to reproductive health, family planning, and personal and family well-being. WUS is often faced with a variety of contraceptive options (birth control pills, IUDs, implants, condoms, etc.) that have different advantages, drawbacks, and side effects. Family planning counseling provides clear and accurate information to help WUS choose the method that suits their health conditions. lifestyle, and family needs. [20]

The things conveyed in the information on family planning counseling methods include the effectiveness of family planning, side effects of family planning, advantages and disadvantages of family planning. Two-way communication between healthcare workers and patients, which allows for open discussion, clarification, and adjustment of methods to the patient's preferences and medical conditions. [21]

The ten articles in this systematic review show that there are differences in counseling approaches based implementation time, delivery media and implementing staff. The time for the implementation of family planning counseling is carried out at the antenatal, postpartum or during public visits to health facilities. [22]. and postpartum family planning counseling has been shown to be effective in encouraging the use of longterm contraceptive methods (LARC). [23] . And the media in delivering contraception counseling is not only face-to-face but is carried out through audio-visuals such as educational videos. [21]. For implementing staff themselves, counselors can come from formal health workers (midwives, nurse doctors) or family planning counselors. [24].

Family planning counseling strategies significantly increased contraceptive use in WUS, especially in terms of participation, acceptance of long-term contraceptive methods (MKJP) such as IUDs and implants, and user satisfaction. [21]. Systematic research, such as that conducted by [25], suggesting that structured, evidence-based counseling improves adherence to contraceptive schedules and reduces the number of unplanned pregnancies.

Most studies show that family planning counseling has an effect on increasing knowledge about contraception, there is a change in positive attitudes in the use of contraceptives, and there is an increase in contraceptive use, an increase in client satisfaction and a decrease in the number of unplanned pregnancies. [26]. In addition, knowledge is increasing not only in the use of contraceptives but in terms of fertility and awareness of preconception health. [16]

The success of Family Planning (KB) counseling in women of childbearing age is influenced by various factors that include individual, social, cultural, and health care system aspects. WUS's level of knowledge about contraception and reproductive health greatly influences the reception of information from counseling. WUS with low health literacy often has difficulty understanding information contraceptive methods, side effects, or the benefits of birth control. [18]. WUS attitudes towards contraception, which are influenced by myths contraception causes infertility) or previous negative experiences, affect effectiveness of counseling. As well as WUS health conditions, such as a history of disease or side effects from previous contraception, affect the choice of birth control method and the success of counseling.[24]

However, there are several obstacles found in the implementation of family planning counseling, namely the lack of interpersonal communication training for health workers which has an impact on

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providing low-quality family planning counseling. [20]. In addition, counseling time is limited due to a large workload, cultural and religious norms that affect openness in receiving contraceptive information, and lack of involvement of male partners in counseling sessions. So couple-based counseling is needed. [20]

Conclusions

The results of the study show that effective contraceptive counseling in the form of complete information delivery, the use of supporting media, a focus on individual needs, and partner involvement, can increase knowledge, positive attitudes, interest, and the use of modern contraceptives, especially long-term methods in women of childbearing age. Counseling strategies need to be optimized on an ongoing basis to improve the coverage and quality of contraceptive use in the community.

Acknowledgement

The author would like to thank all parties who have provided support in the implementation of this systematic review. Thank you to the Indonesian College of Health Wirautama for contributing to the process of preparing this article.

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