



Original Article

<https://doi.org/10.55018/ihc.v11.3>

# Effectiveness of Purpose-Oriented Counseling on Postpartum Contraceptive Decision-Making Among Women

Iva Gamar Dian Pratiwi<sup>1</sup>, Dian Permatasari<sup>1</sup>, Nailiy Huzaimah<sup>2</sup>, Akhmad Feri Fatoni<sup>1</sup>, Sylvina Rahmawati<sup>3</sup>

<sup>1</sup> Department Midwifery Professional Study Program, Faculty of Health Sciences, Wiraraja University, Sumenep, East Java, Indonesia

<sup>2</sup> Department of Nursing, Faculty of Health Sciences, Wiraraja University, Sumenep, East Java, Indonesia

<sup>3</sup> Aifa Husada Midwifery Academy, Madura., Pamekasan, East Java, Indonesia

Corresponding Author's: Iva Gamar Dian Pratiwi, [ivagamar@wiraraja.ac.id](mailto:ivagamar@wiraraja.ac.id)

**Submit:** January 13, 2025 | **Accepted:** March 23, 2025 | **Online:** June 30, 2025

## ABSTRACT

**Background:** Postpartum contraception is essential for ensuring safe birth spacing and reducing maternal-infant morbidity. However, decision-making regarding contraceptive use remains suboptimal due to inadequate and generalized counseling. This study aimed to evaluate the effectiveness of the One-Purpose Counseling Technique in improving postpartum women's decisions on appropriate contraceptive selection.

**Methods:** A pre-experimental post-test-only control group design was used, involving 40 postpartum women within 40 days of delivery. Participants were divided into two groups: 20 received structured One-Purpose Counseling and 20 received standard counseling. Data were collected at the Pamolokan Community Health Center and analyzed using chi-square and independent samples t-test with SPSS 26.

**Result:** Among women who received One-Purpose Counseling, 75% selected an appropriate contraceptive method, compared to only 15% in the control group. The difference was statistically significant ( $p = 0.00047$ ), indicating a strong effect of the intervention on informed contraceptive decision-making.

**Conclusion:** The One-Purpose Counseling Technique significantly enhances postpartum women's ability to choose suitable contraception by focusing on goal-oriented, personalized interaction. Health practitioners, especially in low-resource settings, are recommended to adopt this model to improve contraceptive uptake and reproductive autonomy. Future research should assess long-term contraceptive adherence and satisfaction following this intervention.

**Keywords:** Postpartum, Contraception, Counseling

### Practice Implications

1. The One-Purpose Counseling Technique can be effectively integrated into routine postpartum care to support appropriate contraceptive decision-making among new mothers.
2. Training midwives and healthcare providers in this focused counseling method enhances communication quality and enables personalized guidance, especially for women with limited education.

3. This technique offers a low-cost, scalable strategy for addressing unmet contraceptive needs in vulnerable and underserved populations.

## Introduction

Postpartum contraception plays a critical role in reducing maternal and infant morbidity and mortality by ensuring appropriate birth spacing ([Signore et al., 2021](#); [Briggs-Steinberg and Roth, 2023](#); [Dhaurali et al., 2024](#)) Despite widespread availability, the uptake of postpartum contraceptive methods remains suboptimal in many regions, including Indonesia. Numerous factors contribute to this issue, such as cultural beliefs, fear of side effects, lack of knowledge, and limited counseling during antenatal and postnatal care. While efforts to improve contraceptive use often focus on service availability, there remains a significant gap in the personalization and focus of counseling approaches tailored to women's individual needs and circumstances during the postpartum period.

Conventional counseling methods often fail to address the specific concerns, values, and preferences of postpartum women, leading to indecisiveness or refusal to use contraception ([Yuen et al., 2022](#); [O'Dea et al., 2023](#); [Shao et al., 2023](#)). Research has shown that counseling quality—not just the quantity of information—has a profound influence on women's willingness and confidence to choose a contraceptive method ([Raidoo, Pearlman Shapiro and Kaneshiro, 2022](#); [Belail Hammad, Gupta and Konje, 2023](#)). However, most standard counseling protocols follow generalized scripts and do not prioritize the woman's primary concerns, leaving many unresolved doubts. This highlights the need for a more

focused, patient-centered counseling model that targets a specific decision-making goal, such as choosing a suitable postpartum contraceptive method.

The One-Purpose Counseling Technique is a structured approach that emphasizes a single, clearly defined counseling goal—in this case, assisting postpartum women in making a confident and informed decision about contraception. This method enables health workers to provide personalized information, address emotional and psychological barriers, and create a safe space for shared decision-making. Although theoretically promising, empirical studies evaluating the effectiveness of this technique in the context of postpartum contraception are scarce, especially in low-resource settings where such interventions could have the greatest impact ([Stone et al., 2023](#); [Thaxton and Hofler, 2023](#); [Schrager, Fox and Lee, 2024](#)).

This study seeks to address this research gap by examining the effectiveness of One-Purpose Counseling Techniques in improving decision-making regarding postpartum contraceptive use among women. By focusing on individualized counseling sessions with a clear objective, this research aims to provide evidence for a scalable and effective counseling intervention. The findings are expected to inform policy and practice by enhancing the quality of reproductive health services and ultimately increasing the acceptance and use of contraception during the critical postpartum period.

## Methodology

### Study Design

This study employed a pre-experimental design with a post-test-only control group approach. The objective was to evaluate the effectiveness of the "Satu Tuju" (One-Purpose) counseling technique on postpartum contraceptive decision-making among postpartum mothers.

### Participants

A purposive sampling technique was used to recruit participants based on specific inclusion criteria: postpartum mothers within 0–40 days after delivery who visited the Pamolokan Community Health Center between August and September 2024 and were willing to participate in the study. The exclusion criteria included mothers with medical complications that contraindicate contraceptive use and those who declined to provide informed consent.

The population consisted of 40 postpartum mothers, who were equally divided into two groups: 20 participants in the treatment group who received the "Satu Tuju" counseling intervention and 20 in the control group who received routine counseling. The sample size was determined based on feasibility considerations due to the limited target population within the study period and the logistical constraints of the primary health center.

### Instrument

The study used a researcher-developed instrument, specifically the Standard Operating Procedure (SOP) for implementing the "Satu Tuju" counseling technique. The instrument was developed

based on family planning counseling principles from the Indonesian Ministry of Health and adapted to focus on single-goal (contraceptive decision) outcomes. Validity of the instrument was reviewed through expert judgment from midwifery and public health lecturers. Reliability testing was not applicable due to the intervention-based nature of the SOP; however, the intervention steps were standardized across participants using written scripts and visual aids. No copyrighted instruments were modified; therefore, no additional permissions were required.

### Intervention

The "Satu Tuju" counseling intervention was administered to the treatment group by trained health providers at the Pamolokan Community Health Center. The technique was implemented in a private counseling room and focused on supporting participants in making a clear decision about postpartum contraception. Sessions lasted approximately 15–20 minutes and followed a structured, goal-oriented SOP. In contrast, the control group received standard postpartum contraceptive counseling provided by health workers, which lacked the structured focus of the intervention. No additional educational materials or strategies were introduced to the control group.

### Data Collection

Data were collected during October and November 2024. The research team and local midwives at the community health center facilitated the process. All data collection activities took place within the counseling rooms of the Pamolokan Community Health Center. Researchers ensured that data collection for both

groups was conducted under similar conditions to maintain consistency.

### Data Analysis

Data analysis was performed using SPSS version 26. Descriptive statistics were used to summarize participant characteristics. An independent samples t-test was conducted to compare the post-test scores of contraceptive decision-making between the treatment and control groups, based on prior normality test results.

### Ethical Consideration

This study received ethical approval from the Health Research Ethics Committee of Poltekkes Kemenkes Surabaya, with approval number 1234/KEPK-PS/IX/2024. Additional permissions were obtained from the Sumenep District Health Office and Pamolokan Community Health Center. Written informed consent was obtained from all participants prior to data collection, and confidentiality was strictly maintained throughout the study.

### Results

The sociodemographic characteristics of the respondents are described in **Tables 1** and **2**. A total of 40 postpartum mothers participated in the study, divided evenly into treatment and control groups.

**Table 1.** Age Distribution of Respondents

Age Group (Years)	Frequency (n)	Percentage (%)
≤ 21	10	25
21–35	20	50
≥ 35	10	25
Total	40	100

Most participants (50%) were in the reproductive age group of 21–35 years, which reflects the typical age range for postpartum contraceptive decision-making.

**Table 2.** Educational Background of Respondents

Education Level	Frequency (n)	Percentage (%)
Primary School	6	15
Junior High School	20	50
Senior High School	14	35
Total	40	100

As shown in **Table 2**, half of the respondents had completed junior high school education, indicating a moderate level of educational attainment among participants.

To assess the effectiveness of the "Satu Tuju" counseling technique, a comparison was conducted between the control and intervention groups regarding the appropriateness of postpartum contraceptive method selection.

**Table 3.** Suitability of Postpartum Contraceptive Selection by Group

Group	Suitable (n)	Not Suitable (n)	Total (n)
Control	3	17	20
Intervention	15	5	20
Total	18	22	40

**Table 3** illustrates that the cross-tabulation shows a clear difference between the groups. In the intervention group, 75% of respondents chose a contraceptive method appropriately, while only 15% of the control group made

a suitable choice. A Chi-square test was conducted to determine whether this difference was statistically significant. The result showed a p-value of 0.00047 ( $p < 0.05$ ), indicating a significant association between the intervention and the appropriateness of postpartum contraceptive selection. These findings support the hypothesis that the "Satu Tuju" counseling technique has a significant positive effect on informed decision-making regarding postpartum contraception.

## Discussion

The results of this study confirm that the One-Purpose Counseling Technique is significantly effective in improving the appropriateness of postpartum contraceptive choices among postpartum women. By applying a structured interpersonal communication strategy in the form of one-on-one counseling, the intervention group demonstrated a substantially higher rate (75%) of suitable contraceptive selection compared to the control group (15%). This substantial gap reflects the technique's ability to enhance maternal understanding, reduce decision-making anxiety, and foster informed consent. The counseling model used integrates empathic listening, tailored information delivery, and shared decision-making—which emphasize the value of interpersonal interaction in contraceptive decision-making ([Burke et al., 2022](#); [Margaritis et al., 2023](#); [McAllister et al., 2023](#)).

What distinguishes this study from previous ones is its singular focus on a "One-Purpose" model delivered during the narrow postpartum period—a critical but often underutilized window for contraceptive counseling. While many

existing studies have focused on general family planning counseling or antenatal sessions, this study directly targets postpartum women in the early 0–40 day period, offering immediate guidance at a point when reproductive decisions are especially relevant. This time-sensitive approach creates a unique contribution to the field of postpartum care, providing actionable insights into when and how to deliver contraceptive information for optimal impact.

Moreover, the finding of a significant effect despite a population with relatively low educational backgrounds (50% junior high school level) and high unemployment (75%) underlines the method's adaptability to vulnerable and underserved populations. The educational and socioeconomic backgrounds critically shape the assimilation of reproductive health information. In this study, the counseling technique succeeded in overcoming educational barriers, suggesting its practical utility in low-resource settings and among disadvantaged groups ([Floyd, 2020](#); [Feil et al., 2023](#); [Kalamar et al., 2023](#)).

A new gap arises from this research: while the intervention was effective in the short term, it remains unclear whether the decision made during postpartum counseling translates into sustained contraceptive use over time. The study also did not measure client satisfaction or emotional readiness post-counseling, which are increasingly recognized as crucial components in reproductive health interventions ([Okoth et al., 2020](#); [Boyce and Neiterman, 2021](#); [Silverstein et al., 2022](#)). Future studies could explore longitudinal follow-ups, integrate partner involvement, or compare this technique with digital or group counseling formats to

expand its applicability and optimize outcomes.

In conclusion, the One-Purpose Counseling Technique emerges as a promising tool in postpartum family planning, particularly among populations with limited educational attainment. Its structured yet personal approach addresses cognitive, emotional, and informational barriers, thereby enhancing reproductive autonomy and aligning with broader public health goals to reduce unmet contraceptive needs.

### **Practical Applications of the Findings**

The findings from this study suggest that the One-Purpose Counseling Technique can be effectively integrated into postpartum care programs to enhance contraceptive decision-making among new mothers. Healthcare providers, especially midwives and family planning counselors, can adopt this structured, interpersonal communication model during postnatal visits to increase the appropriateness of contraceptive choices. This approach is particularly beneficial for populations with limited education or access to reproductive health information, as it simplifies complex topics into clear, personalized guidance. Additionally, the model can be implemented as part of community-based health outreach or incorporated into standard operating procedures (SOPs) in maternal health services, particularly in primary healthcare centers. Policymakers may also consider endorsing this technique as a cost-effective strategy to reduce unmet needs for family planning and promote reproductive autonomy in low-resource settings.

### **Conclusion**

This study concludes that the One-Purpose Counseling Technique is significantly effective in improving the appropriateness of postpartum contraceptive selection among postpartum women. By utilizing a structured and empathetic one-on-one communication approach, this technique successfully increased informed decision-making, particularly among women with lower educational and socioeconomic backgrounds. The substantial difference in appropriate contraceptive choices between the intervention group and the control group highlights the technique's potential as a practical and adaptable strategy for postpartum family planning services. Its time-sensitive application during the early postpartum period offers a unique and targeted opportunity to promote reproductive health. However, further research is needed to explore the long-term sustainability of contraceptive use following this intervention, as well as client satisfaction and potential adaptations for broader implementation.

### **Authors Contributions:**

Conceptualization: Iva Gamar Dian Pratiwi, Dian Permatasari

Data curation: Dian Permatasari, Nailiy Huzaimah

Formal analysis: Iva Gamar Dian Pratiwi, Dian Permatasari

Funding acquisition: Iva Gamar Dian Pratiwi

Investigation: Dian Permatasari, Nailiy Huzaimah

Methodology: Iva Gamar Dian Pratiwi, Dian Permatasari

Project administration: Iva Gamar Dian Pratiwi

Resources: Iva Gamar Dian Pratiwi

Software: Dian Permatasari  
Supervision: Akhmad Feri Fatoni  
Validation: Iva Gamar Dian Pratiwi, Sylvina Rahmawati  
Visualization: Dian Permatasari  
Writing – original draft: Iva Gamar Dian Pratiwi, Dian Permatasari  
Writing – review & editing: Iva Gamar Dian Pratiwi, Sylvina Rahmawati

### Conflicts Of Interest

The Authors Declare No Conflict Of Interest.

### Acknowledgment

The authors would like to express their deepest gratitude to the Head of the Pamolokan Community Health Center and all midwives who supported the implementation of this research. Sincere thanks are also extended to all postpartum mothers who willingly participated and provided valuable information for this study. This research would not have been possible without the administrative support from the Sumenep District Health Office and the facilitation provided by local health authorities. The authors also acknowledge the academic guidance and constructive feedback from colleagues and reviewers, which greatly improved the quality of this manuscript.

### References

Belail Hammad, W. A., Gupta, N. and Konje, J. C. (2023) 'An overview of contraception in women with obesity.', *Best practice & research. Clinical obstetrics & gynaecology*. Netherlands, 91, p. 102408. doi: 10.1016/j.bpobgyn.2023.102408.

Boyce, T. M. and Neiterman, E. (2021) 'Women in larger bodies' experiences with contraception: a scoping review.',

*Reproductive health*. England, 18(1), p. 89. doi: 10.1186/s12978-021-01139-2.

Briggs-Steinberg, C. and Roth, P. (2023) 'Early-Onset Sepsis in Newborns.', *Pediatrics in review*. United States, 44(1), pp. 14–22. doi: 10.1542/pir.2020-001164.

Burke, H. M. *et al.* (2022) 'Testing a counseling message for increasing uptake of self-injectable contraception in southern Malawi: A mixed-methods, clustered randomized controlled study.', *PLoS one*. United States, 17(10), p. e0275986. doi: 10.1371/journal.pone.0275986.

Dhaurali, S. *et al.* (2024) 'Psychosocial Stressors and Postpartum Depressive Symptoms Are Linked to Postpartum Contraceptive Use.', *Journal of women's health (2002)*. United States, 33(9), pp. 1175–1184. doi: 10.1089/jwh.2023.0719.

Feil, K. *et al.* (2023) 'Fertility, Contraception, and Fertility Preservation in Trans Individuals.', *Deutsches Arzteblatt international*. Germany, 120(14), pp. 243–250. doi: 10.3238/arztebl.m2023.0026.

Floyd, S. (2020) 'Postpartum Contraception Options.', *Obstetrics and gynecology clinics of North America*. United States, 47(3), pp. 463–475. doi: 10.1016/j.ogc.2020.04.007.

Kalamar, A. *et al.* (2023) 'Evaluating Counseling for Choice in Malawi: A Client-Centered Approach to Contraceptive Counseling.', *Global health, science and practice*. United States, 11(2). doi: 10.9745/GHSP-D-22-00319.

Margaritis, K. *et al.* (2023) 'Contraceptive methods in adolescence: a narrative

- review of guidelines.', *The European journal of contraception & reproductive health care: the official journal of the European Society of Contraception*. England, 28(1), pp. 51–57. doi: 10.1080/13625187.2022.2162336.
- McAllister, A. *et al.* (2023) 'Achieving Equity in Postpartum Contraception Access.', *Clinical obstetrics and gynecology*. United States, 66(1), pp. 63–72. doi: 10.1097/GRF.0000000000000745.
- O'Dea, G. A. *et al.* (2023) 'Associations between maternal psychological distress and mother-infant bonding: a systematic review and meta-analysis.', *Archives of women's mental health*. Austria, 26(4), pp. 441–452. doi: 10.1007/s00737-023-01332-1.
- Okoth, K. *et al.* (2020) 'Association between the reproductive health of young women and cardiovascular disease in later life: umbrella review.', *BMJ (Clinical research ed.)*. England, 371, p. m3502. doi: 10.1136/bmj.m3502.
- Raidoo, S., Pearlman Shapiro, M. and Kaneshiro, B. (2022) 'Contraception in Adolescents.', *Seminars in reproductive medicine*. United States, 40(1–02), pp. 89–97. doi: 10.1055/s-0041-1735629.
- Schrager, S., Fox, K. and Lee, R. (2024) 'Abnormal Uterine Bleeding Associated With Hormonal Contraception.', *American family physician*. United States, 109(2), pp. 161–166.
- Shao, S. J. *et al.* (2023) 'Contraceptive counseling and choices in pregnancies with maternal cardiac disease.', *The journal of maternal-fetal & neonatal medicine: the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians*. England, 36(1), p. 2217318. doi: 10.1080/14767058.2023.2217318.
- Signore, C. *et al.* (2021) 'The Intersection of Disability and Pregnancy: Risks for Maternal Morbidity and Mortality.', *Journal of women's health (2002)*. United States, 30(2), pp. 147–153. doi: 10.1089/jwh.2020.8864.
- Silverstein, R. G. *et al.* (2022) 'Contraceptive use and counseling in patients with systemic lupus erythematosus.', *Contraception*. United States, 105, pp. 46–50. doi: 10.1016/j.contraception.2021.08.017.
- Stone, R. H. *et al.* (2023) 'Emergency Contraception Access and Counseling in Metropolitan and Nonmetropolitan Pharmacies in Georgia.', *Journal of pharmacy practice*. United States, 36(3), pp. 523–531. doi: 10.1177/08971900211052821.
- Thaxton, L. and Hofler, L. G. (2023) 'Prenatal Contraceptive Counseling.', *Obstetrics and gynecology clinics of North America*. United States, 50(3), pp. 509–523. doi: 10.1016/j.ogc.2023.03.006.
- Yuen, M. *et al.* (2022) 'The Effects of Breastfeeding on Maternal Mental Health: A Systematic Review.', *Journal of women's health (2002)*. United States, 31(6), pp. 787–807. doi: 10.1089/jwh.2021.0504.