

Enhancing the Capacity of Private Practice Midwives Through Balanced Counseling Strategy Training in Family Planning

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ABSTRACT

Effective contraceptive counseling is essential to ensure that clients make informed, voluntary decisions regarding family planning. However, inconsistencies in counseling practices among private practice midwives often arise due to insufficient training in structured communication and counseling techniques. This community engagement initiative aimed to enhance the professional capacity of 15 independent midwives in the Sunter area, North Jakarta, through a targeted training program on the Balanced Counseling Strategy (BCS) for Family Planning. The training, conducted over three days from August 23 to 25, 2024, emphasized evidence based counseling frameworks, women centered communication, and the appropriate use flash card (job aids) to facilitate contraceptive decision making. The training employed interactive methods, including case-based discussions, simulations, and role-playing, to reinforce learning outcomes and strengthen practical skills. The participants demonstrated high levels of engagement and proactiveness throughout the sessions. One of the key outcomes was the emergence of critical reflections by midwives on their prior counseling practices, highlighting a shift toward more respectful, bias-free, and client-informed interactions. This indicates that exposure to structured counseling frameworks like BCS not only enhances technical competence but also fosters transformative learning. The intervention underscores the importance of capacity-building efforts tailored to independent midwives as frontline providers in reproductive health services.

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INTRODUCTION

Maternal and child health is one of the key indicators closely linked to a country's growth and development. Globally, all nations have agreed that the well-being of mothers and children is a shared responsibility across all relevant sectors. This consensus is embodied in the global action plan known as the Sustainable Development Goals (SDGs) (Nations, 2022).

The SDGs aim to end poverty, reduce inequality, and protect the environment. These objectives are intimately connected to the life cycle, particularly in ensuring the birth of a new generation that is independent and of high quality. This goal can be achieved through the provision of comprehensive sexuality education, proper pregnancy planning, and continued support throughout pregnancy and lactation. To accelerate the

reduction of the maternal mortality ratio (MMR) and infant mortality rate (IMR), cross sectoral collaboration is essential. In 2021, the number of maternal deaths reached 7,389, compared to 4,627 in 2020, indicating a substantial increase within one year (Kemenkes, Profil Kesehatan Indonesia Tahun 2021, 2022). Midwives, within the scope of their duties and authority, are permitted to provide independent, collaborative, and referral based care in women's reproductive health across the lifespan. In supporting public health, midwifery care emphasizes both preventive and promotive services (Kemenkes, Permenkes Nomor 21 Tahun 2021 tentang Pelayanan Kesehatan Masa Sebelum Hamil, Masa Hamil, Persalinan, dan Masa Sesudah Melahirkan, Penyelenggaraan Pelayanan Kontrasepsi, Serta Pelayanan Kesehatan Seksual., 2021).

As of 2021, there were 40,293 private practice midwives (TPMB) in Indonesia, with midwives delivering 68% of maternal health services. Midwives accounted for 82,4% of antenatal care (ANC) providers, and 41% of these services were delivered at TPMB. Additionally, 62,7% of births were assisted by midwives, with 29% occurring in TPMB and 4% in village maternity posts (Polindes) (IBI, 2020).

Antenatal care aims to support women throughout their pregnancy to ensure a smooth and high quality experience. Midwives are also responsible for screening for complications and risk factors during pregnancy and empowering pregnant women to maintain and improve their health. The national ANC coverage for fourth visits (K4) is 88,8%, while sixth visits (K6) stands at 63%. The distribution of iron and folic acid (IFA) tablets to pregnant women is a key indicator of maternal health support. Physiologically, hemodilution occurs at 32–34 weeks' gestation, which can worsen maternal outcomes if iron levels are inadequate. In 2021, IFA coverage reached 83,6% (Kemenkes, Profil Kesehatan Indonesia Tahun 2021, 2022).

Pregnancy planning is linked to the use of contraceptive methods to initiate, space, or prevent pregnancy. In 2021, the contraceptive prevalence rate among couples of reproductive age was 57,4%. The majority of contraceptive services were provided by midwives in the following settings: TPMB (33,1%), subhealth centers/mobile services/village midwives (28,3%), and primary health centers or military/police clinics (12,6%) (BKKBN, 2022).

The unmet need for contraception remains a risk factor contributing to maternal morbidity and mortality. In 2021, the national unmet need stood at 18%. Meeting the contraceptive needs of all couples could significantly reduce unintended pregnancies, thereby lowering the incidence of maternal complications and deaths during pregnancy, childbirth, and the postpartum period (Kemenkes, Profil Kesehatan Indonesia Tahun 2021, 2022).

Furthermore, BKKBN reports indicate that 23% of women of reproductive age refuse to use contraception due to concerns about side effects, while 32% of men or their partners reject family planning altogether. This challenge can be addressed through balanced counseling, which aims to deliver practical and interactive education, empowering couples to make informed decisions about contraceptive use (BKKBN, 2022).

One strategic intervention to address barriers in family planning services is the implementation of the Balanced Counseling Strategy (BCS) training for midwives. BCS is a women centered and evidence based approach designed to improve the quality of counseling by guiding providers in helping clients make informed decisions about contraceptive use. This approach emphasizes a structured, yet adaptable counseling framework that enables midwives to individualize contraceptive information based on each client's reproductive health needs, personal preferences, and medical eligibility criteria. Utilizing standardized job aids and evidence-based decision support tools, the Balanced Counseling Strategy (BCS) enhances the quality of provider client interactions by promoting clear, accurate, and empathetic communication. Furthermore, BCS plays a critical role in addressing prevailing misconceptions, dispelling myths related to contraceptive methods, and mitigating anxiety about potential side effects. By facilitating informed, voluntary, and client entered contraceptive choices, this strategy strengthens the delivery of reproductive health services and supports the realization of clients' reproductive rights (Council, The Balanced Counseling Strategy Plus: A toolkit for family planning service providers working in high HIV/STI prevalence settings (3rd ed.), 2015)

In Indonesia, where unmet need for contraception remains a public health concern, BCS offers a promising solution. Many clients, particularly women of reproductive age, express reluctance to use contraceptives due to fear of side effects or lack of accurate information. BCS equips midwives with the skills and tools to provide balanced, non-directive counseling that empowers clients especially couples to select the most suitable contraceptive method based on their reproductive intentions and health conditions.

By integrating BCS into routine services, midwives in independent practice can enhance the quality and consistency of family planning counseling. This strategy also supports broader national goals to reduce maternal mortality and improve reproductive health outcomes by ensuring that all couples receive accurate information and respectful, women centered care. Therefore, scaling up BCS training for midwives can contribute to sustainable improvements in contraceptive uptake and overall reproductive health service delivery in Indonesia.

METHOD

This community engagement activity was conducted using an offline (in-person) participatory training approach. The intervention involved a three days training program on the Balanced Counseling Strategy (BCS) in family planning, held from August 23 to 25, 2024, in Sunter, North Jakarta. A total of 15 private practice midwives participated in the program. These participants were selected based on their active service in reproductive health and their expressed interest in enhancing their counseling skills.

The training methodology combined interactive lectures, case based discussions, group work, role plays, and guided simulations using BCS job aids. Job aids included flash cards, algorithm, and medical eligibility criteria charts designed to support women centered communication and contraceptive method selection. Emphasis was placed on aligning counseling practices with national family planning service guidelines and WHO recommendations.

To facilitate experiential learning and reflection, participants were encouraged to share real life counseling challenges they had faced in their practices. This approach fostered critical reflection and enabled comparison between previous experiences and newly acquired BCS techniques. Observations during the sessions, feedback forms, and group reflections were used to evaluate engagement and initial learning outcomes.

The training environment was structured to promote open dialogue, peer learning, and continuous feedback between facilitators and participants. All sessions were conducted in compliance with health protocols and supported by audiovisual materials to optimize knowledge transfer.

RESULTS

The implementation of the Balanced Counseling Strategy (BCS) training for private practice midwives in Sunter, North Jakarta, demonstrated significant improvements in both knowledge acquisition and reflective practice. The training was conducted over three consecutive days, held on August 23–25, 2024 and involved 15 midwives actively engaged in private practice. Delivered through a structured offline (in-person) modality, the program incorporated multiple pedagogical methods including lectures, group discussions, simulations, and role playing exercises to foster experiential and adult learning principles.

The training curriculum was comprehensive and systematically organized. On the first day, the session began with Building Learning Commitment (BLC), which aimed to develop participants' ownership and accountability toward the learning process. This foundational step was essential in fostering a reflective mindset and establishing a psychologically safe learning environment. Participants were encouraged to articulate their motivations, expectations, and barriers in applying effective contraceptive counseling.



Figure 1. Expectation respondent on BLC session

The subsequent modules focused on effective communication and counseling techniques, including active listening, the use of open ended questions, empathy expression, and non verbal communication as core components of respectful maternity care. Emphasis was placed on the screening process using the WHO Medical Eligibility Criteria (MEC) wheel, known in Indonesian practice as “roda KLOP”, to ensure medical appropriateness of each contraceptive method based on a client’s health status and reproductive history.



Figure 2. case study learning

A central component of the training was the application of the BCS framework itself. Participants were trained to use job aids, including method specific flashcards, a diagram, and the MEC wheel, to conduct structured yet flexible counseling. This approach enabled midwives to guide clients through contraceptive decision making pathways based on their individual needs, preferences, and clinical eligibility. Real time simulations and case based discussions allowed midwives to practice these skills in a controlled yet realistic setting, enhancing the transfer of knowledge to clinical practice.



Figure 3. Flash cards as BCS job aids

During the reflection and learning action plan sessions at the end of each day, participants engaged in critical self assessment. Many midwives reported a shift in their perspectives, recognizing that their previous practices often leaned toward directive counseling, frequently influenced by personal preference, social norms, or facility limitations. Several acknowledged their tendency to prioritize long acting reversible contraceptives (LARCs) or rely heavily on method popularity rather than tailoring choices based on client autonomy and eligibility criteria.

In addition, participants reflected on the lack of structured discussion around side effects and contraindications in their past practice. This omission, as many midwives noted, may have contributed to method discontinuation and client dissatisfaction. After exposure to the BCS, midwives expressed a greater appreciation for the principles of informed choice, client confidentiality, and the importance of engaging male partners where appropriate in shared decision making.

Observational data collected by facilitators showed high participant engagement. During simulations, participants demonstrated improved accuracy in counseling flow, effective use of the BCS diagram and flashcards, and appropriate responses to concerns. Notably, midwives exhibited heightened sensitivity to non clinical factors affecting contraceptive uptake such as spousal dynamics, religious beliefs, and myths about method safety underscoring the importance of sociocultural competence in family planning counseling.



Figure 4. Role play session

Critically, this intervention addresses a persistent gap in Indonesia's reproductive health system, the inconsistency in counseling quality among private providers. Research shows that poor counseling, provider bias, and inadequate screening contribute to contraceptive discontinuation and the 18% unmet need reported nationally (BKKBN, 2022). By equipping midwives with women centered, evidence based tools and enhancing their communication skills, BCS training aligns with global standards of rights based reproductive health services (Solo & Festin, 2019; Tepper, Marchbanks, & Curtis, 2015).

Moreover, the findings from this training resonate with Kolb's experiential learning theory, which emphasizes concrete experience, reflective observation, abstract conceptualization, and active experimentation as core stages in adult learning (Kolb, 2015). The structured yet dynamic training environment enabled midwives to not only gain theoretical knowledge but also test new skills in simulations, reflect on their personal biases, and commit to behavior change through learning action plan documentation.

From a systems perspective, private practice midwives are often frontline providers in urban and peri-urban settings of Indonesia, bridging gaps in public sector availability. However, they frequently operate with limited access to structured capacity building programs. Integrating BCS into ongoing professional development for independent midwives is therefore a strategic step toward ensuring equitable, high quality family planning services. It also complements national efforts to reduce maternal mortality, prevent unintended pregnancies, and promote reproductive autonomy.

Despite these successes, some implementation challenges remain. First, sustained behavior change requires follow-up support, either through mentorship, refresher trainings, or digital platforms offering real-time case discussions. Second, time constraints and high client load in private practices may limit the consistent application of BCS unless operational adjustments are made. Lastly, scaling this approach would necessitate policy alignment, ensuring that BCS training and tools are included in national service delivery guidelines and pre-service midwifery education.

In conclusion, the BCS training conducted in Sunter represents a promising model for enhancing the counseling capacity of independent midwives. Through a structured, reflective, and interactive learning process, participants gained both technical and interpersonal skills essential for high-quality, women-centered contraceptive counseling. The results underscore the critical role of continuing education and rights-based communication frameworks in improving reproductive health outcomes and service equity in Indonesia.

CONCLUSION

This community based training initiative on the Balanced Counseling Strategy (BCS) has demonstrated its effectiveness in strengthening the professional capacity of independent midwives in delivering high quality, women centered family planning services. Through an evidence based and structured approach, the BCS training equipped participants with practical competencies in communication techniques, contraceptive method screening using the WHO Medical Eligibility Criteria (MEC) wheel, and the application of counseling media such as decision making diagrams and contraceptive flash cards.

The training outcomes revealed not only improvements in technical skills but also a transformation in attitudes toward more respectful, non directive, and woman centered on counseling. The participants engaged actively in reflective practice and acknowledged the importance of informed choice, privacy, and individualized care principles that are foundational to reproductive rights and quality maternal health services. These shifts are particularly significant given the persistent challenges in Indonesia related to unmet contraceptive need, provider bias, and discontinuation due to inadequate counseling.

Furthermore, the integration of Building Learning Commitment (BLC), effective counseling techniques, and real time learning action planning in the training reinforced experiential learning and fostered long term commitment to improved service delivery. As frontline providers in reproductive health, private midwives play a pivotal role in achieving national targets for reducing maternal morbidity and mortality.

Scaling up BCS training, coupled with ongoing mentorship, updated job aids, and policy support, is essential to ensure the sustainability and broader impact of this intervention. Ultimately, enhancing midwives' capacity in balanced counseling contributes to improved contraceptive uptake, continuation, and overall reproductive health outcomes in Indonesia.

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