

# Interpersonal Communication of Healthcare Providers in Family Planning Services for Couples of Reproductive Age during the COVID-19 Pandemic at Banda City Health Center

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**Abstract.** Effective interpersonal communication is crucial in providing comprehensive family planning services for couples of reproductive age, especially during the COVID-19 pandemic. This study aimed to analyse the interpersonal communication of healthcare providers in family planning services for couples of reproductive age at the Banda Health Center during the COVID-19 pandemic in 2022. The research utilised a descriptive design with a quantitative approach. Data were collected through questionnaires distributed to 32 healthcare providers involved in family planning services at the Banda Health Center in Banda Aceh. The findings revealed that interpersonal communication among healthcare providers played a significant role in providing information, guidance, and support to couples of reproductive age in making decisions regarding family planning and reproductive health. Verbal and nonverbal communication by healthcare providers at the Banda Health Center in family planning services for couples of reproductive age during the COVID-19 pandemic was carried out effectively and optimally. Despite facing challenges such as physical restrictions and increased workloads during the pandemic, interpersonal communication between healthcare providers and couples of reproductive age was effective. Enhancing interpersonal communication in family planning services for couples of reproductive age during the COVID-19 pandemic has been successful. However, further steps are necessary to strengthen and improve this interpersonal communication to provide better services to couples of reproductive age.

**Keywords:** interpersonal communication; healthcare providers; family planning services; COVID-19 pandemic; couples of reproductive age; Banda Health Center; Banda Aceh.

## INTRODUCTION

The spread of the Coronavirus Disease (COVID-19) has become a global pandemic caused by the Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2), which should not be taken lightly [1, 2, 3]. This virus can be transmitted between humans and has spread widely in China and over 190 other countries and territories. On March 12, 2020, the World Health Organization officially declared the COVID-19 pandemic [4]. Its spread is still being felt worldwide to this day. In Indonesia, there have been 449,569 cases with examined specimens, with 396,757 patients (88.3%) confirmed negative [5, 6].

There were 52,812 confirmed cases (+1,385 confirmed cases from before) with 2,720 deaths, resulting in a fatality rate of 5.2%. The number of recovered patients was 21,909 (41.5%), and there were 28,183 cases under treatment (53.4%) [7]. The affected areas include 448 districts/cities, with 177 cases of local transmission, 13,522 patients under surveillance, and 40,541 classified as Persons Under Monitoring (PUM) (Ministry of Health of the Republic of Indonesia, 2020). The Aceh Health Department reported the latest data in Aceh Province on June 27, 2019. There were 2,260 Persons Under Observation (PO) cases (43 individuals in the process and 2,217 completed). There were 121 Patients Un-

der Supervision (PUS); three individuals were hospitalised, 117 were discharged, and one died. There were 77 confirmed cases of Covid-19, with 53 individuals receiving treatment, 22 individuals recovering, and two individuals passing. The highest PO cases occurred in Banda Aceh, with 953 individuals.

In contrast, the highest number of PUS cases occurred in Aceh Pidie, with 36 individuals, and the highest number of confirmed cases occurred in Aceh Besar, with 20 individuals [8]. The COVID-19 pandemic has transformed the landscape of healthcare services worldwide [9, 10]. Family planning (FP) services have also been significantly affected. Couples of reproductive age face new challenges in accessing adequate FP services, reproductive health information, and the contraception methods they need [11]. The COVID-19 pandemic has impacted interpersonal communication between healthcare providers and couples of reproductive age, necessitating adaptations in the usual communication strategies [12]. Effective interpersonal communication was previously a key element in FP services, where skilled healthcare providers could provide accurate information, listen to the concerns of couples of reproductive age, and assist them in selecting appropriate contraceptive methods [13, 14]. However, amidst the current pandemic situation, interpersonal communication in FP services faces new challenges. When COVID-19 struck, health protocols and social restrictions were implemented to minimise the spread of the virus [15]. This has affected direct interactions between healthcare providers and couples of reproductive age. Physical distancing measures, masks, and social distancing have changed how interpersonal communication is conducted [16]. Couples of reproductive age may hesitate to visit FP centres due to fear of contracting the virus or the stigma associated with healthcare facility visits [17].

Furthermore, research indicates a significant decline in FP services during the pandemic. Factors such as uncertainty, concerns about the risk of virus transmission, and the focus on COVID-19 management can influence the interest and participation of couples of reproductive age in accessing FP services [18]. Therefore, a deeper understanding of interpersonal communication by healthcare providers in FP services for couples of reproductive age during the COVID-19 pandemic is needed.

## METHODS

This study employed a quantitative research design with a descriptive approach. The descriptive method was used to provide an in-depth overview of the current situation by systematically, factually, and accurately describing the characteristics and facts of a specific population or attempting to depict phenomena in detail. The primary data source in this study was the respondents who were directly interviewed, namely the medical team consisting of midwives and doctors serving the family planning program for couples of reproductive age in all health centres in Banda Aceh City. The secondary data sources in this study included data from the Indonesian Demographic and Health Survey (IDHS), the Aceh Province Health Survey (APHS), and other supporting documents or literature. The population in this study consisted of the entire medical team, including midwives and doctors, who served the family planning program for couples of reproductive age at the Banda Raya Health Center in Banda Aceh City. The population size was 35 respondents. This study utilised a random sampling method. Referring to the Isaac and Michael table with a 5% margin of error, the entire population of 35 respondents was considered as the research sample. Data processing and analysis were conducted using Google Forms. The data collected through the online questionnaire would be stored in a Google Forms account, and the results would automatically appear after the respondents submit their answers. The questionnaire link can be accessed at: [bit.ly/KMandiriPKA](https://bit.ly/KMandiriPKA).

## RESULTS AND DISCUSSION

*Characteristics of Respondents.* Based on Table 1, the frequency distribution of the age of healthcare providers in Banda Raya Health Center, Banda Aceh City, shows that the highest number falls within the age range of 36-45 years, with 15 individuals or 46.9%.

Table 1 – Frequency Distribution of Age and Education

Age	Frequency	%
18-25	1	3,1
26-35	3	9,4
36-45	15	46,9
46-55	13	40,6
Total	32	100

Age	Frequency	%
Education		
Diploma	25	78,1
Bachelor	5	15,6
Postgraduate	2	6,3
Total	32	100

On the other hand, the lowest number is found in the age range of 18-25 years, accounting for 3.1%. This indicates that the majority of healthcare providers in Banda Raya Health Center, Banda Aceh City, belong to the age group of 36-45 years. Moving on to the frequency distribution of educational background among healthcare providers in Banda Raya Health Cen-

ter, it is evident that the highest education level is a diploma, with 25 individuals or 78.1%. Meanwhile, the minor education level is found at the postgraduate level, with two individuals or 6.3%. This indicates that most healthcare providers in Banda Raya Health Center, Banda Aceh City, have a diploma education background. Most healthcare providers involved in family planning services may have received specialised training in family planning.

*Frequency Distribution of Verbal Communication According to Age and Education.* Table 2 shows that the age group of 36-45 years is the most prevalent in engaging in ineffective verbal communication, with seven individuals.

Table 2 – Frequency Distribution of Verbal Communication According to Age and Education

No	Age	Verbal Communication				Total	%
		Ineffective	%	Effective	%		
1.	18-25	1	3,1	0	0	1	3,1
2.	26-35	1	3,1	2	6,2	3	9,4
3.	36-45	7	21,8	8	25	15	46,9
4.	46-55	5	15,7	8	25	13	40,6
	Total	14	43,7	18	56,2	32	100
	Education						
1.	Diploma	10	31,2	15	46,8	25	78
2.	Bachelor	2	6,2	3	9,4	5	15,7
3.	Postgraduate	2	6,2	0	0	2	6,2
	Total	14	43,7	18	56,2	32	100

On the other hand, the age groups of 36-45 years and 46-55 years are the most effective in conducting verbal communication, with a combined total of 16 individuals. This indicates that certain age groups possess better verbal communication skills than others. Furthermore, in terms of education, individuals with a diploma education exhibit the highest frequency of effective oral communication, accounting for 15 individuals or 46.8%. Interestingly, individuals with a diploma education also demonstrate the highest frequen-

cy of ineffective verbal communication, totalling ten individuals or 31.2%. This suggests the presence of variations in verbal communication abilities among healthcare providers with a diploma educational background.

*Distribution of Frequency of Non-Verbal Communication According to Age and Education.* Table 3 shows that the least effective non-verbal communication occurs in the age group of 36-45 years, with five individuals or 15.7%.

Table 3 – Distribution of Frequency of Non-Verbal Communication According to Age and Education

No	Age	Non-Verbal Communication				Total	%
		Ineffective	%	Effective	%		
1.	18-25	1	3,1	0	-	1	3,1
2.	26-35	0	-	3	9,4	3	9,4
3.	36-45	5	15,7	10	31,2	15	46,9
4.	46-55	4	12,5	9	28	13	40,6
	Total	10	31,3	22	68,6	32	100

No	Age	Non-Verbal Communication				Total	%
		Ineffective	%	Effective	%		
	Education						
1.	Diploma	8	25,1	17	53	25	78
2.	Bachelor	1	3,1	4	12,5	5	15,7
3.	Postgraduate	1	3,1	1	3,1	2	6,2
	Total	10	31,2	22	68,6	32	100

On the other hand, the age group that demonstrates the most effective non-verbal communication is also the 36-45 years group, with ten individuals or 31.2%. This indicates that this particular age group possesses better abilities in utilising non-verbal communication. Furthermore, when considering education, the least effective non-verbal communication is observed among healthcare providers with a diploma education, comprising eight individuals or 25.1%. Conversely, the highest number of individuals engaging in non-verbal communication also comes from a

diploma education background, with 17 individuals or 53%. This suggests that although the least effective non-verbal communication is observed among healthcare providers with a diploma education, most can still effectively utilise non-verbal communication techniques.

*Distribution of Interpersonal Communication Frequency According to Age and Education.* Based on Table 4, overall, the best verbal and nonverbal communication (interpersonal communication) occurs within the age group of 36-45, comprising ten individuals or 31.2%.

Table 4 – Distribution of Interpersonal Communication Frequency According to Age and Education

No	Age	Interpersonal Communication				Total	%
		Ineffective	%	Effective	%		
1.	18-25	1	3,1	0	0	1	3,1
2.	26-35	1	3,1	2	6,2	3	9,3
3.	36-45	5	15,7	10	31,2	15	46,9
4.	46-55	5	15,7	8	25,1	13	40,6
	Total	12	37,6	20	62,5	32	100
	Education						
1.	Diploma	8	25	17	53	25	78
2.	Bachelor	2	6,2	3	9,3	5	15,7
3.	Postgraduate	2	6,2	0	0	2	6,2
	Total	12	37,6	20	62,5	32	100

Meanwhile, 18-25 and 26-35 have the lowest numbers, each with only one individual or 3.1%. This indicates that the 36-45 age group has better verbal and nonverbal communication abilities in the context of family planning services. Furthermore, regarding education, the best verbal and nonverbal communication (interpersonal communication) is observed among healthcare professionals with a diploma education, totalling 17 individuals or 53%. Conversely, the lowest numbers are found among individuals with Bachelor's and Master's degrees, with only two individuals or 6.2% each. This suggests that healthcare professionals with a diploma education are more inclined towards effective verbal

and nonverbal communication in the context of family planning services.

Interpersonal communication among healthcare providers in family planning services for couples of reproductive age during the COVID-19 pandemic plays a crucial role in providing information, guidance, and support for family planning and reproductive health decision-making. Several factors need to be considered to enhance the effectiveness of interpersonal communication. One of the factors influencing interpersonal communication is age. Based on the analysis of the presented table, it was found that the age group of 36-45 years exhibited the highest levels of verbal and nonverbal communication, while the age groups of 18-25 years and 26-35 years

showed the lowest levels of communication. This could be attributed to broader work experience and a more mature understanding among the older age group. Therefore, efforts should be made to provide special attention to healthcare providers in the younger age group, such as through training and mentoring, to improve their interpersonal communication skills.

Apart from age, educational background also plays a role in interpersonal communication. The analysis results indicate that healthcare providers with a Diploma education demonstrated better communication levels than those with Bachelor and Postgraduate degrees. The analysis showed that healthcare providers with a Diploma education exhibited the highest verbal and nonverbal communication levels, with 17 individuals or 53%. This suggests that a Diploma education provides a solid foundation for understanding and applying interpersonal communication in family planning services. On the other hand, healthcare providers with Bachelor's and Postgraduate degrees showed the lowest levels of verbal and nonverbal communication, with only two individuals or 6.2%. These findings suggest the need for special attention to developing interpersonal communication skills among healthcare providers with higher levels of education. However, this does not imply that healthcare providers with higher education should be disregarded.

Technology development and changes in healthcare service delivery require enhanced competency and adaptability among healthcare professionals, regardless of their educational level [21, 22]. In improving interpersonal communication skills, knowledge and understanding play crucial roles [23]. Healthcare providers must deeply understand family planning, including policies, contraceptive methods, and reproductive health aspects, to provide accurate and precise information to couples of reproductive age [19]. Moreover, healthcare providers should also be well-versed in the importance of family planning and its benefits in maintaining maternal and child health, thus enabling them to offer comprehensive explanations and appropriate support [18]. Practical communication skills are essential to successful interpersonal communication [19]. Active listening, relevant questioning, and delivering easily understandable explanations are crucial skills for healthcare providers to possess when engaging with couples of reproductive age [20]. By developing practical communication

skills, healthcare providers can build trust and foster collaboration with couples, thereby working together to achieve family planning goals [21]

Additionally, cultural and social factors significantly influence interpersonal communication [22]. Healthcare providers must understand the cultural and social contexts of the couples they serve, including sensitivity towards values, norms, and beliefs that shape couples' perspectives and decisions regarding family planning [23].

Effective interpersonal communication is crucial in providing information, guidance, and support to reproductive-age couples in family planning during the COVID-19 pandemic [24]. Several factors need to be considered to enhance the effectiveness of interpersonal communication. Respecting cultural diversity and adopting an inclusive approach is vital for healthcare professionals in their communication efforts [25]. Additionally, facility and information access are essential in improving interpersonal communication [26]. Access to adequate healthcare facilities and accurate information support effective communication [27]. Healthcare professionals should have access to necessary resources such as clinical practice guidelines, supporting materials, and up-to-date information on family planning [28]. Family-friendly facilities and supportive environments can also enhance communication effectiveness between healthcare providers and reproductive-age couples [29]. Lastly, training and development are crucial factors for strengthening interpersonal communication skills for healthcare professionals [24]. Appropriate training can encompass communication skills, family planning knowledge, counselling skills, and understanding the COVID-19 pandemic [24]. Continuous training and development enable healthcare professionals to improve their competence in interpersonal communication, address challenges related to the COVID-19 pandemic and provide better care to reproductive-age couples [24, 30].

## CONCLUSIONS

The verbal and nonverbal communication between healthcare providers and couples of reproductive age at the Banda Raya Health Center in Banda Aceh during the provision of Family Planning services amid the COVID-19 pandemic has been optimal and effective. Despite facing

physical challenges and increased workloads, interpersonal communication remains vital. Breakthroughs in enhancing interpersonal communication have been successful, but further efforts are needed to strengthen and improve communi-

cation for better services to couples of reproductive age.

### Conflict of interest

The authors declare no conflict of interest.

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