

APPLYING THE INFORMATION-MOTIVATION-BEHAVIORAL SKILLS MODEL IN POSTPARTUM CONTRACEPTION COUNSELING

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Abstract: *Postpartum birth control is essential because the return of fertility in a mother after delivery is unpredictable and can occur before the onset of the menstrual cycle, even in nursing women. The first ovulation in women who are not breastfeeding can occur 34 days postpartum, or even earlier. This causes during breastfeeding, and women often experience unwanted pregnancy (KTD/ unwanted pregnancy) at intervals close to the previous pregnancy. Contraception should have been used before sexual activity begins. It is, therefore, very strategic to start contraception as early as possible after delivery. The method that can be used to change mothers' awareness and behavior to use postpartum birth control is to provide postpartum contraception counseling using the IMB model approach. The study aimed to analyze the effect of counseling with a model-driven approach to improving information, motivation, and skills in using of postpartum contraception at Gambirsari health centers. This research method uses a quasi-experimental design with a one-group pretest-posttest design model—provision of intervention using the postpartum contraception counseling module with the IMB model approach. This study uses a questionnaire, data collection of information, motivation, and skills to behave in the use of family planning after childbirth. Data analysis using paired T-Test. Data is processed using the software in a computer's Statistical Product and Service Solution (SPSS) program for windows to facilitate data calculation. The results of the analysis using paired T-Test to determine the effect of counseling with the IMB model approach to the increase in information, motivation and skills using of postpartum contraception obtained a p-value of 0.000 ($p < 0.05$), which means there is an effect of counseling with the IMB model approach to the increase information, motivation, and skills in using of postpartum contraception. This study concludes that there is an effect of counseling with the IMB model approach to improving information, motivation, and skills in using of postpartum contraception.*

Keywords: *Counseling, IMB Model, Postpartum Contraception*

1. INTRODUCTION

Indonesia is one of the fourth most populous countries in the world. Indonesia is predicted to get a "demographic bonus," which is a bonus enjoyed by a country due to the large proportion of the productive population (age range 15-64 years) in the evolution of the population it experiences, which is expected to occur in 2020-2030. To prepare for this condition, the government needs to anticipate problems that may occur, including the family planning program [12].

One focus of midwife services provided related to maternal and child health following their life cycle is served during the postpartum period regarding the use of postpartum birth control.

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Postpartum birth control is the use of contraception directly after giving birth until 6 weeks/42 days after birth. The principle of choosing a contraceptive method used does not interfere with the production of breast milk [12].

Based on Riskesdas (2018) results, the use of postpartum contraception for women aged 10-54 years in Central Java has decreased from 2013 by 62.6% to 58.1% in 2018. This is of particular concern because post-natal birth control needs to be done to regulate distance and prevent pregnancy so that it is not too tight so that the mother has adequate time and attention for herself, her children and family and to improve the health of mothers, infants, and toddlers [12].

Postpartum birth control is essential because the return of fertility in a mother after childbirth is unpredictable and can occur earlier in the 3 to 4 weeks in non-breastfeeding mothers [9]. The first ovulation in women who are not breastfeeding can occur 34 days postpartum, or even earlier. This causes during breastfeeding, and women often experience unwanted pregnancy (KTD / unwanted pregnancy) at intervals close to the previous pregnancy. Contraception should have been used before sexual activity begins. Therefore, it is very strategic to start contraception as early as possible after delivery [8].

One model that can be used to perfect post-copy counseling is the IMB Model. Fisher introduced the IMB model in 1992. This model is designed to change risky behavior. The IMB model explains that information, motivation, and behavioral skills are the main factors that can influence one's prevention behavior against disease. Through information, motivation, and behavioral skills to reduce the risk of transmission, disease prevention behaviors are more easily manifested [5].

Postpartum family planning counseling is carried out regularly in order to prevent forgetting and strengthen the motivation and skills of the mother in improving maternal compliance in using post-natal birth control. Health education/counseling can be built based on the study of behavior motivation behavioral skills (IMB) models developed by Fisher in 1999-2000 [5].

Information and motivation can influence behavior directly. Motivation includes attitudes and beliefs about one's skills and behavior. Basically, skills and confidence are useful for improving someone in using information and developing true beliefs and attitudes [5].

The information-motivation-behavioral skills model (IMB model) [4][6] is one of the recently developed models that provide a framework for a brief health promotion counseling [14]. Intervention based on this model has been effective in influencing behavioral changes over a variety of clinical applications [15][1][10]. The IMB model holds that information is a prerequisite for changing behavior, but in itself, is insufficient to achieve this change [11]. Based on the above background, it is crucial to conduct post-copy KB counseling with the IMB model to improve compliance with post-copy KB use in pregnant women in the Gambirsari Puskesmas area.

2. RESEARCH METHODS

The research design used in this study is a quasi-experimental with one group pretest and post-test design. The population in this study was the group of pregnant women in the pregnant mothers' class at the Gambirsari Community Health Center. The sampling technique was purposive sampling by referring to the inclusion and exclusion criteria. Inclusion Criteria: 1) Pregnant women who have never received family planning counseling/education after delivery at Gambirsari Health Center 2) Trimester 3 pregnant women at Gambirsari Health Center. Exclusion criteria: 1) Pregnant women who were not present when treated 2) Pregnant women who were sick. In the independent variable, the instrument used is a module. The dependent variable is information, motivation, and behavioral skills using a questionnaire. The questionnaire uses a modified The Life Windows IMB ART Adherence Questionnaire.

3. RESULTS AND DISCUSSION

The research was carried out starting in July 2019 at the Gambirsari Community Health Center with 30 samples of Trimester 3 pregnant women. Data were collected twice on July 9, 2019 (15 respondents), and July 16, 2019 (15 respondents), utilizing respondents filling in the pretest questionnaire before being given treatment. After completing the pretest questionnaire, respondents were given counseling using a counseling module on the use of postpartum birth control with the IMB model approach. After counseling, respondents filled out a post-test questionnaire to determine the increase in knowledge, motivation, and behavioral skills about postpartum contraception.

3.1 The Effect of Counseling with the IMB Model Approach on Increasing Information Using of Postpartum Contraception

Table 1. Analysis of the effect of counseling with the IMB model on information

		Mean	t	df	p-value*
Pair	Information	-2.700	-11.459	29	.000
1	Pre-test				
	Information				
	Post-test				

*Paired T-Test

Table 1 shows that there is an increase in information before and after providing counseling with the use of postpartum contraception modules with the IMB model approach. Statistically shows the value of p 0,000 ($p < 0.05$), there is an effect of counseling with the IMB model approach to the increase in information on the use of postpartum contraception.

3.2 The Effect of Counseling with the IMB Model Approach Against the Motivation Using of Postpartum Contraception

Table 2. Analysis of the effect of counseling with the IMB model on motivation

		Mean	t	df	p-value*
Pair	Motivation	-3.067	-12.324	29	.000
1	Pre-test				
	Motivation				
	Post-test				

*Paired T-Test

Table 2 shows that there is an increase in motivation before and after providing counseling using of postpartum contraception modules with the IMB model approach. Statistically shows the value of $p = 0,000$ ($p < 0.05$), meaning that there is an effect of counseling with the IMB model approach to increasing motivation using of postpartum contraception.

3.3 The Effect of Counseling with the IMB Model Approach Against the Improvement Skills Using of Postpartum Contraception

Table 3. Analysis of the effect of counseling with the IMB model on skills

		Mean	t	df	p-value*
Pair 1	Behavioral Skill pre-test	-3.900	-13.310	29	.000
	Behavioral Skill post-test				

*Paired T-Test

Table 3 shows that there is an increase in motivation before and after providing counseling using of postpartum contraception modules with the IMB model approach. Statistically shows the value of $p = 0,000$ ($p < 0.05$) means that there is an effect of counseling with the IMB model approach to improving the skills using of postpartum contraception.

Counseling is an exchange of information and positive interactions between clients and officers to help clients recognize their needs, choose the best solutions, and make decisions that are most appropriate to the conditions being faced. In post-delivery family planning services, before getting contraceptive services, the client and his partner must get complete, clear, and correct information from the health worker to make the right choice [12]. Concerning information constructs, namely in the delivery of information to mothers, can use a variety of teaching techniques such as interactive discussions, counseling, and peer teaching [2].

Information is directly related to preventative behavior. In the case of postpartum contraception education, this would be all the preventative information regarding using of postpartum contraception, including the types of contraception, effects of contraception, and approaches to pregnant prevention [18]. The information in the IMB model explains that information is the most important and influential thing in counseling and must be relevant to health and skills issues related to the cause of behavior problems [19].

Based on the IMB model, pregnant women should be guided simply to discover the truth about health behaviors, such as mothers who use birth control right after birth to prevent pregnancy. Information not only builds knowledge but teaches mothers to understand themselves in forming healthy behaviors so that mothers will continue to be consistent in forming behavior by understanding correct health information themselves [19]. Based on the research results, after counseling with the IMB model, there is an increase in maternal information about postpartum contraception.

Motivation in counseling the IMB model aims to form attitudes and social support for behavior change. Motivation is one's tendency to act and is influenced by many things, including knowledge, personal, and environmental factors. Motivation is defined as an individual process that explains the intensity, direction, and perseverance of efforts towards

the goal of achieving healthy behavior. Motivation is measured as trust and attitude. Some theories say a person will act according to his attitude and beliefs as a vital motivation [19].

Motivation is comprised of two types: (a) personal motivation to practice preventative behaviors, such as attitudes toward practicing specific preventative actions, and (b) social motivation to engage in preventative behavior, such as having perceptions of social support. In the case of postpartum contraception education, personal motivation would be comprised of attitudes such as the benefits of not using postpartum contraception, and the associated values.

In the IMB model, motivation is defined as personal attitudes and social norms in shaping behavior. Attitude is interpreted as a belief about delaying pregnancy if you are compliant to use post-natal birth control. Social norms are interpreted as perceptions and family support for complying using postpartum contraception [19].

In line with Chang et al. (2014) in constructing motivation can be done by counseling by health workers, group discussions, and social support groups. Some of these techniques are used to increase motivation. This is consistent with the results of research conducted, after counseling with the IMB model, there was an increase in maternal motivation regarding using of postpartum contraception [2].

Skills in the IMB model are objective abilities that can be felt in preventing negative behavior. While behavioral skills are skills in health behaviors to use birth control after delivery [19], this skill develops through controlling relevant and useful information. Many health behaviors that seek to prevent or protect health require skills such as choosing postpartum birth control methods appropriate for the mother's condition. Without information and strong motivation, mothers usually never try because mothers do not believe in their abilities [19].

The IMB emphasizes the importance of proper information and high motivation in shaping the skills of pregnant women. Self-efficacy in social cognition is a theory built in the IMB model so that the thought is obtained that if a person is confident in his abilities, then the mother will practice it [19].

Building behavioral skills in the IMB model is seen in strategies to choose the right drug and minimize side effects. This skill makes mothers consciously schedule long-term use of the drug. This is consistent with the results of research conducted, after counseling with the IMB model, there is an increase in maternal behavioral skills regarding using of postpartum contraception [17].

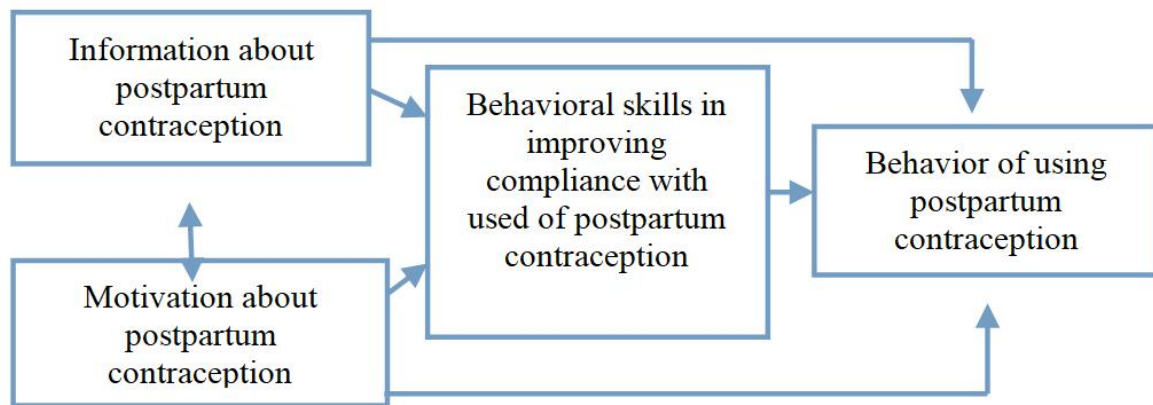


Fig 1. The Health Behavior Framework is based on the IMB model

4. CONCLUSION

This study concludes that:

1. There is an effect of counseling with the IMB model approach to increasing information on using postpartum contraception.
2. There is an effect of counseling with the IMB model approach to increasing the motivation of using postpartum contraception.
3. There is an effect of counseling with the IMB model approach to improving the skills of using postpartum contraception.

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