

Original Article

Pengalaman Akseptor Kontrasepsi Suntik 3 Bulan

Experience Of Acceptors Of 3-Month Injection Contraception

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ABSTRACT

Three-month injectable contraception is widely used in Indonesia because it is effective, practical, and safe for breastfeeding mothers. However, it has side effects such as emotional disturbances and weight changes that can lead to discontinuation of use. In Banjarmasin City, the Noradina Anggi Agustin TPMB has a relatively high number of three-monthly injectable contraceptive users. This study aims to describe the mothers' experiences as three-monthly injectable contraceptive users at this location.

The study used a descriptive qualitative design. The study was conducted at TPMB Noradina Anggi Agustin from December 2025 to January 2026. Six participants, consisting of five acceptors and one midwife, were selected through purposive sampling. The study variables included perceptions, complaints, support, and barriers. The instruments used were the researcher as the main instrument, a semi-structured interview guide, and a voice recorder.

The study showed that users of the 3-monthly injectable contraceptive had a positive perception because it was effective in preventing pregnancy and was practical. The main complaints reported were menstrual irregularities, weight changes, and anxiety. Support from husbands, family, and midwives played a significant role in continued use. Barriers identified included fear of needles and fear of using other methods, such as IUDs and implants.

This study shows that the experiences of 3-monthly injectable contraceptive users are influenced by their perceptions of contraceptive benefits, perceived side effects, support from their environment, and barriers to contraceptive use. Ongoing counseling by midwives is needed to help users understand side effects and support continued use of 3-monthly injectable contraceptives.

Keywords: Medroxyprogesterone Acetate (DMPA) Depot; Injectable contraception; Family planning recipients.

ABSTRAK

Kontrasepsi suntik tiga bulan banyak digunakan di Indonesia karena efektif, praktis, dan aman bagi ibu menyusui, namun memiliki efek samping seperti gangguan emosi dan perubahan berat badan yang dapat menyebabkan penghentian penggunaan. Kota Banjarmasin, TPMB Noradina Anggi Agustin memiliki jumlah akseptor kontrasepsi suntik tiga bulan yang cukup tinggi. Penelitian ini bertujuan mendeskripsikan pengalaman ibu selama menjadi akseptor kontrasepsi suntik tiga bulan di lokasi tersebut.

Metode: Penelitian menggunakan desain kualitatif deskriptif dengan pendekatan kualitatif. Penelitian dilaksanakan di TPMB Noradina Anggi Agustin pada Desember 2025 hingga Januari 2026. Partisipan berjumlah enam orang, terdiri dari lima akseptor dan satu bidan, yang dipilih melalui purposive sampling. Variabel penelitian meliputi persepsi, keluhan, dukungan, dan hambatan. Instrumen yang digunakan adalah peneliti sebagai instrumen utama, pedoman wawancara semi-terstruktur, dan alat perekam suara.

Hasil: Hasil penelitian menunjukkan akseptor kontrasepsi suntik 3 bulan memiliki persepsi positif karena metode ini efektif mencegah kehamilan dan praktis. Keluhan utama yang dialami adalah gangguan menstruasi, perubahan berat badan, dan kecemasan. Dukungan suami, keluarga, serta bidan berperan penting dalam keberlanjutan penggunaan. Hambatan yang ditemukan meliputi rasa takut terhadap jarum suntik serta ketakutan menggunakan metode lain seperti IUD dan implan.

Kesimpulan: Penelitian ini menunjukkan bahwa pengalaman akseptor kontrasepsi suntik 3 bulan dipengaruhi oleh persepsi terhadap manfaat kontrasepsi, efek samping yang dirasakan, dukungan dari lingkungan sekitar, serta hambatan dalam penggunaan kontrasepsi. Konseling berkelanjutan oleh bidan diperlukan untuk membantu akseptor memahami efek samping dan mendukung keberlanjutan penggunaan kontrasepsi suntik 3 bulan.

Kata Kunci: Depot Medroksiprogesteron Asetat (DMPA); Kontrasepsi suntik; Penerima alat kontrasepsi keluarga berencana.

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Key Findings

- ⇒ Users of three-month injectable contraception generally had positive perceptions due to its effectiveness in preventing pregnancy and its practical use.
- ⇒ Experiences with three-month injectable contraception were characterized by menstrual irregularities, weight changes, and anxiety related to side effects.
- ⇒ Continued use of three-month injectable contraception was influenced by support from husbands, family members, and midwives, while fears of injections and alternative contraceptive methods acted as barriers.

Introduction

Indonesia is a country with a high population growth rate, with a population reaching 274.86 million in 2020, placing it as the fourth most populous country in the world. This condition has the potential to cause various problems if not controlled, such as a population explosion, uneven distribution, and obstacles to development, especially when the quality of human resources is still low (Fatra et al., 2025). Indonesia is

committed to developing health and family planning through the ICPD, MDGs, and SDGs, with SDG indicator 3.7 emphasizing universal access to reproductive health and family planning services (Daher Nashif & Bawadi, 2020) (Pratiwi et al., 2025)

Family Planning (FP) is a conscious and responsible effort to regulate pregnancy to prevent unwanted pregnancies and regulate the number and spacing of children. Based on Constitution Number 87 of 2014, KB aims to create quality families through contraceptive services that guarantee reproductive rights, supported by the government's role in providing information, education, and counseling. The use of contraception plays a vital role in reducing birth rates and reducing the risk of pain and maternal death due to unplanned pregnancies (Dewi et al., 2025).

Injectable contraceptive methods are a primary choice because they are effective, practical, do not interfere with sexual activity, and are safe for breastfeeding mothers

(AqilaHanaAmadea et al., 2025). In Indonesia, injectable contraceptives consist of one monthly injection and three DMPA hormone injections during pregnancy (Restanty & Prijatni, 2022). Despite their many advantages, injectable hormonal contraceptives can cause side effects such as menstrual irregularities, weight changes, headaches, and mood swings (Yuhemy Zurizah et al., 2021); (Franciska, 2021). These side effects can affect recipient comfort and potentially lead to discontinuation of use without switching to another method, thus increasing the risk of unplanned pregnancy (Machfudloh et al., 2022). Globally and nationally, injectable contraceptive methods still dominate the choice of couples of childbearing age.

A gap in this research lies in the lack of in-depth qualitative exploration of the psychological dynamics of acceptors. While previous research has focused more on statistics on physical side effects, this study fills that gap by exploring mothers' subjective experiences of navigating the dilemma between fear of needles and greater concerns about other long-term contraceptive methods.

The novelty of this research lies in its comprehensive approach, exploring the experiences of users of the 3-monthly injectable contraceptive through the lens of behavioral theory. Unlike previous studies, which generally focused solely on clinical documentation of physical side effects, this study goes further by integrating psychological and social factors that significantly influence continued contraceptive use. This allows for a deeper understanding of the process from intention formation to the

final decision of users to continue or discontinue use of the method.

Furthermore, the novelty of this study is enhanced by the selection of an Independent Midwife Practice (TPMB) as the research location, which has a relatively high number of 3-monthly injection recipients. Focusing on this independent practice setting provides a unique contextual overview of the dynamics of midwifery care and the personal interactions between midwives and patients that may not be found in larger health facilities (Emiliana & Nova, 2026; McAllister et al., 2023; Nurachma et al., 2026; Pratiwi et al., 2025). By examining the relationship between direct experiences, subjective perceptions, and clinical decisions of midwives, this study is expected to contribute scientifically to the development of reproductive health behavior studies. Furthermore, the results of this study can serve as a strategic foundation for improving the quality of family planning counseling and services that are more based on patients' psychosocial needs.

Data from the National Population and Family Planning Board (BKKBN) in 2024 shows that injectables are the most commonly used contraceptive method in Indonesia, including in South Kalimantan and Banjarmasin City (BKKBN, 2021). In Banjarmasin City, the Noradina Anggi Agustin Family Planning Center (TPMB) recorded the highest number of injectable contraceptive recipients for three months compared to other TPMBs. The success of the family planning program is greatly influenced by recipient knowledge and the quality of counseling from health workers. A preliminary study at the Noradina Anggi Agustin

Family Planning Center (TPMB) showed that a large proportion of recipients of the injection experienced side effects during the three-month experience, especially menstrual disorders, weight changes, and physical and emotional complaints. This indicates that the experience of contraceptive recipients is subjective and varied. Therefore, this study aims to describe the experiences of mothers as 3-month injectable contraceptive acceptors.

Method

Design, Participants, and Setting

This research is a qualitative study with a descriptive qualitative approach. This approach is used to describe and understand in depth the experience of a mother during her three-month injection contraceptive recipient. This research was conducted at TPMB Noradina. Anggi Agustin, S.Keb., Bdn, Banjarmasin City from December 2025 to January 2026. The research informants were mothers who used three-month injection contraceptives. Informants were selected using purposive sampling based on certain criteria.

The number of participants was six, determined based on data saturation. The primary research instrument was the researcher, with supporting instruments consisting of a semi-structured interview guide and a voice recorder. Data collection was conducted through in-depth interviews. Data analysis The analysis method in this research is carried out as follows: Through a series of qualitative steps, starting with verbatim transcription of interview results, the process continued with coding sections of data that represented specific themes such as

perceptions, complaints, support, and barriers.

Instrument

In qualitative studies, the primary instrument is the researcher themselves, as they are responsible for designing the research, collecting data, analyzing, interpreting, and presenting the research results (Sugiyono 2018). Researchers also use supporting instruments, namely: a semi-structured interview guide, compiled based on the research focus and a current literature review. A voice recording device and digital data storage (flash disk or encrypted drive).

Participants regarding their experiences with three-month injectable contraception. Participants were asked, "How much do you understand about three-month injectable contraception?", "How do you feel after using the injection for three months?", "What are the reasons for choosing three-month injectable contraception?", and "What complaints or side effects have you experienced during the use of three-month injectable contraception?". To explore confidence and control factors, participants were also asked, "Who has the greatest influence on your decision to use three-month injectable contraception?", "What factors support your continued use of three-month injections?", and "Are there any barriers or inhibiting factors in using three-month injectable contraception?".

Intervention

The intervention in this study was the provision of 3-monthly injectable contraceptive services (DMPA) in accordance with the SOP at the Noradina Anggi Agustin TPMB. This

included family planning counseling, explanations of the benefits and side effects of contraception, maternal health checks, 3-monthly DMPA injections, and follow-up education and follow-up visit schedules. The researchers did not provide additional treatment to the participants but only explored their experiences after receiving the service.

Data Collection and Analysis

Data collection in this study was conducted through *in-depth interviews*, an interactive process between researchers and participants to explore in-depth information through focused yet flexible questions. Interviews were used to gain meaning, eliciting participants' experiences and perspectives regarding their experiences receiving injections over a three-month period. Interviews were conducted in a semi-structured manner, using guided questions developed based on the research focus, yet still allowing researchers to explore broader information based on participant responses.

Data analysis in this study uses thematic analysis which refers to the stages of qualitative analysis (Creswell 2015).

1. Organizing data, collecting recordings, transcripts, notes.
2. Read all the data and make memos (take notes), to get a general description, read it repeatedly, make small notes.
3. Does coding classify data, mark

important parts, assign codes, and group codes?

4. Develop themes and categories .
5. Interpreting data, moving beyond codes and themes to deeper and broader meanings of the data, the process begins with code development, the formation of themes from those codes, and is followed by organizing the themes into more abstract units to interpret the data.
6. Analyze data, understand the deep meaning of the theme, look for patterns and relationships between themes.
7. Interpreting meaning, connecting findings with previous theories and research to provide deeper and broader meaning.
8. Presenting and visualizing data, namely researchers present data, meaning packaging findings in the form of text, tables, graphs, or images.

Ethical approval

The researcher has obtained ethical approval from the Research Ethics Commission of Muhammadiyah University of Banjarmasin (No. 664/UMB/KE/XII/2025). This study considered ethical aspects such as informed consent, data confidentiality protection, and the respondent's right to withdraw at any time.

Results

Table 1. Respondent Characteristics

NO	Informant Code	Age	last education	Duration of Use	Number of children
1	I am ¹	30 years	SI	3 years	3
2	I am ²	28 Years	SI	1 year	2
3	I am ³	35 Years	SI	1 year 8 months	2
4	I am ⁴	32 Years	Junior High School	2 years	2
5	I am ⁵	23 years	Senior High School	1 year	1

Table 2. Themes and Subthemes from the Results of the Analysis of the Experiences of Injection Recipients over 3 Months

NO	Theme	Sub theme / coding	code
1	Perception injection	Prevent pregnancy Keep the distance between subsequent pregnancies Suitable for Breastfeeding Mothers Practical	1. "The main purpose is clear, namely to prevent pregnancy." (Informant 3) "...used to prevent pregnancy, so as not to get pregnant again." (Informant 4) "It's temporary, yes. To prevent pregnancy." (informant 5) 2. "...what I understand is that birth control is used to maintain distance during pregnancy..." (informant 1) "...used to prevent pregnancy so that pregnancy does not occur in the near future." (informant 4) 3. "...and suitable for breastfeeding mothers." (informant 1) "...3-monthly contraceptive injections are only used during breastfeeding." (informant 2) 4. "Because it is practical, it can be used anytime." "Because it's practical, it suits my body shape..."
2	Complaint	Menstrual disorders Change weight Feeling Worried	1. "Well, I myself haven't had my period until today." (informant 1) "...at most only small spots will appear." (informant 2) "Menstruation also didn't come..." (informant 4) "...just menstruation (not too influential)." (informant 5) 2. "...my weight keeps increasing..." (informant 1) "This body is getting richer and bigger." (informant 2) "I feel my body is heavier than before." (informant 4) 3. "Previously I was worried because I didn't menstruate..." (informant 3)

NO	Theme	Sub theme / coding	code
			"...I felt worried, yes, ma'am, but only at the beginning. That was also because I hadn't menstruated yet." (informant 4)
3	Support	Husband Midwife Family	1. "The most important thing is agreement with your husband..." (informant 1) "Realize, only husbands... are practical when only once every 3 months." (informant 3) "The most influential person is my husband... he is more supportive." (informant 4) 2. "If the midwife has nothing, supports anything..." (informant 1) "There was a midwife who suggested that... so I just went along with it." 3. "Mother really supports the use of contraceptive injections..." (informant 1) "My mother too." (informant 2)
4	Obstacle	injected with a needle Afraid of other methods	1. "...the main thing is actually the syringe that was used previously..." (informant 1) "Most likely I'm afraid when I want to inject. Yes, syringes." (informant 4) 2. "Because I'm afraid that the contraceptive is in the form of a spiral or inserted into the organs below..." (informant 2) "Once I wanted to use an IUD, but I was afraid... they said there could be complications." (informant 3)

3 Months Injection Contraception

Interviews showed that recipients of the 3-month injectable contraceptive considered this method a way to prevent pregnancy, regulate pregnancy spacing, suitable for breastfeeding mothers, and practical to use. Recipients chose this method because they felt they were still of childbearing age, so the risk of re-pregnancy increased if they did not use contraception. This is in line with the opinion of Noradina, a midwife at TPMB. Anggi Agustin stated that the 3-month injectable contraceptive is effective in preventing pregnancy and is safe for breastfeeding mothers. Furthermore, the recipients' age, which is no longer young, was also a

consideration because the recipients did not plan to become pregnant again. The 3-month injectable contraceptive is considered practical because it only requires one injection every three months, making it easier for recipients to use (**Table 1** and **Table 2**).

Prevent Pregnancy

Interview results indicated that the primary purpose of using the three-monthly injectable contraceptive is to prevent pregnancy. Several informants stated that they chose the three-monthly injectable because of age and the desire to avoid further pregnancies.

"The main goal is clear, which is to prevent pregnancy." Besides, I'm getting older, so I don't think it's possible to get pregnant anymore." (Informant 3).

"In my opinion, the 3-monthly contraceptive injection is certainly used to prevent pregnancy, so that you don't get pregnant again. I don't really understand how this method works, but what I do know is that it is injected once every three months. In the past, it felt safe after that." (Informant 4)

"It's temporary, yes. To prevent pregnancy." (Informant 5)

Maintaining Distance Between Pregnancies

Interview results indicated that respondents understood the use of injectable contraception for three months as a way to prevent pregnancy, especially after childbirth. Informants stated that although they didn't fully understand how contraception works, they knew it was used to delay future pregnancies and provide a sense of security after the injection.

"The bottom line is, I don't really know how KB (Knowledge Database) works. However, what I understand is that KB is used to maintain distance during pregnancy and is suitable for breastfeeding mothers." (Informant 1).

Another informant stated that the three-month contraceptive injection was used to prevent pregnancy from occurring in the near future.

"In my opinion, the 3-monthly contraceptive injection is certainly used to prevent pregnancy so as not to get

pregnant again. I don't really understand how this method works, but what I do know is that this contraceptive is injected once every three months. Once it is safe." (Informant 4).

This is also reinforced by triangulation of informants who stated that three-monthly injectable contraception is recommended as an effective method in managing long-distance pregnancies, especially for postpartum mothers.

"The use of a 3-monthly contraceptive injection is recommended as an effective contraceptive method for managing long-distance pregnancies, especially for postpartum mothers." (Informant 6)

Suitable for Breastfeeding Mothers

Interview results showed that respondents considered the three-monthly contraceptive injection to be an appropriate method to use while breastfeeding. Informants stated that although they did not fully understand how contraception works, they knew that the three-monthly contraceptive injection is used by breastfeeding mothers and functions to prevent pregnancy.

"I'm not sure. Please note, the 3-monthly injectable contraceptive is only used during breastfeeding." (Informant 2).

"The most important thing is the method of action. I don't know about birth control either. The key is to maintain distance. For pregnancy, it's the same as breastfeeding." "Yes." (Informant 1)

Practical

Interviews revealed that practicality was one of the primary reasons recipients chose the three-monthly injectable contraceptive. Recipients reported that this method is easy to use, convenient, and provides a sense of security, as it only requires an injection once every three months, and is supported by their husbands and midwives.

"Because it's practical, suits my body shape, and I have the support of my husband and midwife, I feel safe and comfortable." (Informant 4)

Recipients consider this three-month injectable contraceptive to be flexible and not requiring daily attention, making it easier to use.

"Using this contraceptive? Yes, of course. Because it's practical, it can be used anytime." (Informant 3).

This was further supported by informant triangulation, which stated that recipients generally received sufficient information about contraceptive types, uses, and side effects through counseling provided by health staff.

"So, for the sake of knowledge, God willing, we must be patient and already know, yes, because in fact, during childbirth, we explain about contraception, we explain the benefits of contraception and what its effects are besides that." (Informant 6)

Complaint

Based on interviews, some informants reported experiencing

menstruation, weight changes, and anxiety after using the 3-monthly injectable contraceptive. This statement aligns with that of a midwife at TPMB Noradina. Anggi Agustin revealed that the 3-monthly injectable contraceptive can cause side effects such as missed periods, weight gain, and anxiety.

Menstrual Disorders

Interview results showed that most recipients experienced changes in menstrual patterns after using injectable contraception for three months. The most common complaint was the absence of menstruation. Several informants reported that this condition persisted for quite a long time and caused discomfort, especially during the initial stages of contraceptive use.

"Well, I haven't had my period until today. The midwife said that people who use the 3-monthly contraceptive injection don't menstruate, ma'am." (Informant 1).

"After using the contraceptive injection for 3 months, I haven't had my period. At most, I only have light spotting. Sometimes I feel pain in my lower abdomen, like I'm going to menstruate, but no blood comes out." (Informant 2).

"Previously, I was worried because I didn't menstruate, unlike most women." (Informant 3).

"If there are any changes, there is weight gain. At most, weight gain. Menstruation also does not come, but the aches and pains are not too serious." (Informant 4)
"For me, it doesn't really matter, it's just menstruation." (Informant 5)

Weight Changes

Interviews showed that most recipients experienced weight changes after using injectable contraceptives for three months, primarily in the form of weight gain. Recipients reported that the weight gain occurred gradually over several injections and was generally accepted as part of the effects of contraceptive use.

"I just accepted it. I had the injection yesterday. I told her that my weight was steadily increasing, and the midwife said that was a sign that I was suitable for using the contraceptive injection for three months. After that, I felt like I had no more problems." (Informant 1)

"Well, if there is a change, there is weight gain. Mostly weight gain. I feel like my body is heavier than before. My period hasn't come either. Besides that, sometimes I have a little aches and pains, but it's nothing serious." (Informant 4).

"What's the same? This body is getting richer and bigger." (Informant 2)

"There were no complaints from other parties, at most only weight gain with each injection. Otherwise, there were complaints." (Informant 5)

Worry

Interviews revealed that some recipients experienced anxiety during the three months of injectable contraceptive use, particularly at the beginning. This anxiety was generally triggered by changes in menstrual patterns, particularly the absence of menstruation, which was perceived as different from previous menstrual cycles.

"Previously I was worried because I didn't menstruate, unlike ordinary women." (Informant 3).

"If you're worried, yes, ma'am, but only at the beginning. That's also because you haven't had your period yet. But the midwife said it's normal, so once you know whether it's normal or not, don't worry anymore." (Informant 4)

The statement was strengthened by triangulation of informant explanations that side effects in the form of absence of menstruation and weight gain were common conditions of using three-month injectable contraceptives.

"Because the 3-monthly injections only contain one hormone, the side effect is, of course, no menstruation. Sometimes the side effect is weight gain and so on." (Informant 6)

Support

Based on the interviews conducted, several informants revealed that there is support for the use of the 3-monthly injectable contraceptive, including support from husbands, midwives, and parents. One midwife at TPMB stated that husband support also significantly influences the continued use of the 3-monthly injectable contraceptive. Midwives also play a role in providing information, advice, and explanations about the 3-monthly injectable contraceptive, tailored to the recipient's circumstances.

Husband's Support

Interview results indicate that husbands' support plays a crucial role in the decision to use and continue using

the three-monthly injectable contraceptive. Respondents reported that the decision to use contraception was made by mutual agreement with their husbands, especially after the postpartum period. Husbands' concerns about the possibility of pregnancy over a prolonged period were a key factor in their support for contraceptive use.

"The most important thing is to reach an agreement with my husband after the postpartum period, after we decided to use contraception. My husband also said he was worried about getting pregnant again too soon because he felt sorry for her, and who would carry the child if she gave birth again?" (Informant 1).

"Use this contraceptive? Be aware, only husbands... it's practical when only." (Informant 3).

"My husband was the most influential. But he wasn't pushy, he was more supportive. He said, 'It's up to you, the important thing is that you're comfortable and safe.' From that, I felt calm in making my decision." (Informant 4)

Midwife Support

Interview results indicated that midwives play a crucial role in supporting recipients in selecting and using the three-monthly injectable contraceptive. Recipients reported that midwives provide support and freedom to choose a contraceptive method that best suits their individual needs and comfort.

"If the midwife has nothing, no matter what support, it's up to you, Ma'am,

which one you want to choose." (Informant 1).

"A midwife suggested it. She said the injections were given every three months. That suited me, so I went along with it." (Informant 4)

Supporting the family

Interview results indicated that family support, particularly from mothers, also played a role in the decision-making process and continued use of injectable contraception for three months. Respondents reported that their mothers' support provided confidence and comfort in using contraception, thus strengthening their decision.

"My mother strongly supports the use of contraceptive injections for only 3 months." (Informant 1)

"My mother too." (Informant 2)

Informant triangulation emphasized that support for recipients should come from various parties, including partners, family, friends, and energy health as a service provider.

"Of course, if the support comes from the recipient." "Yes, the support comes from the partner, from the mother herself, from the mother's family, from friends, and the midwife must also provide support as a service provider." (Informant 6)

Obstacle

From the interviews conducted, several informants revealed that there were obstacles in using the 3-monthly injectable contraceptive among them.

Two informants said they were afraid of needles and three informants said they were afraid of other methods. The results of an interview with one of the midwives at TPMB also showed that a common obstacle experienced by recipients in using the 3-monthly injectable contraceptive was a fear of needles, which can affect the mother's psychological state when receiving the injection.

Fear of needles

Interviews revealed that fear of needles is one of the psychological barriers experienced by those receiving the three-monthly injectable contraceptive. This fear is not driven by cost, but rather by the emotional response to seeing the needle before the injection.

"The cost is yes, not really. 30 injections every 3 months, 1 injection every 1 month, but the main thing is actually the syringe that was used before... When you see the syringe, it's okay, yes no, there's nothing, choose the 1 month one, so it's better to choose the 3 month one, just like that." (Informant 1).

"I'm probably afraid when I'm about to get an injection. Yes, the needle. That's what makes me nervous. But once I get the injection, that's it, so the fear is only temporary." (Informant 4).

Fear of Other Contraceptive Methods

Interviews revealed that fear of other contraceptive methods, such as IUDs, implants, and the pill, is a barrier to choosing a method other than the three-monthly injectable. Fear is generally related to the insertion procedure, concerns about potential

side effects, and the perception of greater risks compared to injectables.

"Because I'm afraid of the IUD being inserted into the lower body, I prefer injectable contraception only every three months. I'm so scared." (Informant 2)

"I once wanted to get an IUD, but I was afraid when the time came. They said there could be complications, and some said it would cause persistent spotting and prevent me from lifting heavy objects." (Informant 3)

Discussion

Contraceptive Recipients of 3-month Injections

Prevent Pregnancy

These results are in line with research that contraception is an effort to prevent pregnancy. This effort can be temporary and permanent, this effort can be done using methods, tools or drugs (Ma. Iballa & Hanum, 2024). Family planning (FP) in reproductive health is useful for improving the health and health achievements of mothers and babies, because desired and continued pregnancies in supportive conditions can better guarantee the safety of mothers and babies. Family planning also plays a role in reducing the risk of MMR through pregnancy prevention, spacing pregnancies or limiting pregnancies when children are considered sufficient (Ketut *et al.*, 2025). Contraception is an effort to prevent pregnancy, can be temporary and permanent. Contraception is something that is a method of preventing fertilization of an egg by a sperm cell or

preventing the attachment of a fertilized egg to the uterine wall (Fadillah, 2024) .

Keep your distance during pregnancy

These findings indicate that the perceived acceptance of the 3-monthly contraceptive injection as a method for spacing pregnancies is in line with the objectives of the family planning program. Family planning (*family planning*) is an effort to regulate birth spacing or plan the number and spacing of pregnancies using contraceptives. Determining pregnancy spacing is one method to determine how far apart one should be to regulate one pregnancy from another. Spacing pregnancies is one effort to make couples more accepting and ready to have their own children. Planning when a couple wants their own children is an important matter for couples to communicate (Romauli *et al.* , 2024a) . Birth spacing is the distance between a birth (live birth or stillbirth) and the next birth. Birth spacing can determine fertility behavior, which plays a significant role in population change. Mothers who give birth in a short time can be assured of having excellent fertility levels. Short birth spacing means if the birth occurs less than 24 months after the previous birth (A. Fitri, 2020) .

Suitable for Breastfeeding Mothers

These findings indicate that mothers' perceptions regarding the suitability of three-month injectable contraceptives for breastfeeding mothers are in line with reproductive health recommendations. Mothers are not advised to use hormonal contraceptives containing estrogen during breastfeeding because they can reduce breast milk production and

disrupt lactation (Azka *et al.* , 2024) . Hormonal contraceptives containing estrogen and progesterone, such as combination pills, have the potential to inhibit breast milk production by reducing prolactin levels. Three-month injectable contraceptives containing only progesterone have not shown a significant negative effect on breast milk production, making them safer for breastfeeding mothers (Susianti & Mahmud, 2024) . A breastfeeding mother needs a contraceptive method that does not interfere with the lactation process. However, the use of hormonal contraceptives, especially those containing estrogen, can inhibit breastfeeding because these hormones can affect the function of prolactin, which plays a role in breast milk production. If hormonal contraceptives are used during breastfeeding, the activity of the hormones prolactin and oxytocin can increase, thus impacting breast milk production and increasing the likelihood of the mother's fertility returning. Hormonal contraceptives, especially injectable contraceptives, are one of the many birth control methods chosen by recipients because they are considered safe. It's practical and doesn't require daily use. For breastfeeding mothers, the recommended injectable contraceptive is a progestin-based contraceptive. This method can be administered postpartum because it doesn't interfere with lactation. Progestin plays a role in supporting the development of mammary gland tissue, particularly the growth and enlargement of the alveoli, which are responsible for milk production (Susianti & Mahmud, 2024) .

Practical

These findings indicate that the three-monthly injectable contraceptive is considered practical and easy to use, requiring only an injection every three months. It is highly effective in preventing pregnancy when used correctly and provides strong protection. With lower adherence requirements, the three-monthly injectable contraceptive offers greater convenience. The single-use, three-monthly injection provides continuous contraceptive protection with minimal use. It typically does not affect breast milk production, making it safe for breastfeeding mothers who want to prevent pregnancy while simultaneously breastfeeding their babies (Romauli *et al.* , 2024a) .

This statement aligns with Law No. 10 of 1992, which addresses family planning, thereby increasing public awareness and participation through adult marriage (PUP), birth control, the development of resilient families, and the improvement of the welfare of small, happy, and prosperous families. A 3-monthly injectable contraceptive is a popular contraceptive option due to its practicality and ease of use, requiring only an injection every three months. It is highly effective in preventing pregnancy when used correctly. This contraceptive maintains user privacy and does not require public disclosure. Reducing the level of compliance required, the 3-monthly injectable contraceptive offers greater convenience. The 3-monthly injection provides continuous contraceptive protection with minimal use. It typically does not affect breast milk production, making it safe for breastfeeding mothers who want to prevent pregnancy while

simultaneously breastfeeding their babies (MAHARANI *et al.* , 2023).

Complaint

Menstrual Disorders

The majority of users of 3-month injectable contraceptives experience changes in menstrual patterns, with the most common disorder being amenorrhea. The high dose of progesterone in 3-month injectable contraceptives works by suppressing ovulation and thinning the endometrium, preventing menstruation (Monica *et al.* , 2024) . Users of 3-month injectable contraceptives who have used them for more than a year are more likely to not menstruate than new users. The duration of use is an important factor in the occurrence of amenorrhea in users of 3-month injectable contraceptives (Paulus *et al.* , 2024) . The most common menstrual disorders experienced by users of DMPA injectable contraceptives are bleeding problems in the form of spotting and amenorrhea, after using DMPA injectable contraceptives. Spotting and amenorrhea occur because the use of DMPA injectable contraceptives containing progesterone causes hormonal imbalances in the body. The advantage of the progesterone hormone that causes bleeding complaints such as spotting and amenorrhea, because in the woman's body already has the hormone progesterone (Astuti *et al.* , 2024).

Change weight

Weight changes, especially weight gain, are a common side effect reported by users of 3-month injectable contraceptives. The progestin hormone in the injectables plays a role in regulating metabolism and controlling

appetite. Users of 3-month injectable contraceptives experience an average weight gain of 2-5 kg in the first 6 months of use, and there is a significant association between 3-month injectable contraceptive use and weight gain (Sari & Oktavia, 2025). Use of 3-month injectable contraceptives for 12 months is significantly associated with an increase in body mass index (BMI) in users (Hasmiyanti *et al.*, 2025). Eating habits can be controlled by selecting participants with regular eating habits, as the hormone progesterone is known to increase appetite. Hormonal contraceptive use can also cause various side effects, one of which is weight change in the recipient. A healthy lifestyle and regular eating patterns will influence weight gain and loss (FE Fitri *et al.*, 2025).

Worry

Hormonal contraception, particularly the 3-monthly injection, not only affects physical health but also affects the psychological well-being of its users. Side effects such as amenorrhea, weight gain, and hormonal changes can trigger feelings of anxiety, especially in less experienced users. Education about the consequences of long-term hormonal contraception use is needed. The hormonal imbalance consequences of the 3-monthly injection can also increase the risk of stress and anxiety. These findings suggest that amenorrhea experienced by users of the 3-monthly injection can contribute to the emergence of anxiety. One effort that can be made to reduce anxiety in users is to provide adequate counseling regarding the effects of the 3-monthly injection (Wahyuningtias *et al.*, 2025).

Conditions that often cause anxiety in recipients, that a number of people experience anxiety when experiencing this, which can then have an impact on psychological conditions such as increased emotional sensitivity, irritability, and emotional instability that affect life (Sitepu & Pasaribu, 2022a).

Support

Husband's Support

These findings indicate that husband's support for his wife plays a crucial role in family reproductive health decision-making. An agreement between husband and wife regarding the choice of contraceptive method, particularly injectable contraceptives, is essential for the wife's continued and sustainable use of contraceptives as an effort to reduce fertility (SEPTIA *et al.*, 2024). Husband's support significantly influences the wife's choice of appropriate contraceptive method. Husband's support typically takes the form of attention, providing a sense of comfort and confidence in making decisions about contraceptive choice (Widarti & Adisty, 2025). Husband's support in choosing a contraceptive method is tangible but insufficient. As the head of the family, the husband must be able to make decisions, both for himself and for family members, including his wife. Husbands play a crucial role in providing support to wives who will use 3-monthly injectable contraceptives. Husband's support is essential, as it is known that in Indonesia, the husband's decision to allow or support only a few wives' courage to continue using contraceptives. Husband's support significantly influences the use of

contraceptives, and is influenced by socio-cultural factors (Roheni *et al.* , 2024b).

Supporting midwife

These findings indicate that the role of midwives also plays an important role in the decision-making process for choosing contraceptives. The role of midwives as family planning counselors is not only aimed at women, but also at men. Family planning counseling provided by midwives is not only given to mothers, but also attended by husbands and wives when tonsillitis occurs (Roheni *et al.* , 2024a). The choice of contraceptive method is not only influenced by the role of health strength, but also by other factors such as family and environmental support (Habibah & Ginting, 2023). Health workers are people who dedicate themselves to improving their knowledge and skills through education in the health field, which is a specific type of need for carrying out health efforts. The role of health workers in the contraceptive acceptance service process includes discussing the method desired by the client, establishing effective communication between health workers and clients, and providing clear explanations. Information is accurate and easy to understand. In addition, officers need to avoid providing excessive information to avoid confusion, and continue to provide friendly, respectful, and client-focused services (Roheni *et al.* , 2024b).

Family Support

Husband's support plays an important role in contraceptive decision-making and its continued use. National research shows that husband's

support is significantly associated with the choice of long-term contraceptive methods, with recipients who receive husband's support tending to use more contraceptive methods than those who do not receive support (Pribadi & Maryana, 2025). Another study reported that husband's support, coupled with adequate knowledge and an active role in health, significantly contributes to increased use of modern contraceptives, such as IUDs, thus increasing the chances of fertile couples using contraception (Jasni *et al.*, 2024). There is a significant relationship between husband's support and contraceptive use in efforts to delay pregnancy, indicating that partner involvement is a key factor in family planning decisions (Paso & Nurahmawati, 2025).

Obstacle

Fear of needles

Fear of injections and psychological barriers can influence recipients' comfort in using the 3-monthly injection. The choice of the 3-monthly injection is generally influenced by midwife recommendations, husband support, and the assumption that this method is more practical and efficient, while other contraceptive methods are still considered fearful by some mothers (Romauli *et al.*, 2024b). Fear of other contraceptive methods can be influenced by the limited information received by recipients. Although the IUD is a safe and effective contraceptive method, its choice is still influenced by personal experience, concerns about side effects, and the influence of negative narratives in the social environment (Lestari *et al.*, 2025). This may explain why some recipients still

choose injectable contraception despite feelings of discomfort and anxiety. Anxiety in injectable contraceptive users can arise for both new and experienced users, especially as the schedule for repeat injections approaches. The anxiety experienced includes feelings of anxiety, fear of needles, and worry about pain at the injection site. This condition is influenced by the frequency of injections, which are repeated every one, two, or three months, so that in some users it can trigger psychological and physiological reactions such as increased blood pressure (Saputri et al., 2021). Psychological conditions can influence users' cognitive responses in making contraceptive decisions (Ratna et al., 2023). Mild anxiety in some injectable contraceptive users arises as a consequence of a lack of understanding in managing fear and in users' thoughts about the injection process associated with pain. Despite users experiencing fear and anxiety due to injections, some users still use contraceptive injections as their contraceptive method (Desanti et al., 2024).

Fear of Other Contraceptive Methods

The choice of a 3-monthly injectable contraceptive for recipients is influenced not only by convenience and effectiveness, but also by fears of other contraceptive methods, such as IUDs, implants, and pills. Research shows that many recipients are reluctant to use 3-monthly injectable contraceptives due to fear of insertion, concerns about side effects such as prolonged bleeding or spotting, and myths about potential complications. Recipients feel that the 3-month injection contraceptive is safer and more comfortable than other methods (Kita et al., 2023).

These findings suggest that negative information received from their environment, such as stories from family or friends about bad experiences with other contraceptive methods like IUDs and implants, also reinforces their fear of the method. Acceptors continue to use the 3-monthly injection because it is considered less demanding and feasible, and can be discontinued at any time if deemed unsuitable (Romauli et al., 2024a).

Other contributing factors include the mother's breastfeeding status and work activities. Recipients worry that using an IUD or implant will interfere with work or breastfeeding, and consider the contraceptive pill difficult to take regularly. Research in primary healthcare settings indicates that the higher perceived risk of the 3-monthly injectable contraceptive method continues to be the preferred choice despite the availability of other, more effective, (Sitepu & Pasaribu, 2022b).

Research Strengths

This study's strength lies in its use of a descriptive qualitative approach, which allowed researchers to explore acceptor experiences in depth, going beyond mere statistical data on physical side effects. The use of in-depth interviews successfully uncovered a rarely discussed psychological dimension, namely the fear dilemma between injection procedures and other long-term contraceptive methods (IUDs/Implants). Furthermore, the involvement of midwives as triangulation informants provided additional validity to the interaction patterns and support services provided at the Noradina Anggi Agustin TPMB.

Research Limitations

This study was limited by the limited number of participants (six) and the location of only one independent midwife practice in North Banjarmasin. This makes the results highly contextual and cannot be generalized to the entire population of injectable contraceptive users in other regions with different sociocultural backgrounds. Furthermore, data collection was conducted over a relatively short period of time, so long-term experiences related to changes in acceptor adaptation patterns to side effects have not been recorded longitudinally.

Implications for Interpretation of Results

The results of this study provide important implications for midwifery practice and family planning service policy:

Clinical Implications

Findings regarding psychological barriers such as fear of other methods (such as IUDs) suggest that family planning counseling should not focus solely on medical information but should also address the patient's emotional and bodily perceptions. Midwives need to be equipped with therapeutic communication skills to reduce acceptor anxiety.

Educational Implications

More visual and empathetic educational materials are needed to explain the MKJP (Long-Term Contraceptive Method) method to reduce the stigma or fear of "foreign objects" in the body, so that acceptors have wider and more objective choices.

Interpretation of Results

Overall, the acceptors' positive experiences despite facing physical complaints demonstrate that the quality of the interpersonal relationship between healthcare workers and patients plays a key role in the sustainability of the family planning program. Therefore, interpreting the program's success should be measured not only by coverage figures but also by the level of comfort and psychological support acceptors receive during the service process.

Conclusion

This study shows that recipients of the three-monthly injectable contraceptive method have a positive perception of its use as an effective, practical, and suitable method for breastfeeding mothers, despite experiencing complaints such as menstrual irregularities, weight changes, and anxiety. Support from midwives, husbands, and families, as well as providing adequate information about side effects, plays a role in reducing anxiety and increasing recipients' acceptance of the three-monthly injectable contraceptive method. The quality of midwives' counseling and communication is a key factor in creating a sense of security, comfort, and sustainability of the three-monthly injectable contraceptive method. It is important to improve the quality of ongoing contraceptive counseling by midwives and health workers, emphasizing explanations of the mechanism of action, benefits, and side effects of the three-monthly injectable contraceptive method and involving husbands and families in the counseling process. Appropriate

education can also encourage recipients to be more open in expressing complaints so that side effects can be optimally managed and continued contraceptive use can be maintained. Furthermore, further research needs to expand the scope of locations and the number of informants and explore more deeply the psychological and cultural factors that influence contraceptive use decisions.

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Conflict of Interest

The author declares that there is no conflict of interest, either financial or personal, with any party in carrying out this research or in writing this article.

Author Contribution

Rokhimah: Conceptualization, Methodology, Investigation, Data Curation, Formal Analysis, Interpretation of Data, Writing – Original Draft, Writing – Review & Editing.

Fika Aulia: Supervision, Validation, Writing – Review & Editing, Project Administration.

Pratiwi Puji Lestari: Methodology, Formal Analysis, Validation, Supervision, Writing – Review & Editing.

Rizki Amalia: Validation, Writing – Review & Editing, Supervision.

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