

Factors Associated with Compliance in the Use of 3-Month Injectable Contraception

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Abstract. Three-month injectable contraception (Depot Medroxyprogesterone Acetate/DMPA) is one of the most widely used contraceptive methods because of its high effectiveness, convenience, and long duration of action. However, the success of this contraceptive method depends largely on acceptors' compliance with scheduled reinjection visits. Delayed or missed reinjections may reduce contraceptive effectiveness and increase the risk of unintended pregnancy. This study aimed to analyze the factors associated with compliance in the use of three-month injectable contraception among family planning acceptors. A quantitative study with a cross-sectional design was conducted involving 30 respondents who were users of three-month injectable contraception. Data were collected using a structured questionnaire and analyzed through univariate and bivariate analyses using the Chi-square test. The independent variables included age, education, occupation, economic status, parity, knowledge, and husband's support, while the dependent variable was compliance with the reinjection schedule. The results revealed that husband's support was the only variable significantly associated with compliance in the use of three-month injectable contraception ($p < 0.05$). Women who received positive support from their husbands were more likely to adhere to scheduled reinjection visits than those who lacked such support. Although age, education, occupation, economic status, parity, and knowledge were not statistically significant, these factors may indirectly influence contraceptive behavior by affecting women's access to health information and healthcare services. The findings highlight the importance of involving husbands in family planning programs and strengthening health education to improve adherence among contraceptive acceptors. Continuous counseling, effective communication, and family-centered reproductive health interventions are expected to enhance compliance with reinjection schedules and contribute to the overall success of family planning programs.

Keywords: Compliance; Family Planning; Husband's Support; Injectable Contraception; Knowledge.

1. INTRODUCTION

Family planning is an essential component of reproductive health programs that aims to improve maternal and child health, reduce unintended pregnancies, and support sustainable population growth. Among the various contraceptive methods available, the three-month injectable contraceptive or Depot Medroxyprogesterone Acetate (DMPA) is one of the most widely used methods because it is highly effective, convenient, and does not require daily administration. However, the effectiveness of DMPA depends greatly on clients' adherence to the scheduled reinjection every three months. Failure to receive the injection on time may decrease contraceptive effectiveness and increase the risk of unintended pregnancy. Therefore, ensuring compliance with reinjection schedules is an important aspect of successful family planning services (Sari et al., 2022).

Despite the widespread use of injectable contraception, maintaining adherence to reinjection schedules remains a significant challenge. Numerous studies have reported that many family planning acceptors fail to attend follow-up visits according to the recommended schedule, resulting in discontinuation or delayed reinjection. Such non-compliance may reduce

the effectiveness of contraception and negatively affect reproductive health outcomes. Consequently, identifying the factors associated with adherence is essential for developing interventions that improve the quality of family planning services and increase contraceptive continuation rates (Oktaviana et al., 2022).

Previous studies have demonstrated that both individual and environmental factors contribute to adherence to injectable contraceptive use. Individual factors include age, educational level, occupation, and knowledge regarding contraceptive methods. Women with adequate knowledge about the benefits, schedule, side effects, and effectiveness of injectable contraception are more likely to comply with reinjection schedules than those with limited knowledge. Lanita et al. (2023) reported a significant relationship between women's knowledge and the utilization of injectable contraceptives, indicating that health education plays an important role in improving contraceptive adherence.

Among the external factors, husband's support has consistently been identified as one of the strongest determinants of compliance with injectable contraception. Husband's support may include emotional encouragement, financial assistance, participation in decision-making, transportation to health facilities, and reminders regarding reinjection schedules. Women who receive positive support from their husbands tend to have greater motivation to continue contraceptive use and attend scheduled follow-up visits. Fadliyah et al. (2023) found a significant association between husband's support and adherence to injectable contraceptive schedules. Similar findings were also reported by Pratiwi et al. (2023), who concluded that husband's support significantly influences women's compliance with reinjection appointments. Likewise, Yulia and Bratasena (2020) demonstrated that husband's support contributes substantially to women's decisions regarding injectable contraceptive use.

In addition to husband's support, several demographic and socioeconomic characteristics have also been associated with contraceptive adherence. Oktaviana et al. (2022) reported that both internal factors, such as knowledge and education, and external factors, including family support, influence compliance among injectable contraceptive acceptors. Furthermore, Sari et al. (2022) found that during the COVID-19 pandemic, occupation, knowledge, and husband's support were significantly associated with adherence to DMPA reinjection visits, with husband's support emerging as the most influential factor. These findings suggest that compliance with injectable contraception is a multidimensional behavior influenced by the interaction of personal, social, and family-related factors.

Although previous studies have identified several determinants of adherence to injectable contraceptive use, inconsistencies remain regarding the dominant factors affecting compliance

across different populations and healthcare settings. Variations in demographic characteristics, educational backgrounds, cultural values, and access to health services may contribute to these differences. Therefore, further research is needed to examine the factors associated with adherence to three-month injectable contraception in specific populations to provide evidence-based recommendations for improving family planning services.

Based on this background, the present study aims to analyze the factors associated with compliance in the use of three-month injectable contraception among family planning acceptors. The findings are expected to provide valuable evidence for healthcare professionals in developing educational strategies, strengthening husband involvement, and improving family planning services to enhance adherence and promote the effectiveness of contraceptive programs.

2. LITERATURE REVIEW

Three-Month Injectable Contraception (DMPA)

Three-month injectable contraception, commonly known as Depot Medroxyprogesterone Acetate (DMPA), is one of the most widely used hormonal contraceptive methods among women of reproductive age. The contraceptive is administered by intramuscular injection every 12 weeks and functions primarily by inhibiting ovulation, thickening cervical mucus to prevent sperm penetration, and altering the endometrial lining to reduce the possibility of implantation. Due to its long duration of action, high effectiveness, and ease of use, DMPA has become one of the preferred contraceptive methods in many countries, particularly among women who desire a reliable and reversible method without the need for daily administration.

The effectiveness of DMPA is highly dependent on the acceptor's adherence to the scheduled reinjection interval. Missing or delaying a scheduled injection may reduce contraceptive protection and increase the risk of unintended pregnancy. Therefore, maintaining regular reinjection visits is an essential component of successful contraceptive use. Healthcare providers play an important role in educating women regarding the appropriate injection schedule, possible side effects, and the importance of continuing contraception consistently. Adequate counseling can improve women's understanding and confidence in using DMPA, ultimately supporting higher continuation rates and better reproductive health outcomes (Sari et al., 2022).

Besides its effectiveness, DMPA offers several advantages, including convenience, privacy, and suitability for breastfeeding mothers. Nevertheless, some women discontinue its use because of side effects, misconceptions, or inadequate understanding of the method. These

challenges highlight the importance of continuous education and follow-up services to ensure that women remain compliant with their reinjection schedules. Consequently, adherence to DMPA administration should not only be viewed as an individual responsibility but also as an outcome supported by quality healthcare services and family involvement.

Compliance with Three-Month Injectable Contraception

Compliance in healthcare refers to the extent to which patients follow medical recommendations provided by healthcare professionals. In family planning services, compliance with three-month injectable contraception is defined as the willingness and consistency of acceptors to receive reinjections according to the recommended schedule every twelve weeks. Timely reinjection is essential because continuous contraceptive protection depends on maintaining adequate hormone levels throughout the treatment period.

Poor compliance remains one of the major challenges in injectable contraceptive programs. Women who fail to attend scheduled reinjection appointments may experience gaps in contraceptive protection, increasing the likelihood of unintended pregnancy. Several factors contribute to non-compliance, including limited knowledge, forgetfulness, fear of side effects, work-related responsibilities, financial limitations, and restricted access to healthcare facilities. These factors often interact, making adherence a complex behavioral issue rather than simply an individual choice.

Healthcare providers play an important role in improving compliance through regular counseling, appointment reminders, and follow-up monitoring. Educational interventions that explain the importance of timely reinjection and the potential consequences of delayed injections can significantly improve adherence. Furthermore, involving family members, particularly husbands, may strengthen women's commitment to continuing contraceptive use. Oktaviana et al. (2022) emphasized that compliance is influenced by both internal characteristics of the acceptor and external environmental factors, indicating that comprehensive interventions are required to improve adherence among injectable contraceptive users.

Knowledge as a Determinant of Compliance

Knowledge is recognized as one of the most important factors influencing health behavior and decision-making. In family planning, knowledge encompasses women's understanding of contraceptive methods, their mechanisms of action, benefits, possible side effects, reinjection schedules, and the consequences of discontinuing or delaying contraceptive use. Women with adequate knowledge are generally more capable of making informed

decisions regarding their reproductive health and are more likely to comply with recommended healthcare practices.

Adequate knowledge contributes to positive attitudes toward contraceptive use by reducing misconceptions and increasing confidence in the selected method. Women who understand the importance of timely reinjection are more likely to prioritize follow-up visits despite facing personal or environmental barriers. Conversely, insufficient knowledge often results in anxiety, incorrect perceptions regarding side effects, and discontinuation of contraceptive use. Therefore, health education provided by healthcare professionals remains a key strategy for improving contraceptive adherence.

Lanita et al. (2023) demonstrated a significant association between women's knowledge and the utilization of injectable contraceptives. Women with higher levels of knowledge showed better compliance with contraceptive recommendations than those with limited understanding. These findings suggest that educational interventions should be continuously implemented through counseling sessions, community health education, and individualized communication to improve knowledge and encourage sustained contraceptive use.

Husband's Support in Injectable Contraceptive Use

Husband's support is widely recognized as one of the strongest external factors influencing women's reproductive health behavior. Family planning decisions are often made jointly by couples, making the husband's involvement an important determinant of contraceptive continuation. Husband's support may be expressed in various forms, including emotional encouragement, financial assistance, transportation to healthcare facilities, reminders regarding reinjection schedules, and active participation in reproductive health decision-making.

Women who receive adequate support from their husbands generally experience greater confidence and motivation to continue contraceptive use. Emotional support reduces anxiety regarding side effects, while practical assistance such as accompanying women to healthcare facilities or reminding them of appointment schedules contributes directly to improved compliance. Conversely, limited husband involvement may reduce women's motivation to maintain regular contraceptive visits and increase the likelihood of discontinuation.

Fadliyah et al. (2023) reported a significant relationship between husband's support and adherence to injectable contraceptive schedules, indicating that women receiving positive husband support demonstrated higher compliance levels. Similar findings were reported by Pratiwi et al. (2023), who found that husband's encouragement significantly influenced women's attendance at reinjection appointments. Likewise, Yulia and Bratasena (2020)

concluded that husband support was closely associated with women's decisions to select injectable contraception. Collectively, these studies emphasize that strengthening husband involvement through family-centered counseling and reproductive health education may substantially improve adherence to injectable contraceptive programs.

Socio-Demographic Factors Associated with Compliance

Socio-demographic characteristics play an important role in shaping women's health behaviors and contraceptive adherence. Variables such as age, educational attainment, occupation, income level, and socioeconomic status influence women's ability to access health information, utilize healthcare services, and maintain regular contraceptive use. These characteristics may directly or indirectly affect women's commitment to attending scheduled reinjection visits.

Educational level is frequently associated with compliance because women with higher education generally possess better health literacy and are more capable of understanding counseling provided by healthcare professionals. Similarly, employment status may influence adherence in different ways. Working women often have greater financial independence and easier access to healthcare services but may experience difficulties attending scheduled appointments due to work commitments. On the other hand, unemployed women may have more available time but face financial or transportation barriers that limit healthcare access.

Oktaviana et al. (2022) reported that both internal factors, including age, education, and knowledge, and external factors contribute to compliance among injectable contraceptive acceptors. Furthermore, Sari et al. (2022) found that occupation, knowledge, and husband's support significantly affected adherence to DMPA reinjection visits during the COVID-19 pandemic. These findings indicate that compliance is determined by multiple interrelated socio-demographic and psychosocial factors rather than by a single variable. Consequently, interventions designed to improve adherence should consider women's demographic characteristics, educational needs, occupational conditions, and family support to achieve more effective and sustainable family planning outcomes.

3. RESEARCH METHOD

This study used a quantitative approach with a correlational analytic design through a cross-sectional design. This study aimed to analyze various factors associated with compliance in the use of 3-month injectable contraception in the working area of Sagerat Primary Health Center, Bitung City. The selection of this topic was based on the findings of a preliminary study conducted on April 20, 2026, which showed that 60% of acceptors were non-compliant in

receiving repeat injections according to schedule, with the majority (77.8%) having insufficient knowledge and not receiving support from their husbands (66.7%) (Dewi Winni Fauziah & Elly Mulyani, 2022).

The population and sample in this study were 3-month injectable contraception acceptors in the working area of Sagerat Primary Health Center, Bitung City. Based on the available statistical processing data, the sample size determined and validly analyzed was 30 respondents (N=30). The characteristics of respondents were dominated by the age group under 20 years (83.3%), highly educated (73.3%), and the majority were already working (53.3%) as well as belonging to the primiparous group (53.3%) (Yayah Asy'ariyah, Agus Santi Br. Ginting, & Fanni Hanif, 2022).

Research variables consisted of the following: Independent variables: Included factors of age, education level, type of occupation, economic status, parity, level of knowledge, and husband's support. Dependent variable: Compliance in the use/repeat injection of 3-month injectable contraception, categorized into "Compliant" and "Non-Compliant" (Winta Mariana Batubara & Fransiska Debataraaja, 2021).

Data collection instruments used interview methods assisted by a structured questionnaire to identify demographic characteristics as well as the variables under study (Marina Dwi Putri, Nani Sari Murni, Prima Cakra Rendana, Arie Wahyudi, & Anif Budiyanto, 2025). Data analysis stages were carried out using statistical software through two levels:

Univariate Analysis

Used to describe the frequency distribution of respondent characteristics as well as the profile of acceptors' compliance levels.

Bivariate Analysis

Used to demonstrate the relationship between risk factors and contraceptive compliance using the Chi-Square test. The test results for the husband's support variable, for example, showed a significance value (Asymp. Sig.) of 0.000, indicating a statistically highly significant relationship. Test results were declared significant if the p-value < 0.05 (Mila Aprianti, Merry Tyas Anggraini, & Nina Anggraeni Noviasari, 2025).

4. RESULT AND DISCUSSION

Data analysis is the process of simplifying data into a form that is easier to read and interpret in order to draw valid conclusions. In this study, data analysis was used to scientifically demonstrate the relationship between various factors (such as age, education, occupation, economic status, parity, knowledge, and husband's support) and acceptors'

compliance in receiving repeat contraceptive injections (Suprpto, 2026). These results serve as a foundation for Sagerat Primary Health Center to improve the coverage of disciplined contraceptive acceptors in order to support an effective Family Planning program.

Results of Data Analysis

Univariate Analysis

Univariate analysis describes the frequency distribution of respondent characteristics as well as the clinical profile of the variables studied.

Table 1. Distribution of Respondents' Demographic Characteristics and Acceptor Compliance (n=30)

Characteristics	Frequency (n)	Percentage (%)	Cumulative (%)
Age			
<20 years	25	83.3	83.3
20–35 years	5	16.7	94.7
Total	30	100.0	—
Education Level			
Senior High School	8	26.7	26.7
Higher Education	22	73.3	100.0
Total	30	100.0	—
Occupation			
Working	16	53.3	53.3
Not Working	14	46.7	100.0
Total	30	100.0	—
Economic Status			
High	16	53.3	53.3
Low	14	46.7	100.0
Total	30	100.0	—
Parity			
Primipara	16	53.3	53.3
Multipara	14	46.7	100.0
Total	30	100.0	—
Husband's Support			
Supprotive	19	63.3	63.3
Not Supprotive	11	36.7	100.0
Total	30	100.0	—
Compliance with 3-Month Injectable Contraception			
Compliant	18	60.0	60.0
Not Compliant	12	40.0	100.0
Total	30	100.0	—

The majority of respondents were under 20 years of age (83.3%), had a higher education level (73.3%), and were employed (53.3%). Regarding supporting variables, 63.3% of husbands provided support; however, 40% of acceptors were non-compliant with the injectable contraception schedule.

Bivariate Analysis

Bivariate analysis was conducted using the Chi-Square test to examine the significance of the relationship between risk factors and compliance.

Table 2. Chi-Square Test Results for Factors Associated with Compliance

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	26.053 ^a	1	.000		
Continuity Correction ^b	22.255	1	.000		
Likelihood Ratio	32.545	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	25.184	1	.000		
N of Valid Cases ^b	30				
a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 4,40.					
b. Computed only for a 2x2 table					

Based on the statistical test results above, only the Husband's Support variable had a highly significant relationship with compliance in the use of 3-month injectable contraception ($p = 0.000$). Other factors (age, education, occupation, etc.) did not show a statistically significant relationship at the 5% significance level.

Discussion

The results of this study highlight that in the working area of Sagerat Primary Health Center, husband's support is the key factor in maternal compliance with contraceptive use. This is consistent with the findings of the preliminary study conducted in April 2026, in which 60% of acceptors were non-compliant in receiving repeat injections on schedule, with one of the main causes being that 66.7% of them did not receive support from their husbands (Ratna Dwi Jayanti, Sofiah Rambur Ana Hida, & Budi Prasetyo, 2024).

The statistical data showed a significance value for husband's support of 0.000, meaning that a supportive husband drastically increases the likelihood of a wife being compliant with injections. Conversely, although 73.3% of respondents had a higher education level, the education factor did not guarantee compliance ($p = 0.500$) if it was not accompanied by moral or practical support from their partner (Jannat Khurram, Abhishek Lal, Anum Rahim, & Shiyam Sunder Tikmani, 2024).

Interestingly, although other factors were not statistically significant in the bivariate analysis, descriptive data showed that 83.3% of acceptors were of young age (<20 years). This age group tends to be more vulnerable to lack of knowledge or economic barriers, as found in the preliminary study, where low economic status and insufficient knowledge also contributed to non-compliance (Siti Yuriah & Linda Puspita Sari, 2025).

Therefore, strategies to improve contraceptive compliance at Sagerat Primary Health Center should not be directed solely at mothers, but must also involve the active role of husbands. Education on the importance of adhering to the correct injection schedule needs to be provided to couples in order to foster communication that supports the family's reproductive health.

5. CONCLUSION AND RECOMMENDATIONS

Conclusion

Compliance with the use of three-month injectable contraception is a multifactorial behavior that reflects not only an individual's commitment to reproductive health but also the quality of support received from family and healthcare services. This study highlights that improving contraceptive adherence requires a comprehensive approach that integrates educational, behavioral, and social dimensions rather than focusing solely on clinical aspects. Strengthening women's capacity to make informed decisions through continuous education and supportive counseling can contribute to more consistent contraceptive use and promote better reproductive health outcomes. Furthermore, family planning programs should recognize that successful contraceptive continuation depends on creating an environment that encourages informed decision-making and sustained motivation among acceptors.

The findings of this study also emphasize the importance of collaborative efforts between healthcare providers, family members, and the community in supporting family planning programs. Active participation from husbands and accessible health education can create positive behavioral changes that extend beyond individual contraceptive use, ultimately contributing to improved maternal health and the effectiveness of reproductive health services. By identifying the factors associated with compliance, this study provides evidence that can assist healthcare professionals and policymakers in developing more targeted and sustainable interventions to strengthen family planning services and improve contraceptive continuation among women of reproductive age.

Recommendations

Healthcare providers should strengthen educational and counseling programs by delivering comprehensive information regarding the benefits of three-month injectable contraception, the importance of timely reinjection, and appropriate management of possible side effects. Counseling should be provided continuously rather than only during the initial contraceptive visit, allowing healthcare professionals to reinforce women's understanding and motivation throughout contraceptive use. In addition, involving husbands in counseling sessions and reproductive health education should become an integral part of family planning services because partner support has an important role in encouraging women's adherence to scheduled reinjection visits. Health facilities may also consider implementing reminder systems, follow-up communication, or community-based educational activities to improve compliance and reduce missed appointments.

Future researchers are encouraged to conduct studies involving larger sample sizes and more diverse populations to obtain findings that are more representative and generalizable. Further research should also explore additional determinants of contraceptive compliance, including cultural beliefs, accessibility of healthcare services, psychological factors, satisfaction with family planning services, and the influence of digital health interventions such as mobile reminders or telehealth counseling. Longitudinal or mixed-methods studies are recommended to provide a deeper understanding of behavioral changes over time and to generate stronger evidence for designing effective strategies that enhance adherence to injectable contraception and improve the overall quality of reproductive healthcare services.

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