Qualitative Analysis Of Anxiety Among Women Of Reproductive Age In Choosing Long-Acting Reversible Contraceptive Method

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Abstract.

Background: Reducing the Maternal Mortality and Infant Mortality Rate remains a major public health challenge in Indonesia and worldwide. The use of safe and effective contraceptive methods contributes significantly to preventing unintended pregnancies. However, the utilization of Long-Acting Reversible Contraceptives remains low, particularly in Pati Regency. Anxiety associated with misconceptions and limited knowledge about contraceptive side effects is considered one of the major. **Objective:** This study aimed to explore the anxiety experienced by women of reproductive age in selecting Long-Acting Reversible Contraceptives. **Methods:** A descriptive qualitative study was conducted among women of reproductive age who experienced anxiety regarding Long-Acting Reversible Contraceptives selection in Tondomulyo Village. Participants were recruited using purposive sampling, and data collection continued until data saturation was achieved. A total of four participants were included in the study. Data were analyzed using Roy's Adaptation Model as the theoretical framework. **Results:** Seven major themes emerged from the analysis: (1) negative perceptions, (2) inadequate knowledge, (3) psychological distress, (4) environmental influences and experiences, (5) rejection, (6) stress management strategies, and (7) social support. **Conclusion:** Anxiety related to LARC selection is influenced by cognitive, psychological, environmental, and social factors. Strengthening health education, counseling, and family support is essential to reduce anxiety and improve informed decision-making *regarding the use of long-acting contraceptive methods among women of reproductive age.*

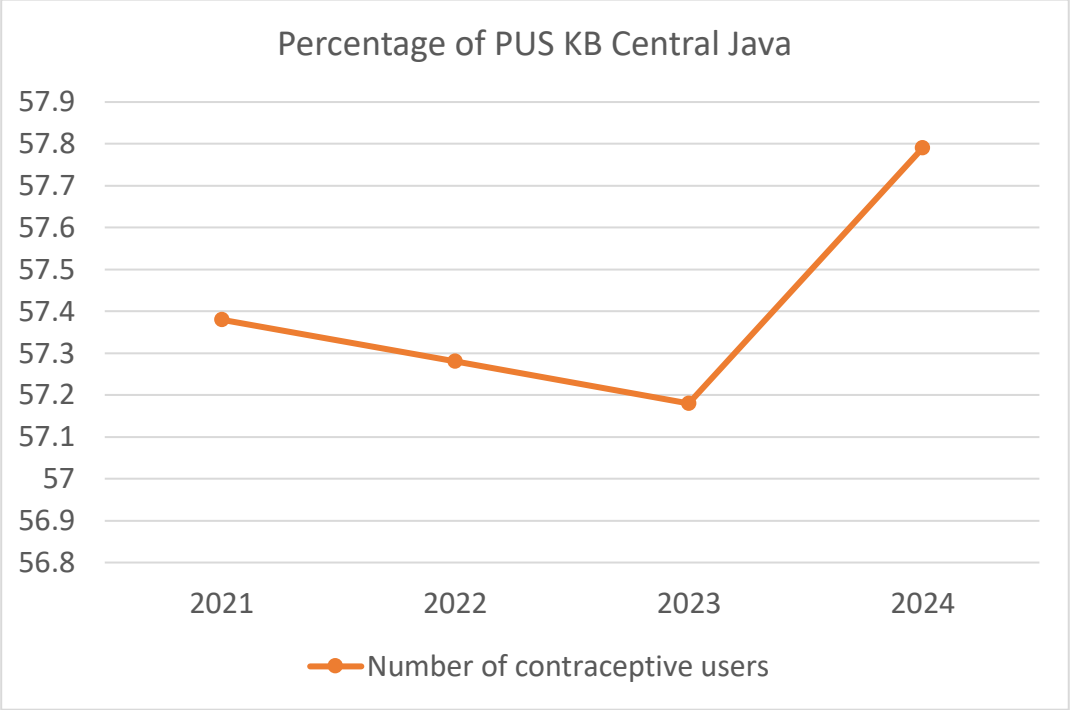
Keywords: Women Of Reproductive Age; Long-Acting Reversible Contraceptives

INTRODUCTION

Maternal mortality in Indonesia remains a significant public health challenge, with the maternal mortality rate continuing to fluctuate over recent years. One of the government's primary strategies to reduce maternal mortality is the provision of contraceptive services through the Family Planning (FP) programme (Kemenkes RI, 2023). The Family Planning programme plays a crucial role in supporting national development and improving family welfare, with women of reproductive age (15–49 years) as its primary target population (Dahniar, 2015). The use of safe and effective contraceptive methods contributes substantially to reducing unintended pregnancies, controlling population growth, and improving maternal and child health outcomes.

The adoption of safe and effective contraceptive methods also helps prevent complications associated with unintended pregnancies, thereby contributing to a reduction in maternal mortality (BPS, 2023). The number of contraceptive users from 2021 to 2024 showed fluctuating trends, with the highest utilisation recorded in 2024. These trends are presented in the following data.

Chart 1. Percentage of PUS KB Central Java



Although the number of active family planning (FP) users aged 15–49 years is relatively high, the utilisation of Long-Acting Reversible Contraceptive Methods (LARCs) remains considerably lower. Based on the distribution of contraceptive methods used in 2025, injectable contraceptives were the most commonly used method among family planning users. This distribution is illustrated in the following figure.

Chart 2. Contraceptive Method Use in Central Java

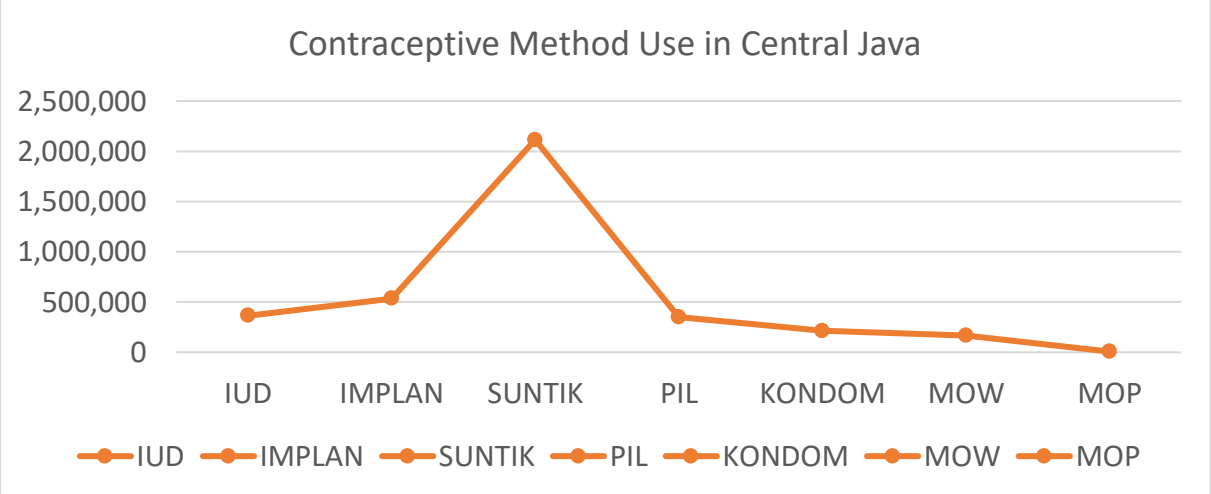


Table 2 presents the distribution of long-acting contraceptive users aged 15–49 years in Central Java based on Statistics Indonesia (BPS, 2025). The utilisation of long-acting and permanent contraceptive

methods, including intrauterine devices (IUDs), implants, female sterilisation (MOW), and male sterilisation (MOP), remained substantially lower than that of short-acting methods, particularly injectable contraceptives. A similar pattern was observed in Pati Regency in 2025, where injectable contraceptives were the most commonly used method compared with long-acting contraceptive methods. This distribution is illustrated in the following figure.

Chart 3. Contraceptive Method Use in Pati Regency

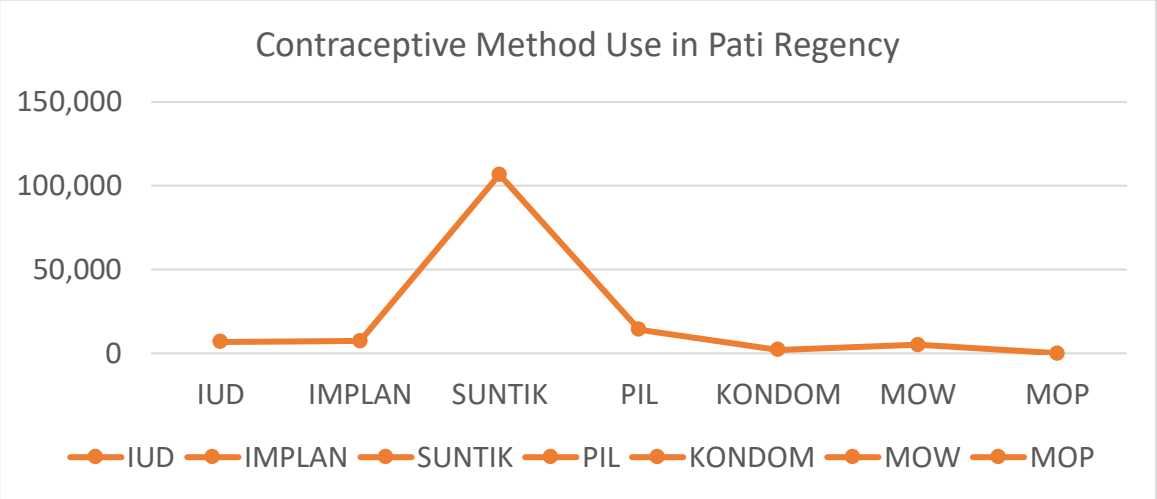


Table 3 shows that the utilisation of long-acting contraceptive methods remains relatively low. According to Statistics Indonesia (BPS) data for Central Java, the population distribution by age was 4.04% for individuals aged 13–15 years, 4.05% for those aged 16–18 years, 7.06% for those aged 19–23 years, and 67.25% for those aged 24 years and above. Despite their low utilisation, long-acting and permanent contraceptive methods (LAPMs) are recognised as highly effective, with lower failure rates, fewer complications, and fewer side effects than short-acting contraceptive methods. These methods include intrauterine devices (IUDs), implants, female sterilisation (MOW), and male sterilisation (MOP) (Handayani & Afrika, 2023). Anxiety refers to concerns or fears about potential future events, whereas interest reflects an individual's motivation or willingness to engage in a particular behaviour. These psychological factors are closely associated with the low utilisation of long-acting contraceptive methods (Azizah et al , 2017).

METHODS

Methods This study employed a qualitative research approach, emphasising an in-depth exploration of anxiety among women of reproductive age (15–49 years) regarding the selection of long-acting and permanent contraceptive methods (LAPMs). A qualitative approach was chosen to gain a comprehensive understanding of the meanings underlying participants' experiences, social interactions, emotions, and behaviours, while ensuring the credibility and trustworthiness of the collected data. The

primary objective of this study was to obtain a deeper understanding of the factors influencing women's perceptions and behaviours related to the use of long-acting contraceptive methods (Rukajat, 2018). This research adopted a descriptive qualitative design to systematically describe contemporary phenomena based on factual data. The descriptive approach enabled the researchers to provide a comprehensive account of participants' experiences and perspectives regarding the selection of long-acting contraceptive methods.

RESULTS AND DISCUSSION

The findings from in-depth interviews with four participants identified seven major themes describing the anxiety experienced by women of reproductive age (15–49 years) regarding the selection of long-acting and permanent contraceptive methods (LAPMs). These themes were generated through the systematic categorisation of subthemes with similar or equivalent meanings, based on the specific objectives of the study.

Table 1. Theme Distribution

Specific Objectives	Theme	Subtheme
Women's perceptions of long-acting and permanent contraceptive methods (LAPMs)	Negative perceptions	Fear and feelings of insecurity
		Belief in myths
Women's knowledge of long-acting and permanent contraceptive methods (LAPMs)	Limited knowledge	Lack of knowledge Limited access to information
Forms of anxiety experienced by women regarding long-acting and permanent contraceptive methods (LAPMs)	Psychological distress	Generalised anxiety
		Panic attacks
Factors contributing to anxiety	Environmental experiences	Side effects following contraceptive insertion
Women's efforts to cope with anxiety related to long-acting and permanent contraceptive methods (LAPMs)	Rejection	Refusal to undergo the procedure
	Stress management	Relaxation
		Spiritual coping
Sources of support for women in the use of long-acting and permanent contraceptive methods (LAPMs)	Social support	Family support
		Support from healthcare providers
		Community support

Theme 1: Negative Perceptions

Women of reproductive age (15–49 years) generally perceived long-acting and permanent contraceptive methods (LAPMs) negatively. This theme comprised two subthemes**:** fear and feelings of insecurity and belief in myths**.** The first **s**ubtheme, fear and feelings of insecurity, illustrates participants' concerns regarding the use of intrauterine devices (IUDs) and contraceptive implants. Participants expressed fears about potential side effects, pain, and the safety of these contraceptive methods, as reflected in the following quotations:

> "…Kalau aku pribadi takut mba, takut efeknya kayak perdarahan, jadi aku merasa tidak aman, enakan suntik aja" (P1)
> (*"...Personally, I am afraid of using it because I worry about side effects such as bleeding. It makes me feel unsafe, so I prefer injectable contraception…" P1)*
> "…Kalau dari saya sendiri belum siap menggunakan mba, karena katanya ada rasa nyeri dan saya takut pasang IUD atau susuk" (P2)
> *("...I am not ready to use it yet because I have heard that it can be painful, and I am afraid of having an IUD or an implant inserted…"* P2)
> "….Takut mba sebenernya, apalagi denger cerita temen-temen saya yang udah pakai, ada yang benangnya keluar kayak tidak aman mending suntik aja" (P3).
>
> *("...Actually, I am afraid, especially after hearing stories from my friends who have already used it. One of them said that the IUD string came out, so it does not seem safe. I think injectable contraception is a better option…"* P3)

These findings are consistent with the theory proposed by (Walgito, 2010) which states that negative perception reflects knowledge and responses that are inconsistent with or unfavourable towards the perceived object. This finding is further supported by Angsor et al (2021) who reported that women's perceptions of long-acting contraceptive methods are associated with their intention to use these methods. Women with positive perceptions are more likely to express an interest in using LAPMs, whereas those with negative perceptions tend to have little or no intention of adopting them. In the present study, negative perceptions were characterised by fear and feelings of discomfort regarding the use of long-acting contraceptive methods

The second subtheme**,** belief in myths**,** describes participants' trust in information obtained from neighbours, friends, and other members of their social environment. Participants reported believing various misconceptions regarding long-acting contraceptive methods, as illustrated by the following statements:

> "…Kalau implan kan katane tetangga nggaboleh angkat berat terus katanya kalau badannya gemuk susah bisa jalan-jalan sendiri. Kalau IUD itu kan ada pemeriksaan berkala sakit, mensnya tidak teratur…" (P2)
> "..*My neighbour told me that women with implants should not lift heavy objects. She also said that if someone is overweight, the implant could move around in the body. As for the IUD, she said it requires painful regular check-ups and causes irregular menstruation…"* P2)
> "….kan kalau IUD katanya temenku yang udah pakai itu harus USG berapa bulan sekali, kalau susuk kan harus disobek dulu diambil jarumnya baru dikembalikan lagi. terus..kalau steril itu katanya nggaboleh angkat berat , makannya saya pertimbangkan dulu . Menurutku kalau kenyamanan tergantung masing-masing orang mba" (P3).
> *"...My friend, who uses an IUD, told me that it requires ultrasound examinations every few months. She also said that implants have to be removed by making an incision before they can*

be reinserted. I also heard that women who undergo sterilisation should not lift heavy objects, so I am still considering it. I think comfort depends on each individual,,." P3)
"….KB seperti dalam rahim sama susuk itu kan katane bisa hilang ya mba, bisa perdarahan juga, jadi saya tidak mau kalau pasang kb itu.." (P4).
"I have heard that contraceptives such as IUDs and implants can move around inside the body and cause bleeding. That is why I do not want to use those contraceptive methods…" P4)

These findings suggest that misconceptions and misinformation circulating within the community substantially influence women's perceptions of long-acting and permanent contraceptive methods. Such beliefs contribute to fear, uncertainty, and reluctance to adopt these highly effective contraceptive methods, despite their proven safety and effectiveness.

Theme 2: Limited Knowledge

Women of reproductive age (15–49 years) demonstrated limited knowledge regarding long-acting and permanent contraceptive methods (LAPMs). This theme comprised two subthemes: lack of knowledge and limited access to information**.** The first subtheme**,** lack of knowledge**,** indicates that participants had insufficient understanding of long-acting contraceptive methods beyond recognising their names. Most participants were unfamiliar with the benefits, mechanisms, and duration of effectiveness of these methods, as illustrated in the following quotations:

"….Kalau detailnya saya tidak tau bu, cuman tau jenisnya aja bu, kalau manfaatnya pernah denger aja katanya berat badan tidak naik, stabil, 39 standarlah cuman takut karena cerita orang-orang kalau IUD benangnya bisa keluar ,kalau implant itu di seset kulitnya bu (P1).
("I do not know the details. I only know the types of contraceptives. I have heard that they do not cause weight gain, but I am afraid because people say that the IUD string can come out, and the implant requires the skin to be cut..." P1)
"….Kalau informasi saya kurang memperhatikan, taunya cuman dari temen-temen aja, kalau jangka waktu steril selamanya, kalau susuk 5 tahun ya. Kalau IUD kurang tau mba" (P2).
("I have not paid much attention to the information. I only hear about it from my friends. I know that sterilisation is permanent and that implants last for about five years, but I do not know much about the IUD…" P2)
"….Taunya sekedar pengaruhnya aja mba, IUD ngga bikin gemuk, mensnya lancar, kalau susuk kan gemuk ya" (P3)
("...I only know about their effects. People say that the IUD does not cause weight gain and keeps menstruation regular, whereas implants can cause weight gain." P3)
"…Saya tidak tau mba, soalnya saya dari dulu sampai sekarang pakainya suntik" (P4)
*"I do not know because I have been using injectable contraception from the beginning until now."*P4)

The second subtheme, limited access to information, reflects participants' reliance on informal sources of information, particularly neighbours and friends, rather than healthcare professionals. Participants stated:
"…Kalau informasi saya lebih banyak taunya dari tetangga dan temen saya mba" (P3)
"Most of the information I have comes from my neighbours and friends." (P3)
"Jarang saya mba mendengar tentang KB jangka panjang cuman ya itu taunya susuk gitu" (P4).
(*"I rarely hear any information about long-acting contraceptive methods. I only know about implants…"*P4)

The findings indicate that all participants experienced limited access to accurate information and had insufficient knowledge regarding long-acting and permanent contraceptive methods. This was reflected

in their inaccurate understanding of LAPMs and their tendency to rely on information obtained from their social environment. Knowledge is closely associated with the availability and quality of information received. Limited access to accurate information about long-acting contraceptive methods has been shown to contribute to the low utilisation of LAPMs among couples of reproductive age (Nisak & Wigati, 2021). Furthermore, Mahmudah & Daryanti (2021), reported a significant association between individuals' beliefs and contraceptive use, suggesting that accurate knowledge and reliable information play an essential role in promoting the adoption of effective contraceptive methods.

Theme 3: Psychological Distress

Psychological distress experienced by women of reproductive age (15–49 years) regarding long-acting and permanent contraceptive methods (LAPMs) consisted of two subthemes: generalised anxiety and panic reactions**.** The first subtheme, generalised anxiety**,** describes participants' feelings of worry accompanied by physical symptoms, such as dizziness, trembling, palpitations, and cold sweating, when considering the insertion of long-acting contraceptive methods. Participants expressed their experiences as follows:

> "….Cemas kalau habis dipasang ntar kenapa-napa itu bu, apalagi operasi-operasi gitu, rasanya deg"an dan gemetar saya" (P1)
> (*"I feel anxious about what might happen after the insertion, especially if it involves a surgical procedure. My heart races, and I start trembling.."* P1)
> "….Ada rasa cemas mba nantinya kalau udah ngga punya anak lagi atau susah, kalau susuk takut dicari-cari jarumnya kalau pas lepasin susuk ketutupan daging bisa hilang, pusing saya mba rasanya (P3).
> ("I feel anxious because I worry that I might not be able to have children again in the future. I am also afraid that when the implant is removed, the rod might be difficult to locate if it is covered by tissue. Just thinking about it makes me feel dizzy…"P3)
>
> The second subtheme, panic reactions**,** reflects participants' intense fear of undergoing long-acting contraceptive insertion procedures. Participants described their experiences as follows:
> "Saya takut mba kalau pas pemasangan berdarah dan sakit, mending saya pilih yang aman saja seperti sekarang suntik" (P2)
> ("*I am afraid that the insertion will be painful and cause bleeding. I would rather continue using what I consider to be a safer method, such as injectable contraception."* P2)
> "…ya.. takut mba kalau disobek gitu kulitnya apalagi yang dimasukan dalam Rahim, keringat dingin saya mba" (P4)
> (*"I am afraid of having my skin cut for the implant, especially of having a device inserted into my uterus. It makes me break out in a cold sweat."* (P4)

The findings indicate that anxiety related to long-acting contraceptive methods was characterised not only by emotional concerns but also by physiological symptoms associated with psychological distress. According to Zakariah (2015), anxiety is an unpleasant emotional state characterised by feelings of apprehension or tension accompanied by abnormal haemodynamic responses. Furthermore, anxiety varies in severity and is generally classified into three levels: mild anxiety**,** moderate anxiety, and severe anxiety (Anindya & Soetjiningsih, 2017). The participants' responses suggest that concerns regarding the insertion procedure and its perceived consequences contribute substantially to psychological distress,

which may discourage women from choosing long-acting and permanent contraceptive methods.

Theme 4: Environmental Experiences

This theme consists of the subtheme experiences of contraceptive side effects**,** which reflects participants' concerns arising from stories shared by family members, neighbours, and friends regarding their experiences after using long-acting and permanent contraceptive methods (LAPMs). Participants described these experiences as follows:

> "….Ya…pengalaman dari teman-teman bu kalau pas kumpul cerita tentang seperti KB IUD dan susuk gitu bahaya, katanya benangnya keluar , ada yang sakit" (P1)
> (*"I often hear stories from my friends when we gather together. They say that IUDs and implants are dangerous because the IUD string can come out and some women experience pain…"* P1)
> "….Cerita dari temen-temen pengalaman pribadi mba, kalau IUD benangnya itu putus teman saya , IUD nya geser dan pendarahanya makanya takut" (P2).
> (*"I heard from my friends about their personal experiences. One of my friends said that her IUD string broke, the IUD shifted from its position, and she experienced bleeding. That is why I am afraid."* P2)
> "….Cemas saya mba kepikiran efek setelah pemasangan seperti sulit memiliki anak, nanti kalau kontrasepsinya lepas sendiri, jadi saya tidak memilih pakai KB IUD dan susuk mba katanya orang-orang begitu" (P3)
> (*"I feel anxious because I keep thinking about the possible side effects after insertion, such as difficulty having children in the future or the contraceptive device coming out on its own. That is why I choose not to use an IUD or an implant, because that is what people around me say.."* P3)
> "…..Masih khawatir saya mba nanti kedepannya, kalau terjadi perdarahan, apalagi susuk tidak boleh angkat beban berat, karena sering denger cerita dari tetangga" (P4).
> (*"I am still worried about what might happen in the future, such as bleeding. I have also heard from my neighbours that women with implants should not lift heavy objects. These stories make me feel anxious."* P4).

The findings indicate that most participants experienced anxiety after hearing personal experiences shared by people within their social environment. Information obtained from family members, neighbours, and friends substantially influenced participants' perceptions of long-acting and permanent contraceptive methods. Strong cultural values and community beliefs may shape contraceptive decision-making, particularly in communities where cultural norms discourage the use of contraceptive methods (Assalis, 2015).

Theme 5: Rejection

This theme comprises the subtheme refusal to undergo the procedure, which reflects participants' reluctance to adopt long-acting and permanent contraceptive methods (LAPMs). Instead, participants preferred short-acting contraceptive methods, particularly injectable contraceptives, which they perceived as safer and more comfortable. The participants expressed their views as follows:

> "…kalau aku yaa gausa pake, pakainya kb suntik aja udah aman selama berapa tahun ini" (P1)
> "ya… mending ngga menggunakan mba, pilih yg aman saja" (P2)
> (*"I do not think I need to use it. Injectable contraception has been safe for me over the past several years."* P1).

The findings demonstrate that women of reproductive age exhibited a clear reluctance to use long-acting and permanent contraceptive methods. Participants' refusal was primarily driven by anxiety, perceived risks, and concerns regarding the insertion procedure and potential side effects.

According to Chaerunisa et al (2022), avoiding feared objects or situations is a common coping strategy that temporarily reduces anxiety. Misconceptions and inaccurate beliefs may further intensify feelings of discomfort, worry, and apprehension, leading individuals to avoid the perceived source of anxiety. These findings are consistent with those of Selasih (2016), who reported that individuals' perceptions of comfort are closely associated with their attitudes and decisions regarding contraceptive use.

Theme 6: Stress Management

Stress management was identified as a coping strategy used by participants when experiencing excessive anxiety related to long-acting and permanent contraceptive methods (LAPMs). This theme consisted of two subthemes: relaxation and spiritual coping**.** The first subtheme, relaxation, describes participants' efforts to reduce anxiety by practising deep breathing and accepting their circumstances. Participants expressed their experiences as follows:

> "….kalau aku memilih pasrah dan tarik nafas panjang mba biar saya tenang" (P3).
> *("When I feel anxious, I choose to surrender the situation to God and take deep breaths so that I can calm myself..."* P3)
> "….aku mencoba relax ketika cemas mba dengan tarik nafas panjang dan mencoba berfikir positif" (P4)
> *("When I feel anxious, I try to relax by taking deep breaths and thinking positively..."* P4)

The second subtheme, spiritual coping, reflects participants' use of prayer as a strategy to alleviate anxiety and achieve emotional calmness. One participant stated:

> "…aku selalu berdoa mba kalau merasa khawatir, takut, jadi hati juga tenang rasanya" (P4)
> (*.."Whenever I feel worried or afraid, I always pray because it makes me feel calmer and gives me peace of mind."* P4)

The findings indicate that participants managed their anxiety through both relaxation techniques and spiritual coping. Relaxation was primarily achieved through deep-breathing exercises and acceptance of the situation, whereas spiritual coping involved praying to attain emotional comfort and inner peace. These findings are consistent with the study by Yunianti et al. (2020), which reported that diaphragmatic breathing exercises significantly reduce anxiety levels. Similarly, Hamka et al. (2020) found that spirituality has a significant positive effect in reducing anxiety, depression, and stress.

Theme 7: Social Support

The sources of social support for women of reproductive age (15–49 years) in the use of long-acting and permanent contraceptive methods (LAPMs) consisted of three subthemes: family support, support from healthcare providers, and community support. The first subtheme**,** family support**,** reflects the emotional and instrumental support provided by husbands and other family members regarding the use of long-acting contraceptive methods. Participants described their experiences as follows:

> "…..Kalau suami dukung aja dan terserah aku bu nyamannya apa, kalau keponakan sih nyaranin aku IUD bu... kan keponakan KB IUD semua katanya nggak sakit kok sebentar, tapi aku yang tetep nggak berani" (P1).
> (*My husband supports whatever decision I make and leaves the choice to me. My niece recommended that I use an IUD because she said all of her friends use it, that it is not painful, and that the procedure is quick. However, I am still afraid to use it."* P1)
> "…..Nek bapakke anut senyamane kulo, kalau pas kb kadang ditemani kadang sendiri mba , sebetule bapakke nyuruh steril tapi kulo sing takut" (P2).
> *"My husband supports whatever makes me feel comfortable. Sometimes he accompanies me when I go for family planning services, although sometimes I go alone. Actually, he suggested that I undergo sterilisation, but I am the one who is afraid."* P2)
> "…Kalau dari suami dukung aja mba , terserah nyamannya apa, suruh pilih sendiri mba yg menurut saya nyaman, kalau selama ini saya KB suntik selalu ditemenin suami, diantar (P3)"
> *("My husband supports any contraceptive method that I feel comfortable using. He lets me decide for myself. Whenever I receive injectable contraception, he always accompanies me and takes me to the health facility."* P3)
> "Suami sih mendukung mba mau menggunakan kb apa saja, kadang yaa cerita sama suami tentang kb yang mau digunakan" (P4)"
> *("My husband supports whichever contraceptive method I choose. We often discuss the contraceptive methods that I am considering"* P4).

These findings indicate that family members, particularly husbands, provided emotional support by respecting participants' decisions and instrumental support by accompanying them to family planning services. Nevertheless, family support alone was insufficient to overcome participants' anxiety and fear of using long-acting and permanent contraceptive methods. The second subtheme, support from healthcare providers, illustrates that participants received informational support and recommendations from midwives regarding the use of long-acting and permanent contraceptive methods. Participants stated the following:

The second subtheme, support from healthcare providers**,** illustrates that participants received informational support and recommendations from midwives regarding the use of long-acting and permanent contraceptive methods (LAPMs). Participants stated:

> "…..Pernah juga bidan nyaranin untuk KB IUD karena aku tensinya tinggi, tapi aku ngga berani mending di suntik aja. karena sakitnya sebentar ya bu kalau kb suntik" (P1).
> ("*The midwife once recommended that I use an IUD because I have high blood pressure. However, I was too afraid, so I preferred injectable contraception because the injection is only painful for a short time."* P1)
> "….Kalau bidan sudah menganjurkan kontrasepsi IUD bu atau steril katanya sudah beresiko karena usia saya dan jumlah anak sudah 3, tapi saya belum mantep" (P3)
> (*"The midwife recommended that I use an IUD or undergo sterilisation because, considering my age and the fact that I already have three children, those methods would be more appropriate. However, I am still not ready to make that decision."* P3)

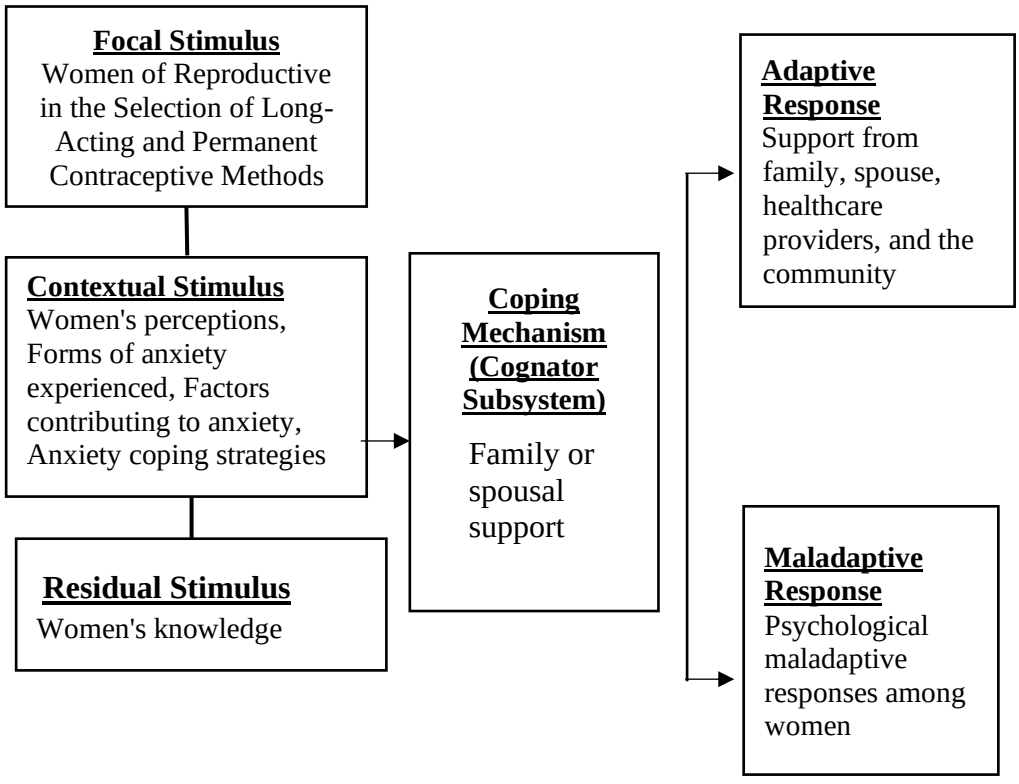
The third subtheme, community support, describes the support participants received from people within their social environment, particularly neighbours. Participants reported the following:

> "….Kalau saya curhatnya sama tetangga mba pas kumpul, cerita masalah masalah tentang KB,kadang kasih saran juga" (P2)

> *("When we gather together, I usually share my concerns with my neighbours and talk about family planning. They often give me advice as well."* P2)
> "….Sering mba saya cerita sama tetangga bahas kontrasepsi, mereka juga selalu kasih masukan untuk pake KB" (P4).
> (*"I often discuss contraceptive methods with my neighbours, and they always provide suggestions about which family planning method I should use."* (P4)

The findings indicate that social support in this study encompassed emotional, informational, family, and community support. These findings are consistent with those of Alsharaydeh et al. (2019), who suggested that social support extends beyond the provision of information to include encouragement, optimism, reassurance, and hope. Emotional support identified in this study is also supported by Saputri et al. (2019), who described emotional support as expressions of empathy, care, concern, acceptance, and willingness to listen, all of which contribute to an individual's sense of comfort, belonging, and being valued. Furthermore, informational support provided by family members and healthcare professionals plays an important role in reducing anxiety among women of reproductive age (Nuri et al., 2019). Family support, in particular, serves as a protective interpersonal resource that helps buffer women against the adverse effects of stress through acceptance, practical assistance, and the readiness of family members to provide help when needed (Saputri et al., 2019).

Figure 1. Modified Roy Adaptation Model Framework



The themes identified in this study support the Roy Adaptation Model as the conceptual framework of the research. Women of reproductive age (15–49 years) in selecting long-acting and permanent contraceptive methods (LAPMs) represent the focal stimulus, which directly influences their contraceptive choices. The contextual stimuli include women's perceptions, the anxiety they experience,

factors contributing to anxiety, and the strategies they use to cope with anxiety. The residual stimulus is women's limited knowledge of long-acting and permanent contraceptive methods (LAPMs).

This study also identified information-seeking from healthcare providers as a coping mechanism within the cognator subsystem of the Roy Adaptation Model. In addition, social support from family, spouses, healthcare providers, and the community was identified as an adaptive response that encourages the use of LAPMs. In contrast, anxiety and refusal to use LAPMs were identified as maladaptive responses, as they may prevent women from making positive adaptations and choosing long-acting contraceptive methods.

CONCLUSION

Based on the findings of this qualitative study using the Roy Adaptation Model, seven themes were identified regarding anxiety among women of reproductive age (15–49 years) in selecting long-acting and permanent contraceptive methods (LAPMs) in Tondomulyo Village. These themes included (1) negative perceptions, (2) limited knowledge, (3) psychological distress, (4) environmental experiences, (5) refusal, (6) stress management, and (7) social support. Negative perceptions of LAPMs were mainly influenced by myths and misconceptions circulating within the community, which were inconsistent with scientific evidence.

The anxiety experienced by women was categorised into generalised anxiety and panic reactions, characterised by fear, cold sweating, palpitations, dizziness, and trembling. Negative experiences and information from the surrounding community were identified as the primary factors contributing to anxiety. To cope with this anxiety, participants employed relaxation techniques, such as deep breathing, and spiritual coping through prayer. These coping strategies were supported by social support systems, including emotional, family, community, and informational support.

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