

The Role of Gender-Based Counseling in Restoring Self-Image Among Hormonal Contraceptive Users: a Phenomenological Approach

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Abstract. This study aims to explore the lived experiences of lower-middle-income women using hormonal contraceptives, particularly how physical and emotional changes influence their self-esteem, as well as the potential of gender-based counseling to reframe negative self-perceptions. A qualitative phenomenological design grounded in Husserl's philosophy was employed, involving 26 participants whose narratives were examined using Colaizzi's analysis. In-depth interviews were conducted to understand their perceptions of bodily changes, emotional fluctuations, and the influence of their social environments. The findings reveal that limited access to reliable contraceptive information led many women to choose methods based on affordability and personal experimentation. Most participants experienced significant physical changes, including weight gain or loss, acne, and unstable emotions, which contributed to feelings of inadequacy and diminished self-esteem, often reinforced by comparisons between their pre- and post-contraceptive bodies. Social responses played a dual role: supportive spouses and peers helped some participants develop acceptance, while others faced verbal criticism and ridicule that intensified their low self-worth. The study concludes that accessible and comprehensive contraceptive education for lower-middle-income women is urgently needed, and gender-based counseling should be integrated as an effective approach to reduce psychological distress and promote a healthier *self-image* among hormonal contraceptive users.

Keywords: *Hormonal contraceptives; Body image; Self-esteem; Phenomenology; Gender-based counseling.*



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INTRODUCTION

The use of hormonal contraceptives remains the main choice for women in regulating births in various countries, including Indonesia. The increasing trend of using pills, injections, and implants not only brings physiological changes, but also affects women's psychological conditions and subjective experiences of their bodies. Recent studies have shown that exogenous hormones can affect the regulation of emotions (Van Wingen, Ossewaarde, B“ackstr”om, Hermans, & Fern’andez, 2011), stress sensitivity, and mood stability, which in turn impacts the way women see themselves (Godara & Singer, 2024; Howard et al., 2025; Noachtar, Frokjaer, & Pletzer, 2023; Shukri, Baharom, & Nazan, 2025). Experiences such as weight changes, emotional fluctuations, acne, decreased sexual arousal, and changes in body cycles often cause discomfort, confusion, and even worry (Cwiak, Westhoff, Creinin, Kerns, & Keder, 2024; em Johannes Bitzer, 2024; Martell, Marini, Kondas, & Deutch, 2023; Vegunta, Houston, Nicholson, & David, 2024). This phenomenon then has the potential to lower *self-image*, namely women's perception of their values, identity, and worth in a personal and relational context.

This psychological impact is even more complex when placed in a socio-cultural framework that is full of gender norms. In societies with strong patriarchal structures, women's bodies are often judged based on certain aesthetic standards and gender roles. Changes in the body due to hormonal contraceptives are often interpreted as decreased attractiveness, failure to meet the expectations of the partner, or the inability to maintain optimal domestic roles, including sexual needs (Johansson, Vesström, Alehagen, & Kilander, 2023; Satriyandari & Mahmudah, 2025; Stevens, Gurmu, Negash, Ewart, & Alvergne, 2024). Thus, the impact of contraception is not only biological, but also extends to psychological well-being, marital relationships, and social interactions. Recent studies also confirm that women from the lower middle economic group, who are the largest users of the national family planning program, are more prone to experiencing a decline *in self-image* due to limited information, lack of reproductive education, and minimal access to counseling services (Gayatri, 2023; Nurdini, Anggraeni, Sekarrini, Mahmud, & Prasetyo, 2025; Rizal, 2020).

The above studies also provide a comprehensive picture of this vulnerability. Such studies have found significant mood swings in pill users, especially during the period of hormone cessation (Noachtar et al., 2023). Further research showed a correlation between the use of hormonal contraceptives and the appearance of depressive symptoms (Sultan et al., 2024). Gillen et al. Linking contraceptive use to indicators of psychological well-being, including body image (Gillen, Rosenbaum, Winter, & Bloomer, 2024). Martell et al. confirms



that mood swings are the most commonly reported side effect in large-scale surveys (Martell et al., 2023). Another study through a qualitative study based on blog narratives revealed that many women feel unheard of about the emotional side effects they experience (Hedén, Jonsson, & Fredlund, 2023). Meanwhile, the Howard et al. review highlights that reproductive mental health issues urgently need a gender-sensitive approach integrated with contraceptive services (Howard et al., 2025). These six studies show a general pattern of psychological changes, but not many have explored in depth how women experience these experiences, especially in relation to *self-image*.

From the findings of these studies, there is a clear gap: although the psychological effects of hormonal contraceptives have been widely highlighted, studies on how these changes are interpreted subjectively by women, especially related to the formation or decline of *self-image*, are still very limited. Furthermore, there has not been much research linking these experiences to the gender constructs that frame body interpretations and emotional changes. Most of the research is quantitative or descriptive so that it has not touched the dimension of meaning-making which is essential in understanding women's identity in the context of hormone use. In addition, very few studies have examined how counseling interventions, especially gender-based counseling, can function to restore women's *self-image* amid the psychological changes caused by contraception.

The urgency of this research is even more evident considering the widespread use of hormonal contraceptives and their impact on women's quality of life. Emotional discomfort not only decreases well-being, but also has the potential to trigger the cessation of contraceptive use, cause conflict in the couple's relationship, or reduce social participation. Women who do not receive adequate education and assistance often bear the psychological burden alone. Recent international studies call for the integration of gender perspectives in reproductive and mental health services, so that the understanding of women's bodies is not only in the medical realm, but also psychosocial. Thus, research on *self-image* restoration through gender-sensitive counseling approaches is highly relevant and urgent.

This research also has significant theoretical and practical implications. Theoretically, this study has the potential to expand the understanding of the relationship between exogenous hormones, body experiences, and gender constructs in shaping women's self-image. In practical terms, the results of the research can be the basis for the development of gender-based counseling intervention models specifically for hormonal contraceptive users, such as risk communication guidelines, counseling modules for midwives and counselors, and psychological assistance mechanisms that are more responsive to women's experiences. The findings of this study also have



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the potential to improve national family planning services so that they are more holistic, not only emphasizing the effectiveness of contraceptives but also the mental well-being of women as users.

The selection of a phenomenological approach in this study is a logical methodological step because it aims to understand women's life experiences as they live them (Hadi, Asrori, & Rusman, 2021). This method allows researchers to explore in-depth narratives about body and emotional changes, the gender interpretations that accompany them, and women's processes in reconstructing *their self-image*. The phenomenological approach also provides space for women, especially from vulnerable groups, to express experiences that may not be captured in quantitative surveys. Thus, this study not only closes the scientific gap regarding the lack of understanding of *self-image* and hormonal contraception, but also provides a strong empirical basis for the development of more culturally, emotionally, and socially relevant gender-based counseling interventions.

METHOD

This study uses a phenomenological qualitative design (Lemu et al., 2024) to understand the life experiences of lower-middle-income women who use hormonal contraception, especially how physical and emotional changes affect their self-esteem as well as how gender-based counseling helps to reframe negative self-perceptions. The phenomenological approach was chosen because of its focus on subjective meaning and lived *experience*, which is considered the most appropriate way to reveal the essence of women's experience in the context of reproductive health (Nakavita, Fujiana, & Adiningsih, 2023). Husserl's phenomenological approach emphasizes the methodological step of *the epoch*, which is a systematic effort to suspend all assumptions and initial assessments of researchers, so that researchers can reveal the participants' experiences as they themselves are experienced, without distortion of prejudice (Asih, 2014).

This study involved 26 participants selected using purposive sampling, namely women of reproductive age from the lower middle economic group who had used hormonal contraceptives for at least six months and reported physical and emotional changes. The selection of this group is supported by previous research findings showing that women from middle-income groups often do not have adequate access to contraceptive information, making them more susceptible to confusion in interpreting their body and emotional changes (Howard et al., 2025; Martell et al., 2023).

Data were collected through semi-structured in-depth interviews (Rahima & Herlinda, 2017), which allowed participants to share their experiences regarding weight changes, acne, emotional fluctuations, anxiety, and social relationship dynamics that affect their self-image. This method was chosen because in-depth interviews have proven to be the most effective technique for exploring



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subjective experiences in studies of women's health and hormonal contraception (Gillen et al., 2024; Noachtar et al., 2023). The interview process is recorded with the participant's permission and transcribed verbatim to maintain data accuracy.

Data analysis was carried out using the Colaizzi phenomenological analysis method, which provides a six-stage framework ranging from the identification of significant statements to the compilation of the essence of the participant's experience (Suhertina et al., 2023). The Colaizzi approach is widely used in health research because of its ability to produce thematic descriptions that are systematic, honest, and close to the participants' original experiences (Raharjo, 2017). The *member checking stage* is carried out by confirming the summary of findings to several participants to ensure that the researcher's interpretation is in accordance with their intended meaning.

The validity of the data is maintained through trustworthiness strategies, namely *credibility* by triangulating between interviews and field notes, *transferability* through rich descriptions of the participants' social context, and *dependability* and *confirmability* through trail audits and bracketing practices according to Lincoln & Guba (Sokhela, 2024). In addition, this study pays attention to ethical aspects by providing informed consent, maintaining participant anonymity, and providing referral support if the interview raises emotional distress, as recommended in women's mental and reproductive health research (Howard et al., 2025).

The phenomenological approach used in this study provides an in-depth understanding of how women interpret their body experiences and emotions, as well as how gender-based counseling has the potential to restore their self-image. Thus, this methodology is not only in line with the research objectives, but is also supported by the theoretical framework and the latest empirical evidence regarding the mental health of hormonal contraceptive users.

RESULTS AND DISCUSSION

The results of this study were obtained from a phenomenological analysis of 26 women who used hormonal contraceptives with a middle-to-lower economic background. All narratives were analyzed using the Colaizzi approach to find the essence of experiences related to physical changes, emotional dynamics, and how these impacts affected their *self-image* and self-confidence. Two major themes were found, namely (1) changes *in self-image* based on the duration of use of hormonal contraceptives, and (2) the influence of the social environment on the construction of *women's self-image*.



Changes in Self-Image Based on the Duration of Use of Hormonal Contraceptives

The results of the analysis showed that most of the informants who had been using hormonal contraceptives for more than two years experienced negative *self-image* changes. They reported physical changes such as weight gain, acne, skin discoloration, and emotional fluctuations that became more frequent. This condition encourages the emergence of self-evaluation that is a comparative nature between the condition of the body before and after use, thus causing feelings of unattractiveness, lack of confidence, and lack of satisfaction with one's appearance. Some participants described this experience as "losing the best version of themselves" due to a constant process of physical change. As the interview excerpt is as follows:

Informant 07, age 33, use 3 years:

"I used to be small, now I weigh almost ten kilos. Every time I look at old photos, I feel like a different person. Sometimes I am embarrassed to meet old friends because they must have commented about my body. I know this is because of hormonal birth control, but I also can't stop because I'm not ready to have another child yet."

Informant 12, age 29, use 4 years:

"The most disturbing thing is my acne and mood. I get offended easily. Sometimes I look at myself in the mirror and feel not as beautiful as I used to be. It feels like losing yourself."

Informant 21, age 35, 5 years of use:

"My husband said it was okay, but I myself felt less confident. The body changes, the face changes. The first two years are still ordinary, but entering the third year it feels very real. I often feel uncomfortable with my own body."

Meanwhile, informants who used hormonal contraceptives for less than two years showed a different response. They also feel some physical and emotional changes, but the effect has not yet created a deep self-image crisis. This group reported more situational feelings of inferiority that appeared when physical changes seemed real or when they received certain comments from people around them, but did not take place steadily or permanently. As the interview excerpts are as follows:

Informant 05, age 27 years, use 1 year 6 months:

"I did gain a little weight, but it wasn't so bothering. What makes me uncomfortable is if someone says 'why do you add more content?' Even though I was joking, I became a bit of a nerd. But in general I can still accept."



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Informant 18, age 30, use 1 year 8 months:

"Sometimes I feel like my appearance has changed, but not to the extreme. There are days when I feel less beautiful, but usually disappear on my own. It hasn't made me very humble."

The informants who used hormonal contraceptives for less than one year showed a tendency not to feel significant changes either physically or emotionally. They only reported some early signs such as changes in menstrual patterns or slight weight gain, but had not experienced it as something affecting self-image. Most of them still feel that their appearance and emotions are within normal limits, so their *self-image* is not significantly disturbed. As the interview excerpt is as follows:

Informant 02, age 25 years, 8 months use:

"So far I don't feel a big change, at least it's just irregular menstruation. When it comes to appearance, it's still the same. Nothing makes me feel significantly different."

Informant 15, age 28, 5 months use:

"At first I was afraid that it would change like my friends' stories, but it turns out that until now my body is still normal. I don't feel bothered by the performance."

These findings show that the duration of hormonal contraceptive use is related to the rate of change in self-perception, especially when physical changes occur cumulatively and gradually, thus affecting the way women interpret their bodies over time. The following is presented Table 1 for the first theme using Collaizi:

Table 1 Changes in Self-Image Based on Duration of Hormonal Contraceptive Use

Main Theme	Category/Subtheme	Significant Meaning	Interview (Verbatim)	Snippets
Changes in Self-Image Based on the Duration of Use of Hormonal Contraceptives	A. 2-> Users: Dominant Negative Self-image	Physical changes accumulate into negative self-evaluations	"I used to be small, now I have gained almost ten kilos... Every time I look at old photos, it feels like someone else. I'm embarrassed to meet an old friend." (Informant 07, 3 years)	
		Unstable worsen perception	emotions body	"Acne and mood swings are most noticeable. Sometimes looking in the mirror I feel not as beautiful as I used to be. It feels like losing yourself." (Informant 12, 4 years)
		Feeling out of control over the body		"Entering the third year, the changes are increasingly felt. I am often uncomfortable with my own body." (Informant 21, 5 years old)



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Main Theme	Category/Subtheme	Significant Meaning	Interview (Verbatim)	Snippets
B. Users 1–2 Years: Self-image Begins to Be Affected Situationally	Self-evaluation arises when receiving social comments	"Some say I add content. Even though I was joking, I became a bit nervous." (Informant 05, 1 year 6 months)		
		Physical changes are not considered to threaten one's self-image	"Sometimes I feel changed, but not severely. There are days when I feel less beautiful, but usually I disappear on my own." (Informant 18, 1 year 8 months)	
C. User < 1 Year: Relatively Stable Self-image	Minimal physical Changes and Emotions	"So far I haven't felt a big change... The appearance is still the same." (Informant 02, 8 months)		
		Initial perception is more colored by worries, rather than real experiences	"At first I was scared because of friends' stories, but until now my body is normal. Not to be disturbed." (Informant 15, 5 months)	

Based on Table 1, this study shows that the duration of use of hormonal contraceptives plays an important role in shaping women's *self-image*. In particular, the informants who had been using hormonal contraceptives for more than two years reported negative changes in body image, feelings of loss, and a sense of insecurity that grew stronger over time. This condition is particularly relevant to the results of previous studies that showed that long-term use of hormonal contraceptives was associated with greater attention to physical appearance. A quantitative study by Gillen reported that the duration of contraceptive use was associated with increased "body surveillance" and unhealthy weight control behaviors (Gillen et al., 2024). In addition, Martell's research at.al highlighted that many women experience significant mood swings as a side effect of hormonal contraceptive use, but providers (health workers) rarely discuss these potential psychological effects in contraceptive counseling (Martell et al., 2023).

Unawareness or lack of initial discussion about these possible psychological impacts can make women less prepared to respond to physical and emotional changes in the long run, which in turn exacerbates negative perceptions of their bodies. From a neurobiological and stress response standpoint, theoretical support also emerges. A study by UCLA showed that women who used contraceptive pills tended to respond differently to stress they reported more negative emotional reactions in stressful situations than non-users, as well as exhibiting different molecular patterns in inflammatory responses (Mengelkoch, Gassen, Slavich, & Hill, 2024). This condition can exacerbate feelings of "unstability" in long-term hormonal contraceptive users, which then contributes to negative self-image assessments.



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Furthermore, psychobehavioral research highlights that mood swings and emotion regulation are part of the experience of using exogenous hormones. These effects, especially if they last for a long time, can form an internal narrative in which women judge themselves to be "more emotional", "changed", or "not what they used to be", which psychologically erodes self-esteem and *self-image*. In a phenomenological context, narratives such as the "self-loss" of informants who use contraceptives > 2 years strongly reflect the profound meaning of the process of identity and self-evaluation.

Meanwhile, the group with a duration of 1–2 years showed more nuanced results: they felt a change, but not an identity crisis. This may be related to the early adaptation phase, where the physical changes are still moderate and have not yet evoked long-term comparisons. In the literature, the psychological effects of contraception are often more pronounced at initial use or after a period of adaptation, while some long-term effects only worsen after a long time (Gillen et al., 2024). For users with a duration of less than one year, the results of this study found that *self-image* was relatively stable and the changes were not noticeable.

These findings are consistent with some clinical reports that early physical and psychological side effects (such as changes in menstrual cycles or slight weight gain) may not have a large impact subjectively for some new users (Roberts, Skinner, To, & Cho, 2022). This indicates that the duration of use is a critical factor: the psychological impact of deepening may take time to form a strong and stable self-assessment. The implications of these findings are significant for contraceptive counseling practices. Because negative *self-image changes* appear to be more dominant in long-term use, it is important for family planning service providers to include discussions about potential emotional effects and body image from the beginning. Contraceptive counseling should not only target reproductive or physical health aspects, but also long-term psychological well-being. This is in line with the researchers' recommendations that emphasize the importance of comprehensive education and begin with a transparent conversation about psychological side effects (Martell et al., 2023).

Theoretically, these results support the view that women's identities and self-image are not static, but are constantly reshaped through bodily and temporal experiences. Persisting in the use of hormonal contraceptives for many years requires identity adaptation and the integration of physical and emotional experiences, a process that can profoundly challenge *self-image*. Phenomenology as a research approach is very appropriate to capture this dynamic, as it provides space for individual stories, internal reflection, and personal existential meaning.



The Influence of the Social Environment in Shaping the Self-Image of Hormonal Contraceptive Users

The second theme shows that the social environment, especially family and close friends, has a significant influence on forming, strengthening, or improving the self-image of women who use hormonal contraceptives. These influences appear through the interaction patterns, verbal comments, and social acceptance styles they receive in everyday life. For some informants, the support of their spouse and nuclear family is a protective factor that helps them maintain their confidence even in the face of unwanted physical changes. When couples provide positive affirmations, such as accepting changing body conditions or validating their feelings, the informants tend to show better self-acceptance. This experience plays an important role in preventing a deeper decline in self-esteem. As the interview excerpt is as follows:

Informant 09, age 32, use 3 years

"My husband often says, 'you're still beautiful, just calm down.' Even though I gained weight, he never commented negatively. It makes me feel calmer and doesn't really mind this change."

Informant 24, age 29, use 2 years 4 months

"At first I was embarrassed because I had a pimpled face. But the husband always said it was normal and he still loved it. Words help me accept myself, even though I often feel inferior."

Informant 09, age 32, use 3 years

"My husband often says, 'you're still beautiful, just calm down.' Even though I gained weight, he never commented negatively. It makes me feel calmer and doesn't really mind this change."

Informant 24, age 29, use 2 years 4 months

"At first I was embarrassed because I had a pimpled face. But the husband always said it was normal and he still loved it. Words help me accept myself, even though I often feel inferior."

Informant 06, age 26, use 1 year 7 months

"My friends are supportive. They say change is normal. When I vent, they don't judge. It helps me not to focus too much on my shortcomings."

However, the results of the study also show that not all participants received adequate social support. Some informants actually received negative comments, both from their spouses and close friends. Forms of verbal criticism such as "get fatter," "get angry more often," or "not as beautiful as they used to be" worsen their self-perception and cause embarrassment, disappointment, and worthlessness. This kind of social response reinforces negative body image and increases psychological distress, so that physical changes due to contraception are increasingly perceived as a threat to women's identity. As the interview excerpt is as follows:

Informant 20, age 31, use 2 years



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"Friends often joke about my changed body. They said, 'wow, it looks lush now.' Even though I was joking, I was offended. After that, I often covered my body with loose clothes."

Informant 14, age 34, use 5 years

"My husband often says, 'why are you so angry now?' or 'why are you getting fat?' I became more and more insecure. Every time he commented, I felt like my performance was getting worse."

Informant 11, age 30, use 3 years

"In my environment, women are considered beautiful if they are slim. When my body rose because of birth control, I began to feel that I did not meet that standard. It feels like I've failed to be an ideal woman."

Informant 23, age 27, use 1 year

"I often see friends on social media whose bodies are ideal. So as my body changed, I felt more and more inadequate. The environment now makes us constantly compare ourselves."

The following table 2 is presented to illustrate the second theme category in this study:

Table 2 The Influence of the Social Environment in Shaping *the Self-Image* of Hormonal Contraceptive Users

Theme	Category	Interview Snippets
The Influence of the Social Environment in Shaping <i>the Self-Image</i> of Hormonal Contraceptive Users	Strengthening Family Support	<i>"My husband always says that body changes are natural because of hormones. So I feel calmer, even though at first I was nervous when I saw that my cheeks were getting more and more flattering." (P07)</i>
		<i>"Sometimes my mother reminds me not to think too much about my weight, she said the important thing is that I am healthy. It made me feel confident again." (P11)</i>
	Family Criticism That Triggers <i>Self-Image Decline</i>	<i>"My sister once said, 'why have you gotten fatter since birth control?' I'm so embarrassed and embarrassed to be photographed." (P14)</i>
		<i>"My husband often comments about acne that has been increasing since I used injectable birth control. After a long time, I didn't feel beautiful anymore." (P02)</i>
	The Influence of Supportive Close Friends	<i>"A co-worker said that a change in body was normal and they also experienced the same thing. So I feel like I'm not alone." (P21)</i>
		<i>"Friends at the social gathering even give care tips to make it more comfortable. So I'm more accepting of my body condition now." (P18)</i>
	Negative Social Comparisons with Friends	<i>"My friends who have different birth control do not experience obesity like me. I feel like my body is in trouble." (P26)</i>
		<i>"When someone said, 'you look older since you took birth control,' I immediately lost confidence for a few days." (P09)</i>
	Environmental	<i>"Posyandu residents often say that the use of</i>



Theme	Category	Interview Snippets
	Attitudes That Strengthen Positive Identities	<i>family planning is a form of responsibility as a mother. I feel more appreciated even though there are physical changes."</i> (P05)
		<i>"The midwives at the health center always calm me down with clear explanations. It makes me less anxious about body changes."</i> (P15)
	Social Pressures That Worsen Self-Image	<i>"Neighbors like to say, 'wow, why are you getting bigger?' That makes me close myself more often."</i> (P12)
		<i>"I don't feel comfortable hanging out with old friends because they like to comment about my body shape since I was a family member."</i> (P25)

The findings in Table 2 confirm that *self-image* is not only influenced by biological changes, but also by how women interpret these changes in their social context. The social environment can be a source of strength or even a more severe trigger for self-image distortion, depending on the extent of support, acceptance, and reward given to female hormonal contraceptive users.

The findings of this study show that the social environment, including partners, nuclear family, and close friends, plays an important role in shaping the *self-image* of women who use hormonal contraceptives. This social role can be protective but can also be a source of pressure and criticism that exacerbates negative perceptions of the body. This dynamic is in line with the social psychology literature that highlights how social norms and interpersonal comments contribute greatly to a person's self-judgment. Some informants reported that support from their partner, both in the form of verbal affirmations and acceptance of physical changes, was very helpful in maintaining self-esteem.

Recent research confirms that social support has an important role in shaping a positive body image. Studies in young women with breast cancer show that coping strategies, both avoidance and problem-focused, are only associated with a more positive body image when social support levels are at moderate to high levels. At low levels of social support, such relationships do not emerge. These findings suggest that social support reinforces the effectiveness of coping strategies in helping women maintain a healthy body perception, so psychological interventions need to prioritize strengthening social networks (Almeida, Griff, & Brandao, 2025).

Positive support such as "you remain beautiful despite changing" helps some informants feel recognized and appreciated, which in turn lowers anxiety related to body changes and strengthens *self-image*. This is relevant to general research on body image, where positive body perception



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correlates with higher self-confidence (Syazaid et al., 2023). However, not a few informants face criticism or negative comments from spouses and relatives, especially related to weight gain and changes in appearance during the use of hormonal contraceptives. Comments like "why are you getting fatter" or "your face is changing" show how beauty norms and social comparisons can reinforce a sense of inferiority. These findings reflect the concept of *social comparison*, where individuals judge themselves based on standards set by others. A quantitative study shows that social comparison is significantly related to body dissatisfaction in adolescent women (Prameswari, 2020).

Furthermore, pressure from the nuclear family also appears as a factor that hurts *self-image*. For example, family members' criticism of physical appearance can reinforce negative internal narratives and lower self-confidence. This is in line with the results of qualitative studies showing that participants feel that the social environment sets expectations about body size and appearance, and that interpersonal criticism exacerbates feelings of dissatisfaction with body shape (Almeida et al., 2025). These findings also suggest that societal norms related to beauty (e.g., "ideal women are slim") also shape the informants' self-perception. Some women say that the pressure comes from the community environment, such as social gathering friends or the local community, which affects the way they assess body changes. This kind of pressure is not a new phenomenon a number of studies show that social norms and public expectations of body size and shape can be the dominant external factors in body image (Sawitri Prihatini, Probowati, Ratnawati, & Pawiono, 2025). This study shows that social appearance comparison is an important mechanism that links the internalization of people's body ideals with body dissatisfaction (Barbierik, Bacikova-Sleskova, & Petrovova, 2023).

Theoretically, these results reinforce the understanding that women's body identities are not formed individually, but are dynamic social constructs and are influenced by interpersonal interactions and social norms. In the context of the use of hormonal contraception, the experience of physical change becomes more meaningful when interpreted in a social framework: acceptance or rejection from those closest to you can strengthen or weaken *the self-image*. In practical terms, these findings emphasize the importance of socially sensitive gender-based counseling, where counselors must consider the social dynamics of users. Counseling not only addresses the physical effects of hormones, but also prepares women to face social criticism or comparison, and strengthens positive support from spouses or families. This kind of intervention may include couples training in supportive communication or group counseling sessions with peers to reinforce the self-acceptance narrative.



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The Role of Gender-Based Counseling in Responding to Changes in Self-Image

More negative *self-image* changes in women who use hormonal contraceptives long-term (more than two years) suggest that not all women have adequate psychological resources or knowledge to interpret the physical and emotional effects of hormonal use in a healthy way. In this context, gender-based counseling can serve as a reflective space in which women are invited to understand that body changes are not just their own "faults", but part of a biological response due to hormonal exposure and gender social contexts. A gender-sensitive counselor can help explain that physical transformation is a coping phenomenon, provide psychological strategies for managing feelings of loss of identity, and reinforce self-acceptance narratives.

This kind of counseling is also in line with the practice of "gender-aware counseling" which emphasizes the importance of understanding women's gender roles and unique experiences (Irawan, Yulindrasari, & Dwisona, 2024). Female counselors, in particular, are often considered more representative in building trust and empathy because they can understand the gender, body, and emotional codes of female clients more deeply (Irawan et al., 2024). Thus, gender-based counseling interventions can support healthy *self-image* restructuring, especially for those who have been on hormonal contraceptives for a long time and feel their self-identity is "shifting."

Your research findings that female *self-image* users of hormonal contraceptives are influenced by support and criticism from family, partners, and close friends suggests that changes in self-image do not occur in a vacuum, but are strongly influenced by social interactions. Gender-based counseling has the potential to be an important tool to help women navigate these social pressures. Through counseling sessions, women can learn assertive and communication skills that allow them to set boundaries for negative comments from those closest to them. Counselors can facilitate "gender negotiations" in a couple's relationship, for example providing a strategy for the client to express his or her feelings when the partner comments on weight gain or physical changes. Setiawati and Irmawati's research in 2017 in the context of family planning counseling also shows that counseling and counseling that take into account gender equality can increase couples' understanding of contraceptive methods and strengthen cooperation in decision-making (Setiawati & Irmawati, 2017).

In addition, gender-based counseling is able to overcome harmful social beauty norms. Counselors can invite clients to reflect on how beauty standards in the community or social media might be suppressing their self-image, and help them develop a healthier and more realistic alternative perspective. In the context of reproductive guidance and counseling, for example, the integration of gender awareness is an important aspect so that clients understand not only the medical aspect, but also the socio-psychological impact of contraceptive use. The counseling approach in contraceptive services increasingly emphasizes the importance of integrating gender



perspectives so that the experiences and needs of female clients can be understood more comprehensively. An intervention study by Castro et al. in 2025 shows that many women face barriers to contraceptive use that are not only medical, but are influenced by gender dynamics, social norms, and power relations in relationships (Castro, Kabra, Coates, & Kiarie, 2025). The findings confirm that gender-sensitive counseling that considers women's experiences in dealing with social pressures, traditional gender roles, and imbalances in reproductive decision-making is more effective in increasing the acceptance and sustainability of contraceptive use. Counselors who understand the gender context can help clients express their emotional and psychosocial needs more safely, making the counseling process more empathetic, equitable, and empowering.

Counselors in Indonesia still have limitations in feminist counseling theories according to a study (Wulandari & Rahmawati, 2024), but the potential to use gender-based approaches is enormous when developed (e.g. through training and theoretical reflection). By blending feminist elements and gender awareness, counseling can support women in creating new regularity in their self-image that is not only dictated by hormones, but also by internal values and social relationships. Based on the findings of the study, here are some practical implications for family planning services and reproductive health counseling: 1) Training of reproductive health counselors. Family planning workers (e.g., midwives, counselors) should be trained in gender-based counseling to be able to handle issues of body image and self-esteem, not just the medical aspects of contraception. 2) Integration of social-emotional counseling in family planning programs: Family planning services need to provide regular sessions for self-reflection for hormonal contraceptive users, where they can discuss body changes, fears, and social comparisons in a safe and supportive environment. 3) Partner collaboration in counseling: Invite couples to participate in counselling sessions so that they understand the impact of hormones and learn how this emotional and affirmative support can strengthen protective social support for clients. 4) Gender-sensitive contraceptive literacy campaigns: Educational programs for the wider community need to highlight the psychosocial aspects of contraception, challenge stigma, and educate about how social commentary can affect self-esteem.

Although gender-based counseling has great potential, there are several implementation challenges. Some counselors may not have a deep understanding of gender or feminist frameworks (Wulandari & Rahmawati, 2024), and not all family planning programs provide structured psychosocial counseling services. Further research can assess the effectiveness of gender-transformative counseling interventions through mixed study design, measure *self-image* improvement, and monitor the duration of effects. In addition, there is a need to explore how vulnerable women's groups such as the one in this study access gender counselling and how socio-economic barriers affect participation in such services.



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CONCLUSION

The study concluded that women's experiences of hormonal contraceptive users are not only influenced by biological changes due to hormone exposure, but also by the social and relational contexts that frame their perceptions of the body and themselves. Long-term use of hormonal contraception, especially over two years, has been shown to lead to more negative *self-image* changes, characterized by body dissatisfaction, decreased self-confidence, and feelings of loss of physical identity. Meanwhile, women who used contraceptives for a shorter duration showed milder psychological changes, and some who had only used for less than a year had almost no significant impact on their self-image.

On the other hand, the study also confirms that the social environment, especially partners, family, and close friends, plays an important role in strengthening or worsening women's *self-image*. Positive emotional support helps to dampen the impact of physical and emotional changes, while negative criticism and comments deepen feelings of worthlessness and increase social pressure on beauty standards. It is in this context that gender-based counseling gains its relevance, as counseling approaches that are sensitive to body experiences, gender roles, and social pressures can help women understand the changes they are experiencing, reinterpret their body experiences more positively, and restore agency and confidence. Gender-based counseling has great potential to be a psychoeducational intervention that can reduce distress, strengthen contraceptive literacy, and provide a safe space for women to process their experiences holistically.

The limitations of this study are 1) all the data collected are subjective and highly dependent on the narrative of each participant, so it is very likely to be influenced by their memory and emotional perception biases. 2) The population involved in this study was also limited to women with lower middle economic backgrounds, so these findings do not necessarily describe the experiences of women from other social strata. 3) This study also uses only one data collection method, namely in-depth interviews, without the support of triangulation from observations, diaries, or psychometric instruments that are able to enrich the validity of the findings. It is recommended to future researchers to adopt a more comprehensive approach by combining qualitative and quantitative methods so that the relationship between variables can be measured more objectively. The development of a gender-based counseling intervention model that is directly tested for effectiveness will make a major contribution to reproductive health care practices with a more diverse



population, both in terms of age, educational background, economic status, and type of contraception, as well as to gain a broader understanding of women's experiences.

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