

Management Care Midwifery Family Planning on Ny "F " DMPA Injecting KB Acceptor with Enhancement Weight at RSIA Happy Makassar in 2022

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ABSTRACT

The population from year to year has increased relatively high and not balanced. This resulted in heavy pressure from various sectors of the provision of clothing, food, employment, education, health and others. The government is handling it by making a program, namely Family Planning (KB) to control the rate of population growth. DMPA injection birth control is a method of birth control that is very effective in preventing pregnancy. type of research is a case study by carrying out Midwifery Family Planning Care Management on Ny. "F" DMPA injecting family planning acceptors with increased body weight at RSU Bahagia Makassar in 2022 according to Varney and SOAP's 7 steps. The diagnosis of Ny "F" was enforced by subjective data, there were complaints of increasing body weight while being a DMPA injectable KB acceptor and objective data was obtained by mothers using DMPA injecting KB. It is known that the increase in body weight experienced by Mrs. "F" is a physiological matter for users of DMPA injection KB with counseling so that the mother no longer feels anxious and worried about her condition. From these cases, what can be taken is that basic data collection, diagnosis and action identification have been carried out for Mrs. "F" in accordance with the DMPA injection family planning acceptor case with increased body weight. You understand that weight gain is a side effect of using DMPA. Another important thing is that the mother understands that Islam advocates efforts to improve the quality of the family, including through family planning.

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1. INTRODUCTION

The rapid increase in population growth is one of the characteristics of the population in developed and developing countries, including Indonesia. This can be seen from the population of Indonesia which is growing very rapidly with the high rate of population growth. Indonesia is the fourth most populous country in the world with more than 256 million people (Population Reference Bureau, 2015). The area of Indonesia reaches 1,916,906 km² with a population density of 272.68 people/km² (Kemenkes RI, 2021).

The population from year to year has increased relatively high and not balanced. This resulted in heavy pressure from various sectors of the provision of food, clothing, housing, employment, education, health and others. To deal with this, the government is handling it by creating a program, namely Family Planning (KB) to control the rate of population growth (Maryam, 2014).

Family planning is one way to reduce maternal mortality, especially mothers with 4T conditions, namely giving birth too young (under 20 years), giving birth too often, giving birth too close, and giving birth too old (over 35 years). One of the goals of the family planning program is to improve the quality of the family so that they can feel safe, secure, and hope for a better future in order to realize physical well-being and inner happiness. Family planning services include information, education, and efforts for families to be able to adjust the age gap between children, when they will have children, how many children, and when they will stop having children (Kemenkes RI, 2021). There are several kinds of

modern contraceptive methods, some contain hormones, and some do not contain hormones. For hormonal contraception, it consists of oral contraceptives/pills, injections/injections, and implants. For non-hormonal contraceptive methods it is divided into IUD/IUD contraception and steady contraception, namely vasectomy and tubectomy (Hartanto, 2010: 42).

Data on active family planning participants according to the Republic of Indonesia Health Profile (2016), shows that the most used contraceptive method is injection, namely 17,414,144 (47.69%), followed by birth control pills of 8,280,823 (22.81%), in order the third is KB Implants of 4,067,699 (11.20%), in fourth place are IUDs of 3,852,561 (10.61%) While the contraceptive method that is the least chosen by active KB participants is the Female Operation Method (MOW) of 1,285,991 (3.54%) then the Male Operation Method (MOP), which is 233,935 (0.64%) (RI Ministry of Health, 2017). In South Sulawesi, new and active family planning participants in 2016 with a total of 1,426,867 couples of childbearing age (PUS). new KB participants amounted to 134,294 (12.97%) and active family planning participants of 1,024,418 (72.30%). For the method of contraception with the most use, injection contraception was 480,337 (46.89%), followed by pill contraception, 292,426 (28.55%), third place, implant contraception, 139,944 (13.66%), fourth place, IUD contraception. 46,154 (4.51%), followed by condom contraception of 42,318 (4.13%) while the contraceptive method with the lowest usage was the Female Operation Method (MOW) of 21,124 (2.06%) then the Male Contraceptive Method (MOP) of 2,115 (0.21%) (Kemenkes RI, 2021) .

The use of injectable contraceptives is still an option for some mothers. Apart from being relatively inexpensive, this injection contraceptive is also effective, simple, safe, and easy to reach. However, it cannot be denied that other consequences arise from the use of injectable contraception, especially the 3-month injectable contraception which is widely used. The most frequent complaint faced by injectable birth control acceptors is weight gain. DMPA injectable hormonal contraceptives are the only hormonal contraceptives that are consistently associated with increased body weight (Sari, 2019) .

The problem of weight is a very large problem and is often questioned by patients when they are overweight. Being fat is a nightmare for some people, especially for those who are very concerned about their body shape. Obesity will also drain a person's self-confidence so that it will affect the person's career. Excessive weight gain can cause serious illness in the form of hypertension, coronary heart disease, diabetes mellitus, hypercholesterolemia and if not treated it will have an impact on death (Purwanti et al, 202 1:25) . In women who experience excessive weight gain will be at risk of developing breast and uterine cancer. However, not all birth control acceptors will experience weight gain, because the effects of these drugs are not always the same each individual. Excessive weight gain is a form of excess nutrition which is generally interpreted as an increase in the ratio of fat, either localized or evenly distributed throughout the body (Purwati, 2019) . The average weight gain is not too large, varying from less than one kilogram to five kilograms in the first year of use (Dewi et al, 2018) . In a study conducted by Berenson and Rahman (20 1 9) it can be concluded that for 36 months women who used DMPA contraception experienced an increase in weight (5.1 kg), body fat (4.1 kg), percent body fat (+ 3 ,4%). The increase in body weight can be attributed to the hormone contained in the DMPA injectable contraceptive, namely the hormone progesterone. This progesterone hormone can stimulate the appetite control center in the hypothalamus, causing an increase in appetite (Pratiwi et al, 2018) . this also makes it easier to change carbohydrates and sugar into fat, so that the fat under the skin increases (Firdayanti, 2012: 108).

Based on initial data obtained at Happy General Hospital , the number of family planning acceptors from September to December 20-21 was 156 acceptors. The most used contraceptive methods were 119 acceptors of the 3-month injection, 22 acceptors of pills, 14 acceptors of implants, and 4 acceptors of the IUD. In this data, no information was found regarding any side effects on birth control users (KB Register Data at RSU Bahagia Makassar 2021) .

2. METHODS

This type of research is a case study with a Midwifery Care Management approach in accordance with Varney's 7 steps and documentation in the form of Care Management is carried out by providing

care according to standard operating procedures in the cases studied, namely family planning acceptors with increased body weight and making efforts to prevent Drop Out.

3. RESULTS AND DISCUSSION

a. Results

This research was conducted at Happy General Hospital Makassar from 07 July to 04 August 2021. The researcher took the Midwifery Care Management approach which consisted of 7 Varney steps. Starting from the first step, the researcher conducted a basic data assessment starting from subjective data which consisted of the main reason the mother came to the health facility and some history. The history needed includes a history of chief complaints, menstrual history, pregnancy and postpartum history, history of family planning which can include information on which type of contraception was used, whether the mother had changed to other contraception, how long it had been used, complaints when taking family planning, reasons for stopping family planning. In addition, current and past medical history, family disease history, socio-economic, psychosocial, and spiritual history, as well as a history of the mother's basic needs. In addition, objective data also includes supporting data in midwifery care for 3-month injectable family planning acceptors with weight gain. Objective data can be in the form of the results of a general examination of the mother, examination of vital signs, physical examination (head to toe). The last is a supporting examination that can be used to determine the client's condition which consists of laboratory examinations and pregnancy test examinations.

In the second step, the researcher identifies the actual diagnosis or problem. In the case of 3-month injectable family planning acceptors with weight gain, the diagnosis is made by identifying subjective data and objective data as in step 1. In the third step, researchers identify potential diagnoses or problems. In the case of 3-month injectable family planning acceptors with weight gain, the potential diagnosis that might occur in 3-month injectable KB acceptor cases with weight gain is Drop Out in mothers who are already feeling anxious about their weight gain.

In the fourth step, the researcher identifies the need for urgent action by the midwife or doctor. In cases of increased weight, anticipatory action or immediate action must be taken, namely monitoring weight, recommending a low-calorie diet, and regular exercise (Koes Irianto, 2020). If there are emotional disturbances, Islamic counseling can be given and involve the husband as much as possible and other family members.

In the fifth step, the researcher plans a plan of care. As for planning The care given to acceptors of the 3-month injection is in 2 ways, namely through Educational Information Counseling (IEC) by explaining that the complaints that are felt are self-adjustment and are only temporary and individual. Medically, it can be done by giving several ferrous sulfate tablets to acceptors with complaints of menstrual disorders (Firdayanti, 2012: 106-107). Giving analgesic drugs in the form of antalgin, paracetamol, and mefenamet acid to acceptors with complaints of headaches/dizziness (Firdayanti, 2012: 109-110). In the sixth step, the researcher implements the care plan that has been prepared. The implementation of midwifery care for acceptors of 3-month injection KB is in accordance with the implementation carried out in step V. In the seventh step, evaluate the results of care that has been given to mothers. Evaluation of midwifery care for acceptors 3-month injection KB is acceptors willing to do a low-calorie diet and regular exercise (Koes Irianto, 2020). At this final stage, monitoring is carried out once a month to review and ask about the general condition and TTV, weighing, menstrual history, and other complaints felt by the client. Mothers and husbands/other family members understand the advice given to remain patient and have positive thoughts to improve the mother's condition.

b. Discussion

Based on the results of the study on the mother, the results of anamnesis showed that the diagnosis was Mrs. "F" PIIA0, a DMPA injecting birth control old acceptor with increased body weight. Anticipation of Drop Out. The results obtained from the mother's case, namely in the first step, the mother expressed all the complaints she experienced and experienced no obstacles in the assessment process. The mother has been a family planning acceptor for 2 years since 2019, on the mother's acceptor card, it is stated that the mother used the Depo Progestin injection, the mother has never used other contraceptive methods other than the 3-month injection. Long-term use of DMPA (up to two

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years) also triggers weight gain, cancer, vaginal dryness, emotional disturbances, and acne because prolonged use of hormones can disrupt the balance of the hormones estrogen and progesterone in the body . thus resulting in a change in normal cells to become abnormal (Saifuddin, 2016) .

In the second step, implementing a literature review and case study Mrs. "F" outlines that there are similarities in the actual diagnosis, namely Mrs. "F" wants to use 3-month injectable birth control to space her pregnancies and has discussed with her husband and family about her wish to have family planning. General condition is good, awareness is composmentis, TTV is within normal limits, body weight before using the 3 month injection KB is 50 kg and the current body weight is 57 kg, physical and laboratory examinations are normal so that the diagnosis made is Mrs "F" with a 3 month injection acceptor with weight gain. In the third step, weight gain is something that acceptors need not worry about depo progestin injection KB because it does not endanger health and is temporary. When the injection is stopped, fertility will return gradually. In the fourth step, to handle 3-month injection family planning acceptors. There is no data indicating immediate action which must save the client's life, in the form of collaboration with health workers who are more professional in accordance with the circumstances experienced by the client or consultation with a doctor. In the fifth step, there are no obstacles in providing information to the patient that the perceived complaint is self-adjustment and is only temporary and individual. Medically, it can be done by giving several ferrous sulfate tablets to acceptors with complaints of menstrual disorders (Firdayanti, 2012: 106-107). Giving analgesic drugs in the form of antalgin, paracetamol, and mefenamet acid to acceptors with complaints of headaches/dizziness (Firdayanti, 2012: 109-110). In the sixth step, the action of midwifery care based on the midwifery care plan that has been made is carried out thoroughly so that the authors do not encounter significant obstacles due to good cooperation and acceptance from mothers and families as well as support, guidance and guidance from supervisors from the practice area. In the seventh step, evaluate your care, you understand all the explanations given, you understand the side effects of the 150 mg DMPA injection, and you still want to be a DMPA injection acceptor. Maternal vital signs within normal limits and weight the mother's body has dropped (2 kg) after a low-calorie diet and regular exercise.

4. CONCLUSION

The study so that basic data was found was carried out by conducting anamnesis and physical examination of the mother. Subjective data of mothers complaining that their appetite increases so that it interferes with daily activities while using 3-month injectable birth control. Objective data on the mother's acceptor card, stated that the mother used the 3-month injection and the results of the physical examination showed that the mother's weight before birth control was 50 kg and the current weight is 57 kg. The mother has gained 7 kg in weight. was made of the results of the care that had been carried out on Mrs. "F" with an increase in weight at Happy Hospital , namely the mother's weight had decreased (2 kg), after doing a low-calorie diet, and exercising regularly, so that the mother remained a family planning acceptor DMPA injection. Side effects of weight gain at RSU Bahagia Makassar and found that there is no gap between the theory of DMPA injections and the side effects of weight gain.

REFERENCES

- [1] Badan Kependudukan dan Keluarga Berencana Nasional. Buku Panduan Praktis Pelayanan Kontrasepsi Edisi Ketiga. Jakarta: Bina Pustaka Sarwono Prawirohardjo. 2011: 37-50 Badan Pusat Statistika. Data Pengguna KB Aktif Di Makassar Tahun 2018, (2019). <https://sulsel.bps.go.id/>. (Di akses tanggal 18 maret 2021)
- [2] Berenson AB, Rahman M. Changes In Weight, Total Fat, Percent Body Fat, And Central-ToPeripheral Fat Ratio Associated With Injectable And Oral Contraceptive Use. American Journal Of Obstetrics And Gynecology. 2009: 329e1-E8
- [3] BKKBN [Badan Kependudukan dan Keluarga Berencana Nasional]. (2018). Survei demografi dan kesehatan Indonesia 2017. BPS & BKKBN.
- [4] Dewi, Paradian. Susilani, Amalina. Siswatibudi, Harpeni. Rata-Rata Kenaikan Berat Badan Antara Pemakaian Kb Suntik Kombinasi Dengan Dmpa Di Rumah Bersalin Amanda Sleman Tahun 2014-2015. (2016) :35-49.

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- [5] Firdayanti. Unmet Need For Family Planning Kebutuhan Keluarga Berencana (KB) Yang Tidak Terpenuhi. Makassar, (2012)
- [6] Kementerian Kesehatan RI. Profil Kesehatan Indonesia Tahun 2016. Jakarta: Kementerian Kesehatan Indonesia, 2017. <Http://Www.Depkes.Go.Id/Resources/Download/Pusdatin/ProfilKesehatnIndonesia/Profil-Kesehatan-Indonesia-2019.Pdf> .(Di akses tanggal 18 maret 2021)
- [7] Koes, Irianto. Keluarga Berencana Untuk Paramedis Dan Nonmedis. Bandung: Yrama Widya, (2020).
- [8] Maryam, Siti, Analisis Persepsi Ibu Tentang Program Keluarga Berencana (KB) Dengan Penggunaan Kontrasepsi di Desa Sumberdadi Kecamatan Sumbergempol Kabupaten Tulungagung Tahun 2014, (2014). Jurnal Universitas Tulungagung :66
- [9] Pratiwi, D dkk. Hubungan Antara Penggunaan Kontrasepsi Hormonal Suntik DMPA Dengan Peningkatan Berat Badan Di Puskesmas Lapai Kota Padang. (2018). Artikel Penelitian. 365-366
- [10] Prawirohardjo, S, Acuan Nasional Pelayanan Kesehatan Maternal dan Neonatal, Yayasan Bina Pustaka, Jakarta, 2006.
- [11] Rohim, S. Argumen program Keluarga Berencana (KB) dalam Islam. (2016). Jurnal Ilmu Syari'ah Dan Hukum, 1(2), 147-170. <http://ejournal.iainsurakarta.ac.id/index.php/alahkam/article/download/501/153>.
- [12] Saifuddin, dkk. Buku Panduan Praktis Pelayanan Kontrasepsi. Jakarta, (2016).
- [13] Samosir, O. B., Kiting, A. S., & Aninditya, F. Determinants of contraceptive discontinuation in Indonesia (2019) : Further analysis of the 2017 Demographic and Health Survey. <https://dhsprogram.com/pubs/pdf/WP159/WP159.pdf>.
- [14] Syukaisih, Faktor-faktor yang berhubungan dengan pemilihan kontrasepsi di Puskesmas Rambah Samo Kabupaten Rokan Hulu (2015). Jurnal Kesehatan Komunitas, 3(1), 34-40. <https://doi.org/10.25311/jkk.Vol3.Iss1.99>
- [15] Wijayaningrum, D., & Riono, P. Pengaruh status pekerjaan terhadap pemakaian kontrasepsi pada wanita tidak kawin (2014). <https://adoc.pub/pengaruh-status-pekerjaan-terhadap-pemakaian-kontrasepsi-pad.html>.