

**USE OF KB INJECTABLE DEPO MEDROXY PROGESTERONEACETATE
(DMPA) IN GEMURUH VILLAGE, KUNDUR DISTRICT
KARIMUN REGENCY**

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Abstract

Background : According to WHO, the number of injectable contraceptive use worldwide is as much as 4,000,000 or about 45%. In the United States, the number of injectable contraceptives is 30%, while in Indonesia, injection contraception is one of the most popular contraceptives. Contraception in Indonesia is the most interested, namely injection contraception at 34.3% (RISKESDAS, 2013).

Method : The design that researchers use is a descriptive design that aims to find out the picture. The research data collection was conducted at the Independent Practice Midwives. The population is all active family planning acceptors recorded in the medical record and new acceptors. Sampling was done by using the total sample method. The type of instrument used in this research is a questionnaire, which is a written question addressed to the respondent to be answered. Univariate analysis is used to explain or describe the characteristics of each variable being studied by displaying an overview of the frequency distribution.

Result : It is known that the duration of use of DMPA injection contraceptives ≥ 1 year was 27 acceptors (77.1%) while for the duration of use ≤ 1 year there were 8 acceptors (22.9%).

Congclusions : It is known that the duration of use of DMPA injection contraceptives ≥ 1 year was 27 acceptors (77.1%) while for the duration of use ≤ 1 year there were 8 acceptors (22.9%).

Keywords: Use of Kb, DMPA

INTRODUCTION

Uncontrolled population growth is not a new problem for developing countries. Indonesia, did not escape from this, even its population is now ranked 4th in the world. As a result, other problems also arise, such as limited food, job opportunities, health, and others. Therefore, the Population and Family Planning Agency (BKKBN) seeks to reduce the rate of population growth, by inviting all parties to work hard in making several efforts to control population growth using the family planning method or contraception (BKKBN, 2011).

Family planning has become one of the most successful histories of the 20th century. Currently, nearly 60% of couples of reproductive age worldwide use contraception. Family planning is the most basic and foremost preventive health service effort and death prevention. Family Planning is a very large program that has become one of the activities of Social Obstetrics (Irianto, 2014).

According to WHO, the number of injectable contraceptive use worldwide is as much as 4,000,000 or about 45%. In the United States, the number of injectable contraceptives is 30%, while in Indonesia, injection contraception is one of the most popular contraceptives. Contraception in Indonesia is the most interested, namely injection contraception at 34.3% (RISKESDAS, 2013).

Contraceptive injection is a contraceptive in the form of a liquid that is injected into a woman's body periodically and contains hormones, then it is absorbed into the blood vessels little by little by the body which is useful for preventing pregnancy, there are 2 types of Contraception that contain Progertin, namely, Depo Provera, contains 150 mg DMPA (Depo Medroxy Progesterone Acetate), which is given every 3 months by intramuscular injection, Depo Noristerat, contains 200 mg Norendron Enantat, which is given every 2 months by injection intramuscularly (Ajar, 2016).

DMPA, as a progesterone-only contraceptive, prevents the production of estrogen in the ovaries and reduces the level of estradiol in the blood. Progesterone also stimulates the appetite hormone present in the hypothalamus. With an appetite that is more than usual, the body will convert excess nutrients by the hormone progesterone into fat and stored under the skin.

This change in body weight is due to the accumulation of excess fat as a result of the synthesis of carbohydrates into fat (Hartanto, 2010).

Several mechanisms by which hormonal contraceptives can cause changes in body weight have been hypothesized. In general, this weight gain is caused by an increase in one or more factors of fluid retention, muscle mass, and fat accumulation. Fluid retention can be caused by mineralocorticoids that are activated when ethinyl estradiol enters the Renin-Angiotensin-Aldosterone System (RAAS).

Weight gain is often seen as a side effect of using hormonal contraception (Beksinska ME, et al 2011). Weight gain is a common side effect of hormonal contraceptives and can cause women to avoid or stop contraceptive methods (Barrenson, 2010).

The results of research conducted in America, showed that there was an increase in body weight of 5.1 kg after using DMPA for more than 36 months (Berenson & Rahman, 2010). Progesterone can stimulate the appetite control center in the Hypothalamus, which causes the acceptors to eat more than usual. To get a real picture of the incidence of weight gain experienced by injection contraceptive acceptors, it is necessary to conduct a study to determine the extent of the effect of injection contraception with weight gain (Hartanto, 2010).

Research conducted by Sari irianingsih, the relationship between the length of time using the 3-month Depo Progestin injection contraceptive with the increase in body weight among family planning participants at the Klego II Public Health Center, Boyolali Regency ., Total sample is 70, consisting of 34 acceptors who use 3-month injection family planning less than 1 year and 36 acceptors who used 3-month injection contraceptive for more than 1 year, obtained 41 respondents with an increase in body weight and 29 respondents who did not experience an increase in body weight, Chi square analysis obtained the calculated X^2 value $(39,307) > X^2$ table $(3,841)$ and $p < 0.05$, this means that there is a relationship between the length of time using Depo Injections and weight gain in family planning participants at Klego II Health Center, Boyolali.

In Indonesia, injectable contraception is the most widely used method of hormonal contraception, this can be seen based on the number of active family planning participants in Indonesia in 2014 totaling 35,202,908 (74.87%), 47.57% using injection contraceptives, pill contraception (23.58%) and implants (10.46%). Meanwhile, the use of non-hormonal methods was relatively small compared to hormonal methods, namely the IUD (11.07%), MOW (3.52%) and MOP (0.69%). This can be an indicator that injectable contraceptives are the main choice of family planning participants to prevent pregnancy and regulate fertility.

Based on data from Karimun District, it shows that the use of DMPA injection family planning is still relatively high compared to other Alkon (53.69%). The use of hormonal family planning is still the highest interest compared to non-hormonal family planning, namely, family planning acceptors, pills (32.11%), implants (6.96%), while non-hormonal ones such as IUDs (24.60%), condoms (1, 19%), MOW (3.28%), and MOP (0.88%).

The West Kundur Community Health Center has five working areas, namely Sawang Village, Sawang Selatan Village, Sawang Laut Village, Kundur Village, and Gemuruh Village, of the six villages, Gemuruh Village is the village that has the highest DMPA injection KB participants from other villages, namely (45, 2%), participants in Pill Family Planning (23.6%), while MKJP in Gemuruh Village was the lowest acceptor compared to Other Villages, namely the number of acceptors for implants (2.0%), IUDs (1.0%), MOP (0.0), and MOW (2.2%).

In the village of Rumble has one Poskesdes, one Puskesmas assisting and one private clinic, Gemuruh Village has one Independent Practice Midwife, namely the Irdawati Mandiri Practice Midwife, the Irdawati BPM is included in the working area of the West Kundur Community Health Center. According to data on family planning visits at BPM Irdawati in 2017, there were 973 people, participants for the DMPA injection (3 months family planning injection) 369 people (37.92%), Combined family planning participants (1 month family planning injection) 550 people (56.52%),

46 people (4.47%) of the Pill family planning participants (4.47%), 2 people (0.20%), and 8 people with implants (0.80%), of the 369 people as many as 200 people experienced a weight gain of ≥ 5 kg during use. 2- 3 years, 130 people gained weight ≤ 5 kg for 1-2 years, and as many as 39 people did not gain weight for <6 months of use

The research objective was to determine the use of Depo Medroxy Progesteroneacetate (DMPA) Injectable Kb in Gemuruh Village, Kundur District, Karimun Regency.

RESEARCH METHODS

The design that researchers use is a descriptive design that aims to find out the picture. The research data collection was conducted at the Independent Practice Midwives. The population is all active family planning acceptors recorded in the medical record and new acceptors. Sampling was done by using the total sample method. The type of instrument used in this research is a questionnaire, which is a written question addressed to the respondent to be answered. Univariate analysis is used to explain or describe the characteristics of each variable being studied by displaying an overview of the frequency distribution

RESEARCH RESULT

The duration of the use of Depo Medroxy Progesterone Asetate injectable contraceptives It can be seen that the acceptors of family planning using DMPA injection with a duration of use ≥ 1 year were 27 acceptors (77.1%) while for the duration of use <1 year were 8 acceptors (22.9%).

DISCUSSION

It can be seen that the duration of use of injectable contraceptives ≥ 1 year As many as 27 acceptors (77.1%) of these results acceptors using injectable contraceptives ≥ 1 year more than acceptors using injection contraceptives ≤ 1 year. This means that the acceptors' interest in injection contraceptives is still high, because of the advantages besides the several disadvantages. The proof is that until now the DMPA injection contraceptive is still the choice of acceptors.

Where injectable contraceptives can be used for mothers who are breastfeeding because they do not affect breast milk, long term, prevent anemia, can be used for acceptors with reproductive age, do not have side effects caused by estrogen, do not need to remember, except the time to return to get it. the next shot. (Saifudin, 2010).

Meanwhile, Mansjoer (2011) argues, it is likely caused by the hormone progesterone to make it easier to convert carbohydrates and sugars into fat, so that the fat under the skin increases. Based on the results of research conducted by Sri Hadi Sulistyaningsih with the title of the Old Relationship of Using DMPA Injectable Family Planning with increased body weight in family planning acceptors at the Pratama Lestari Clinic, 32 people (69.9%) received an increase in body weight > 2 kg and there was a significant relationship between the length of time using DMPA injection contraceptives and an increase in body weight in acceptors with X^2 count 25,575 and P value = 0,000, so that H_a can be accepted and H_o is rejected.

The assumption of the researchers was that more respondents experienced changes when using injection contraceptives which also increased the respondent's food portion. Although it is difficult to separate the hormonal effects from the effects on lifestyle, DMPA injections were associated with small increases in body fat and body weight, but not all. Some of the studies done linking DMPA weight change have had mixed results, some finding no improvement and others a small increase.

CONCLUSION

It is known that the duration of use of DMPA injection contraceptives ≥ 1 year was 27 acceptors (77.1%) while for the duration of use ≤ 1 year there were 8 acceptors (22.9%).

SUGGESTION

For health workers

It is hoped that health workers can improve the quality and quantity in providing information about the side effects of using DMPA, especially the side effects of weight gain so that family planning acceptors can control weight gain or can choose the right Alkon.

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