

FAMILY PLANNING MIDWIFERY SERVICES ON MRS. "A" AS A 3-MONTH INJECTABLE FAMILY PLANNING ACCEPTOR WITH WEIGHT GAIN AT THE BATARAGURU HEALTH CENTER

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ABSTRACT

Background: Weight gain is one of the side effects that may be experienced by mothers who use 3-month contraceptive injections, making mothers uncomfortable after experiencing weight gain. **Objective:** This study aims to provide midwifery care to injectable contraceptive users with changes in body weight at the Bataraguru Community Health Center, Baubau City. **Subject:** Mrs. "A" is a 3-month injection contraceptive user who is experiencing weight gain at Bataraguru Community Health Center, Baubau City. **Method:** The type of research used is midwifery care management which includes 7 different steps in the form of SOAP. **Results:** Subjective data, the mother revealed that after using contraceptive injections for 3 months, the acceptor experienced weight gain, with a more significant increase than usual. Patients also report an unusual increase in appetite. **Objective data:** The mother's general condition is good, with the patient's weight being 70 kg. The patient's vital signs are within normal limits, namely blood pressure 120/80 mmHg, pulse 83 times per minute, body temperature 36.5°C, and respiratory rate 23 times per minute. **Management provided:** Explaining to the mother about the benefits and side effects that may arise from using Depo Progestin injections, providing counseling to acceptors about the side effects of Depo Medroxy Progesterone Acetate injections. It is recommended that the mother return according to the predetermined schedule to get a repeat injection on the 19th. May 2024. **Conclusion:** Midwifery care in the Family Planning program for Mrs "A", which uses the monthly injection contraceptive method with increased body weight, has been carried out in accordance with midwifery service standards. Mothers have also been explained about the benefits and possible side effects that can arise from using Depo Progestin injections.

INTRODUCTION

Indonesia is one of the countries with the largest population in the world, which is influenced by the high rate of rapid population growth. This phenomenon has an impact that can be seen from two different perspectives, on the one hand, a large population can be a great potential power for the country. However, on the other hand, it also adds to the burden that must be borne by the state. In addition, other problems have arisen due to this condition. The large population that is not balanced with the availability of adequate jobs can lead to high unemployment, increase crime, and also affect the decline in public morality (Aldino, 2023).

Family Planning is an effort to increase public awareness and participation through maturing the age of marriage, regulating births, strengthening family resilience, and improving the welfare of happy and prosperous small families. Law of the Republic of Indonesia Number 52 of 2019 concerning Population Development and Family Development is the legal basis for the Family Planning program. In the law, in Chapter VI concerning Population Development, the second paragraph discusses Family Planning, which includes Articles 20 to 29 (Soleha, 2016).

During pregnancy Fetal heart rate examination (DJJ) is carried out to monitor the health of the mother and the development of the fetus, especially during pregnancy. The normal fetal heart Denyt frequency is in the range of 120 to 160 beats per minute (Risnawati & Minarti, 2020). Furthermore, after the mother gives birth, the mother will be in the postpartum period (puerperium) is a recovery period in which the reproductive organs return to the state they were in before pregnancy, which lasts for six weeks after giving birth (Dahlan & Ansi, 2023). After completing the postpartum period, mothers can use family planning. The Family Planning Program (KB) is an effort to regulate

pregnancy, the number of children, and birth distance in order to create a quality family. The program is also a strategy to reduce maternal mortality, especially those caused by 4T conditions: Too young (giving birth under the age of 20), Too often (giving birth too much), Too close (too short distance between the birth of children), and Too old (women giving birth over the age of 35). One way to realize this family planning program is through the use of contraceptive methods (Wulan Rahmadhani; dkk. 2023).

According to the World Health Organization (WHO), Family Planning is an effort that helps individuals or married couples to prevent unwanted pregnancies, plan the desired birth, regulate the distance between births, arrange the birth time according to the age of the couple, and determine the desired number of children in a family (Setyani, 2019). The Family Planning Program (KB) is an effort to manage pregnancy, determine the number of children, and regulate birth spacing to create a healthy and quality family. This program also serves as a strategy to reduce maternal mortality rates, especially for mothers who face 4T conditions: Too young (giving birth under the age of 20 years), Too often (giving birth too often), Too close (birth spacing is too short), and Too old (women over the age of 35). One way to achieve this goal is to apply contraceptive methods (Wulan Rahmadhani; dkk. 2023).

One of the side effects of using hormonal contraceptives is weight gain. This is due to hormonal factors, where the response to contraception can reduce water retention in the body, which can then lead to obesity. One of the side effects of the hormone progesterone is increased appetite and decreased physical activity, which ultimately leads to weight gain. As a contraceptive containing the pure hormone progesterone, DMPA works by inhibiting the production of estrogen in the ovaries and lowering the level of estradiol in the blood. Progesterone also affects the hypothalamus to stimulate appetite. When appetite increases, the body tends to consume more nutrients, which are eventually converted into fat and stored under the skin. Because of this effect, weight gain is one of the reasons why acceptors switch to other contraceptive methods (Apriyati et al., 2023).

Each method of contraception has its own advantages and disadvantages. The choice of type of contraception should be adjusted to the woman's health condition, potential side effects, its impact on the possibility of unwanted pregnancy, as well as partner cooperation factors and cultural norms related to the ability to have children. Consideration of contraceptive side effects is very important in making decisions about the continuation of its use, so protection from these side effects needs to be taken seriously (Raudhati, 2023).

Based on data collection in February during a comprehensive practice carried out at the Bataraguru Health Center in Baubau City, the number of birth control acceptors was around 33 people, consisting of DMPA injectable contraceptives 13 acceptors, injectable contraceptives 1 month 1 acceptor, pill contraception 10 acceptors, implant contraceptives 5 acceptors, condom contraceptives 4 acceptors. Based on this background, the researcher is interested in taking a case with the title "Family Planning Midwifery Care for Mrs. A, 3-Month Injectable Contraceptive Acceptor with Weight Gain at the Bataraguru Health Center, Baubau City". Therefore, the researcher chose Mrs. A as the subject of the study to be given midwifery care.

METHODOLOGY

In writing this final project report, the author applies the case study approach method. This approach is used as a step in midwifery management, which is a systematic and organized problem-solving process. Midwifery management refers to the use of scientific theories, research findings, and professional skills to compile a logical series of actions, so that the decisions taken are always focused on the interests of the client. Case studies as a research method pay deep attention to one specific object, by studying it in detail and intensively to gain a comprehensive understanding. In documenting the results of the research, the author uses the SOAP method, which stands for Subjective, Objective, Assessment, and Plan. This SOAP approach helps analyze a case or event in a systematic way and in accordance with the theory applicable in real situations.

Subjective data describes information obtained through anamnesis on Mrs. A or through interviews with clients. Documentation of this data includes complaints, disease history, and the client's subjective perception of his or her health condition. Meanwhile, Objective Data is the result of a physical examination and various supporting tests that are used to assess the client's condition in a more concrete way. This data is the main focus in supporting the decision-making process in providing care. The analysis is carried out by identifying and connecting subjective data as well as objective data to get a clearer picture of the client's condition. Management, in the end, describes an

action plan that has been designed based on the results of the analysis, both for actions that are being carried out and those that will be implemented in the future.

RESULTS AND DISCUSSION

Subjective Data

On February 22, at 09.20 WITA, subjective data was collected regarding the identities of the wife and husband, namely Mrs. 'A' and her husband, Mr. 'R'. Mrs. "A" is 25 years old and Mr. "R" is 27 years old, has been married for ± 2 years and adheres to Islam. Mrs. "A" is from the Buton tribe with a high school education, while Mr. "R" is from the Buton tribe with a S1 education. Mrs. "A" works as a housewife and Mr. "R" works as a civil servant. They live in Bataraguru.

The main complaint of the patient is the weight gain after using the injectable contraceptive for 3 months, in which the patient has gained more weight than usual. Patients also reported an unusual increase in appetite. The complaint history shows that Mrs. "A" has experienced side effects from injectable birth control for 3 months. Mrs. "A" medical history shows that she has never suffered from infectious diseases such as HIV, syphilis, HBsAg, or the patient has no history of AIDS, hereditary diseases such as asthma or Diabetes Mellitus, nor chronic diseases such as heart disorders, hypertension, or tuberculosis. In her reproductive history, Mrs. "A" began to experience menstruation (menarche) at the age of 14, with a menstrual cycle of 28-30 days and a duration of 5-7 days, without any complaints of dysmenorrhea or other problems. Mom has just started using contraception.

Objective Data

The mother's general condition is in good condition, with a weight of 70 kg. Physical examination showed that the patient's vital signs were within normal limits, with blood pressure of 120/80 mmHg, pulse 83 times per minute, body temperature of 36.5°C, and respiratory rate of 23 times per minute.

Analysis

Mrs. "A" Birth Control Acceptor injects Depo Medroxy Progesterone Acetate with weight gain problems.

Management

Explain to mothers the benefits and risks of using Depo Progesterone injections. Providing counseling to the Acceptor was given an explanation of the side effects that may arise from the use of Medroxyprogesterone Acetate Depot injections, such as menstrual disorders, weight changes, dizziness, headaches, and hematomas. These side effects are rare and usually harmless. Informed consent. Encourage mothers to get enough rest and follow the advice given. In addition, mothers are also advised to do regular exercise, gymnastics, and other physical exercises. Physical exercise is one of the most efficient ways to lose weight, with a frequency of six aerobics approximately 3 times a week, as this can reduce body fat percentage and body weight. Based on the results of a study conducted by Fitriana et al in 2018, research stated that aerobic gymnastics can burn up to 800 calories per hour, making it a very effective choice for weight loss programs. It is recommended that mothers come to the clinic immediately if they experience problems such as severe headaches, bleeding, or other complaints related to the use of contraceptives, so that mothers can get help immediately. In addition, mothers are also encouraged to come back according to the predetermined schedule to get a re-injection on May 19, 2025. Mrs. "A" is an injectable birth control acceptor of Medroxyprogesterone Acetate Depot with complaints of weight gain.

DISCUSSION

Subjective Data

On February 22, at 09.20 WITA, subjective data was collected related to the identity of the patient, Mrs. "A" and her husband, Mr. "R". Mrs. "A" is 25 years old and Mr. "R" is 27 years old, has been married for ± 2 years and adheres to Islam. Mrs. "A" is from the Buton tribe with a high school education, while Mr. "R" is from the Buton tribe with a S1 education. Mrs. "A" works as a housewife and Mr. "R" works as a civil servant. They live in Bataraguru.

The main complaint of the patient was the weight gain after using the 3-month injectable contraceptives, in which the patient experienced a more significant weight gain than usual. Patients also reported an unusual increase in appetite. The complaint history shows that Mrs. "A" has

experienced side effects from injectable birth control for 3 months. Mrs. "A" medical history shows that she has never suffered from infectious diseases such as HIV, syphilis, HBsAg, or the patient has no history of diseases such as AIDS, hereditary diseases such as asthma or diabetes mellitus, nor chronic diseases such as heart disorders, hypertension, or tuberculosis. In her reproductive history, Mrs. "A" began menstruation (menarche) starting at the age of 14 years, with a menstrual cycle of 28-30 days and a duration of 5-7 days, without complaints of dysmenorrhea or other problems. Mom has just started using contraception.

The most common side effect reported by injectable contraceptive acceptors is weight gain. According to research from the Ministry of Health of the Republic of Indonesia, the use of Depo Provera can cause an average weight gain of around 2.3 to 2.9 kg every year. This weight gain is caused by the hormone progesterone, which stimulates the appetite center in the hypothalamus. The hormone progesterone converts too much of the nutrient into the body into fat and stored under the skin as a result of excessive appetite. The synthesis of carbohydrates into fat causes changes in body weight (Wahyuni et al., 2022).

Indonesia is one of the countries with the largest population in the world, which is due to the very fast population growth rate. This condition has a double impact. On the one hand, a large population can be a great source of strength for Indonesia. But on the other hand, this also adds to the burden on the state. In addition, a large population without being balanced with the availability of adequate jobs can trigger other problems, such as unemployment and crime, which in turn also has an impact on the decline of people's morality (Zulfikar & Ginting, 2023).

Objective Data

The mother's general condition is in good condition, with her previous weight of 60 kg and her current weight of 70 kg. The physical examination showed normal vital signs, namely blood pressure of 120/80 mmHg, pulse 83 times per minute, body temperature of 36.5°C, and respiratory rate of 23 times per minute. Progestin injection contraception is a contraceptive method that prevents pregnancy by injecting intramuscularly into the buttocks of a birth control acceptor, with effects that last for 3 months. This method does not require daily use. This contraceptive contains 150 mg of the hormone progesterone and does not affect the production of breast milk (breast milk) (Haerani 2020).

Weight gain often occurs in 3-month injectable contraceptive acceptors. This weight gain is generally caused by the hormone progesterone, which facilitates the conversion of carbohydrates and sugars into fat, thus causing fat buildup under the skin. In addition, the hormone progesterone can also increase appetite and decrease physical activity levels (Maulia et al., 2020).

Analysis

In this case, the analysis upheld was Mrs. "A" injectable birth control acceptor Depo Medroxy Progesterone Acetate with weight gain problems. Midwifery management is a method that involves a logical and systematic thinking process in providing midwifery care. The main goal of midwifery management is to provide benefits to both parties, namely the patient and the caregiver. The management process consists of seven successive steps, and each step is updated periodically. This process begins with data collection and ends with evaluation. These seven steps form a comprehensive framework and can be applied in various conditions. However, each step can be further detailed and tailored to the client's needs (Amelia, dan Silfy Nur 2019).

People who are overweight while using Depomedroxy Progesterone Acetate (DMPA) injectable birth control can experience various diseases. Heart disease, hypertension, high cholesterol levels, liver disease, and disorders of the gallbladder are some of the conditions that are often associated with obesity. Being overweight can also have an impact on psychosocial aspects, such as body image disorders, which have to do with how individuals judge their appearance. This disorder can lead to feelings of dissatisfaction with oneself, decreased self-confidence, depression, and feelings of isolation or shunning (Septiyani et al., 2019).

Weight gain due to the use of DMPA injectable contraceptives is one of the side effects that are commonly experienced by acceptors. Therefore, women who will use injectable contraception for 3 months need to be given counseling on how to manage weight by implementing a healthy lifestyle (L. Amelia, 2023).

Management

The management carried out includes providing explanations to mothers regarding the advantages and disadvantages of using Depo Progesterone injections. In addition, counseling is given to acceptors regarding the side effects of Medroxyprogesterone Acetate injections, such as menstrual disorders, weight changes, dizziness, headaches, and hematomas. These side effects are rare and generally harmless. The next step is to do informed consent. Mothers are also encouraged to get enough rest and follow the advice given. In addition, mothers are advised to do sports, such as yoga, gymnastics, and other physical exercises. If you experience problems such as severe headaches, bleeding, or other complaints related to the use of contraception, you are advised to come to the clinic immediately so that you can get help immediately. Finally, mothers are also encouraged to return according to the predetermined schedule, namely on May 19, 2025, to get a re-injection.

Physical exercise is one of the most efficient ways to lose weight, with a frequency of six aerobics approximately 3 times a week, as this can reduce body fat percentage and body weight. Based on the results of a study conducted by Fitriana et al in 2018, research shows that aerobic gymnastics can burn around 800 calories per hour, making it a very effective option for weight loss programs (Zulfikar & Ginting, 2023).

Since physical activity accounts for one-third of the body's energy expenditure, physical activity is essential for obese people to lose weight. Intensive physical activity requires a lot of energy, which is obtained from body fat reserves that are converted into energy sources (Rafiq et al., 2021).

One of the most effective and widely chosen types of contraception by mothers is injectable contraception. This is due to the way injectable contraceptives work more effectively, as well as their affordable price. However, this injectable contraceptive has many side effects in the form of amenorrhea, headaches, and no less important side effects, namely weight gain, this is due to the presence of the hormone progesterone in injectable contraception which is usually known to the public with 3-month injectable contraception (Siregar & Harahap, 2021). Weight is often used as a parameter because it is easy to understand. In order for weight to be a reliable measure, several factors need to be considered, such as height, body dimensions, fat proportion, muscles, bones, and other body components (Arisman, 2015).

CONCLUSION

Based on the Midwifery Care that has been carried out and the discussion of obstetric care in 3-month injectable birth control acceptors, Mrs. "A" with complaints of weight gain at the Bataraguru Health Center, as well as the implementation of Varney's 7 steps starting from data collection to evaluation, the author can draw conclusions. The assessment was carried out by collecting all available data through interviews and physical examinations. Subjective data showed that the main complaint of mothers was weight gain after using injectable contraceptives for 3 months. While that, objective data showed that the mother's general condition was in good shape, with a body weight of 70 kg. The formulation of the diagnosis or actual problem for Mrs. "A" is a 3-month injectable birth control acceptor with complaints of weight gain. After formulating a diagnosis or potential problem, it was found that there was no data to support the existence of a potential problem in Mrs. "A". The identification of the need for immediate action or collaboration on Mrs. "A" indicates that in this case, no immediate action or collaboration is required. A family planning obstetric care action plan has been prepared based on the existing diagnosis, focusing on a care plan that is appropriate to Mrs. "A's" condition. All planned actions were carried out well without hindrance. Evaluation of the results of the actions that have been taken shows that the care provided is running smoothly and in accordance with the plan.

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