

Overview of Side Effects and How to Handle in 3-Month Injection Kb Accepters

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ABSTRACT

Hormonal contraceptives are the tools most often used, such as pills, injections and implants used by mothers. This hormonal contraceptive actually has various negative effects for its users. The side effects that are caused are indeed harmless, but later something will arise that is uncomfortable for the user. Such as menstrual cycle disturbances, fluctuating weight, nausea or vomiting, dizziness or headaches, pimples and black spots, even sexual dysfunction. These procedures affect reproductive health and well-being. The research used is to use a type of descriptive research (descriptive research), by describing the events that existed when the research took place which are natural in nature from the results of human engineering, through a quantitative approach. By showing the results of research regarding the age of respondents who use family planning aged 20 to 35 years, with a history of education at the elementary school level (SD) and an average of using family planning for a maximum of 2 to 5 years of use. Most of these women have sufficient knowledge about the use of family planning, and the side effects after using family planning in the long term. Based on the results of the research conducted, there is a conclusion which states that from the results of the researchers' calculations regarding the number of birth control users who experience amenorrhea, spotting, increased body weight, and vaginal discharge, they are still in normal numbers, with sufficient knowledge from respondents about family planning and how to use it. handle the side effects that occurred for 3 months at TPMB Siti Alfiyah..

Keywords: 3 months injectable contraception, side effects, how to handle

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INTRODUCTION

According to the World Health Organization, family planning helps individuals or married couples achieve certain goals, avoid unwanted births, have desired births, manage the distance between pregnancies, and control the timing of births (Dewi and Holidi 2015).

The National Population and Family Planning Agency (BKKBN) launched the Population and Family Planning Development Program (BANGGA KENCANA) to create prosperous Indonesian families (Badan Kependudukan dan Keluarga Berencana Nasional Republik Indonesia 2020). According to (Mildaratu 2021) hormonal contraceptives, including pills, injections, and implants, work for mothers. Hormonal contraceptives are the

most widely used although they have various negative effects. Hormonal contraceptive users complain of side effects comparable to their use. If it doesn't level out, this side effect is harmless but uncomfortable. Hormonal contraception can cause menstrual cycle disturbances, weight fluctuation, nausea or vomiting, dizziness or headaches, pimples and black spots, even sexual dysfunction. These procedures affect reproductive health and well-being.

Due to the negative effects of this contraceptive and the lack of KIE (Communication Information Education) about it, family planning acceptors can stop or stop. Injectable contraceptives are popular and effective, despite the large number of users have a negative effect. To avoid discontinuation, injectable contraceptives must manage their negative effects (injectable agents).

There were 368,817 family planning participants who actively used contraception in the city of Surabaya with a total of 458,020 couples of reproductive age. A total of 180,526 participants used injectable contraception, 63,984 participants used pill contraception, 26,405 participants used implant contraception, 48,115 participants used IUD contraception, 29,284 participants used MOW contraception, 19,028 participants used condom contraception and 1,475 participants used MOP contraception. From the data above it can be concluded that most family planning acceptors in the city of Surabaya use injectable contraceptives (BPS Jawa Timur.2021).

According to (Noviantari, D, Sriasih, N. G. K, and Mauliku, J 2019) one of the injection contraceptives that is often used is the 3-month injection KB containing Depo Medroxyprogesterone Acetate (DMPA) 150 mg which is the hormone progesterone, this injection KB can prevent pregnancy within 12 weeks, therefore This injection KB is given every 3 months by means of an intramuscular (IM) injection in the buttocks area. The advantages of DMPA injection contraception are that it is easy to use, does not need daily action, is safe, does not cause serious health effects. Very effective, as effective as sterilization and implant contraception, safe to use during breastfeeding, non-contraceptive benefits: DMPA reduces the risk of salpingitis, endometrial cancer, iron deficiency anemia, sickle cell anemia, and endometriosis (Noviantari et al., 2019).

According to (Setyoningsih, F. Y 2020) reported 31 respondents (60.8%) who experienced amenorrhea experienced spots including 17 respondents. (33.3%) experienced side effects of fluorine, 18 (35.3%) experienced an increase in body weight for DMPA injecting birth control, and 29 (56.9%) experienced side effects of family planning. DMPA injectable contraceptives caused dizziness/headaches in 18 respondents (35.3%) and nausea/vomiting in 16 respondents (31.4%).

From October to November 2022, independent midwife Siti Alfiyah found 25 family planning (KB) acceptors. 15 complaint acceptors,

10 free of complaints 5 (0.2%) 3-month injectable birth control acceptors experienced weight gain, 6 (0.24%) experienced amenorrhea, 3 (0.12%) spotting, etc. 1 (0.04%) Depending on their education, recipients can advise midwives about side effects and how to manage them. With proper understanding, acceptors will be better able to bear

the adverse effects, and with comfort and knowledge, family planning acceptors will increase, resulting in zero population growth.

Based on the data above, the incidence of acceptors experiencing side effects of injecting contraceptives in the records in the documentation at TPMB Siti Alfiyah, the researchers are interested in taking a case study with the title "Description of Side Effects and How to Handle 3 Months Injecting KB Acceptors at TPMB Siti Alfiyah Surabaya".

METHOD

The type of research used is descriptive research. For the approach in this study using a quantitative research approach. This quantitative approach is used by researchers to describe side effects and how to handle 3-month injection family planning acceptors at TpmB Siti Alfiyah Surabaya experienced by acceptors. The population in this study were all 3-month injectable family planning acceptors at PMB Siti Alfiyah with a total of 28 acceptors. in taking the sample using simple random sampling technique and obtained as many as 26 respondents who met the inclusion criteria. The inclusion criteria set by the researchers were acceptors who experienced side effects of 3-month injectable birth control and were willing to be respondents. the instrument used was a questionnaire. while for data analysis using excel software.

FINDING AND DISCUSSION

General Data of Research Respondents

1. Frequency Distribution Based on Respondents' Age

Table 1 Data on Respondent Characteristics by Age at PMB Siti Alfiyah in 2023

No	Age	Respondent	
		N	Prosentase (%)
1	20-30 years old	15	57,6
2	31 - 40 years old	8	30,7
3	> 41 years old	3	11,5
Total		26	100

Source: Processed research data, 2023

The results of the study in table 1 show that most are aged between 20 and 35 years with a total of 15 people (57.6%).

2. Frequency Distribution Based on Education

Table 2 Data on Respondent Characteristics Based on Education at PMB Siti Alfiyah in 2023

No	Education	Respondent	
		N	Prosentase (%)
1	Elementary School	15	57,6
2	Junior High School	6	23,07
3	Senior High School	5	19,2
4	College	0	0
Total		26	100

Source: Processed research data, 2023

The results of the study in table 2 show that most of the respondents had elementary school education, namely 15 people (57.6%).

3. Frequency Distribution Based on Occupation

Table 3 Data on Respondent Characteristics Based on Occupation at PMB Siti Alfiyah in 2023

No	Occupation	Respondent	
		N	Prosentase (%)
1	Housewife	20	76,9
2	Self-employed	4	15,3
3	Employee	2	7,6
4	Civil servant	0	0
Total		26	100

Source: Processed research data, 2023

The results of the research in table 3 show that most of the respondents' jobs, namely IRT, amounted to 20 people (76.9%).

4. Frequency Distribution Based on Weight Gain

Table 4 Data on Respondent Characteristics Based on Weight Gain at PMB Siti Alfiyah in 2023

No	Weight Gain	<u>Respondent</u>	
		N	Prosentase (%)
1	1-5 Kg	11	42,3
2	6-10 Kg	7	26,9
3	10-15 Kg	5	19,2
4	16-20 Kg	3	11,5
Total		26	100

Source: Processed research data, 2023

The results of the study in table 4 show that most of the increase in the weight of the respondents used family planning, namely 11 people (42.3%).

Specific Data Description of Respondents Based on Side Effects of Family Planning

1. Frequency Distribution Based on Age of Use of Family Planning

Table 5 Data on Respondents' Characteristics Based on the Length of Use of Family Planning at PMB Siti Alfiyah in 2023

No.	Length of use KB	Respondent	
		N	Prosentase (%)
1	6 months - 2 years	4	15,3
2	>2 years - 4 years	12	46,1
3	>4 years - 5 years	5	19,2
4	> 5 years	5	19,2
Total		26	100

Source: Processed research data, 2023

The results of the study in table 5 show that the majority of respondents used family planning for >2 years - 5 years, namely 12 people (46.1%).

2. Data on Respondent Characteristics Based on Side Effects of Family Planning

Table 6 Data on Respondent Characteristics Based on Side Effects at PMB Siti Alfiyah in 2023

No	Side Effects	Respondent	
		N	Prosentase (%)
1	Amenore		
	• experience	18	69,2
	• not experience	8	30,7
2	Spotting		
	• experience	7	26,9
	• not experience	19	73
3	Weight Gain		
	• experience	14	53,8
	• not experience	12	46,1
4	Flour Albus		
	• experience	8	30,7
	• not experience	18	69,2
Total		26	100

Table 6 shows pictures of the side effects of 3-month injectable birth control including amenorrhea, spotting, increased body weight, and fluor albus.

Amenorrhea has two side effects: experiencing and not 18 (69.2%) of 26 respondents experienced amenorrhea, while 8 (30.7%) did not. Spotting has two side effects spotting and no spotting. 7 (26.9%) of the 26 respondents experienced spotting, while 19 (73%) did not.

The side effects of increasing body weight were categorized into 2, namely

experiencing and not experiencing weight gain. The table shows that out of 26 respondents who experienced an increase in body weight as many as 14 (53.8%) respondents while those who did not experience an increase in body weight were 12 (46, 1%) respondents.

The side effects of vaginal discharge are categorized into 2, namely experiencing and not experiencing vaginal discharge. The table shows that out of 26 respondents who experienced vaginal discharge, there were 8 (30.2%) respondents while those who did not experienced vaginal discharge were 18 (69.2%) respondents.

Data on Respondent Characteristics Based on Means of Handling Side Effects of Family Planning

Table 7 Data on Respondent Characteristics Based on Means of Handling Side Effects at PMB Siti Alfiyah in 2023

No	Handling	N	Respondent Prosentase (%)
1	Good	3	11,5
2	Enough	23	88,4
3	Deficient	0	0
Total		26	100

Based on the results of the study, it can be concluded that the description of the knowledge of mothers who use 3-month injectable birth control is that almost all respondents have sufficient knowledge, namely 23 people (88.4%), and a small proportion of respondents have good knowledge, namely 3 people (11.5 %).

Discussion

Based on the results of the research calculations above, the characteristics of 26 respondents for 3-month injection family planning acceptors at TPMB Siti Alfiyah, namely based on age using 3-month injection family planning, 15 respondents aged 20 to 30 years, 8 respondents aged 31 to 40 years, 3 respondents aged over 41 years and the majority of acceptors were respondents aged 20 to 30 years, totaling 15 respondents. Age is calculated from birth until now (Taringan, H. Y 2019). According to Esnaini (2021), most family planning acceptors are of the color of reproduction, and age is the most influential factor compared to 3-month injection family planning acceptors, which have high education, occupation, wealth, and parity factors. Narulita (2019) found that the majority of injectable birth control acceptors were under 35 years of age or reproductively healthy.

From the research data it was found that the age of the youngest respondent was 17 years and the highest was 55 years. The respondents who accepted the KB at TPMB Siti Alfiyah mostly used 3-month injection KB, this is indeed recommended for spacing pregnancies. The age of the respondent did not really influence the respondent in choosing the type of contraception to be used. Respondents chose the 3-month injection contraception because it was relatively inexpensive, effective, easy to use, and so on. There were 57.6% of respondents aged 20-30 who used injectable contraception, this was

because respondents at that age felt they were suitable and were afraid to change to other contraception.

Then based on education using 3-month injection KB with elementary education totaling 15 respondents, junior high school education totaling 6 respondents, high school educated numbering 5 people and university educated totaling 0 respondents, it can be concluded that the majority of respondents had elementary education with a total of 15 respondents. The results of the study found that education did not affect contraceptive acceptance. More educated people may not be aware of all contraceptive options. Therefore, someone who wants to use contraception must understand the protection, benefits, indications, contraindications, and side effects (Esnaini, H 2021). According to this theory, the researcher assumes that the respondent's education does not influence the respondent to determine the type of contraception to use. The choice of the type of injection contraception can be caused by various factors such as economical price, relatively easy to use, effective, and many other factors. Respondents with low, middle and high education may use injection contraceptives for different reasons.

Based on occupation, the majority of respondents did not work or were housewives, totaling 20 respondents, 4 entrepreneurs, 2 employees, and 0 respondents for private government employees. Work fulfills the demands of life. Work correlates with money. Darmawati and Farina's research shows that money greatly influences contraceptive choices (Setyorini, C 2017). This study has several working mothers or housewives. Injectable contraceptives are affordable for all mothers and are therefore preferred.

Based on the increase in body weight from the results of the respondent's research, there was a weight gain of 1-5 kg for 11 respondents, an increase of 6-7 kg for 7 respondents, an increase of 10-15 kg for 5 people and an increase of 16-20 kg for 3 people. The conclusion from the researchers' calculations is that the majority of respondents' weight gain was 1-5 kg, as many as 11 respondents. The lowest weight gain is 1 kg and the highest is 19 kg. This is in accordance with the theory put forward by (Mkes, 2021), DMPA activates the hypothalamic appetite control area, which can encourage recipients to eat more than usual. Progesterone is easier to convert carbohydrates and sugar into fat, so there is a lot of fat

accumulate under the skin. Harmful use leads to weight gain. In the first year, the average weight gain is 1–5 kg. This is in line with research (Setyoningsih, F. Y 2020) which said that the majority of DMPA injection contraceptive acceptors (65.1%) experienced weight gain, and there was a significant relationship between the use of DMPA injection contraception and increased body weight. The increase in body weight experienced by DMPA injectable KB acceptors was due to increased body weight which is indeed one of the side effects of DMPA KB. This means that after using DMPA injectable birth control, the acceptor will experience the side effect of weight gain.

Based on the duration of use of family planning, there were 4 respondents who used 3-month injectable birth control for 6-2 years, more than 2 years

up to 4 years as many as 12 respondents, more than 4 years to 5 years as many as 5 respondents, and more than 5 years as many as 5 respondents. It can be concluded that the majority of the duration of the use of 3 month birth control injection is more than 2 years to 4 years as many as 12 respondents. The large number of respondents who have used injectable contraception for a long time (> 2 years) indicates that injecting contraception has long been in demand by the public. Injectable birth control delays, distances, or terminates a pregnancy, so that it is acceptable. Long-term use (up to two years) causes weight gain, cancer, vaginal dryness, emotional problems, and acne because hormones change the body's levels of estrogen and progesterone, causing normal cells to change to abnormal ones. The DMPA injection KB is easy to use and only needs to be injected once every three months, so the average respondent has been taking it for a long time. DMPA injection contraception has been used for a long time by acceptors who are comfortable with its side effects and do not want to use other contraception. Contraceptive injections for 3 months are easy and comfortable, so family planning becomes easy for respondents. Hormonal contraceptive injections are increasingly popular in Indonesia because they are effective, comfortable, affordable and safe (Harahap, L 2021). Half a million people use this approach to prevent pregnancy. Physical field research began in 1965, and millions of women worldwide benefit from this birth control procedure.

Based on the results of the research above, it shows that 18 respondents experienced amenorrhea with a percentage of 69.2%, spotting 7 respondents with a percentage of 26.9%, an increase in body weight of

14 respondents with a percentage of 53.8%, vaginal discharge 8 respondents with a percentage of 30.7%. Thus, Sti Alfiyah's TPMB injection contraception

causing amenorrhea, spotting, weight gain, and vaginal discharge. Side effects are physiological, not pathological. B-endometrial atrophy causes menstrual problems. Amenorrhea associated with uterine disease. so that menstrual blood is formed but cannot be consumed. The side effects of the 3 month contraceptive can cause menstrual disturbances including amenorrhea and spotting because the hormonal tension is lost every day and the progesterone and estrogen are out of balance. This incident caused menstrual disturbances such as amenorrhea, namely not having menstruation every month while using the 3-month injection, which was experienced by 18 (69.2%) respondents and spotting, namely bleeding every month only in the form of droplets or spots while using the 3-month injection, experienced by 7 (26.9%) respondents. This was also supported by the answers of respondents who answered "experiencing" to the question of menstrual disorders regarding "did you experience spots or blood spots while using the 3-month contraceptive injection?" and "Did you not experience menstruation during the 3-month injectable birth control?"

Then the side effects of increasing body weight in this study were as many as 14 (53.8%) respondents. The occurrence of weight gain due to injectable birth control stimulates the appetite control center and the hypothalamus causing acceptors to eat more than usual. This weight change is caused by the hormone progesterone which makes it easier to change carbohydrates and sugar into fat, so that the fat under the skin increases.

There are 2 factors that affect weight gain, namely internal factors and external factors. Internal factors include heredity such as genes, thermal regulation and metabolism. External factors include physical activity and food intake. This was also supported by the answers of respondents who said they "experienced" the question about weight gain after using the 3-month contraceptive injection. And supported by the physical activity of respondents who do not work because most of the respondents are housewives and will affect the process of breaking down fat in the body to take place more slowly because physical activity tends to be at home.

Then the side effects of vaginal discharge in this study were 8 (30.7%) respondents. This is due to the effects of the hormone progesterone changing the vaginal flora and pH, so that it is an internal factor. Leucorrhoea is the presence of excessive white fluid that comes out of the birth canal and feels disturbing, but usually this vaginal discharge is rare. Leucorrhoea can also be caused by a lack of cleanliness of the genitals and the clothes used. Leucorrhoea can also be caused by fatigue, hormonal balance disorders, stress, inflammation of the genitals, diseases of the reproductive organs and the presence of foreign objects in the vagina. One of the causes of vaginal discharge is using hormonal contraception because it can increase vaginal discharge by 50%. Leucorrhoea occurs because the hormone estrogen increases. This was also supported by the respondents' answers "experiencing" regarding questions about vaginal discharge.

CONCLUSION

Based on the results of the analysis and discussion of the research, it can be concluded that the description of the side effects and how to handle 3-month injections at TPMB Siti Alfiyah are amenorrhea, spotting, increased body weight and vaginal discharge. Based on the results of the researchers' calculations above, it shows that 18 respondents experienced amenorrhea with a percentage of 69.2%, experienced spotting 7 respondents with a percentage of 26.9%, experienced an increase in body weight of 14 respondents with a percentage of 53.8%, experienced vaginal discharge 8 respondents with a percentage of 30.7%. For how to deal with side effects, injection kb acceptors were found

3 months at TPMB Siti Alfiyah with sufficient knowledge 23 respondents with a percentage of 88.4% and good knowledge only 3 respondents with a percentage of 11.5%, the respondent's knowledge about how to handle 3-month injection family planning is still at the sufficient stage.

REFERENCES

- Badan Kependudukan dan Keluarga Berencana Nasional Republik Indonesia. 2020. 'Rencana Strategis Badan Kependudukan Dan Keluarga Berencana Nasional 2020-2024'.
- Dewi and Holidi. 2015. 'Faktor-Faktor Yang Berhubungan Dengan Pemilihan Alat Kontrasepsi Suntik'. *Jurnal Ilmiah Keperawatan Sai Betik Politeknik Kesehatan Tanjung Karang* XI(2):233–43.

- Esnaini, H. 2021. 'Hubungan Penggunaan Kontrasepsi Suntik 3 Bulan (Progestin) Dengan Peningkatan Berat Badan Akseptor KB Di Desa Sialambue Kabupaten Padang Lawas Tahun 2021'. *Kesehatan*.
- Harahap, L. 2021. 'Hubungan Pemakaian Kontrasepsi Suntik Dengan Kenaikan Berat Badan Akseptor KB Di Klinik Bidan Rahmatun Azmi Desa Pargarutan.'
- Mildaratu. 2021. 'Pengaruh Edukasi Penanganan Efek Samping Terhadap Pengetahuan Sikap Dan Tingkat Kecemasan Akseptor Keluarga Berencana Hormonal'. *Journal of Muslim Community Health (JMCH)* 2(4):64–76.
- Noviantari, D, Sriasih, N. G. K, and Mauliku, J. 2019. 'Hubungan Antara Lama Penggunaan Kontrasepsi Suntik Depo Medroxyprogesterone Acetate Dengan Peningkatan Berat Badan Akseptor Di Praktik Mandiri Bidan HS Denpasar Barat Tahun 2019'. *Jurnal Ilmiah Kebidanan* 7(2):71–78.
- Setyoningsih, F. Y. 2020. 'Efek Samping Akseptor Kb Suntik Depo Medroksi Progesteron Asetat (Dmpa) Di Bpm Fitri Hayati'. *Jurnal Kebidanan Malahayati* 6(3):298–304.
- Setyorini, C. 2017. 'Studi Deskriptif Gangguan Haid Pada Akseptor Kb Suntik Di Bpm Dyah Sugiyanto Gonilan Sukoharjo Tahun 2016'. *Jurnal Kebidanan Indonesia* 7(2).
- Taringan, H. Y. 2019. 'Gambaran Pengetahuan Akseptor Kb Suntik Tentang Efek Samping Kb Suntik Di Klinik Pratama Niar Patumbak Kabupaten Deli Serdang Medan Tahun 2019'. *Journal of Chemical Information and Modeling* 1(1):1689–99.