Relationships Weight Loss Mother With Hormonal Birth Control Usage

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ABSTRACT

Family planning, according to WHO (world health organization) expert committee 1970 is an action that helps couples to avoid unwanted pregnancies, get a very desirable birth, regulate the interval between pregnancies and determine the number of children in the family (Sulistyawati, 2018). Objective To determine the relationship research Mom Weight Loss with use of hormonal birth control in the village Pekan Tebih Puskesmas Rokan Hulu. The research method used is Analytical Survey and the type of cross-sectional study. The population in the study were all women taking hormonal birth control as many as 129 people and the sample is saturated sample as many as 129 people. Results of research on the relationship of maternal weight with the use of hormonal birth control only get 69 respondents who are willing to be investigated, while the rest are not willing to study for a variety of reasons given by the respondents. Based on the data obtained is processed using computerized women taking birth control pills that there were 18 respondents (23.1%) and taking injections were 51 people (73.9%). Conclusion There is a relationship Weight Mom With Hormonal birth Pemakian Pekan Tebih Village Puskesmas Kepenuhan Hulu. Expected advice for other researchers can continue research on the use of mother Weight Loss Hormonal birth control and be used as a reference / reading especially things related about hormonal birth control.

Keywords: Hormonal Birth Control, Birth Control, Weight Loss


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INTRODUCTION

According to WHO (World Health Organization) Expert Committee 1970, family planning is an action that helps married couples to avoid unwanted pregnancies, get a very desirable birth, regulate the interval between pregnancies and determine the number of children in the family (Sulistyawati, 2021). The recommended family planning methods are contraception (steady contraception), KB injections, KB implants, AKBK (under the skin contraception) and IUD (intrauterine contraception) (Aldriana, 2019). Nationally, in May 2013 there were 734,769 family planning participants. If you look at the contraceptive mix, the percentages are as follows: 62,432 IUD participants (8.50%), 11,642 MOW participants (1.58%), 71,838 implant
participants (9.78%), 352,625 injection participants (47.99%), 188,163 pill participants (25.61%), 1,973 MOP participants (0.27%) and 46,096 condom participants (6.27%). (BKKBN Indonesia, 2019).

In Riau province in December 2019 there were 17,995 family planning participants. If you look at the contraceptive mix, the percentages are as follows: 482 IUD participants (2.68%), 199 MOW participants (1.11%), 1,509 Implant participants (8.39%), 9,171 injection participants (50.96%), 5,531 Pill participants (30.74%), 44 MOP participants (0.24%), and 1,059 Condom participants (5.88%). The majority of new family planning participants in December 2013 were dominated by family planning participants who used Non-Long Term Contraception Methods (Non MKJP), which was 87.59% of all new family planning participants. Meanwhile, new family planning participants who use long-term methods such as IUD, MOW, MOP, and Implants are only 10.36%. (BKKBN Riau Province, 2019).

The achievements of all active family planning participants In 2019, there were 62,698 contraceptive methods in Rokan Hulu Regency, consisting of 31,514 injection participants, 18,939 pill participants, 1,882 IUD (Intrauterine Contraceptives) participants, MOP (Male Medical Surgery) and MOW (Medical) participants. Women's Surgery) as many as 574 people, implant participants 4,932 people, the highest achievement on injections and the lowest achievement on MOP and MOW. (Bkkbn Rohul, 2019).

Based on the research journal Sriwahyuni, with a chi-square statistical test using a 2×2 table, p value = 0.016 was obtained so that there was a relationship between the length of use of hormonal contraceptives and the increase in the respondent's weight. Based on the Winarsih research journal, it shows that the long use of Depo Medroxy Progesterone Acetate is at risk of increasing weight gain. This is an important finding that every use of Depo Medroxy Progesterone Acetate contraceptives should always be evaluated for weight development and prevention of excessive weight gain. Excessive weight gain can be associated with various health problems such as obesity, hypertension, diabetes mellitus and heart disease. Based on the description above, the authors are interested in conducting research on "The Relationship of Mother's Weight with the Use of Hormonal Family Planning in the Village of Pekan Tebih, Working Area of the Kecepatan Hulu Health Center".

METHODS

The type of research used is Analytical Survey, while the research design is cross sectional. The population is the entire object of research or the object under study (Saepudin, 2021) The population of the study is all mothers who use hormonal family planning in the village of Pekan Tebih. The working area of the Kecepatan Hulu Health Center is 129 people. The sample is all mothers who use hormonal contraception as many as 129 people. The sampling technique used was saturated sampling, i.e. all mothers who used hormonal family planning in Pekan Tebih Village, the Working Area of the Kepanjangan Hulu Health Center.
RESULTS AND DISCUSSION

Table 1 Distribution of Respondents Frequency by Mother’s Age in Pekan Tebih Village Working Area of Kecepatan Hulu Health Center year 2021

<table>
<thead>
<tr>
<th>Variabel</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>Minimum-Maximum</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Umur Responden</td>
<td>28.59</td>
<td>5.057</td>
<td>0.609</td>
<td>20 – 45</td>
<td>69</td>
</tr>
</tbody>
</table>

Based on table 1 the frequency distribution according to the average age of mothers who use hormonal family planning is 28.59 years, while the standard deviation is 5.057 with a minimum age of 20 years and a maximum age of 45 years for mothers using hormonal contraceptives.

Table 2 Frequency Distribution by Type of Hormonal Family Planning

<table>
<thead>
<tr>
<th>Type KB</th>
<th>Amount</th>
<th>Persentase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pil</td>
<td>18</td>
<td>26.1</td>
</tr>
<tr>
<td>Injektion</td>
<td>51</td>
<td>73.9</td>
</tr>
<tr>
<td>Total</td>
<td>69</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Based on table 2 the frequency distribution by type of hormonal family planning shows that there are 69 respondents (52%), 18 people (26.1%), are respondents who use pill KB while 51 people (73.9%) are respondents who use injectable contraception.

Table 3 Distribution of Frequency by Length of Use of Hormonal Family Planning

<table>
<thead>
<tr>
<th>Variabel</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>Minimum-Maximum</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of usage KB Hormonal</td>
<td>13.45</td>
<td>5.988</td>
<td>0.721</td>
<td>6 – 26</td>
<td>69</td>
</tr>
</tbody>
</table>

Based on table 3 the average length of use of hormonal contraception is 13.45 months with a standard deviation of 5.988. The minimum usage is 6 months and the maximum usage is 26 months.

Table 4 Frequency Distribution of Mother's Weight Before Family Planning

<table>
<thead>
<tr>
<th>Variabel</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>Minimum-Maximum</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>BB before usage KB</td>
<td>48.43</td>
<td>5.508</td>
<td>0.663</td>
<td>35 – 63</td>
<td>69</td>
</tr>
</tbody>
</table>
Based on table 4, the frequency distribution of maternal weight before family planning on average was 48.43 kg with a standard deviation of 5.508 kg and the minimum and maximum body weights were 35-63 kg.

5 Frequency Distribution of Mother’s Weight After Family Planning

<table>
<thead>
<tr>
<th>Variabel</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>Minimum-maximum</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>BB After KB</td>
<td>59.19</td>
<td>7.169</td>
<td>0.863</td>
<td>45 – 76</td>
<td>69</td>
</tr>
</tbody>
</table>

Based on table 5 the average weight of the mother after family planning is 59.19 with a standard deviation of 7,169 kg, while the minimum and maximum weight are 45-76 kg.

Table 6 Distribution of Average Mother’s Weight Before and After Family Planning

<table>
<thead>
<tr>
<th>Variabel</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>P_value</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>BB Before KB</td>
<td>48.43</td>
<td>5.508</td>
<td>0.663</td>
<td>0.000</td>
<td>69</td>
</tr>
<tr>
<td>BB After KB</td>
<td>59.19</td>
<td>7.169</td>
<td>0.863</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on table 6, the average weight before family planning was 48.43 kg with a standard deviation of 5.508 kg. Meanwhile, the average body weight after family planning was 59.19 kg with a standard deviation of 7,169 kg. It can be seen that the mean difference between maternal weight before and after family planning is -10.76 kg with a standard deviation of 6.742 kg. The results of the statistical test obtained $p$ value = 0.000, so it can be concluded that the $p$ value is smaller than 0.005 so $H_a$ failed to be rejected.

The Relationship Between Mother’s Weight With The Use Of Hormonal Family Planning

The results of the statistical test explained that there was a significant relationship between maternal weight and the use of hormonal family planning, with a $p$ value of 0.000 <0.05. This is the same as the results of Yati’s research in Teweh District, Kalimantan Province in 2020 which found a relationship between maternal weight and the use of hormonal family planning, namely $p$ value < 0.05 and said that the hormone contained in hormonal family planning influenced it. In this case the number of respondents who use hormonal contraception is 69 people. There are 64 respondents (94%). Ages 20-35 who use hormonal contraception are 64 respondents (94%), while age 36-45 are 5 respondents (6%).

Mother’s weight increases due to hormone levels contained in hormonal family planning (Sulistyawati, 2021). The weight gain experienced by hormonal family planning acceptors is influenced by the levels of estrogen and progesterone hormones contained in the hormonal family planning component. Estrogen components can increase the retention of electrolytes, water, nitrogen and other protoplasm-forming...
elements that cause edema. While the hormone progesterone stimulates the appetite control center in the hypothalamus which causes the acceptor to eat more than usual, the increase in appetite followed by large amounts of food is the androgenic effect of progestins. From the results of this study, the researchers assumed that there were other possible relationships that affected maternal weight in Pekan Tebih Village, such as knowledge or mother's education regarding hormonal family planning.

There is a significant relationship between maternal weight and the use of hormonal family planning which is influenced by the hormones contained in hormonal family planning. And from the results of this study the researchers concluded that the hormones contained in hormonal birth control affect weight gain.

CONCLUSIONS

Conclusion There is a relationship between maternal weight and the use of hormonal family planning in the village of Pekan Tebih, the working area of the Kecepatan Public Health Center. Suggestions It is hoped that other researchers can continue research on Maternal Weight with the Use of Hormonal Family Planning and serve as reference/reading materials, especially matters related to Hormonal Family Planning.

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AUTHOR CONTRIBUTION STATEMENTS

The authors had participated in the research. The authors processing the finding, evaluation of research, and finishing review process.

BIBLIOGRAPHY


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