



Implementation of Depomedroxy Progesterone Acetate and Cyclofem Injunctive Contraception Devices in Family Planning Acceptors in Bantimurung Health Center, Maros District

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ABSTRACT

High interest in the contraceptive Medroxy Progesterone Acetate goes hand in hand with acceptor complaints about weight gain. This study aims to determine the effect of parity on the continued use of Medroxy Progesterone Acetate and Cyclofem injections. This research was carried out at the Bantimurung Maros Community Health Center with the research design used was a Cross Sectional Study research. In this research design, a survival analysis study will be used. Data analysis was carried out univariately, bivariately using the logrank test, and multivariately using the Cox Proportional Hazards Model Regression test. The results showed that parity was a factor related to continued use, with a value of ($p = 0.011$). Our hope is that the community, especially mothers who want to become acceptors, will be more effective in using and becoming acceptors of injectable family planning.

Keyword: Application, Injectable Contraceptives, Depomedroxy Progesterone Acetate and Cyclofem, Family Planning Acceptor, Bantimurung Community Health Center

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1. Introduction

Indonesia is a developing country with the problem of still high population growth. The population in 2015 was 255.5 million people, increasing to 258.7 million people in 2016. Meanwhile, data released by the World Bank shows that in 2016 the





population was 258.7 million people and in 2017 it decreased to 256.6 million people with a population growth rate of 1.2% per year. Even though Indonesia is experiencing a decline in population, in the world, Indonesia is in fourth place with the highest population of 255,708,785 million people with a population growth rate of 3.49% (Tumoutonews, 2017).

Currently, the method that is widely used by couples of childbearing age in the family planning program is the injectable contraceptive method. The injectable family planning method has become part of the national family planning movement and interest in it is increasing. The majority of couples of childbearing age in Indonesia use hormonal contraception (Uliyah M. 2010).

Hormonal contraception (Progesterone) sometimes causes side effects. So, another alternative is to use family planning injections, both hormonal. It's just that family planning injections have varying 'injection periods'. There is one per month. There are also quarterly ones. Because there are quite a lot of side effects caused by family planning injections which can cause acceptors to drop out, whether it is a 3 month or 1 month injection, family planning acceptors must know early about the side effects of injections (Handayani S. 2010).

The limitation of using the Medroxy Progesterone Acetate (DMPA) contraceptive is that weight gain, weight gain or loss of 1-2 kg may occur. Pay attention to the client's diet if the weight change is too striking. If you are overweight, stop injections and recommend another contraceptive method (Sulistyawati, 2014).

An increase in body weight can be caused by several factors, including: excess food, lack of activity, ease of living, psychological factors, genetics, food consumption patterns, age, education and hormonal factors (Varney, 2009).

Hormonal factors are one of the causes of increasing or decreasing a person's weight because an imbalance in one hormonal producer in the pituitary gland will affect other hormonal systems (Sukmawati, 2014).

The contraceptive discontinuation rate is one measure of the quality of contraceptive use. Discontinuation rates can include contraceptive failure, acceptor





dissatisfaction with family planning tools/methods, side effects of family planning, and unavailability of contraceptives in both types and quantities (Glasier A, 2006).

One measure of the quality of use is the increasing effectiveness (continuity) of contraceptive use. Reasons for discontinuation can include contraceptive failure, dissatisfaction with the family planning tool/method, side effects, and lack of availability of the family planning tool/method (Bappenas. 2010).

High dropout rates, failure of family planning tools/methods and replacement of family planning tools/methods can indicate that discipline and acceptor compliance is needed in using them, there must also be improvements in providing counseling regarding the selection of family planning tools/methods, follow-up services and service provision. wider (Sudariato, et al. 2010).

Research on the continuity of use of Depo Medroxy Progesterone Acetate and Cyclofem injection acceptors can provide very valuable benefits for all injection acceptors and the use of injectable contraceptives can also be used as a basis for consideration in reducing the drop out rate of these injectable contraceptives. Based on the literature study conducted, research regarding the continued use of the injectable contraceptive Depo Medroxy Progesterone Acetate and Cyclofem is still very limited. This encouraged researchers to examine further the continuity of using the Depo Medroxy Progesterone Acetate and Cyclofem injectable contraceptives on parity factors. This study aims to see the continuity of use of Depo Medroxy Progesterone Acetate and Cyclofem injections on parity factors in family planning acceptors.

2. Research Methods

This research was conducted at the Bantimurung Maros Community Health Center with the consideration that at this community health center there were no research reports regarding the continued use of Depo Medroxy Progesterone Acetate and Cyclofem injections at the Bantimurung Maros Community Health Center. So it is assumed that the sample required for this study is sufficient and meets the criteria for analyzing the continuity of injectable contraceptive use. This type of research uses a cross sectional study design. The population is all family planning acceptors of Medroxy





Progesterone Acetate and Cyclofem depot injections within the working area of the Bantimurung Maros Community Health Center.

Sampling was carried out by exhaustive sampling who met the criteria, namely Family Planning Acceptors who used injectable contraceptives, lived in the working area of the Bantimurung Maros Health Center, had a complete address in the Family Planning acceptor register book, and used injectable contraceptives for ≥ 1 year and were willing to Participate in this research by signing the informed consent that has been prepared by the researcher. Data collection was carried out by taking secondary data from the Family Planning service unit and direct interviews with respondents using a questionnaire. The dependent variable (Continuity of use/length of use), and independent variables (age, parity, source of information, level of education and husband's support) were measured by interviews using a list of questions (questionnaire).

3. Results and Discussion

a. Results

1. Univariate Analysis

Table 1.

Distribution Respondent to factor parity in Bantimurung Maros Community Health Center

| | Frequency (n) | Percent (%) |
|-------------|---------------|-------------|
| Parity | | |
| 1 (1 – 2) | 101 | 57.4 |
| 2 (3 – 6) | 75 | 42.6 |

Table 1. Provides information that the majority of respondents in the research sample use the Depo Medroxy Progesterone Acetate injectable contraceptive (67.6 %). Cyclofem (32 .4 %). Meanwhile the continuity data for cencor is (64.2 %), while the event is (35.8%). Based on parity 1 – 2 children, namely 101 people (57.4 %) and parity 3 – 6 children, namely 75 people (42.6%).





2. Bivariate Analysis

Table 2.

Continuity Usage Contraception Inject Based on factor Parity

| Research variable | Long Usage | | Percentiles | | | | P | | p=0.05 |
|-------------------|------------|--------|-------------|-------|-------|-------|-------|-------|---------|
| | DMPA | Cyclo | DMPA | | Cyclo | | DMPA | Cyclo | |
| | | | % | Month | % | Month | | | |
| Parity | | | | | | | | | |
| 1 (1 – 2) | 19,700 | 18,710 | 69 | 20 | 61 | 20 | 0.007 | 0.559 | p=0.011 |
| 2 (3 – 6) | 25,408 | 19,962 | 70 | 25 | 68 | 20 | | | |

Based on table 2 with the Kaplan Meier test, it explains that acceptors who have parity 1 - 2 children have an average of 19,700 or 20 months of contraceptive use and parity 2 (3 - 6) have an average of 25,408 or 25 months of contraceptive use. Meanwhile, for cyclophem injectable contraception, parity 1 (1 – 2) has an average of 18,710 or 19 months of contraceptive use and parity 2 (3 – 6) has an average of 19,962 or 20 months of contraceptive use. From the overall data, a significant value was obtained ($p=0.011 < p=0.05$) indicating that there was a difference in the length of use of DMPA and cyclofem injectable contraceptives based on acceptor parity.

b. Discussion

This research is a descriptive analytical study using a cross-sectional approach, which aims to see the effect of parity on the continued use of Depo Medroxy Progesterone Acetate and Cyclofem injections. For this purpose, in the bivariate data analysis, the Kaplan Meier test was used, while to see the significance, the logrank test was used. The data used in this research is secondary data from participants receiving Family Planning injections of Depo Medroxy Progesterone Acetate and cyclofem at the Family Planning service at the Bantimurung Maros Health Center in 2010 – 2011 with a total of 176 observations (119 DMPA acceptors and 57 cyclofem acceptors).





This research shows that the parity factor (number of children) is the length of use of the injectable contraceptive Depo Medroxy Progesterone Acetate and cyclofem ($p = 0.011$). Where mothers who use Depo Medroxy Progesterone Acetate injectable contraception at a parity between 3 - 6 children use contraception longer than mothers who have 1 - 2 children. This is because mothers who already have enough children and no longer want to have more children can continue to use contraception for longer as long as there are no other complaints that could harm the health of the acceptor, for example complaints about side effects that could occur when using injectable contraceptives for a long period of time, then a multivariate analysis is carried out to further refine whether parity is indeed a variable that greatly influences the continuity of injectable contraceptive use, and from the results of this analysis the results show that parity is indeed very closely related to the duration of injectable contraceptive use. Depo Medroxy Progesterone Acetate and cyclofem with a significance limit of $p = 0.05 > p = 0.041$.

This shows that the large number of children has an influence on the mother's motivation to continue using contraception. The results of this study are in accordance with research conducted by Maskanah (2009) which concluded that parity is one of the factors associated with the incidence of dropping out of injectable contraceptives ($p \text{ value} = 0.006$). This research is not in line with research conducted by Susiati (2000) based on statistical tests showing that there is no relationship between parity and the use of injectable contraceptives.

4. Conclusion

We conclude that the duration of injectable contraceptive use is associated with continued use of injectable contraceptives. The parity factor is an independent variable that has differences in the continuity of use of Depo Medroxy Progesterone Acetate and Cyclofem injectable contraceptives. After interacting together, it can be concluded that the parity factor is a factor that has a strong difference in the continuity of injectable contraceptive use. Therefore, it is necessary to socialize earlier about the importance of





using contraception, by providing earlier information, and it is hoped that the community will be more effective in using and becoming acceptors of injectable family planning.

5. Compliance with ethical standards

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Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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