

THE RELATIONSHIP OF WEIGHT INCREASE, SEX DRIVE AND MENSTRUAL CYCLE WITH LONGER USE OF FP 3 MONTHS INJECTIONS IN TPMB ARI ROKHRIYANTI, S. KEB CAKUNG, EAST JAKARTA

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Abstract

Background: One of the efforts to reduce the birth rate can be done through the use of contraceptives. One contraceptive that can be used is DMPA (Depo -medroxyprogesterone Acetate) or depo provera or better known as 3-month injection contraception, the name for the use of 3-month contraception. months often cause side effects, one of the side effects is weight gain, irregular menstrual cycles, and decreased sex drive. **Objective:** of this research is to determine the relationship between weight gain, sexual desire and menstrual cycle with the duration of using injectable contraceptives for 3 months in PMB Bd. Ari Rokhriyati, S. Keb, Cakung East Jakarta in 2023. **Method:** This research uses descriptive quantitative methods. The population in this study were all 3-month injection contraceptive acceptors who visited PMB Bd. Ari Rokhriyati, S. Keb, Cakung, East Jakarta for the period September - November 2023 as many as 359 people. With a total sample of 76 mothers who use family planning, the sampling technique used purposive sampling. The dependent variable is 3 month KB users. The independent variables are weight gain, sex drive and menstrual cycle. Data collection uses observation sheets. Statistical tests use the chi square test. The results of this study show a relationship between the menstrual cycle and the duration of family planning use of 3 months in PMB Bd. Ari Rokhriyati S. Keb Cakung Jakarta with a p-value = 0.002 ($p < 0.05$). The duration of using family planning for 3 months has an effect on sexual arousal with a p-value = 0.008 ($p < 0.05$). Meanwhile, the duration of using family planning for 3 months does not have an effect on weight gain with a value of $p = 0.239$ ($p > 0.05$). **Conclusion:** Using contraception for 3 months affects the menstrual cycle, sexual desire and weight gain.

Keywords: 3 Month Birth Control Injection, Weight, Sexual Desire, Menstrual Cycle

Introduction

One of the efforts to reduce birth rates can be done through the use of contraception (Oesman, 2017). The World Health Organization (WHO) reported in 2020 that contraceptive use has increased in many parts of the world. Globally, modern contraceptive users increased from 54% in 1990 to 57.4% in 2018. It was reported that in Africa modern contraceptive use from 23.6% to 27.6%, in Asia increased from 60.9% to 61.6%, Latin America and the Caribbean rose from 66.7% to 67% (WHO, 2020).

In 2022, the Central Statistics Agency (BPS) recorded that 55.36% of couples of childbearing age (PUS) in Indonesia used family planning (KB) tools. This percentage increased by 0.3 % compared to last year. In detail, the percentage of PUS who use modern and traditional contraceptives in urban areas is 52.14 %. This figure is lower than in rural areas which reached 59.44 %. The use of contraceptives has been observed to decrease with increasing economic status. It was recorded that

only 43.24 % of PUS with the best economic status or quintile 5 used contraception. The figure is much different than in the worst economic status group or quintile 1, which was 62.52 %. The most widely used contraceptives are injections (56.01 %), pills (18.18%) and birth control implants (9.49%) (BKKBN, 2022).

The number of PUS in DKI Jakarta Province in 2022 is 2,604,902 with 1,571,347 active family planning participants. The most common contraceptive methods used are short-term contraceptives, namely injections (36.66 %) and pills (21.84%). Meanwhile, the use of long-term contraceptive methods (MKJP) such as IUD (21.13 %), implant (10.01%), MOW (3.76%), MOP (1.12%) (BPS DKI Jakarta, 2022). The East Jakarta City Health Service also reported that the number of PUS in 2022 was 696,548 with 408,334 active family planning participants. The most widely used contraceptive methods are short-term, namely injections (35.88 %) and pills (23.48%). Meanwhile, the use of MKJP includes IUD (22.15 %), implant (8.57%), MOW (3.55%), MOP (0.57%) (East Jakarta City Health Office, 2022).

Injectable contraception can cause side effects that are often complained about by injectable contraceptive acceptors, one of which is weight gain (Harahap & Amelia, 2020). Injectable contraception stimulates the appetite control center in the hypothalamus, causing acceptors to eat more than usual, causing injectable contraceptive acceptors to gain weight (Hartanto, 2018). Fitriah et al.'s research. (2021) shows that there is a relationship between the length of time being a 3-month injectable birth control acceptor and the incidence of weight gain since the first year of use. Family planning acceptors who have used contraceptive injections for 3 months have a 3.6 times greater chance of gaining weight compared to family planning acceptors who have only used contraceptive injections for 3 months.

Another side effect of using injectable birth control is sexual dysfunction. Sexual dysfunction is a disturbance in one or more aspects of sexual function. Sexual functions assessed include sexual arousal/libido, orgasm, satisfaction and pain. The decrease in libido is due to the effects of hypoestrogens when using DMPA injectable birth control which can reduce a person's frequency of sexual intercourse and cause a decrease in a person's sexual quality (Matahari et al., 2018). The research results of Melba et al. (2020) shows that there is a relationship between 3-month use of injectable contraception and sexual dysfunction. It was explained that the duration of using injectable contraceptives for 3 months is 3.9 times the risk of experiencing a decrease in libido.

The duration of using injectable birth control for 3 months can also cause menstrual disorders. Changes in the length of menstruation are caused by the gestagen component contained in DMPA. This change is in line with the lack of menstrual blood in 3-month contraceptive injection acceptors. After long-term use, the amount of menstrual blood decreases and amenorrhea can occur (Husniati & Saudah, 2016). According to research results by Sinaga (2021), the length of use of 3-month contraceptive injections is related to changes in the menstrual cycle, where the longer the use of 3-month contraceptive injections, the shorter the duration of menstruation for recipients of 3-month contraceptive injections, even to the point of not menstruating.

Based on data obtained from the Cakung Community Health Center, East Jakarta, it shows that of the 70,298 couples of childbearing age (PUS) recorded in 2022, the number of active family planning participants was only 56,520, of which those using MKJP were implants (1.67%), IUDs (8.13%), MOP (0.3%) and MOW (0%), while those using short-term methods such as pills (25.2%), injections (48%) and condoms (3.1%) (Cakung Community Health Center, 2022). Meanwhile the data in PMB Bd. Ari Rokhriyanti, S.Keb showed that the number of PUS active family planning participants who carried out family planning for the 2022 period was recorded at 1,129 people, this figure is down around 15% from the previous year, with detailed data on the use of MKJP implants (1.16%), IUDs (4, 11%), MOP (0%) and MOW (0%), while short-term methods are pills (30.9%), injections (33.17%) and condoms (1.8%).

Preliminary survey of 10 people accepting 3-month contraceptive injections at PMB Bd. Ari Rokhriyanti, S.Keb, by conducting interviews, data was obtained that 6 people said they felt side effects while following the 3-month injection contraceptive program, namely experiencing menstrual disorders with use for more than one year. Furthermore, 6 people said they experienced weight gain because their appetite increased during using injectable birth control for 3 months. Furthermore, 4 of them said that they also felt a decrease in sexual desire and felt lazy about having sexual relations, resulting in no more than one sexual intercourse in the last four weeks while using 3-month injectable birth control.

Based on the background description above, researchers feel it is important to conduct research on "The relationship between weight gain, sexual desire and menstrual cycle with the duration of using injectable contraceptives for 3 months in PMB Bd. Ari Rokhriyati, S.Keb, Cakung East Jakarta in 2023".

Research Methods

The research method used in this research is descriptive quantitative. Descriptive quantitative is a type of research used to analyze data by describing or illustrating the data that has been collected as it is. Descriptive quantitative research in this study uses a correlational approach. Correlation research is research conducted to find out whether there is a relationship between two or more variables, namely the extent to which variations in one variable are related to variations in other variables. The design used is cross sectional, namely research that studies the dynamics of the relationship between risk factors and effects, by means of an approach, observation or data collection carried out one time at the same time and without a follow-up period (Sugiyono, 2018).

Research Result

1. Univariate Analysis

Respondent Characteristics

Table 5.1 Respondent Characteristics Based on Mother's Age, Occupation Length of Birth Control Use, Menstrual Cycle and Sexual Desire at PMB Bd. Ari Rokhriyati S. Keb Cakung East Jakarta in 2023

No		Frekuensi (F)	Persentasi (%)
1.	Pekerjaan		
	Bekerja	33	44
	Tidak Bekerja	42	56
	Jumlah	75	100
2.	Usia Ibu		
	Usia <20 th , Atau >35 th	13	17
	Usia 20-35 th	62	83
	Jumlah	75	100
3.	Lama Penggunaan KB		
	< 1 Tahun	47	63
	> 1 Tahun	28	37
	Jumlah	75	100
4.	Siklus Menstruasi		
	Normal	17	23
	Tidak Normal	58	77
	Jumlah	75	100
5.	Gairah Seksual		
	Menurun	4	5
	Stabil	71	95
	Jumlah	75	100
6.	Kenaikan Berat Badan		
	Naik	44	59
	Tidak Naik	31	41
	Jumlah	75	100

Based on table 5.1, it can be seen from the 75 respondents studied that the characteristics of the respondents based on the mother's age were the highest, namely those aged 20-35 years as many as 62 respondents (83%), while respondents aged < 20 years and > 35 years were 13 respondents (17 %). For the employment category, the majority were 33 respondents (44%), and for the non-working

category were 42 respondents (56%). In the category of duration of family planning use, the majority was <1 year, namely 47 respondents (63%) and 28 respondents (37%) used >1 year. In the menstrual cycle category, the majority of cycles were abnormal, namely 58 respondents (77%), and normal cycles were 17 (23%). For the sexual arousal category, the majority were stable at 71 (95%), and those with decreased sexual arousal were 4 respondents (5%). Meanwhile, in the weight gain category, the majority increased by 44 respondents (59%), and respondents whose weight did not increase were 31 (41%).

2. Bivariate Analysis

The relationship between the menstrual cycle and the duration of family planning use of 3 months

Table 5.2 The relationship between the menstrual cycle and Length of Use 3 Month Family Planning at PMB Bd. Ari Rokhriyati S. Keb Cakung East Jakarta in 2023

Siklus Menstruasi	Lama Penggunaan KB 3 Bulan				Jumlah		P-value	Nilai OR
	< 1 Tahun		>1 Tahun		N	%		
	F	%	F	%				
Normal	16	21	1	2	17	23	0,002	0,072
Tidak Normal	31	41	27	36	58	77		
Total	47	62	28	38	75	100		

Chi square test

Based on table 5.2, of the 75 respondents, the duration of family planning use was 3 months < 1 year, the majority experienced abnormal menstrual cycles, namely 31 respondents (41%) and those who experienced normal menstrual cycles were 16 respondents (21%) while the duration of contraceptive use was 3 months > 1 The majority of years experienced an abnormal menstrual cycle, 27 respondents (36%) and 1 respondent (2%) experienced a normal menstrual cycle. The statistical test results obtained a p-value = 0.002 ($p < 0.05$). It can be concluded that there is a relationship between the menstrual cycle and the duration of family planning use of 3 months in PMB Bd. Ari Rokhriyati S. Keb Cakung Jakarta.

The Relationship between Sexual Desire and the 3 Month Length of Birth Control Use

Table 5.3 The Relationship between Sexual Desire and the 3 Month Length of Birth Control Use in PMB Bd. Ari Rokhriyati S. Keb Cakung East Jakarta in 2023

Gairah Seksual	Lama						P-value	Nilai OR
	Penggunaan KB 3 Bulan		Jumlah		N	%		
	< 1 Tahun	>1 Tahun						
	F	%	F	%				
Normal	0	0	4	5	4	5	0,000	2,958
Tidak Normal	4	63	2	32	71	95		
	7		4					
Total	4	62	2	38	75	10		
	7		8			0		

Chi-square test

Based on table 5.3, of the 75 respondents, the duration of family planning use was 3 months < 1 year. The majority experienced stable sexual desire, namely 47 respondents (63%) and none experienced a decrease in sexual desire. Meanwhile, the duration of family planning use was 3 months > 1 year. The majority experienced stable sexual desire, as many as 24 respondents (32%) and those who experienced decreased sexual desire were 4 respondents (5%). The statistical test results obtained a p value of 0.008 ($p < 0.05$). It can be concluded that there is a relationship between sexual arousal and the duration of family planning use for 3 months in PMB Bd. Ari Rokhriyati S. Keb Cakung Jakarta.

Table 5.4 The relationship between weight gain and duration of family planning use for 3 months

	Levene's Test For Equality of Variances		t-test for Equality of Means			
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference
Equal Variances assumed	,318	,577	-	28	,000	-2,800
Equal Variances not assumed			-	27,277	,000	-2,800

The relationship between weight gain and the duration of family planning use for 3 months in PMB Bd. Ari Rokhriyati S.Keb Cakung East Jakarta 2023

Gairah Seksual	Lama Penggunaan KB 3 Bulan				Jumlah		P-value	Nilai OR
	< 1 Tahun		>1 Tahun		N	%		
	F	%	F	%				
	Normal	30	40	19	19	44		
Tidak Normal	17	22	14	19	31	41		
Total	47	62	33	38	75	100		

Chi-square test

Based on table 5.4, of the 75 respondents, the duration of family planning use was 3 months < 1 year. The majority experienced weight gain, namely 30 respondents (40%) and those who did not experience an increase were 17 respondents (22%) while the majority of the duration of family planning use was > 1 year. 14 respondents (19%) experienced weight gain and 14 respondents (19%) did not experience weight gain. The statistical test results obtained a p value of 0.239 (p > 0.05). It can be concluded that there is no relationship between body weight and the duration of family planning use for 3 months in PMB Bd. Ari Rokhriyati S. Keb Cakung Jakarta.

Discussion

1. The relationship between the menstrual cycle and the duration of family planning use for 3 months in PMB Bd. Ari Rokhriyati S.Keb Cakung East Jakarta 2023.

The statistical test results in table 5.2 show a p-value = 0.002 (p < 0.05). It can be concluded that there is a relationship between the menstrual cycle and the duration of family planning use of 3 months in PMB Bd. Ari Rokhriyati S. Keb Cakung Jakarta

The menstrual cycle is a continuous process of hormonal changes and leads to the formation of the endometrium, ovulation, and the shedding of the lining if pregnancy does not occur. Every month, egg cells must be selected and then stimulated so that they mature. The endometrium must also be prepared in case a fertilized egg (embryo) appears and attaches and develops there. Menstrual bleeding begins towards the end of puberty. At that time, girls begin to release eggs as part of the monthly period called the female reproductive cycle or menstrual cycle (Liani et al., 2020).

The menstrual cycle varies in women and almost 90% of women have a cycle of 25-35 days and only 10-15% have a cycle length of 28 days, however some women have irregular cycles and this can be an indication of fertility problems. The duration of menstrual bleeding also varies, generally 4 to 6 days, but between 2 and 8 days can still be considered normal (Sinaga, 2021).

The disadvantages of 3-month injectable contraceptives are irregular bleeding or spotting or amenorrhea, delayed return to fertility for up to one year, depression, increased body weight, galactorrhea, once given cannot be withdrawn, can be related to osteoporosis, causes vaginal dryness, reduces libido, causes emotional disturbances, headaches, acne, nervousness with long-term use, the effect of injections on breast cancer (BKKBN, 2021).

Administration of exogenous progesterone can interfere with peak levels of FSH and LH, so that even though ovulation occurs, less progesterone production from the corpus luteum causes inhibition of implantation. When using DMPA, the endometrium becomes shallow and atrophic with

inactive glands. Often the stroma becomes oedematous. With long-term use, the endometrium can become so small that no or only a small amount of tissue is found when a biopsy is performed. However, these changes will return to normal within 90 days after the last DMPA injection (Halawa, 2017).

Hormonal contraception can affect a woman's sex organs. The organs most affected are the endometrium, myometrium, cervix and breasts. Hormonal changes can affect the menstrual cycle. The influence that can be caused by the use of hormonal contraception is the menstrual cycle on the amount of menstrual blood and the duration of bleeding. Changes in the length of the menstrual cycle (polymenorrhea) are caused by changes in steroid secretion from the ovaries so that changes in the amount of menstrual bleeding (hypomenorrhea and hypermenorrhea) are influenced by the dose of hormonal contraception used. The smaller the dose of estrogen and progesterone, the smaller the blood that comes out and the bigger the dose of estrogen and progesterone, the more blood that comes out (Siregar, 2019).

The change in the absence of menstruation (amenorrhea) in users of hormonal injectable contraceptives is not because ovarian function is suppressed by hormonal contraception for too long, but rather because of the direct effect of hormonal contraceptives on the endometrium over a long period of time causing endometrial growth to become smaller and endometrial atrophy to occur. DMPA use can cause normal menstrual patterns to change to amenorrhea, irregular bleeding, spotting, changes in frequency, duration and amount of blood lost. The effect on menstrual patterns depends on the duration of use. Intermenstrual bleeding and spotting decrease with time, while the incidence of amenorrhea increases. The high incidence of amenorrhea is thought to be related to endometrial atrophy (Sawabir, 2019).

Sinaga's research (2021) shows that the length of use of 3-month contraceptive injections is significantly related to changes in the menstrual cycle, where the longer the use of 3-month contraceptive injections, the shorter the duration of menstruation for recipients of 3-month contraceptive injections, even to the point of not menstruating. Similar research by Hartati & Desmariyenti (2020) shows that there is a significant relationship between the duration of using injectable contraception for 3 months and menstrual cycle irregularities. It was explained that the duration of using injectable contraceptive contraception for 3 months carries a 6.1 times risk of experiencing changes in the menstrual cycle compared to just using hormonal injectable contraceptive once.

According to researchers' assumptions, the most frequent side effects of using hormonal contraceptives are disruption of menstrual patterns, including amenorrhea, menorrhagia and spotting, delayed return to fertility after stopping use, increased body weight. The longer the use of hormonal contraceptives causes the menstrual cycle to be disrupted.

2. The relationship between sexual desire and the duration of family planning use for 3 months in PMB Bd. Ari Rokhriyati S.Keb Cakung East Jakarta 2023

The statistical test results in table 5.3 show a value of $P = 0.008$ ($p < 0.05$). It can be concluded that the duration of using birth control for 3 months has an effect on sexual arousal. Denotatively, sexuality has a broader meaning because it includes all aspects related to sex which can include values, attitudes, orientation and behavior. Sexual libido (lust, lust) is the urge or desire to have sexual intercourse (coitus). In general, libido means sexual desire (Nurmayani et al., 2020). Decreased libido is the same as sexual dysfunction, which is low sexual desire for someone or the opposite sex, both men and women. This disorder can occur due to various reasons, both psychological and medical, and has an unpleasant effect on the harmony of a relationship between husband and wife (Patmahwati, 2018)

This research is in line with (ALKOMAH, 2023) the results of research conducted on 38 respondents at the Tempuling District Health Center, the results showed that of the 38 respondents, the majority experienced sexual dysfunction in 26 people (68.4 %). The term sexual dysfunction is a disturbance in one or more aspects of function. Sexual functions assessed include sexual arousal/libido, orgasm, and pain.

The results of this research are in line with research conducted by (Isfaizah & Widyaningsih, 2019) concerning "Use of the DMPA Injection Contraceptive Method is Associated with Sexual Dysfunction in Women Accepting Injection Birth Control", stating that the duration of using injection contraception for 3 months resulted in sexual dysfunction for 35 people (58, 3%) used long-term 3-month injections with 39 people (65.0%) experiencing sexual dysfunction.

Based on the results of research conducted by (Harahap & Amelia, 2020) using the Chi Square test, it was found that the p value ($0.01 < \alpha (0.05)$), where the p value is smaller than the α value, which means that H_0 is rejected, so it can be concluded that there was a relationship between the use of 3-month injection contraception and sexual dysfunction. This is in accordance with research by Damalia and Saadati (2013), that of 45 DMPA injection contraceptive acceptors, 24 acceptors who used DMPA injections for a long time experienced a decrease in libido, with a p value of 0.002, so there is a relationship between the duration of DMPA injection contraceptive use and a decrease in libido.

DMPA injections only contain the hormone progesterone which has the main effect of preventing ovulation with high levels of progestin which will actively inhibit the surge of Lutenizing Hormone (LH) in stimulating the ovulation process which cannot occur without adequate LH production. This will gradually cause sexual dysfunction in the form of decreased libido and other sexual potential. Sexual dysfunction occurs in 1-5% of acceptors who complain of decreased libido and ability to orgasm, and pain during sexual intercourse (Indrasari et al., 2023).

DMPA injections only contain the hormone progesterone which has the main effect of preventing ovulation with high progestin levels which will actively inhibit the LH (Lutenizing Hormone) surge. This will gradually cause sexual dysfunction in the form of decreased libido and other sexual potential. Sexual dysfunction occurs in 1-5% of acceptors 7 who complain of decreased libido and ability to orgasm, and pain during sexual intercourse (Raidanti & Wahidin, 2021)

Side effects of progesterone birth control contraception (DMPA) also occur in the vagina as a side effect of the hormone progesterone. The vagina becomes dry, resulting in pain (dyspareunia) during sexual intercourse, and if this condition persists for a long time it will cause decreased desire or sexual dysfunction in women. Long-term use can cause vaginal dryness, reduce libido, emotional disturbances and can cause headaches, nervousness and acne (Lestariningsih et al., 2017)

Sexual dissatisfaction can lead to differences of opinion, disputes and ultimately divorce. Decreased libido due to injectable birth control in the long term will affect hormonal changes and will have an impact on vaginal drying, resulting in pain during intercourse (Herniyatun et al., 2021). Long-term use of DMPA (up to two years) can disrupt the balance of the hormones estrogen and progesterone in the body, resulting in normal cell changes becoming abnormal. The progesterone in contraceptives functions to thicken cervical mucus and reduce the uterus' ability to accept fertilized cells. However, this hormone also makes it easier to convert carbohydrates into fat, so the side effect is often the accumulation of fat which causes weight gain and decreased sexual desire (Patmahwati, 2018).

This research is in line with (Jumiati et al., 2020) which states that there is a relationship between 3-month contraceptive use and sexual arousal. The researchers explained that in 3-month injectable contraceptive users our libido will decrease

According to researchers' assumptions, the use of hormonal birth control can cause hormonal instability in women, which will cause a feeling of laziness to have sex which is a result of vaginal drying, resulting in pain during intercourse.

3. The relationship between weight gain and the duration of family planning use for 3 months in PMB Bd. Ari Rokhriyati S.Keb Cakung East Jakarta 2023

The statistical test results in table 5.4 show a value of $P = 0.239$ ($p > 0.05$). It can be concluded that the duration of using birth control for 3 months has no effect on weight gain. Body weight is one of the parameters that provides an idea of life span. Weight gain occurs if daily food contains energy that exceeds the relevant needs (positive energy balance). A person's body weight often changes (Anggeni, 2020). Another definition of body weight is the amount of body components such as protein, fat, water, minerals. Meanwhile, weight gain is a condition where a person's body weight exceeds normal and exceeds their original body weight (Nursamsiyah & Rohmah, 2021).

This research is in line with research (Indrasari et al., 2023) which found a value of $p = 0.234$ ($p > 0.005$) which means there is no influence on the use of 3-month family planning with the majority of respondents in this study aged 20-35 years, at this age women tend to prioritize appearance so that respondents will try to maintain their ideal weight. The same thing is the case with research (ALKOMAH, 2023) in its research which states that the majority of respondents, namely housewives with housewife jobs, respondents will often move around doing activities at home so there is no relationship between using 3 months of birth control and increasing body weight.

This research is not in line with the research of Fitriah et al. (2021) shows that there is a relationship between the length of time being a 3-month injectable birth control acceptor and the incidence of weight gain since the first year of use. In his research, it was explained that family planning acceptors who used contraceptive injections for 3 months were 3.6 times more likely to gain weight compared to family planning acceptors who used contraceptive injections once for 3 months. This weight gain, if not treated immediately, can cause obesity.

Research by Prawita & Gulo (2019) also stated similar results that there was a relationship between the use of 3-month injectable contraception and maternal weight gain. In his research, it was explained that one of the side effects that often occurs as a result of using 3-month injectable contraceptives in general is weight gain. The duration of using injectable contraceptives for 3 months carries a 4.2 times greater risk of weight gain compared to those who only use injectable contraceptives for 3 months. The weight gain is not too large, varying between less than 1 kg to 5 kg in the first year, and the cause is not clear but it appears to be an increase in body fat and not due to body fluid retention.

According to researchers' assumptions, increasing body weight can be influenced by several factors, one of which is irregular eating patterns, apart from that, regular exercise will make the body healthier and the body weight more stable. In this study, the majority of respondents aged 20-35 were at this age. will pay more attention to their physical appearance, so that respondents will maintain their ideal body weight.

Conclusion

1. It can be seen that the characteristics of the respondents are based on the mother's age, the largest number of respondents, namely 20-35 years old, is 62 respondents (83%). For the job category, the majority who work are 33 respondents (44%). In the category of duration of family planning use, the majority used <1 year, namely 47 respondents (63%). In the menstrual cycle category, the majority of cycles were abnormal, namely 58 respondents (77%). For the sexual arousal category, the majority was stable at 71 (95%). Meanwhile, in the weight gain category, the majority increased by 44 respondents (59%).
2. It can be seen that the duration of family planning use is 3 months < 1 year, the majority experience an abnormal menstrual cycle, while the duration of 3 month contraceptive use is > 1 year, the majority experience an abnormal menstrual cycle. The statistical test results obtained a value of $P = 0.002$ ($p < 0.05$). It can be concluded that the duration of 3 months of contraceptive use has an effect on the menstrual cycle.
3. It can be seen that the duration of family planning use is 3 months < 1 year. The majority experience sexual arousal. Meanwhile, the duration of family planning use is 3 months > 1 year. The majority experience stable sexual desire. The statistical test results obtained a value of $P = 0.008$ ($p < 0.05$). It can be concluded that the duration of using birth control for 3 months has an effect on sexual arousal.
4. It can be seen that the duration of family planning use is 3 months < 1 year. The majority experience weight gain. Meanwhile, the duration of family planning use is 3 months > 1 year. The majority experience weight gain. The statistical test results obtained a value of $P = 0.239$ ($p > 0.05$). It can be concluded that the duration of using birth control for 3 months has no effect on weight gain.

Suggestion

1. For health workers
It is hoped that it can be used as study material for health workers to more effectively provide IEC (Communication, Information and Education).
2. For Educational Institutions
It is hoped that it can be used as learning material and a source of scientific information for health sciences students.
3. For Further Researchers
It can be used as reference material for future researchers who discuss similar problems and can be developed according to the conditions found by future researchers

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