

JOINT INTERNATIONAL CONFERENCE

*"Health Opportunities and Challenges In
Improving Competence of Global Competition"*

Held and Organized by : JIC Committee



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**PROCEEDING
THE 2ND JOINT INTERNATIONAL CONFERENCES**

**HEALTH OPPORTUNITIES AND CHALLENGES IN
IMPROVING COMPETENCE OF GLOBAL
COMPETITION**

Grand Surya Hotel Kediri-East Java 19 July 2018

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HEAD OF COMMITTEE FOREWORD

Dear presenters and participants

On behalf of the organizers and committees, it is pleasure to welcome you to 2nd Joint International Conference on health opportunities and challenges in improving competence of global competencies, hosted by 8 Health institutions in East Java .This conference was conducted to provide an opportunity for the health practitioners, students, lecturers to take part in academic forum as presenters and participants.

In this meeting we present great qualification scientists to share knowledge and experiences in health sciences such as midwifery, nursing, environmental health, health analyst and nutrition. Health practitioners, students and lecturer are also welcome to the conference. They can share and improve their knowledge in a harmonic science atmosphere to get another view of health science.

We hope this conference can be one of tools to communicate and interact between those who related to health science. We hope you all enjoy this conference, and we would like welcome you in Kediri.

On this occasion, we profusely thank to:

1. Drg. Elia Rosalina Sunityo, MARS.,M.KK (Deputy for Foreign Cooperation and Promotion BNP2TKI)
2. Hiromi Ogasawara, RN.,Ph.D (Japan Asia Medical Nurse Association)
3. Prof. Kamarul Imron Musa (USM Malaysia)
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5. Prof. Yu-Huei Lin (Nursing Faculty TMU)
6. Dr. Ratna Hidayati, M.Kep.,Sp.,Mat (STIKes Karya Husada Kediri)

Sincerely



Dr. Sandu Siyoto, SKM, M.Kes
Chairman of JIC

The Correlation of Time for Using Injection Contraception in 3 Months with Menstruation Cycle in BPM Mrs. Atik Ngainur Rohmah S.ST Kaliombo Kediri

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ABSTRACT

Keywords:

Menstruation cycle

Injection contraception in 3 month

Injection for planning family is the most popular hormone contraception in Indonesia. Most used injection planning family is depoprovera. Hormone planning family gives many effects for acceptor, especially in relation with menstruation cycle for example amenorea, dismenorea, the change of time in menstruation cycle and spotting. Purpose of this study is to know the correlation of time for using injection contraception in 3 months with menstruation cycle. Design of this study is correlation study with cross sectional approach. Population is all acceptors of injection planning family in 3 months in BPM Mrs. Atik Ngainur Rohmah, Kaliombo, Kediri. Sampling technique used purposive sampling, it is 30 respondents. Data collection was conducted on 9-13 June 2017. Independent variable is time using injection contraception in 3 months and dependent variable is menstruation cycle. Instrument of this study is questionnaire. Statistic test used is chi-square. Result of this study shows that majority of using injection planning family for 3 months is 22 respondents (73%) and menstruation cycle oligomenorea is 9 respondents (30%). Result of chi square test is obtained p -value is $0.019 < \alpha (0,05)$ means that there is correlation of time using injection planning family contraception for 3 months with menstruation cycle. From the result of this study, it is expected that the increment of health officer role in giving information and education on family planning in 3 months injection contraception that it increase the role of spouse in fertile age want to use contraception instrument.

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I. INTRODUCTION

The population explosion resulted in rapid population growth due to the lack of knowledge and cultural patterns in the local community. To overcome this problem the Indonesian government has implemented family planning (KB) program which started in 1968 by introducing various methods of contraception by sharing its characteristics. (Hartanto, 2012: 16).

Hormonal contraceptives provide a wide range of impacts to acceptors particularly related to menstrual disorders such as amenorrhea, dysmenorrhoea, changes in menstrual cycle and spotting time. Spotting or spotting of blood is a side effect that occurs in the hormonal contraceptive acceptor especially injecting KB which is marked by the release of blood spots outside the menstrual period. The emergence of spotting often leads to anxiety in acceptor that leads to the emergence of efforts to change contraception or the occurrence of drop out on acceptors. (Prawirohardjo, 2011: 283).

The number of injecting KB users in Indonesia in 2015 amounted to 17,104,340 acceptors (47.78%) out of a total of 35,795,560 FP participants. Active FP participant in East Java Province reached 6,299,424 or 76.68% from total of fertile age couples (PUS), with new family planning number was 887,397 persons (10.80%). Judging from the type of contraceptive method used, the number of injecting methods of injecting drug users was the highest, reaching 3,167,069 acceptors (50.28%) (Dinkes Jatim, 2015). Data on Kediri Health Office 2015 shows the number of EFA of 48,591 people with the number of active KB participants reached 32,353 acceptors (66.6%) (Departement of Health Kediri Town, 2016).

Judging from the contraceptive method used, injecting contraceptive method was the most widely used method with 17,856 acceptors (55.2%) out of a total of 32,353 active KB participants. As for the side effects, injecting KB contraceptives were the most experienced KB side effects with the following details: Spotting 371 cases (2.1%), 373 cases of amenorrhea (2.2%), 74 cases (0.4 %), nausea 23 cases (0.1%), weight gain 241 cases (1.3%) and abdominal pain 1 case (0.01%) (Departement of Health Kediri Town, 2016).

Based on the description in this background, the researcher is interested to carry out research entitled " The Correlation of time for using injection contraception in 3 months with menstruation cycle in BPM Mrs. Atik Ngainur Rohmah S.ST Kaliombo Kediri Town".

II. METHOD

This research uses corelation using crosssectional approach. The population of this study were all 3 month injection contraceptive injectors. The sampling technique in this research is done by purposive sampling, that is 30 respondents. Instruments in this study using questionnaires. The independent variable is the length of use using a participant Planning Family card, The Dependent variable is the menstrual cycle using the calendar method. Further analysis was done by using chi square test.

III. RESULT AND DISCUSSION

Table 1: Time For Using Injection Contraception in 3 Month

Time For Using Injection	f	Percent (%)
Short (6—22 Month)	8	27
Long (> 22 Month)	22	73
Σ	30	100

Table 1 it can be seen that from 30 respondents the highest percentage is the respondents who use the Long as much as 22 respondents (73%).

Table 2: Menstruation Cycle

Menstruation Cycle	f	Percent (%)
Polimenorea (Cycle <21 Days)	9	30
Oligomenorea (Cycle >35 Days)	11	37
Amenorea (Not Menstruation>3 Months)	8	27
Normal (21-35 Days)	2	6
Σ	30	100

Table 2 it can be seen that from 30 respondents the highest percentage is respondents who experience oligomenorea cycle that is as much as 11 respondents (37%).

Table 3: The Correlation of time for using injection contraception in 3 months with menstruation cycle in BPM Mrs. Atik Ngainur Rohmah S.ST Kaliombo Kediri Town

Time For Using Injection	Menstruation Cycle									Σ
	Polimenorea		Oligomenorea		Amenorea		Normal			
	f	%	f	%	f	%	f	%	f	
Short (6—22 Month)	2	7	0	0	5	16	1	3	8	26,7
Long (> 22 Month)	7	23	11	36	3	10	1	3	22	73,3
Total	9	30	11	36	8	26	2	6	20	100
Chi Square Test p -value 0.019 at $\alpha < 0.05$										

Table 3 it can be known that the short duration of use (6-22 months) 2 respondents (7%) had a cycle of polimenorea, 5 respondents (16%) had amenorrhea cycle, 1 respondent (3%) had normal cycle and duration of use duration (> 22 months) 7 respondents (23%) had cycles of polimenorea, 11 respondents (36%) had an oligomenorrhoea cycle, 3 respondents (10%) had amenorrhea cycle, and 1 respondent (3%) had normal cycle.

Based on the duration of its use, 3-month injection contraceptive acceptor is divided into 2 categories: acceptor who use injecting KB shortly with 6-22 months and long time that is acceptors who have used KB injection 3 months> 22 months (Moloku, 2016: 4).

The duration of contraception is the time period of the client in using the tool or method of preventing pregnancy. Acceptors who use injecting FPs only briefly during (6-22) months are acceptors who feel incompatible with the contraceptives they use, while the old acceptors using injecting KB (> 22) months are acceptors who feel comfortable with the contraceptives they use. The duration of the use of 3-month injection also affects the menstrual pattern, so at the time of acceptor acceptor selection must be informed that by using 3 month injection, will experience irregular bleeding or menstrual disruption, at first year use and happening amenorea for long women may be more receptive to it. Because of injectable contraceptives containing progestin, it has side effects that are irregular bleeding patterns, long bleeding episodes, the presence of patches, and amenorrhoea, with a duration of 12 months or more of use.

According Saifuddin (2012: 67) indication of use of 3-month injection contraception, among others, reproductive age (20 - 35). At the age of 20-35 years, generally female contraceptives are generally intended for those who already have children to distinguish between pregnancies. The best distance between 2-4 years. Before 2 years or after 5 years will increase the risk of complications that may be experienced by the mother. Meanwhile, when the age> 35 years is recommended to not get pregnant again because after 35 years the female body is not supportive for pregnant so more risk of pregnancy complications occur. So a good contraception for age over 35 years is IUD.

Based on the results of the research, it was found that there was a long correlation between the use of 3-month injection contraception with the menstrual cycle on 3 month injection contraceptive acceptor. This can be seen from the acceptor tabulation which categorized the short duration of use (6-22 months) 2 respondents (7%) had a cycle of polimenorrhoea, 5 respondents (16%) had amenorrhoeal cycle, 1 respondent (3%) had normal cycle and long duration (> 22 months) 7 respondents (23%) had polimenorea cycle, 11 respondents (36%) experienced oligomenorrhoea cycle, 3 respondents (10%) had amenorrhea cycle, and 1 respondent (3%) had normal cycle. From calculation of statistic test by using chi square of chi square test result obtained p-value = 0,019 (with degree of significance $p < 0,05$) so that p value = 0,019 < 0,05 so H_0 rejected H_1 accepted, showing there is relation of old usage of contraception 3 month injection with menstrual cycle.

From the result of the research, it is found that the old respondents use 3 month injecting contraception from 30 respondents as 22 respondents (73%) old category.

Hormonal contraceptives, especially those containing Depo Medroxyprone Acetate (DMPA) cause hormonal imbalances resulting in a change of menstrual cycle even in the use of injectable FP more than 1 year usually occur amenorrhoea, the appearance of pain before menstruation

(dysmenorrhoea) and the appearance of spotting, while under conditions there are certain menstrual cycles running in a longer time span even in some acceptors of amenorrhea. (Hartanto, 2012: 38). According to Riyanti (2011), the results show that the duration of DMPA injections is significantly associated with secondary amenorrhoea in DMPA injection acceptor in BPS Sumarni, whereas the longer the DMPA use, the longer accidents of DMPA acceptor become shorter even to no menstruation. Changes in menstrual period is due to the components of gestagen contained in DMPA. The results of Anggia and Mahmudah's study (2012) in which menstrual irregularities occur more frequently in users of 3-month injection type injection. The results of statistical analysis showed that respondents using 3-month injections were more likely to experience 15.4% (1 / 0,065) menstrual disturbance times greater than respondents using 1 month of injectable contraception.

According to research Anggraini (2009) factor factors that affect the change of menstrual cycle on injection contraceptive injectors is age. The result of Tiwi's research (2014) shows that the majority of amenorrhea occurrences in BPS Zul Choiliyah Surabaya period January-April 2014 are more common at age > 35 years. This is consistent with Sperrof's theory. L (2005) that at age > 35 years, due to the use of progesterone injections in circulation is quite high, this will cause negative feed back to the hypothalamus (reduce GNRH secretion) and directly to the anterior pituitary (reduce the secretion of FSH and LH). FSH and LH levels decreased and no LH shock occurred. decreased FSH secretion causes no follicular development whereas decreased LH secretion causes no follicular maturation and ovulation. This condition causes no occurrence of menstruation or amenorrhoea. Age affects the incidence of amenorrhoea in acceptor aged > 35 years. Mothers over 35 years old must end their fertility or not get pregnant again for medical reasons. The right contraceptive used for mothers aged > 35 years is an IUD. KB IUD is a long term non-hormonal contraception, has no effect on age and menstrual pattern, so it can minimize acceptor's anxiety as psychological effect in facing menstrual condition due to 3-month injection contraception, besides IUD contraception have few side effects and safe.

IV. CONCLUSIOAN

Based on statistical test analysis using chi square obtained p -value = 0,019 (with significance level $p < 0,05$) so that p value = 0,019 < 0,05 so H_0 rejected H_1 accepted, meaning that there is Correlation of time for using injection contraception in 3 months with menstruation cycle in BPM Mrs. Atik Ngainur Rohmah S.ST Kaliombo Kediri Town.

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