



DESCRIPTION OF HAID CYCLE ON FAMILY PLANNING ACCEPTOR IN THE USE OF IUD AND IMPLANT CONTRACEPTION IN JELEGONG VILLAGE, KUTAWARINGIN DISTRICT, BANDUNG REGENCY IN 2016

Tri Setiowati*, Ayu Delawati
trisetiowati@yahoo.co.id

Department of Midwifery, School of Health Sciences Jenderal Achmad Yani Cimahi, Indonesia

ABSTRACT

The method of contraception can reduce the rate of population growth which is increasing. Contraceptive methods that have high effectiveness include IUDs and Implants, but MKJP users are still classified as less than short-term contraceptive methods. One of the causes has side effects which is an abnormal menstrual cycle. In Jelegong village, the highest dropout rate is experiencing cycle abnormalities, based on preliminary studies showing that from 5 IUD family planning acceptors, they experienced oligomenorrhea (40%) and polimenore (60%). Whereas from 5 implant acceptors experience amenorrhoea (60%). This study aims to determine the description of menstrual cycle abnormalities in family planning acceptors in the use of IUD and Implant contraceptives in Jelegong Village, Kutawaringin District, Bandung Regency in 2016.

The research method used is descriptive with cross-sectional design. The sample was 71 respondents with a random sampling technique. Data obtained using a questionnaire and then analyzed univariately.

The results showed that respondents who used IUD and Implant contraceptives in Jelegong Village, Kutawaringin District, almost half had Amenorrhoea (31%). Respondents who used IUD mostly experienced Polimenore menstrual cycle (39.0%), while respondents who used Implant contraception mostly experienced Amenorrhoea (66.7%) menstrual cycle.

It is expected that midwives can improve in providing information about the side effects of IUDs and Implants ie abnormal menstrual cycles that are unlikely to occur in every acceptor.

Keywords: Menstrual Cycle, IUD, Implant

INTRODUCTION

One of the efforts to reduce population density is by joining the Family Planning (KB) program. Family planning is an effective way to prevent maternal and child mortality, because it can help fertile couples to avoid or protect mothers from high-risk pregnancies. This can reduce the maternal mortality rate (MMR) and infant mortality rate (IMR). KB is also a means to help EFA avoid unwanted pregnancies, get the desired birth, arrange the time and age of husband and wife at birth and determine the number of children in the family called fertile age couples (Hartanto, 2014). MKJP type of IUD has several disadvantages, namely the method of installation is quite complicated and directly inserted between the uterine and uterine channels with the aim of blocking sperm into the uterus. This sometimes causes a husband's complaint when having sex if the installation is incorrect. Unlike the implants that are quite simple installation of the 6 sticks (Norplant), 2 sticks (indoplant) to the latest 1 stick (implanon). Implant

is one of the effective hormonal birth control, it is because the implant is a type of hormonal birth control that has a long enough distance to inhibit pregnancy (BKKBN, 2012). But both types of contraception have some disadvantages, which are seen from menstrual cycle disorders such as amenorrhoea, oligomenorrhoea, polimenorea, menorrhagia, hypomenorrhoea, and metroragia. According to Irianto (2014) that the side effects of the use of an IUD, including: 1) changes in menstrual patterns in the first 3 months, 2) menstruation will be longer and more numerous, and 3) sometimes there is bleeding (spotting) between menstrual periods. The irregular menstrual cycle pattern one month after using the IUD for several years depends on the condition of the user's body, menstrual cycle irregularity is indicated by the longer menstrual period (some of which are preceded and terminated by spotting first). The number of menstruation becomes more and the arrival of menstruation (cycle) becomes shorter, so as if menstruation comes 2 times within a period of

1 month (30 days) (Asria, 2013). Meanwhile the most important side effect of an implant is a change in menstrual patterns, which occurs in nearly 60 percent of acceptors in the

first year after insertion (installation) (Hartanto, 2010). Puskesmas Kutawaringin is one of

the puskesmas providing family planning services, including KB IUD and Implant. Based on the recapitulation of data from the Kutawaringin Health Center in 2015 as shown in the following table.

Table 1. Family Planning Acceptors in the Work Area of the Kutawaringin Health Center in 2015

Desa	PUS	IUD	%	implant	%	DO	%
Jelegong	1273	126	9.90	49	3.85	21	1.65
Jatisari	1726	76	4.40	36	2.09	17	0.98
Pamentasan	1524	78	5.12	33	2.17	13	0.85
Kopo	1426	115	8.06	42	2.95	13	0.91
Cibodas	1425	89	6.25	32	2.25	12	0.84
Kutawaringin	1264	99	7.83	29	2.29	16	1.27
Sukamulya	1243	102	8.21	41	3.30	11	0.88
Padasuka	1023	108	10.56	39	3.81	8	0.78
Buminagara	1092	84	7.69	23	2.11	5	0.46
Rajamekar	1435	92	6.41	19	1.32	9	0.63
Cilame	1229	80	6.51	34	2.77	15	1.22

The table shows that the IUD and Implant KB acceptors were mostly in Jelegong Village, where the number of IUD acceptors was 126 (9.90%) and implant acceptors were 49 (3.85%). And is the village with the highest dropout rate among other villages, which is 21 (1.65%) so that researchers are interested in conducting research in Jelegong Village. While the 2016 data recapitulation in Jelegong Village until May obtained 141 IUD acceptors and 102 implants. Based on a preliminary study conducted on June 16, 2016 in Jelegong Village, Kutawaringin District, Bandung Regency, the interview method was conducted on 5 IUD KB acceptors and 5 implant acceptors.

The interview results show that as many as 2 people accepting the IUD KB complained of a longer cycle (oligomenorrhea) 3 others complained of menstrual bleeding that was shorter or less than normal (polimenorea). While as many as 3 implant acceptors complained of not coming for menstruation for three consecutive months (amenorrhoea) and 2 other people complained of menstrual bleeding more than usual. Based on the description above, the authors are interested in conducting a study entitled "The description of menstrual cycle abnormalities in family planning acceptors in the use of IUD and Implant contraceptives in Jelegong Village, Kutawaringin District, Bandung Regency in 2016

RESEARCH METHODS

This research uses descriptive method with the type of research design used is cross-sectional. i.e. research or analyzing a situation or group of

subjects, which aims to see the frequency distribution and proportion between one symptom and another symptom or one variable to another by approaching or collecting data at once or once at a time (point time approach). In this case the measurement of the variable use of the IUD and implant KB and the menstrual cycle are carried out simultaneously. In this study the variables studied were the use of IUD and implant KB acceptors, menstrual cycles.

RESULT

1. Overview of Menstrual Cycles in the IUD Acceptor in Jelegong Village Based on the results of research on menstrual cycle abnormalities in the IUD acceptor in the village of Jelegong that has been done, it can be explained in the following table 1.

Table 1 Distribution of Menstrual Cycles in IUD Acceptors in Jelegong Village in 2016

Menstrual Cycle	Frequency	Percentage
Amenore	2	4,9
Oligomenore	13	31,7
Polimenore	16	39
There are no abnormalities	10	24,4
Total	41	100

Source: Primary Data

Based on table 1 above it can be seen that from 40 IUD KB acceptors, almost half of them experienced a polimenore cycle of 16 respondents (39%).

2. Overview of Menstrual Cycles in Implant Acceptors in Jelegong Village Based on the results of research on menstrual cycle abnormalities in the implant acceptor in the village of Jelegong that has been done, it can be explained in the following table 2.

Table 2. Distribution of Menstrual Cycles in Implant Acceptors in Jelegong Village in 2016

Menstrual Cycle	Frequency	Percentage
Amenore	20	66,7
Oligomenore	2	6,7
Polimenore	2	6,7
There are no abnormalities	6	20,0
Total	30	100

Source: Primary Data

Based on table 2 above, it can be seen that from 30 KB acceptors, most of them experienced an amenorrhea cycle of 20 respondents (66.7%).

3. Overview of Menstrual Cycles by Type of Contraception in Jelegong Village Based on the results of research on menstrual cycles based on the type of contraception in the village of Jelegong that has been done, it can be explained in the following table 3.

Table 3. Menstrual Cycles by Type of Contraception in Jelegong Village in 2016

Type of contraception	Menstrual Cycle								Total	
	Amenore		Oligomenore		Polimenore		There are no abnormalities		N	%
	N	%	N	%	n	%	n	%		
IUD	2	4,9	13	31,7	16	39,0	10	24,4	41	100
Implant	20	66,7	2	6,7	2	6,7	6	20,0	30	100
Total	22	31,0	15	21,1	18	25,4	16	22,5	71	100

Source: Primary Data

Based on table 3, it can be seen that from 41 IUD KB acceptors, almost half of them experienced polimenore cycle abnormalities of 16 respondents (39.0%), while of the 30 Implant KB acceptors most of them experienced amenorrhea cycle abnormalities of 20 respondents (66.7%).

DISCUSSION

1. Overview of the menstrual cycle in the a. IUD acceptor in Jelegong Village

Based on table 2 above, it can be seen that from 40 IUD KB acceptors, almost half are mengalami cycle polimenore as many as 16 respondents (39%). The results showed that the contraceptive IUD effect on the cycle that is polimenore, where respondents had experienced a shorter menstrual cycle than usual which is less than 21 days. Polimenore is caused by hormonal disorders that cause ovulation disorders, which will shorten the luteal period. The cause is ovarian congestion due to inflammation, endometritis, and so on. Along with this begins the formation and maturation of the corpus luteum accompanied by increased levels of progesterone, while gonadotropins begin to drop again. Early luteal phase, along with corpus luteum maturation.

Progesterone secretion continues to increase and reaches levels between 6 and 20 ng / ml. Estradiol released mainly from large follicles that do not have atresia, also appears in the luteal phase with higher concentrations than during the beginning or middle of the follicular phase. Maximum estradiol and progesterone production are found between the 20th and 23rd day, so on that day often menstruation occurs faster than usual. Many causes why menstrual cycles become long or vice versa. Handling cases with an abnormal menstrual cycle, not based on the length or shortness of a menstrual cycle, but based on abnormalities found due to several reasons such as impaired hormone function. Hormone that is disturbed by menstruation is closely related to the hormone system that is regulated in the brain, precisely in the pituitary gland. This hormonal system will send signals to the ovaries to produce eggs.

If this regulatory system is interrupted, menstrual cycles will automatically be interrupted. This is in line with Rianto's opinion (2014) that the side effects of using an IUD include: 1) more frequent changes in menstrual patterns, 2) menstruation will last longer and more, and 3) sometimes there will be bleeding

(spotting) between periods menstruation. Research conducted by Zannah (2012) obtained the percentage of IUD acceptors who complained about menstrual cycle changes by 3 acceptors (4.62%), increased menstrual blood count (polimenorea) by 28 acceptors (43.08%), spotting 18 acceptors (27, 69%), 13 acceptor dysmenorrhea (20%), sexual intercourse acceptor disorders (23.08%), vaginal discharge (leukorrhea) 29 acceptors (44.62%) and changes in blood pressure 49 acceptors (75.38%). The research shows that side effects that occur after the use of an IUD cause respondents to feel uncomfortable using it, so this needs to be explained further by health workers, especially midwives so that the IUD acceptor understands the side effects arising from the IUD. While the research of Ratna and Irdyanti (2012) results of research that has been done that there are 48 (69.56%) women who use IUD contraception who experience menstruation that is 2 times more than regular menstruation (polimenorea) and there are only 21 (30.43%) of 69 who experienced a small amount of blood released during menstruation (hypomenorrhea). Menstrual cycle differences between women using IUD contraception and injection contraception in Marpoyan Damai District, Pekanbaru City. In this study respondents only experienced irregular menstrual patterns in terms of the number and duration of menstruation than usual before using an IUD.

2. Overview of the menstrual cycle in the Implant acceptor in Jelegong Village

Based on table 3 above, it can be seen that of the 30 KB acceptors most of them experienced an amenorrhea cycle of 20 respondents (66.7%). The results showed that the contraceptive implant effect on the cycle that is amenorrhea, where respondents had experienced no menstruation or menstruation for 3 consecutive months. The most important side effect of an implant is a change in menstrual pattern, which occurs in almost 60 percent of acceptors in the first year after insertion (installation) (Hartanto, 2010). The amenorrhea cycle that occurs in the implant acceptor is inseparable from the role of the hormones estrogen and progesterone, but in implant users who are more involved in the amenorrhea, the hormone progesterone. The

hormone estrogen in contraception works by inhibiting ovulation through hypothalamic-pituitary-ovary function, inhibiting the passage of the ovum or implantation. While the hormone progesterone works by making cervical mucus thicker, making penetration and transportation of sperm difficult, inhibiting sperm capacity, travel of the ovum in the fallopian tubes, implantation, and inhibiting ovulation through hypothalamic-pituitary-ovarian function (Mansjoer, 2008).

While Manuaba (2010) states that the core hormonal, to avoid pregnancy is progesterone or testosterone derivatives. This is in line with the opinion of Anggia (2012) that the side effect of using hormonal contraception is not menstruation (amenorrhoea) after the use of contraception. The occurrence of amenorrhoea in the use of hormonal contraception that lasts a long time will cause the acceptor not to menstruate at all. The results showed that most implant KB users experienced amenorrhea cycle abnormalities (66.7%). This result is in line with Maharani's research (2007) which conducted a study of the relationship between the length of implant KB use with acceptor complaints showing that complaints were felt 73% irregular menstrual cycle and 27% regular menstrual cycle, where of the cycle abnormalities there are amenorrhea cycle abnormalities that occur in amenorrhoea 30-40% of women at the end of the first year of use. The results show that there is a long correlation between the use of implant KB and the pattern of the menstrual cycle. This is reinforced by Siswati's research (2009), which showed that most respondents experienced 54.3% amenorrhea, this was due to the influence of the hormones estrogen and progesterone present in the hormonal KB so that most respondents experienced amenorrhoea. The influence of the use of hormonal birth control with the occurrence of amenorrhoea occurs because hormonal birth control containing progestin or medroxy progesterone Progestin interferes with the menstrual cycle. This is in line with Siswati's research (2009) that around 54.3% who use contraception have not had menstruation for 3 months.

3. The description of the menstrual cycle based on the type of contraception in Jelegong Village

Polimenore cycle abnormalities of 16 respondents (39.0%), while of the 30 Implant KB acceptors the majority experienced amenorrhea cycle abnormalities of 20 respondents (66.7%). The results of this study can be concluded that the IUD acceptor tends to neglect the polimenore cycle, while the implant acceptor tends to have amenorrhea cycle abnormalities. The results showed that the IUD acceptor experienced more abnormalities in the polimenore cycle. This is due to side effects from the use of an IUD namely the amount of blood that is more during menstruation than usual so that menstrual cycles often occur less than 21 days or commonly called polimenorea. This is in line with Hartanto (2010) which states that one of the side effects of an IUD is bleeding when menstruation is more than usual so that menstrual cycles often occur less than 21 days (polimenorea). Many causes why menstrual cycles become long or vice versa. Handling cases with an abnormal menstrual cycle, not based on the length or shortness of a menstrual cycle, but based on abnormalities found due to several reasons such as impaired hormone function. Hormone that is disturbed by menstruation is closely related to the hormone system that is regulated in the brain, precisely in the pituitary gland. This hormonal system will send signals to the ovaries to produce eggs.

If this regulatory system is interrupted, menstrual cycles will automatically be interrupted. Systemic disorders, such as a very fat or thin body can affect the menstrual cycle because the metabolic system in the body does not work well, or women who suffer from diabetes, will also affect the metabolic system so that the menstrual cycle is irregular. Stress will also disrupt the metabolic system in the body, because of stress, women will become tired easily, lose weight drastically, even sickly, so that metabolism is disrupted. When metabolism is disrupted, the menstrual cycle is disrupted too. Disruption of thyroid function / thyroid can also be a cause of irregular menstrual cycles. Disorders can be in the form of thyroid production that is too high (hyperthyroidism) or too low (hypothyroidism), which can cause the body's hormonal system to be disrupted. Excessive

prolactin hormone, where the hormone prolactin can cause a woman to not menstruate, because this hormone suppresses fertility. In women who are not breastfeeding the hormone prolactin can also be high, usually caused by abnormalities in the pituitary gland located in the head (Sahara, 2009). Besides polimenore, menstrual cycles that occur due to the use of an IUD show that side effects on each IUD acceptor differ - according to the old user or new user. This is consistent with research conducted by Karmila (2013) that old users of the IUD experienced normal menstrual patterns after using them for more than 1 year (78.12%) while new users of IUDs experienced abnormal menstrual patterns after using less than 1 year (65.66%). This shows the differences in menstrual patterns between old users and new users of the IUD. The results of a study conducted by Sumarni (2009) about differences in menstrual cycles between mothers using IUD contraceptives and pill contraceptives in Gergunung Klaten Utara Hamlet, Klaten, Central Java, the results showed that the statistical analysis results obtained a p value of 0,000 with a significance of less than 0, 05, which means that there are significant differences in menstrual cycles between mothers using IUD contraception and pill contraception in Gergunung Klaten Utara, Klaten, Central Java.

In this study it was found that the menstrual cycle experienced by the IUD KB acceptor is longer (oligomenorrhoea) than the menstrual cycle of the KB acceptor pill. The results of this study can be concluded that the irregular menstrual cycle pattern one month after using the IUD for several years depending on the condition of the user's body, menstrual cycle irregularity is indicated by menstrual periods being longer (some of them preceded and terminated by spotting first). The number of menstruation becomes more and the arrival of menstruation (cycle) becomes shorter, so as if menstruation comes 2 times within a period of 1 month (30 days) (Asria, 2013). Meanwhile, the KB implant acceptors mostly experienced amenorrhea cycle abnormalities of 20 respondents (66.7%). Usually occurs at the beginning of the use of implants. This is as explained previously that progesterin or progesterone is the most important hormone in disrupting the menstrual cycle in hormonal KB

acceptors such as implants. This is in line with Manuaba (2010) that which becomes the core of hormonal, to avoid pregnancy is progress.

CONCLUSION

Based on the results of research conducted, a conclusion can be drawn as follows:

1. Of the 41 IUD responses in the IUD in Jelegong Village, Kutawaringin District, almost half experienced 16 (39%) polimenore.
2. Out of 30 KB Implant respondents in Jelegong Village, Kutawaringin District, most experienced amenorrhea as many as 20 (66.7%).
3. Nearly half of the respondents who use the IUD KB experience a menstrual cycle of polimenore by 16 (39%) and the majority of respondents who use a KB Implant experience an Amenorrhea menstrual cycle by 20 (66.7%).

REFERENCES

- Anggia R.J., Mahmudah. 2012. Hubungan Jenis Dan Lama Pemakaian kontrasepsi Hormonal Dengan Gangguan Menstruasi di Bidan Praktek Swasta. *Jurnal Biometrika dan Kependudukan*.
- Arikunto, S, (2010). *Prosedur Penelitian Suatu Pendekatan Praktek*, Jakarta : Rineka Cipta
- Asria (2011). Gambaran pola menstruasi pada akseptor KB IUD di wilayah kerja Puskesmas kedungmungdu Semarang. *Jurnal Universitas Muhammadiyah Semarang*.
<http://jurnal.unimus.ac.id/index.php/JKMat/article/view/930/982>
- Baziad, A (2008). *Kontrasepsi Hormonal*. Jakarta : PT. Bina Pustaka Sarwono Prawirohardjo
- BKKBN, (2008). *Jaminan Mutu Pelayanan KB*, di akses www.bkkbn.co.id pada tanggal 13 juni 2016
- BKKBN, (2012). *Hasil Pelayanan Peserta KB Baru Secara Nasional pada Bulan Juni 2012*. [online].
<http://www.bkkbn.go.id>.
- Hastono, S .(2007). *Analisis data kesehatan*. Jakarta : Fakultas Kesehatan Masyarakat Universitas Indonesia
- Hartanto (2014). *KB dan kontrasepsi*. Jakarta: Pustaka Sinar Harapan
- Hidayat (2007). *Metode penelitian kebidanaan dan teknik analisa data*. Jakarta : Salemba medika
- Irianto, Koes (2014). *Pelayanan keluarga berencana, dua anak cukup*. Alfabeta : Bandung
- Kumalasari, 2012. *Kesehatan Reproduksi untuk Mahasiswa Kebidanaan dan Keperawatan*. Jakarta : Salemba Medika
- Mansjoer, A, (2008). *Buku Ajar Asuhan Keperawatan Klien Gangguan Sistem Muskuluskeletal*. Jakarta : EGC
- Manuaba, I.G.D. (2010). *Ilmu Kebidanaan: Penyakit Kandungan dan Keluarga Berencana*. Jakarta : EGC.
- Nurulita (2011). Gambaran pola menstruasi pada akseptor KB IUD di wilayah kerja Puskesmas kedungmungdu Semarang. *Jurnal Universitas Muhammadiyah Semarang*.
<http://jurnal.unimus.ac.id/index.php/JKMat/article/view/930/982>
- Prawirohardjo S., (2010). *Ilmu Kandungan*. Jakarta : Yayasan Bina Pustaka
- Ratna dan Irdyanti (2012). Perbedaan pengaruh penggunaan alat kontrasepsi IUD dan Suntik terhadap siklus haid perempuan di Kecamatan Marpoyan Damai Pekanbaru. *Jurnal Universitas Islam Negeri Suska Riau*.
<http://ejournal.uin-suska.ac.id/index.php/marwah/article/view/507>
- Riduwan. (2012). *Skala Pengukuran Variabel-Variabel Penelitian*. Editor : Warisman. Pengantar : Anwar. Cet-7. Bandung : Alfabeta.
- Saifuddin, (2006). *Pelayanan Kesehatan Maternal dan Neonatal*. Jakarta : Yayasan Bina Pustaka Sarwono Prawirohardjo
- Saifuddin (2010). *Buku Panduan Praktis Pelayanan Kontrasepsi edisi 2*. Jakarta : Bina Pustaka Sarwono Prawirohardjo
- SDKI (2012). *TFR penduduk Indonesia tahun 2012*, diakses di <http://www.bps.go.id/pada> tanggal 13 juni 2016
- Siswati (2009) *Hubungan Akseptor KB Hormonal Dengan Kejadian Amenorrhoe Di Puskesmas Bojong Kecamatan Bojong Kabupaten Tegal Tahun 2009*. *Jurnal STIKes Bhamada Slawi*
- Sugiyono (2012). *Metode Penelitian Kuantitatif, Kualitatif dan R&D*. Bandung: CV.Alfabeta
- Sulistiyawati, Ari (2011). *Pelayanan keluarga berencana*. Salemba medika. Jakarta
- Sumarni (2009). *Perbedaan Siklus Menstruasi antara Kontrasepsi IUD dengan pil di Dusun Gergunung Klaten Utara Klaten Jawa Tengah*. *Jurnal Universitas Muhammadiyah*
- Nursalam, 2009. *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan, Pedoman Sripsi, Tesis dan Instrumen Penilaian Keperawatan*. Jakarta : Salemba Medika
- Notoatmodjo (2010). *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta

Wiknjosastro (2009 & 2010). Ilmu Kebidanan.
Jakarta : Yayasan Bina Pustaka Sarwono
Prawirohardjo.

Zannah, (2012). Gambaran Keluhan-keluhan
Akibat Penggunaan Alat Kontrasepsi IUD pada

Akseptor KB IUD di Wilayah Kerja Puskesmas
Sukajadi Kota Bandung. Jurnal Fakultas Ilmu
Keperawatan Universitas Bandung.