



DESCRIPTION OF KNOWLEDGE ABOUT CHANGES IN THE MENSTRUAL CYCLE IN INJECTING CONTRACEPTIVE ACCEPTORS IN PLOSO BUDEN VILLAGE, DEKET DISTRICT, LAMONGAN REGENCY

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Research Report

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ABSTRACT

Introduction: Injection contraception is one of the most common pregnancy prevention methods in Indonesia because it works effectively, is practical in use, is relatively cheap and safe. The results of an initial survey of 8 injectable contraceptive acceptors who experienced changes in the menstrual cycle of amenorrhoea and spotting in Ploso buden Village, Deket Subdistrict, Lamongan District, were found to be 75.00% which concerned the changes in the menstrual cycle. The purpose of this study is to find out the description of knowledge about changes in the menstrual cycle in injecting contraceptive acceptors in Ploso Buden Village, Deket District, Lamongan Regency. **Methods:** This study used a descriptive design, with a population of 97 people and a sample of 53 people. The sampling used is purposive sampling. Data collection with a closed questionnaire. Data processing and data analysis by editing, scoring, coding, tabulating and presented in the form of narration then drawing conclusions. **Results:** Based on the results of the study, the majority (54.7%) of injectable contraceptive acceptors were knowledgeable about changes in the menstrual cycle and amenorrhoea and spotting. **Consulsion:** The reference of this research to increase knowledge about changes in the menstrual cycle is the role of health workers is very important can provide counseling, distribute pamphlets and posters.

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INTRODUCTION

Current contraceptive methods are promoted by the government to limit population growth. In order to achieve the goal of health development to improve the degree of public health, various efforts have been made in public health services, including family planning services (Abdul Bari Saifuddin, 2011).

There are still many people who have not yet gotten the right information about the benefits of family planning or family planning, so many myths spread that need to be straightened out, which when using contraception can cause among other thing: cancer, facial acne, black spots on the face, and not very effective in preventing pregnancy.

With the development of the family planning program launched by the government, contraception is growing. Various choices of contraception are offered to the public. From

the simple method of construction to the permanent or stable. The simple method is to start pills, injections, implants, contraception in uterus or IUD until steady contraception is vasectomy for men and tubectomy for women.

All contraceptive methods have side effects and effectiveness. Injecting contraception is one of the most common pregnancy prevention methods by people in Indonesia because it works effectively, its use is practical, the price is relatively cheap and safe (Hanifa Winkjosastro, 2010).

The injection contraceptive works to thicken the mucus of the uterus so that it is difficult to be penetrated by sperm. In addition, injection contraception also helps prevent eggs from sticking to the uterine wall so that pregnancy can be avoided (Benson, Ralph C, 2009). Side effects of injection contraception are often found in the community.

Not a few of the contraceptive acceptors who do not know the complaints or side effects of injection contraception, even though they have been following or using injection contraception for a long time. The use of injection contraception has side effects including changes in the menstrual cycle including amenorrhoea and spotting, increase or decrease in body weight, nausea, dizziness, and vomiting (Abdul Bari Saifuddin, 2011).

Amenorrhoea and spotting occur mainly during the first few months of use, but this is not a serious problem, and usually does not require treatment. If spotting continues or after no menstruation, but then bleeding occurs, it is necessary to look for the cause of the bleeding. It should be remembered that the causes of abnormal bleeding in users of these contraceptives are very rare compared to bleeding outside the cycle and blood spots or spotting associated with the method itself (Glacier Anna, 2012).

According to 2009 data in the Lamongan Health Office, which took active birth control totaling 228,821 people, and those who used injection contraception totaled 124,810 people (54.54%). While others use other contraceptives, including: IUD, MOP / MOW, Implant, Pills, and Condoms. Data in the Deket Health Center for active family planning participants amounted to 7,351 people, and those who used injection contraception totaled 3,949 people (53.72%).

Preliminary survey data conducted in February 2010 in Ploso Buden Village, Deket Subdistrict, Lamongan Regency, from 10 injectable contraceptive acceptors received side effects from injecting contraceptive use, including 5 people or 50.00% who experienced amenorrhoea, 3 people or 30.00% experienced spotting, and 2 people or 20.00% experienced weight gain.

And from the injection contraceptive acceptors who experienced changes in the menstrual cycle, namely amenorrhea and spotting 6 people or 75.00% who were concerned about changes in the menstrual cycle, while 2 people or 25.00% did not question the changes. From the above data it can be seen that most injectable contraceptive acceptors are concerned about changes in the menstrual cycle and amenorrhoea and spotting. It can be identified factors that influence injection contraceptive acceptors that are concerned with changes in the menstrual cycle, namely knowledge, education, family roles, health worker roles, work and age.

As a first factor, knowledge of injectable contraceptive acceptors. Knowledge is the result of knowing, and this happens after

people have sensed a certain object. Sensing occurs through the human senses, namely the sense of sight, hearing, smell, taste and touch. Most of human knowledge is obtained through the eyes and ears (Soekidjo Notoatmodjo, 2012).

Thus the more they hear, see and feel, especially if he wants to try it, then he will gain a lot of knowledge but if he has never made an effort to feel or see and hear about important information, then he will certainly experience ignorance of all things including side effects of injection contraception. This condition makes the acceptors worry about the change in the cycle.

Another factor that can influence knowledge is injecting contraceptive acceptor education. Education is defined as any planned effort to influence others, whether individuals, groups or communities, so that they do what is expected by the education actors (Soekidjo Notoatmodjo, 2012). The higher the level of education, the more likely they are to obtain and capture information provided that is positive. And vice versa the lower the level of education, then it may be difficult for them to capture information and ideas including changes in the menstrual cycle.

A role is a set of behavior expected by another person towards someone according to their position in a system (Wahit Iqbal Mubarak, 2005). The family is the smallest unit of society consisting of the head of the family and several people who gather and live in a place under one roof (Sudiharto, 2007).

Families who support injection contraceptive acceptors in the face of changes in the menstrual cycle, the possibility of injection contraceptive acceptors will feel more confident about the contraception chosen, even injecting contraception acceptors do not feel worried about changes in the menstrual cycle.

On the other hand, for injection contraceptive acceptors who do not have family support, then the possibility of self-confidence in the use of injection contraception will disappear even injecting contraception acceptors will feel worried about the changes in their menstrual cycle and also make injectable contraception acceptors drop out without using contraception.

The role of officers is as a model in clean, healthy, and cultured behavior and guiding someone to solve health problems (Sudiharto, 2007). The higher the concern of health workers in providing health education, the injection contraceptive acceptor is not worried because the changes in the menstrual cycle is a natural thing. Conversely, if health workers do not provide education about

changes in the menstrual cycle, acceptors will hesitate and can also cause acceptors to drop out. Because health workers have a very important role in providing guidelines relating to the side effects of injecting contraceptive use.

Work, work environment can make someone gain experience and knowledge both directly and indirectly (Wahit Iqbal Mubarak, 2005). So the experience and knowledge they gain can be used as consideration for making decisions. Whereas someone who lives with daily activities or work will tend to ignore the health condition, so they cannot recognize the problem from the start. By increasing age, a person will experience changes in physical and psychological aspects (Wahit Iqbal Mubarak, 2007). If someone's age is too easy it can be said to have less experience, so knowledge will be lacking. While getting older, the knowledge will increase along with the increase in their life experiences.

The impact of the lack of knowledge about menstrual cycle changes in injecting contraceptive acceptors, one of which is the acceptor feels uncomfortable on him because there are changes in his body. Causing the acceptor to feel afraid of having a pregnancy or disease. If the knowledge of injecting contraceptive acceptors is adequate, then they will not worry about continuing their family planning program, so that the impact on birth rates can be suppressed.

The choice of contraceptive method to be chosen should be that the acceptor needs good and correct consideration. Therefore, before making a choice, prospective acceptors should consult family planning doctors, midwives or competent health workers. To increase knowledge of family planning acceptors.

the role of health workers as educators is expected to help provide information or counseling about the problems of injecting contraceptive acceptors who experience changes in the menstrual cycle.

This knowledge can be provided by health workers through, counseling or counseling to injecting contraceptive acceptors about changes in the menstrual cycle through community activities such as Posyandu, PKK or when acceptors come to health care providers, so that acceptors become more confident in using injectable contraceptives, especially knowing how to effectively overcome problem of side effects in the use of injection contraception.

The husband as a life partner also has an important role in channeling and providing emotional or psychological support to injecting contraceptive acceptors. Husband and wife as acceptors can work together to decide the right and safe method. If there are impacts or side effects, they will be able to understand each other and give the right decision to overcome them.

From the above description, the authors are interested in conducting research on the knowledge of injectable contraceptive acceptors who experience changes in the menstrual cycle spotting and amenorrhoea.

MATERIALS AND METHODS

This type of research is descriptive using a purposive sampling method. the population was all injecting contraceptive acceptors in Ploso Buden Village, Deket Subdistrict, Lamongan District in May 2010 with a total of 97 people while the sample was a part of injecting contraceptive acceptors in Ploso Buden Village, Deket Subdistrict, Lamongan District in May 2010 who met the inclusion criteria of 53 people. The variable is knowledge about changes in the menstrual cycle in injecting contraceptive acceptors. Data collection using questionnaire sheets and data processing using editing, scoring, coding, tabulating and presented in the form of narration then drawing conclusions.

RESULTS

Table 1 Distribution of Respondents by Education in Ploso Buden Village, Deket Subdistrict, Lamongan Regency in 2010.

No	Education	Frequency	Percentage
1	No school	8	15,1
2	Elementary school	18	34,0
3	Senior high school	23	43,4
4	University	4	7,5
Total		53	100

Nearly 43,4 % had a high school education and a small proportion of 7.7 % had a tertiary education.

Table 2 Distribution of Respondents by Occupation in Ploso Buden Village, Deket Subdistrict, Lamongan Regency in 2010.

No	Occupation	Frequency	Percentage
1	Not Work	23	43,4
2	Civil Servants	2	3,7
3	Private Employees	10	18,9
4	The Farmer	18	34,0
Total		53	100

Nearly some of the respondents did not work 43.4 % and a small portion worked as civil servants 3.7 %.

Table 3 Distribution of Knowledge about Menstrual Cycle Changes in the Injection Contraception Acceptor in PlosoBuden Village, Deket District, Lamongan District in 2010.

No	Knowledge	Frequency	Percentage
1	Adequate Knowledge	8	12,1
2	Enough Knowledge	29	54,7
3	Small Knowledge	16	30,2
Total		53	100

Respondents knowledge is more than adequate (54.7 %) and a small proportion of good knowledge is 12.1 %.

DISCUSSION

This chapter will present the results of research conducted to find out knowledge about changes in the menstrual cycle in injecting contraceptive acceptors in Ploso Buden Village, Deket District, Lamongan Regency.

Based on table 4.3 shows that most respondents have sufficient knowledge about Changes in Menstrual Cycles. Good knowledge in knowing about changes in the menstrual cycle is caused by several things, namely age, education, and work of injecting contraceptive acceptors.

According to Wahit Iqbal Mubarak (2005) one of the factors that influence knowledge is age. With increasing age, there will be changes in physical and psychological aspects (mental). In this study all injectable contraceptive acceptors studied were aged 20 - 35 years, which at that age was included in adulthood. With increasing age more information is obtained and more experience. But in reality many have enough knowledge. That can be caused because it is not balanced by the inadequate information obtained. Besides age, another factor that can influence injectable contraceptive acceptors with sufficient knowledge is education. Based on table 4.1 it shows that most of the injectable contraceptive acceptors have high school education and a small proportion have college education.

The higher the education the injection contraceptive acceptor the younger will get and

capture the information provided that is positive. And vice versa the lower the level of education, it is difficult for them to capture information and ideas including about changes in the menstrual cycle of amenorrhoea and spotting which is a natural thing for the use of injection contraception.

Education is defined as any planned effort to influence others, whether individuals, groups or communities, so that they do what is expected by the education actors (Soekidjo Notoatmodjo, 2012).

According to Soekidjo Notoatmodjo (2012) knowledge is the result of tofu, and this happens after people have sensed a certain object. Sensing occurs through the human senses, namely the sense of sight, hearing, smell, taste and touch.

Most of human knowledge is obtained through the eyes and ears. The higher the knowledge, the more accepting injection contraception can receive side effects from injection contraception. Vice versa, the lower the knowledge can cause injectable contraceptive acceptors who drop out because they do not understand even know that changes in the menstrual cycle of amenorrhoea and spotting are physiological from the use of injection contraception.

The more they hear, see, feel first want to try it, they will gain a lot of knowledge but if they have never made an effort to feel or see and hear about important information, then it is certain that they will experience ignorance of all things including about the side effects of

contraception. injection. Another factor that can influence knowledge is work. Table 4.2 shows that most injection contraceptive acceptors do not work. Injectors of contraception who live with their daily activities or work will tend to neglect health conditions, so they cannot recognize the problem from the start. While injecting contraception acceptors who work outside the home can get new things and can find and get information about changes in the menstrual cycle from coworkers as a side effect of injection contraception. People who work outside the home can exchange experiences or knowledge with others. The experience or knowledge gained will be more varied so that injecting contraceptive acceptors will feel confident that menstrual cycle changes are not a sign of an illness.

In accordance with the opinion expressed by Wahit Iqbal Mubarak (2007) that the work environment can make a person gain experience and knowledge both directly and indirectly.

Beside above factors, the knowledge of injecting contraceptive acceptors about changes in the menstrual cycle can be influenced by interests, experience, culture, and information. However, due to the limitations of researchers, researchers only limit the factors of age, education, and employment.

CONCLUSION

Based on the results of research and discussion as well as research objectives about knowledge about changes in the menstrual cycle in injecting contraceptive acceptors in Ploso Buden Village, Deket District, Lamongan Regency, can be concluded as follows. most respondents have sufficient knowledge about changes in the menstrual cycle spots and spotting.

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