

Tersedia online di <https://jqwh.org/index.php/JQWH>

DESCRIPTION OF FAMILY PLANNING IMPLANT ACCEPTORS OF HYPERMENORRHEA AND ANEMIA IN BPM RUSMINI SUMBERGEMPOL VILLAGE, SUMBERGEMPOL DISTRICT, TULUNGAGUNG REGENCY

Widya Lusi Arisona¹, Siti Maryam², Dian Safitri³,

^{1,2,3} Tulungagung University Midwifery D3 Study Program, Indonesia

*Email: widyalusi@gmail.com

Received: October 4, 2022; Accepted: March 13, 2023; Published: March 20, 2023

ABSTRACT

Background : The high rate of growth that is not accompanied by an increase in the quality of the population requires and continues to be addressed, namely the family planning program, however, the rate of population growth in Indonesia is still high.

Method : The design used is a descriptive design, which is a design that aims to describe or describe a situation objectively. The population of all implant family planning acceptors. After being calculated, the sample size is 14 respondents

Results : The age characteristics of the respondents are mostly > 30 years, namely 4 respondents (57%), for the work of almost all respondents, namely as housewives, namely 12 respondents (86%), in terms of education, almost all of them are elementary-high school, namely 12 respondents (86%), while based on the number of children born, most of them were aged 2 (86%), then for the length of time using family planning, most of them ranged from 5 years, namely 9 respondents (64%), and for the age of the youngest children, half were aged 2 years and > 2 years as many as 7 respondents and the same between the two (50%)

Conclusion : The results of this study are in line with the theory that continuous hypermenorrhea can cause maternal anxiety and if it continues it can cause anemia . Supported Low education is very influential in making decisions

Keywords: Family Planning Implantable Family Planning, Hypermenorrhea, Anemia

1. INTRODUCTION

In terms of quantity, Indonesia's population is quite large, but in terms of quality through the Human Development Index (IPM), Indonesia's condition is very concerning because out of 117 countries, Indonesia is in 108th position. family planning program, however, the rate of population growth in Indonesia is still high,¹ One type of contraception in efforts to implement family planning is implant. 1 Implanted contraception has advantages including high efficiency, fast work 24 hours after insertion, long-term protection, quick return of fertility after revocation, no need for internal examination, free from the influence of estrogen, does not interfere with the process of intercourse, does not affect breast milk (ASI) and can be withdrawn at any time as needed. However, implants also have drawbacks in the form of side effects, namely hypermenorrhea, amenorrhea, spotting, headaches, weight changes, breast tenderness, headaches, and mood changes or anxiety.

Based on Indonesia Health Profile data in 2017, the most used contraceptive method by active family planning participants was injection (46.87%) and the second most was the pill (24.54%), the third was the intra uterine device (IUD) (11, 41%), implants (9.75%), Women's Method of Operation (MOW) (3.53%). Meanwhile, the least contraceptive method chosen by active family planning participants is the Male Operation Method (MOP), which is 0.69%, then condoms is 3.22% (Ministry of Health RI, 2015: 85). In East Java, there were 457,500 implanted contraception users (7.66%) out of a total of 5,969,038 active family planning participants (East Java Health Office, 2013: Appendix 33). In Tulungagung Regency, there were 9,654 (7.92%) implanted contraception users out of a total of 121,844 active family planning participants.⁴

Based on a preliminary study at the Independent Practice Midwife (BPM) Rusmini Sumbergempol Village, Sumbergempol District, Tulungagung Regency, it was found that in 2021 there were 27 implantable birth control acceptors, 9 of them (33.3%) experienced hypermenorrhea, while in October-

December 2021 there were 11 implantable birth control acceptors. 4 of them (36.4%) experienced hypermenorrhea, 3 (27.2%) implant acceptors experienced spotting, 2 (18.2%) implant acceptors experienced amenorrhea, 2 (27.2%) acceptors experienced weight loss. These facts show that the incidence of hypermenorrhea among implant KB users is still high

Implant contraceptives are very effective in their use, but they also have drawbacks, namely menstrual changes often occur, one of which is hypermenorrhea or longer or more abundant menstruation¹. Menstrual bleeding patterns vary greatly among implant users. Some change in menstrual pattern will occur in the first year of use in approximately 80% of users. These changes include changes in the distance between bleeding, duration and volume of menstrual flow, and spotting bleeding (Speroff, 2004: 144). As with other progestogen methods, the pattern of bleeding is irregular and unpredictable in the first few months after insertion, but gradually becomes more regular as serum steroid levels decrease. Hypermenorrhea in the use of implanted contraception can occur, but if you don't get treatment immediately it will make the implant acceptor feel anxious and nervous about the condition they are experiencing and if bleeding occurs continuously and excessively it can cause anemia.

The solution in dealing with hypermenorrhea which usually occurs in the first year of using implantable birth control that can be done by midwives is to provide CIE about the side effects that usually occur with the use of implantable contraceptives, one of which is hypermenorrhea and will disappear on its own after 2-3 months. If the client complains, with the hypermenorrhea he is experiencing, he can be given a combination pill contraceptive for 1 cycle and ibuprofen (up to 800 mg 3 times a day for 5 days). Explain to the client that there will be bleeding after the combination pill runs out. If there is more bleeding than usual, give 2 combination pill tablets for 3-7 days and continue with one combination pill cycle.¹

2. METHODS

The design used is a descriptive design, namely a design that aims to describe or describe a situation objectively. In this study the researchers wanted to describe Implant Kb Acceptors regarding

Hypermenorrhea and Anemia at Bpm Rusmini Sumbergempol Village, Sumbergempol District, Tulungagung Regency in 2022. The number of samples in

this study were 14 respondents, Time of research: The research was conducted from 13 May to 24 June 2022.

3. RESULTS

Table 1. The results of the research conducted from February 13 to June 24, 2022, with a total of 14 respondents. The following characteristics of the respondents are:

No	Karakteristik Responden	Amount	Total
1	Age: > 30 Th	8	14
	≤ 30 Th	6	
2	Work : IRT	12	14
	Working	2	
3	Education: SD- SMA	12	14
	PT	2	
4	Number of children: ≤ 2	12	14
	>2	2	
5	Long time using alkon : ≤ 5 th	9	14
	>5 th	5	
	The youngest child : ≤ 2	7	14
	>2	7	

Respondent's characteristics primary data.

Based on table 4.1, it was found that the age characteristics of the respondents were mostly > 30 years, namely 4 respondents (57%), for the work of almost all respondents, namely as housewives, namely 12 respondents (86%), in terms of education, almost all of them were SD-SMA, namely 12 respondents (86%), while based on the number of children born the majority were aged ≤ 2 (86%), then the duration of using family planning was mostly around ≤ 5 years, namely 9 respondents (64%), and half of the youngest children age ≤ 2 years and > 2 years as many as 7 respondents and the same between the two (50%).

4. DISCUSSION

Family planning (KB) is an effort to increase community awareness and participation through maturing the age of marriage (PUP), birth control, fostering

family resilience, increasing the welfare of small, happy and prosperous families, as well as creating economic, spiritual and socio-cultural welfare for the Indonesian population so that a good balance can be achieved with the national production capacity¹. One of the contraceptive implants is a type of contraceptive device in the form of an implant made of a type of silastic rubber filled with hormones, attached to the upper arm. Limitations in most mothers can cause changes in menstrual patterns in the form of spotting, hypermenorrhea, or increased menstrual blood, and amenorrhea.

Based on the facts obtained, most of the children born were aged ≤ 2 (86%), then for the duration of using the alcon most were around ≤ 5 years, namely 9 respondents (64%). In accordance with these data, respondents are still adapting to implant contraceptives so that side effects occur, one of which is hypermenorrhea, according to the data obtained, most say

"Mother said that yes, since I used this implant alkonyrasepsi at first I didn't have my period but the following month I had a lot of menstruation until I got dizzy"

Hal tersebut menandakan bahwa responden mengalami hiperminore. juga di dukung bahwa pada kenyataanya ibu mempunyai umur sebagian besar adalah > 30 Tahun yaitu 8 responden (57%), sehingga jika di kaitkan dengan teori bahwa sebab kelainan ini terletak pada kondisi dalam uterus, misalnya adanya mioma uteri dengan permukaan endometrium lebih luas dari biasa dan dengan kontraktilitas yang terganggu, polip endometrium, gangguan pelepasan endometrium pada waktu haid (irregular endometrial shedding), dan sebagainya.³ Pada gangguan pelepasan endometrium biasanya terdapat juga gangguan dalam pertumbuhan endometrium yang diikuti gangguan pelepasannya pada waktu haid. Data yang di dapat mengatakan:

I, if I menstruate one day until I change softek 4 to 5 times, even then the blood that comes out is full, so I also feel uncomfortable.

This fact is in line with the manifestation of the theory which explains that a thorough medical history review will help determine whether a woman experiences normal menstrual blood flow or not. But in determining whether the bleeding is excessive bleeding or not, is still a very difficult task. The common perception of excessive bleeding is that three to four pads or tampons are full within 4 hours. However, for some women it can become part of their normal menstrual pattern, especially on the first to third day of menstruation. The amount of blood loss that is considered normal during menstruation is 30 cc and any bleeding that is more than 80 cc is declared abnormal bleeding.

based on the facts obtained in terms of education almost all of them were elementary-high school, namely 12 respondents (86%), while based on the number of children born most were aged ≤ 2 (86%), so that respondents were still very reproductive and would encourage to be active or disciplined in contraception, the interview results obtained:

"All the respondents said they were using implanted contraception, that is, since using the implant because of my menstruation, I often get dizzy and have dizzy spells, so all the respondents think whether this is normal or not, whether I am not cooked with the contraception I am using."

The results of this study are in line with the theory that continued hypermenorrhea can cause anxiety for the mother and if it is continued it can cause anemia. 4. Supported. Low education is very influential in making decisions. In accordance with the results of the interview above, and confirmed by the respondent's explanation that:

"Mother says all mothers have used impan contraception for more than 1 year actually it's good not to be injected repeatedly or every month and don't take medicine but why do so many menstruation come out and it's just as dizzy"

Menstrual bleeding patterns vary greatly among norplant users. Some change in menstrual pattern will occur in the first year of use in approximately 80% of users. These changes include changes in the interval between bleeding, duration and volume of menstrual flow,¹⁰ and spotting of bleeding. Based on these conditions, it is disclosed:

"All the respondents said what is the solution if the bleeding continues every month like this."

In theory explain Explain that bleeding is often found especially in the first year. If there are no problems and the client is not pregnant, no action is needed. If the client still has bleeding and wants to continue using the implant, he can be given a combination pill for one cycle, or 800 mg of 3x ibuprofen for 5 days. If the bleeding is twice as heavy as usual, give 2 combination pill tablets for 3-7 days and then continue with one combination pill cycle or can also be given 50 μg ethinylestradiol or 1.25 mg conjugated equin estrogen for 14-21 days 3.

5. CONCLUSION

The conclusion that can be drawn from the discussion above is the description of family planning implant acceptors with

hypermenorrhea and anemia at BPM Rusmini Sumbergempol Village, Sumbergempol District, Tulungagung Regency in 2022, all 14 implanted birth control acceptors have hypermenorrhea and anemia.

6. REFERENCES

- Handayani, Sri. 2015. Buku Ajar Pelayanan Keluarga Berencana. Yogyakarta: Pustaka Rihama. Hal: 28, 29, 140, 142, 143, 144, 145, 146
- Marasmis. 2015. Awas Gatal-gatal Karena Keputusan. Surabaya: Salemba Medika. Hal: 23.
- Saifudin, 2012. Buku Panduan Praktis Pelayanan Kesehatan Maternal dan Neonatal. Jakarta : YPB-SP. Hal: 281
- Dinkes Jatim. 2018. Profil Kesehatan Jawa Timur 2012. Surabaya: Dinkes Jatim
- Hartanto, Hanafi. 2014. Keluarga Berencana dan Kontrasepsi. Jakarta: Pustaka Sinar Harapan. Hal: 27, 42-44, 207
- Sulistiyawati, Ari. 2011. Buku Ajar Asuhan Kebidanan Pada Ibu Nifas. Yogyakarta: Andi Offset. Hal: 133-134, 146-147
- Hartanto, Hanafi. 2014. Keluarga Berencana dan Kontrasepsi. Jakarta: Pustaka Sinar Harapan. Hal: 27, 42-44, 207
- Soepardan, Suryani. 2008. Konsep Kebidanan. Jakarta: EGC. Hal: 96, 99, 100
- Keputusan Menteri Kesehatan Republik Indonesia Nomor 369/MENKES/SK/III/2007 tentang Standar Profesi Bidan
- Arisman, 2011. Gizi Dalam Daur Kehidupan. Jakarta: penerbit buku kedokteran EGC. Hal : 35
- Wanatorey D, dkk. 2006. Pengaruh Konseling Gizi Individu Terhadap Pengetahuan Gizi Ibu dan Perbaikan Status Gizi Balita Gizi Buruk yang Mendapatkan PMT Pemulihan di Kota Sorong Irian Jaya Barat. SAINS Kesehatan. 19. April 2006