



Prevalence of Menstrual Cycle Disorders in Injectable Contraceptive Acceptors: Study at Mulya Mekar Health Center, Purwakarta Regency, Indonesia

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ABSTRACT

Injection contraception is a hormonal contraceptive method that is widely used by women in Indonesia. This method has the advantages of high effectiveness and ease of use. However, contraceptive injections can also cause side effects, one of which is menstrual cycle disorders. This study aims to determine the prevalence of injection contraceptive acceptors on the menstrual cycle at the Mulya Mekar Health Center, Purwakarta Regency, Indonesia. This research uses a descriptive observational research design with accidental sampling. The research sample was 50 contraceptive injection acceptors aged 15-49 years. Data was collected using a questionnaire. The research results show that the prevalence of injection contraceptive acceptors who experience menstrual cycle disorders is 60%. The most frequently experienced menstrual cycle disorders are longer menstrual cycles (26%), followed by shorter menstrual cycles (24%), and irregular menstrual cycles (10%). This study concludes that the prevalence of menstrual cycle disorders in recipients of contraceptive injections is quite high. Therefore, it is important for acceptors to know the risks and benefits of this contraceptive method.

1. Introduction

Injectable contraception is a hormonal contraceptive method that works by releasing the hormone progestin into the bloodstream. This hormone prevents ovulation and thickens the uterine lining, thereby preventing pregnancy. Injection contraception has several advantages, including High effectiveness. Namely, it can prevent pregnancy up to 99% if used correctly; it is easy to use; that is, it only needs to be injected every 3 months or 6 months; it does not interfere with sexual activity. However, contraceptive injections can also cause several side effects, including menstrual cycle disorders, such as longer, shorter or irregular menstrual cycles; Vaginal discharge; changes in body weight; Headache; Nauseous, and depression. menstrual cycle disorders

are the most common side effect of using contraceptive injections. Around 50-70% of women who use injection contraception experience menstrual cycle disorders. Menstrual cycle disorders that can occur due to the use of injectable contraceptives include Longer menstrual cycles (>35 days), Shorter menstrual cycles (<21 days), Irregular menstrual cycles (menstrual cycle difference of more than 7 days); Amenorrhea (no menstruation); Spotting bleeding. Menstrual cycle disorders caused by injection contraception usually improve after several months of use. However, if the menstrual cycle disorder does not improve or gets worse, the acceptor should consult a doctor.¹⁻³

Access to adequate information about the contraceptive method used can help injectable



contraceptive acceptors make the right decision. Research on the prevalence of injectable contraceptive acceptors can provide information about the prevalence of menstrual cycle disorders in injectable contraceptive acceptors. This information can help injectable contraceptive acceptors understand the risks and benefits of this contraceptive method.⁴⁻⁶ This study aims to determine the prevalence of injection contraceptive acceptors in the menstrual cycle.

2. Methods

The descriptive observational research method is a research method used to describe a phenomenon without intervening in the phenomenon. This method is often used for epidemiological research, including research on the prevalence of injection contraceptive acceptors in the menstrual cycle. The study population is all women who use injectable contraception in an area. The research sample can be selected using accidental sampling. The research sample was 50 contraceptive injection acceptors aged 15-49 years. The research instrument used in this research was a questionnaire. This questionnaire contains questions about the characteristics of the respondent, such as age, parity, education, and length of use of contraceptive injections. The questionnaire also contains questions about the respondent's menstrual cycle, such as the length of the menstrual cycle, number of days of menstruation, and regularity of menstruation. The research procedure begins with collecting primary data through a questionnaire. Questionnaires can be given online via email service applications. After the data was collected, the data was then analyzed to determine the prevalence of menstrual cycle disorders in contraceptive injection acceptors. Research data was analyzed using descriptive statistics. Descriptive statistics were used to describe the characteristics of respondents and the prevalence of menstrual cycle disorders among injectable contraceptive acceptors.

3. Results and Discussion

Of the 50 recipients of contraceptive injections studied, 30 people (60%) experienced menstrual cycle disorders. The most frequently experienced menstrual cycle disorders are longer menstrual cycles (26%), followed by shorter menstrual cycles (24%), and irregular menstrual cycles (10%). Based on age, the highest prevalence of menstrual cycle disorders occurs in the 25-34 year age group (66%). Based on parity, the highest prevalence of menstrual cycle disorders occurred in the 2-3 parity group (63%). Based on education, the highest prevalence of menstrual cycle disorders occurs in the high school/equivalent education group (70%).

The results of this study indicate that the prevalence of menstrual cycle disorders in injectable contraceptive acceptors is quite high. The results of this study are in accordance with previous research, which showed that the prevalence of menstrual cycle disorders in injection contraceptive acceptors ranged from 50-70%. The menstrual cycle disorder most often experienced by recipients of injection contraception is a longer menstrual cycle. This can be caused by the effect of progesterone contained in contraceptive injections. Progesterone can inhibit ovulation and thicken the uterine lining, resulting in longer menstrual cycles. A longer menstrual cycle is the most common menstrual cycle disorder experienced by recipients of contraceptive injections. This disorder occurs due to the effects of progesterone contained in contraceptive injections. Progesterone can inhibit ovulation and thicken the uterine lining, resulting in longer menstrual cycles.⁷⁻¹⁰

The normal menstrual cycle lasts 28 days, with a range of 21-35 days. A menstrual cycle that is longer than 35 days is referred to as oligomenorrhea. Oligomenorrhea can be caused by various things, including the use of contraceptive injections. In injection contraception, progesterone will be released into the bloodstream continuously. This can cause the menstrual cycle to become longer because



progesterone can inhibit ovulation. Ovulation is the process of releasing an egg from the ovary. If ovulation does not occur, the uterine lining will not thicken. The uterine lining that is not thickened will cause the menstrual cycle to be longer. Oligomenorrhea caused by using injectable contraceptives usually improves after several months of use. However, if oligomenorrhea does not improve or gets worse, then the acceptor should consult a doctor.

Apart from oligomenorrhea, other menstrual cycle disorders that can be experienced by recipients of injectable contraception are Amenorrhea, namely no menstruation at all; Shorter menstruation, namely less than 21 days; Irregular menstruation, namely a difference in menstrual cycles of more than 7 days and spotting, namely light bleeding between two menstrual cycles.¹¹⁻¹⁴

4. Conclusion

The prevalence of menstrual cycle disorders in contraceptive injection acceptors is quite high. Therefore, it is important for acceptors to know the risks and benefits of this contraceptive method.

5. References

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