

Research Article

Profile of Women with Late Menstrual Period

Profil Perempuan yang Mengalami keterlambatan Haid

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Abstract

Objective: To know the profile of women with late menstrual period in Raden Saleh Clinic Jakarta in 2008 - 2011.

Method: This was a descriptive study with 400 samples from medical records, chosen by random sampling. The data of age, education, occupation, marital status, residence, religion, parity, age of the youngest kid, cause of pregnancy, attempt to abort, referral, reason to end pregnancy, and contraceptive method post menstrual induction were collected.

Result: The majority of women who underwent menstrual induction were 18 - 35 years old (57.25%), followed by women aged more than 35 years old (40.5%) and below 18 years old (2.25%). Most women were graduated from middle school (51.25%), unemployed (65.25%), and married (90.8%). They mostly came from Jakarta and satellite cities such as Depok, Bogor, Tangerang, and Bekasi, which accounted for 88% clients. Most of them have two children (32.3%) with the youngest kid aged more than 12 months old (60%). The causes of pregnancy were neglecting to use contraception (87.5%), failure of contraception (12%), and sexual assault (0.5%). As much as 44% of the clients had tried to end the pregnancy before they came to Raden Saleh Clinic and 87.5% of all 400 women came without referral. The most common reason was having had enough children in 74% of the women to end the pregnancy, followed by 12.25% of clients who wanted to pursue higher education. After treated by menstrual induction, 75.8% of them used IUD as contraception.

Conclusion: Our data showed that mean age of women who were underwent menstrual induction is 32.94 ± 0.35 years old and the main reason to do menstrual induction in this research is the consideration of having enough children.

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Keywords: age, contraception, late menstrual period, menstrual induction

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Abstrak

Tujuan: Untuk mengetahui profil perempuan dengan keterlambatan haid di Klinik Raden Saleh Jakarta periode 2008 - 2011.

Metode: Studi deskriptif dengan 400 sampel dari rekam medis yang diambil dengan acak. Data yang diambil adalah umur, edukasi, pekerjaan, status perkawinan, tempat tinggal, agama, paritas, umur anak terkecil, penyebab kehamilan, usaha menghentikan kehamilan, rujukan, alasan menghentikan kehamilan, dan metode kontrasepsi yang digunakan setelah dilakukan induksi haid.

Hasil: Mayoritas perempuan yang ditatalaksana dengan induksi haid berusia antara 18 - 35 tahun (57,25%), diikuti dengan perempuan berusia lebih dari 35 tahun dan di bawah 18 tahun (2,25%). Kebanyakan memiliki pendidikan terakhir sekolah menengah (51,25%), tidak bekerja (65,25%), dan telah menikah (90,8%). Klien berasal paling banyak dari Jakarta dan daerah satelit, yaitu Depok, Bogor, Tangerang, dan Bekasi, yaitu sebanyak 88%. Profil mengenai anak yang telah dimiliki, yaitu paling banyak telah memiliki dua anak (32,3%) dengan usia anak terkecil lebih dari 12 bulan (60%). Penyebab kehamilan adalah tidak menggunakan kontrasepsi (87,5%), kegagalan kontrasepsi (12%), dan korban perkosaan (0,5%). Sebanyak 44% klien telah melakukan percobaan untuk menghentikan kehamilan sebelum datang ke Klinik Raden Saleh dan sebanyak 87,5% datang sendiri tanpa dirujuk. Alasan terbanyak menghentikan kehamilan adalah telah cukup memiliki anak, yaitu sebanyak 74%, diikuti dengan 12,25% perempuan yang ingin meneruskan pendidikan. Setelah dilakukan induksi haid, 75,8% menggunakan AKDR sebagai kontrasepsi.

Kesimpulan: Data kami menunjukkan usia rerata perempuan yang ditatalaksana dengan induksi haid adalah $32,94 \pm 0,35$ tahun dan penyebab utamanya adalah telah memiliki cukup anak.

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Kata kunci: induksi haid, kontrasepsi, terlambat haid, usia

INTRODUCTION

There are quite a numerous of women with late menstrual period who have undergone menstrual induction in Raden Saleh Clinic Jakarta, however there has never been a research about the patient's profile. Menstrual induction is a human right that still creates a huge dilemma until now. Regarding its sensitive issue, the data about menstrual induction is limited and relatively hard to collect.

Unsafe abortion can threat women's health. Most of menstrual inductions in Indonesia are done by untrained non-healthcare personnel that lead to complications and even death.¹ The incidence of septic abortion decreased in cities that provide menstrual induction as their healthcare service.² The objectives of *Millennium Development Goals* from WHO are to improve maternal health and to reduce 75% of maternal mortality rate in 1999 -

2015. Efforts to prevent unsafe abortion are essential to achieve these goals.³

In Indonesia, there are millions of women with unwanted pregnancy each year and most of them choose to end it, although in fact, abortion generally is illegal. In 2000, it is estimated that there are two millions abortions happened in Indonesia and a total of 14 - 16% maternal mortality are caused by unsafe abortion in South East Asia. Menstrual induction has mortality risk of 4/100.000, lower than other obstetrics procedure such as tubectomy (10/100.000) and labor (250/100.000).⁴ Estimation of abortion rate based on research conducted in health centers spread across 6 regions in Indonesia, including spontaneous abortion whose exact number is still unknown, are as much as 37 abortions for every 1000 women in reproductive age (15 - 49 years old). This estimation is quite high compared to another country in Asia, which approximately are 29 abortions for every 1000 women in reproductive age.⁵

Previous researches prove that most women who underwent abortion or menstrual induction in clinic or hospital have typical profile; they are married and well educated. Previous researches also indicate that most women who had abortion had actively attempted to prevent their pregnancy. One of the researches said that about 19% of the clients in urban area and 7% of clients in rural area who had abortion used contraception during sexual intercourse. In another research, there is a higher proportion of clients: one third of the subjects reported failure of contraception. Nevertheless, almost all of the clients that underwent abortion had unmet need of contraception, because they did not want to have a child right after giving birth nor wanted any more children, but they did not use any contraceptive methods. One of the reasons to end the pregnancy is the clients decide that they already has enough children. Other reason is many unmarried women want to continue their education before they get married. One research found that only 4% of clients end the pregnancy for health reason.⁵

Indonesian women with unmet need for contraception rarely refuse to use contraception because the main reason of this unmet need is their husbands do not permit them to use it and they often worry about the health risk or adverse effect of using the contraception. A lot of women will have the benefit from the availability of various contracep-

tive methods, the availability of education concerning the use and the options of contraceptive method, and also a profound counseling to help women identify the suitable contraception.⁵

METHODS

This research was held in Raden Saleh Clinic, at Division of Reproductive Health Department of Obstetrics and Gynecology, Medical Faculty, University of Indonesia, Jakarta. The data obtained from medical record of women with late menstrual period from 2008 to 2011. Total sample was 400 patients, and this research was conducted from May 1st until 30th, 2012.

Four hundred medical records were taken by random sampling, 100 medical records per year from 2008 to 2011. Collected data was analyzed descriptively using SPSS 17.0.

RESULT

In 2008 - 2011 period, there were 11.693 women with late menstrual period coming to Raden Saleh Clinic (RSC) Jakarta and underwent menstrual induction procedure. In this research, based on the sample count, we took the data from 400 women with late menstrual data.

The demographic characteristics of all 400 women with late menstrual period is described based on age, education, occupation, marital status, parity, residence and religion.

Most of the women who came were between 18 - 35 years old (57.25%). The mean age of women who came to RSC and treated with menstrual induction in 2008 - 2010 is 32.94 ± 0.35 years old with minimal range 15 years old and maximum range 47 years old. From educational background, most of the women, 205 women (51.25%), were graduated from middle school (Senior high school or its equivalent). The majority occupation from all subjects were housewives, accounted for 261 women (65.25%), 118 women were private worker, 21 women were state official workers.

From marital status, most of women were married, accounted for 363 women (90.8%, 35 women were unmarried (8.8%) and only 2 women were divorced (0.5%). The greatest part of women with late menstrual period have 2 children, accounted for 129 women (32.3%), 101 women were parity 3 (25.3%), 73 women were parity 4 or more

(18.3%), 51 women were parity 1 (12.8%), another 46 women were parity 0 (11.5%).

Most of women (261) have the youngest kid aged > 12 months (maximum age for youngest kid is 17 years old), 79 women with the youngest kid aged 0-6 months, 61 women with the youngest kid aged 7-12 months.

A lot of women (61%) used contraception and 57% of them used modern method. The location of RSC is in Central of Jakarta, majority of women who came to be treated with menstrual induction were from Jakarta, Bogor, Depok, Tangerang and Bekasi (Jabodetabek), which is 352 women (88%) and 48 women (12%) were came from outside Jabodetabek.

Religion of those women are moslem, christian, catholic and buddhist with numbers and percentage as follows 320 (80%); 42 (10.5%); 27 (6.8%) and 11 (2.8%).

Distribution of the cause of pregnancy, attempt to abort and referral is described below.

Table 1. Distribution of the cause of pregnancy, attempt to abort and referral

Characteristics	n	%
Cause of pregnancy		
Not using any	350	87.5
Failure of cotraception	48	12
<i>Pill</i>	27	56.3
<i>Injection</i>	10	20.8
<i>IUD</i>	8	16.6
<i>Condom</i>	3	6.3
Sexual assault	2	0.5
Attempt to abort		
No	224	56
Yes	176	44
<i>Using herbs</i>	138	78
<i>Using drugs</i>	38	22
Referral		
Without referral	350	87.5
Referred	50	12.5

In this research from 400 women with late menstrual period that undergone menstrual induction, 48 women (12%) have used contraceptive method, yet they failed. The majority of them were using contraceptive pills (56.25 %), the rest were using injection (20.8%), IUD (16.67%), and condom (6.25%).

From 400 respondents, 56% women were not doing any attempt to abort the pregnancy, while the rest did. Most of the women with late menstrual period was admitted to Raden Saleh Clinic upon self decision (87.5%). There were only 12.5% being referred by health workers.

The reason to end a pregnancy is described in Table 2.

Table 2. The reason to end pregnancy

Reason	n	%
Enough children	296	74
Continue education	49	12.25
Contraceptive failure	48	12
Chronic disease	5	1.25
Sexual assault	2	0.5

This research showed the most common reason to abort was the couple have had enough children, accounted for 296 women (74%), educational purpose as the second most (49; 12.25%) and failure of contraception as the third (48; 12%).

Table 3. Contraceptive method post menstrual induction

Contraception	n	%
IUD	303	75.8
Pill	48	12
Injection	43	10
Implant	4	1
Tubectomy	2	0.5

After treated with menstrual induction, most of clients preferred to use IUD (303; 75.8%) for contraception, followed by contraceptive pill (48; 12%) and injection (43; 10.75%) as the second and third choice.

DISCUSSIONS

Most of the women who came were between 18 - 35 years old (57.25%). From educational background, most of the women, 205 women (51.25%), were graduated from middle school (Senior high school or its equivalent). The majority occupation from all subjects were housewives, accounted for 261 women (65.25%), 118 women were private worker, 21 women were state official workers.

From marital status, most of women were married, accounted for 363 women (90.8%, 35 women were unmarried (8.8%) and only 2 women were divorced (0.5%). The greatest part of women with late menstrual period have 2 children, accounted for 129 women (32.3%), 101 women were parity 3 (25.3%), 73 women were parity 4 or more (18.3%), 51 women were parity 1 (12.8%), another 46 women were parity 0 (11.5%). This proves that in developing country like Indonesia, a lot of pregnancy occurred undesired with unmet need for contraception.

A lot of women (61%) used contraception and 57% of them used modern method, nevertheless nearly 1 of 10 women did not use any contraceptive method even though they were in reproductive age and did not desire to have more children soon after they gave birth. The amount of unmet need for contraception number in married women tend to be stagnant in anytime this decade.³

In this research from 400 women with late menstrual period that undergone menstrual induction, 48 women (12%) have used contraceptive method, yet they failed. Meanwhile 87.5% of respondents not using any contraceptive method, this similar to a research by Serrano.⁶ Majority of them were using contraceptive pills (56.25%), the rest were using injection (20.8%), IUD (16.67%), and condom (6.25%). But it still couldn't be concluded if it caused by failure of contraception, due to the unclear exact time they stopped using it. This showed the example of unmet need, where a woman undesired to have a child soon as they gave birth or have had enough child but they are not using any contraceptive method. Hussain et al stated that unmet need of cotraception in Indonesia happened due to the lack of access and knowledge of Indonesian women which similar to that in Campbodia and Nepal.⁷ It would be better if we can obtain detailed data of what causing the women not to use contraception. This is suited to a research by Gilda Sedgh and Haley Ball in 2008.³ Most of the women choose contraceptive pill not to get pregnant, which have high failure rate, 6 - 8 pregnancy per 100 women in first 12 months of usage in typical use and 0.1 pregnancy per 100 women of first 12 months if it used perfect and consistently.⁸ The reason could be the lack of knowledge about the contraceptive pill, how to use, and the compliance of clients. In this research there were 2 women as the victims of sexual assault.

From 400 respondents, 56% women were not doing any attempt to abort the pregnancy, while the rest did. This showed that most of the women directly seeked for health personnel to solve her problem. Majority of women who did the attempt try to consume traditional herbs (78%) and the rest used drugs like cytotec, etc. In a research by Affandi et al, most of the women used traditional herbs to release endometrial layer in late menstrual period, which we found similar.⁹ None of the respondents went to have massaged by traditional healer or inserted things into the vagina. The drugs which are used to end pregnancy have to be prescribed by doctor, but in fact respondents were easily bought it. Distribution of drugs that can be used for menstrual induction should be monitored.

Most of the women with late menstrual period was admitted to Raden Saleh Clinic upon self decision (87.5%). There were only 12.5% being refered by health workers. This showed they knew the place to seek for help in such condition, even though some health workers still disapprove to refer menstrual induction cases.

This research showed the most common reason to abort was the couple have had enough children, accounted for 296 women (74%), educational purpose as the second most (49; 12.25%) and failure of contraception as the third (48; 12%).

Women with unmet need can be categorized as: those who want to delay the pregnancy and those who don't want to have more children. Both groups are in risk of unwanted pregnancy. The choice of contraceptive method is different between those groups. In most countries in Asia, Latin America and Caribbean Island, and North America, there were similar percentages of women with unmet need who want to delay pregnancy or have had enough children. Women with more than three children tend to have higher rate of pregnancy compared to them with 1 - 3 children. This represented higher rate of unmet need of contraception after desired number of child achieved compared to unmet need in delaying pregnancy.⁷

This research found that having enough children was the most common reason to end pregnancy, this correspond to the fact that having enough children made the respondents didn't use the contraception to delay the pregnancy. Meanwhile, the amount of respondents who experienced failure in contraception usage is 48 women.

After treated with menstrual induction, most of clients preferred to use IUD (303; 75.8%) for contraception, followed by contraceptive pill (48; 12%) and injection (43; 10.75%) as the second and third choice.

The contraception that mostly used are IUD and Injection, which are long term contraception. This is proper in clients with more than 2 children. Meanwhile the second choice for women with lower parity is contraceptive pills.

CONCLUSION

There are 400 subject included in this research with mean age 32.94 ± 0.35 years old (15-47 years old). More than 50% of subject were graduated from middle school (Senior High School or similar). Most of women were housewives in 62.25% and are married (90.8%). Most of women with late menstrual period have had a child (parity =1) with main reason to do menstrual induction in this research is having enough children (74%). The most common used contraceptive method after menstrual induction is IUD (75.8%).

SUGGESTION

Unmet need for contraception should have more attention, especially for increasing the quantity and quality of contraception access. We need to in-

crease quantity and quality of health facility and services to give information, educate about contraception, and accomodate menstrual induction.

Further research will be needed to evaluate the mechanism of contraceptive failure.

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