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Puskesmas Tambakrejo Surabaya

Penulis : Puji Hastuti, Prasdiana Heny Purwanti

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## DESCRIPTION OF MENSTRUAL DISORDERS IN ACCEPTORS TUBEKTOMY PUSKESMAS TAMBAKREJO SURABAYA

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### ABSTRACT

The use of safe contraception such as Method of Operation Women (MOW) today began the public interest because it is a long-term contraception and do not have to perform periodic controls. In Puskesmas Tambak Rejo Surabaya there are free programs from the government to do Method of Operation Women (MOW) so that people, especially women who have children and want to limit the number of children can be admitted to the program. Menstrual disorders are abnormalities that occur during menstruation due to hormonal imbalance, especially women of childbearing age use contraception. This study aimed to describe menstrual disorders experienced by tubal ligation acceptors. Descriptive observational study design. Population acceptor tubektomi in PHC Surabaya Tambak Rejo is 46 used technique *probability sampling* with *simple random sampling* approach as much as 41 respondents. Instrument research using questionnaire. The variables in this study are menstrual disorders. Analysis with descriptive analysis. The results showed menstrual disorders most experienced tubal ligation acceptors are hipomenore as many as 18 people (43.9%), tubal ligation acceptors who experience amenorrhea as many as 16 people (39.0%), and acceptor tubektomi who experience premenstrual syndrome, as many as 15 people (36.6%). The implication of this research is to provide new knowledge to the public about a variety of menstrual disorders. In addition, respondents who complained of menstrual can immediately contact the nearest health facility, so that the nurses can provide appropriate education for prospective acceptor tubal ligation and can health improve and welfare acceptor tubektomi

**Keywords:** Menstruation, tubal ligation, Women, Hormone

### Introduction

Population problems in Indonesia is a large population and uneven distribution, fertility rate and mortality are relatively high in Indonesia. Family planning programs launched by the government of Indonesia to address the fertility rate continues to rise (Tresnawati, 2012: 280). Family planning is an attempt to measure the number and spacing of children desired by preventing or delaying pregnancy is the contraception (Sulistiyawati, 2013: 12). Contraception is divided into 2 of births for a few years and

end fertility permanently (Proverawati, et al, 2010 : 1).

Forms of contraception do to end fertility permanently is safe contraception is vasectomy and tubal ligation. Safe contraception in women is known as female tubal ligation or methods of operation (MOW). Research conducted Sri Kustiyati, Hidayat Widjayanegara, Hadyana Sukandarin 2008-2010 about the Female Sexual Function After Tubektomi (Field Study In Surakarta) states that the sexual function of women who have tubal ligation is lower than women without contraception.

People in Puskesmas Tambak Rejo many are interested in following tubal ligation because the District Simokerto launched a free program for people who want to do a woman's method of operation. Preliminary studies conducted in Puskesmas Tambak Rejo enough tubal ligation acceptors who complained her menses. Acceptors tubektomi complaining of menstrual most households experience problems ranging from household instability, thinking about school fees, to the desire to have children back so stressful.

Contraceptive use in Indonesia compared to the ASEAN countries in 2005-2012 amounted to 61% (WHO, 2013). For contraceptive users in Indonesia alone in 2012 amounted to 61.9% with the birth rate (*total fertility rate*) of 2.6 % (IDHS, 2012). Use of the method of operation of women (MOW) on a new participant family planning (FP) in Indonesia in 2013 as many as 128 793 people (1.52%) (BKKBN, 2014). Users or acceptors of sterilization of either men or women who are in the largest urban areas amounted to 76.1% for the sterilization of women and 46.6% for male sterilization users (MoH RI, 2013). Preliminary studies conducted on January 7, 2016 in TambakRejo Surabaya Health Center there are 25 people who do the planning, of the 25 people the 20% who do tubal ligation and complained of irregular menstruation. Results of research conducted EndahSusilowati and EkoPrasetyo in 2012 of Factors Associated With Menstrual Cycle Participants KB Active In DesaJatiKulon, District Jati, Kudus shows that the long use of contraceptives for more than 1 year affect menstrual cycles in acceptors amounted to 97.6%.

Tubal ligation is done with the method of operation to cut and tie the fallopian tubes, causing side effects after surgery. The side effects are bleeding at the site of puncture or tear in the fallopian tubes,

bladder injury, until the problem is psychological. Many women who experience regret after tubal ligation to causing psychological problems (Sedesse, 2011). Psychological problems occur because women under going tubal ligation was not satisfied and asked to be restored reproductive function (Hand, 2010). Psychological problems can cause systemic changes in the body, especially the nervous system in the hypothalamus through changes in *endogenous opiates* which may affect expenditures *Gonadotropin Releasing Hormone* (GnRH) (Wirakusumah, et al, 2011). *Gonadotropin Releasing Hormone* (GnRH) secreting FSH and LH (Price & Wilson 2006). Spending *Gonadotropin Releasing Hormone* (GnRH) is not the maximum will affect the secretion of FSH and LH, resulting in the production of estrogen and progesterone disturbed. Impaired hormonal function causing menstrual disorders. Disorders related to menstruation can cause disturbances in the reproductive process (Kusmiran, 2012). All operative sterilization procedure is intended as a permanent sterilization. Women who use the method of sterilization or tubal ligation surgery is sometimes asked for information about returning sterility. The role of nurses who are at the Center for Public Health in conducting counseling can help acceptor tubektomi and their families to obtain information. Extension granted to acceptor tubal ligation and tubal ligation family may be definition, indications, contraindications, and the impact after a tubal ligation tubal ligation so acceptors can understand the changes resulting from tubal ligation and improve the welfare of the acceptors woman or tubal ligation surgery methods. Based on the above background, it is necessary to study in order to identify the picture on the acceptor menstrual disorders tubal ligation in Tambak Rejo PHC Surabaya.

## Method

This research uses descriptive observational design. The population in this study are all acceptor tubektomi in Puskesmas Tambak Rejo Surabaya conducting Operation Methods Women (MOW) for a minimum of 1 year to 46 people. *Sampling* technique using *probability*

*sampling* with *random sampling* approach *sample* by 41 respondents. The research instrument uses a questionnaire. The variable in this study is menstrual disorders which include disorders of the menstrual cycle, the amount of menstrual blood disorders, and other disorders in menstruation. Data were analyzed using descriptive analysis.

## Result

### 1. Menstrual Cycle Disorders

Table 1.1 Characteristics of respondents by disturbances in the menstrual cycle Tambak Rejo Surabaya Health Center on April 16 - May 16, 2016 (n = 41)

Menstrual Cycle Disorders	Frequency (f)	Percentage (%)
No distractions	18	43.9
Amenorrhea	16	39.0
oligomenorrhea	2	4.9
Polimenore	3	7.3
Metrorrhagia	2	4.9
	<b>41</b>	<b>100</b>

### Total Blood Disorders Menstruation

Table 1.2 Characteristics of respondents by the number of menstrual blood disorders in PHC TambakRejo Surabaya on April 16 - May 16, 2016 (n = 41)

Total Blood Disorders Menstruation	Frequency (f)	Percentage (%)
No distractions	11	26.8
Hipomenore	18	43.9
hypermenorrhea	12	29.3
	<b>41</b>	<b>100</b>

### 3. Other Disorders In Menstruation

Table 1.3 Characteristics of respondents by other menstrual disorders in PHC TambakRejo Surabaya on April 16 - May 16, 2016 (n = 41)

Other Disorders In Menstruation	Frequency (f)	Percentage (%)
No distractions	13	31.7
dysmenorrhea	13	31.7
premenstrual syndrome	15	36.6
	<b>41</b>	<b>100</b>

## Discussion

Research results in Table 1.1 shows that 41 respondents in TambakRejo PHC Surabaya who did not experience menstrual cycle disorders as many as 18 people (43.9%), respondents who experience amenorrhea as many as 16 people (39.0%), respondents who experienced polimenore as much as 3 people (7.3%), and respondents who have oligomenorrhea and metrorrhagia equal number ie 2 (4.9%). Menstrual cycle disorders experienced by respondents by onset of menstrual disorders after Operation Methods Women (MOW) among other 18 people (43.9%) had no menstrual cycle disorders; 16 people (39.0%) experienced amenorrhea consisting of eight people (53.3%) experienced amenorrhea after MOW for 1 year, 5 (41.7%) experienced amenorrhea after MOW for 2 years, 2 (28.6%) experienced amenorrhea after MOW for 3 years, and 1 person (25.0%) experienced amenorrhea after MOW more than 3 years. Respondents who have oligomenorrhea by 2 people (4.9%) and all disturbed menstrual cycle after Operation Methods Women (MOW) for 3 years.

Menstrual cycle disorders caused can be caused by ovarian arteries clogged and cause hypertension local to the ovaries, resulting in the production of estrogen and progesterone disturbed (Naqvi et al, 2014). Researchers found from the findings that most disturbed menstrual cycle is amenorrhea. In women who use Operation Methods Women (MOW) most experienced amenorrhea. Amenorrhea occurs due to an imbalance of estrogen and progesterone caused by a blockage or cutting the fallopian tube when performing Operation Methods Women (MOW). Estrogen and progesterone produced by the ovaries that occurs when the ovum maturation will walk past the endometrium into the fallopian tubes. If women use Operation Methods Women (MOW), then the mature ovum will not be

able to pass through the fallopian tube toward the endometrium. It will experience an interruption in the menstrual cycle is amenorrhea.

The results of the study in Table 1.2 shows that 41 respondents in Puskesmas Tambak Rejo hipomenore Surabaya who had as many as 18 people (43.9%), respondents who experienced hypermenorrhea as many as 12 people (29.3%), and 11 (26.8%) the rest are not impaired amount of menstrual blood. Respondents were impaired based on the amount of menstrual blood of impaired after Operation Methods Women (MOW) as many as 18 people (43.9%) who experienced such hipomenore 2 (66.7%) experienced hipomenore less than 1 year after MOW, 7 people (46.7%) experienced hipomenore after 1 year do MOW, 4 (33.3%) experienced hipomenore after MOW for 2 years, 2 (28.6) experienced hipomenore for 3 years after the MOW, and 3 (75.0%) experienced hipomenore MOW after more than 3 years. Respondents who experienced hypermenorrhea many as 12 people (29.3%) is 1 person (33.3%) experienced hypermenorrhea less than 1 year after MOW, 3 (20.0%) experienced hypermenorrhea after 1 year do MOW, 4 people (33.3%) experienced hypermenorrhea after 2 years doing MOW, 3 (42.9%) experienced hypermenorrhea after 3 years of doing MOW, and one person (25.0%) experienced hypermenorrhea for more than 3 years after MOW.

Disruption of menstrual blood flow volume can be caused by an imbalance between the blood supply of the fallopian tubes and ovaries (Ozerkan, et al, 2010). Researchers found that women using the method of operation Women (MOW) will be impaired amount of menstrual blood (hipomenore). This can happen due to GnRH which produce FSH and LH can not go to the ovary to the process of maturation

of the ovum. Hormones FSH and LH produced in the hypothalamus will flow to the ovaries along with oxygen and blood flow as a function of blood is carry oxygen throughout the body including the ovaries. If the oxygen carried by the blood to the ovary congested, then the menstrual blood to the acceptor tubektomi experience decline.

Research results in Table 1.3 show that 41 respondents in TambakRejo PHC Surabaya who experience premenstrual syndrome, as many as 15 people (36.6%), respondents who experienced dysmenorrhea people as many as 13 (31.7%), and 13 other people (31, 7%) did not experience other menstrual disorders. Respondents who have other disorders menstrual disorders based on the amount raised after Operation Methods Women (MOW) as many as 15 people (36.6%), is 5 (33.3%) experienced premenstrual syndrome after MOW for 1 year, 7 person ( 58.3%) experienced premenstrual syndrome after MOW for 2 years, 2 (28.6%) experienced premenstrual syndrome after MOW for 3 years, and 1 person (25.0%) experienced premenstrual syndrome after more than MOW 3 years. Respondents who experience dysmenorrhea as many as 13 people (31.7%) is 1 person (33.3%) experienced dysmenorrhea less than 1 year after MOW, 5 (33.3%) experienced dysmenorrhea after MOW for 1 year, 2 people (16.7%) experienced dysmenorrhea after MOW for 2 years, 2 (28.6%) experienced dysmenorrhea after MOW for 3 years, and 3 (75.0%) experienced dysmenorrhea after MOW more than 3 year.

Researchers argue that if the respondent is not old or new undertaking Operation Methods Women (MOW) can experience menstrual disorders due to the adaptation process of biological and psychological operations fallopian tubes. Biological adaptation in the form of changes in the function of the fallopian tube which was originally to have full

functionality to channel ovum from the ovary endometrium is now disrupted because of blockage. Psychological adaptation experienced tubal ligation acceptor can be a problem in itself that happened after Operation Methods Women (MOW) like to think the desire to have children again, problems in the family, to think about problems such as abnormal menstrual previous.

The results are consistent with research conducted Ozerkan, et al (2010) which explains that most women who undergo Operation Methods Women (MOW) has menstrual abnormalities after one year tubal ligation surgery. Naqvi, et al (2014) explains that menstrual changes mostly occurred after tubal ligation for 1 year and menstrual changes can be decreased up to 34% within 3-4 years. The destruction of the fallopian tubes tubal ligation procedure would destroy most mesosalping and change the blood supply to the ovaries. This will reduce the signal *Gonadotropin Releasing Hormone* (GnRH) towards ovarian characterized by a decrease in the number of follicles and corpus luteum function so that the levels of ovarian hormones are affected and menstrual disorders arise (Tahath, Y and Al-Rayyan, E., 2007).

In terms of age, respondents aged 35-40 years as many as 27 people (65.9%) and respondents aged 41-45 years as many as 14 people (34.1%). Respondents who experience menstrual cycle disorders are mostly experienced by the age of 35-40 years is 12 people (44.4%) experienced amenorrhea, 1 (3.7%) had oligomenorrhea, 2 (7.4%) experienced polimenore, 1 people (3.7%) had metrorrhagia, and 11 (40.7%) had no menstrual cycle disorders. Respondents who experience menstrual cycle disorders aged 41-45 years is 4 people (28.6%) experienced amenorrhea; respondents had oligomenorrhea,

polimenore, metrorrhagia each 1 (7.1%); and 7 (50.1%) had no menstrual cycle disorders.

The age of respondents who experience menstrual disorders menstrual blood counts most is 35-40 years as many as 27 people with 11 people (40.7%) experienced hipomenore, 8 (29.6%) experienced hypermenorrhea, and 8 (29.6%) is not impaired amount of menstrual blood. While the number of respondents who experience disruption of menstrual blood at the age of 36-40 for 14 people which 7 (50.0%) experienced hipomenore, 4 (28.6%) experienced hipermeenore, and 3 (21.4%) did not experience the amount of menstrual blood disorders.

Respondents who have other disorders in menstruation is dysmenorrhea which 13 people were 7 (25.9%) experienced dysmenorrhea at the age of 35-40 years and 6 (42.9%) experienced dysmenorrhea at the age of 41-45 years. Respondents who experienced premenstrual syndrome, as many as 15 people are 9 people (33.3%) experienced premenstrual syndrome at the age of 35-40 years and 6 (42.9%) experienced premenstrual syndrome at the age of 41-45 years. Then as many as 13 people do not experience other menstrual disorders. Respondents who experience dysmenorrhea and premenstrual syndrome, the greatest number are at the age of 35-40 years. Moline, et al (2010) suggest that the incidence of premenstrual syndrome may be worse at the age above 30 years.

In this study, respondents who often suffer from menstrual disorders aged 35-40 years. Menstrual changes experienced by respondents were also influenced by the age when they make Operation Methods Women (MOW). The younger the woman's mother did Operating Method (MOW), then the risk for the greater menstrual disorders (Shy et al, 1992 in Shobeiri & Atash Khoii, 2005). In addition to menstrual disorders, women

who have had Female Operation Methods (MOW) more likely to suffer from dysfunctional uterine bleeding at the age of 35-46 years. Because at that age is a vulnerable age for women and the age most women have dysfunctional uterine bleeding after Operation Methods Women (MOW) or tubal ligation (Zulfiqar & Iftikhar, 2013).

Women older than 35 years and do tubektomi will experience *hot flashes* and menopausal symptoms such as poor sleep quality, night sweats, irritability, and depression. The menopause symptoms worsened in women older age (over 40 years) who have done a tubal ligation (Nichols, et al, 2013). Researchers found the age of the respondent has associated with menstrual disorders. Respondents aged 40-45 years who have amenorrhea or not menstruation after tubal ligation is feared they are experiencing symptoms of menopause. The older the woman, the greater the risk for premenopausal. In addition bodily functions premenopausal women who are age also decreased, including hormone to its biological function.

Based on respondents who are working, as many as 33 people (80.5%) work as a housewife, 6 (14.6%) working as a private, 1 (2.4%) worked as an entrepreneur, and one person (2, 4%) more are working as temporary teacher. Respondents who experience menstrual cycle disorders based on the work that 16 people have amenorrhea with details of 13 people (39.4%) work as a housewife, 2 (33.3%) work as a private, and 1 (100.0%) working as self-employed. Respondents who have oligomenorrhea as much as 2 ie 1 (3.0%) worked as households and 1 (16.7%) working as a private. Respondents who experienced polimenore as many as 3 people (9.1%) who works as a housewife. Respondents who experienced metrorrhagia much as 2 ie 1 (3.0%) worked as a housewife and 1 (100.0%) more are working



as a temporary teacher. then 18 people experience no disruption of the menstrual cycle.

Respondents who experience disruption of menstrual blood volume based on the work that 18 people have hipomenore with details 13 people (39.4%) work as a housewife, and 5 (83.3%) working as a private. Respondents who experienced hypermenorrhea many as 12 people with 11 people (33.3%) worked as a housewife and 1 (100.0%) working as a private. A further 11 people are not impaired amount of menstrual blood. Works of respondents who experienced other disturbances in the menstrual mostly experienced by mothers house as many as 33 people which is 10 people (30.33%) experienced dysmenorrhea, 14 people (42.4%) experienced premenstrual syndrome, and 9 (27.3%) did not other menstrual disorders.

Respondents who worked as private employees as much as six persons, namely 3 (50.0%) experienced dysmenorrhea and 3 (50.0%) did not experience other menstrual disorders. Respondents who worked as a temporary teacher as much as 1 (100.0%) experiencing premenstrual syndrome, and 1 (100.0%) worked as an entrepreneur who did not experience other menstrual disorders. Physical activity of moderate to severe may inhibit *gonadotropin-releasing hormone* (GnRH) which can decrease serum estrogen (Hoyer, et al, 2013). Researchers found respondents who worked as a housewife has to take care of all household purposes eg cooking, washing, to educate their children will experience fatigue mereka. sehingga its own that can trigger systemic changes in the body including hormonal changes of menstruation.

Operation method Women (MOW) or tubal ligation is the most effective contraceptive method for use of a permanent and highly effective (Edelman, et al, 2013). Tubektomi also raised concerns about the

potential disruption after tubal ligation both biologically and psychologically including regret after tubal ligation procedure because the procedure is generally *irreversible*. Abnormalities of menstruation is a disorder that is often experienced by women who have tubal ligation. Menstrual disorders caused after a tubal ligation due to blood circulation in and around the fallopian tubes and ovaries, the pressure on the nerve, and adhesion intrapelvik noncurrent (Satoh, 1993 in Palli, 2013). Tahath, Yousef and Al-Rayyan (2007) analyzed hormonal, endometrial biopsy, and observe the changes of menstruation. The result they found a decrease midluteal phase estradiol (E2), progesterone (P), and *luteinizing hormone* (LH) in women who do a tubal ligation.

Different methods used or the type of surgery can destroy other parts of the fallopian tube and the blood flow (Naqvi et al, 2014). Tubal ligation procedure can be done by Irwing, Pomeroy, Uchida, Parkland method, and using catheterization unipolar, bipolar up using various clips. Wilcox, et al (1992 in Ozerkan, et al, 2010) observed 5070 patients over 5 years and found that the method per clip lead to menstrual pain and bleeding are more in 33% of patients. Additionally longest menstrual period was found in the case of unipolar electrocoagulation, and the shortest menstrual period experienced by women who use per clip. Parsanezhad, et al (2008) suggested that the technique Pomeroy, rings, and methods of unipolar cause more damage to the utero-tubal and utero-ovarian. The level of damage to blood vessels peritubal and ovaries can cause menstrual abnormalities after tubal ligation.

Respondents who experience amenorrhea as many as five people consisting of 4 people have amenorrhea and still give milk, and 1 person amenorrhea after Operation Methods Women (MOW). While 35 of the respondents had

more than one menstrual disorders. Women who do Operation Methods Women (MOW) or tubal ligation generally do not impact on breastfeeding her baby because tubal ligation is a safe method of contraception (Berens, et al, 2015). The cause of amenorrhea in tubal ligation acceptors who are still breastfeeding may be affected by current drugs do Surgery Methods Women (MOW). Women who choose to do tubal ligation shortly after birth the baby will be given general anesthesia by medical teams and activities will continue to breastfeed after the operation performed by the medical team record should make the best decisions on the selection of safe anesthesia. The medical team should avoid the use of meperidine (Demerol) or the use of diazepam (Valium) long-term anesthesia when performing tubal ligation. However, local anesthetics, benzodiazepines (eg Ativan), muscle relaxants, inhalation agents can be used in the procedure of tubal ligation surgery and anesthesia is quite safe (Edelman, et al, 2013).

### Conclusion

The results of the research that has been done in Puskesmas Tambak Rejo Surabaya on April 16 - May 16, 2016 can be drawn conclusions menstrual disorders experienced by the acceptor tubektomi largely composed of several disorders that menstrual cycle disturbances, impaired amount of menstrual blood, and other disorders in menstruation. Menstrual cycle disorders experienced by the majority of acceptors tubektomi namely amenorrhea, impaired amount of menstrual blood is experienced mostly acceptor tubektomi namely hipomenore, while other disturbances in the menstrual experienced mostly acceptor tubektomi namely premenstrual syndrome, menstrual disorders is because the blood circulation in and

around Fallopian tubes and ovaries is not smooth. Smooth blood circulation is caused by the destruction of most of mesosalping the fallopian tube when tubal ligation procedure. This matter will cause signal *Releasing Gonadotropin Hormone* (GnRH) to the ovaries decreases were characterized by a decrease in the number of follicles and corpus luteum function so that menstruation becomes impaired.

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