

COMPARISON OF CHANGES OF MENSTRUAL CYCLE AS EFFECTS ON THE USE OF HORMONAL CONTRACEPTION IN COMBINATION OF INJECTION IN 1 MONTH, INJECTION IN 2 MONTHS, AND INJECTION IN 3 MONTHS

Andrian, R¹, Adenin, I², Nasution, SA², Barus, RP², Munthe, IG², Edianto, D²

¹Faculty of Medicine, Universitas Sumatera Utara, Medan, Indonesia,

²Departement of Obstetrics and Gynecology, Faculty of Medicine, Universitas Sumatera Utara, Medan Indonesia.

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Conflict of Interest statement

The authors declare that this research was conducted without any commercial or financial relationship that could be seen as a potential conflict of interest.

Ethics statements

Studies involving animal subjects

No animal studies are presented in this manuscript.

Studies involving human subjects

The studies involving human participants were reviewed and approved by Institutional review board of Universitas Sumatera Utara, Medan, Indonesia. Written informed consent for participation was required for this study.

Inclusion of identifiable human data

No potentially identifiable human images or data is presented in this study.

Data availability statement

The datasets generated for this study will not be made publicly available. The datasets for this manuscript are not publicly available because dissemination of data is not included in the study's IRB approval. Requests to access the datasets should be directed to Ryan Andrian, MD, at ryanandrian753@gmail.com

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Abstract

Background: The contraception injection is the most widely used contraception including Cyclofem. In practice, synthetic progesterone may cause changes in the menstrual cycle and causes discomfort for the acceptor so the acceptor sometimes chooses to stop using it. This study was a follow-up study of clinical trial research phase III, from the group of acceptors using Gestin F2 and Gestin F3 injections compared to Cyclofem injections that have been done by previous researchers in which he conducted research to develop contraception injection Gestin F2® and Gestin F3®, with the aim to reduce discomfort and ineffective use of contraception injections.

Objective: To find out the difference in the cycle and menstrual duration in the use of hormonal contraceptive combination injections every 1 month (Cyclofem), contraception injections every 2 months and contraception injections every 3 months.

Methods: This research is a descriptive analytic study with Case Series design. To assess the difference between cyclofem, 2-month hormonal injections and 3-month hormonal injections in changes in the menstrual cycle. Multivariate statistical analysis was performed using the Kruskal Wallis test.

Results: This research was conducted on 120 people, divided by 3 groups with of 40 people in each study group. The mean age in the 1-month injection study group was 30.9 years, the 2-month injection group 33.73 years and in the 3-month injection group with a mean age of 31.98 years. Evaluation of menstrual cycles in the 3 to 12 months appeared throughout the study group, the majority of menstrual cycles are normal with a mean cycle between 28-29 days. While the evaluation of menstrual length was done at the same time, it was found that the majority of menstrual periods were normal with an average of 5 days in all study groups. The p value obtained in the menstrual cycle with all three study groups was 0.387 ($p > 0.05$) and the p value for the duration of menstruation with all three study groups was 0.755 ($p > 0.05$).

Conclusion: There was no difference between the menstrual cycle and menstrual length in the three study groups.

Keywords: Menstrual cycle, injection hormonal contraception.

Background

The welfare of the Indonesian people can be improved by improving the quality of its individuals. One way to improve the quality of human resources is through a family planning program (KB). KB is expected to be a medium that helps the welfare of the community with convenient and easy methods, but in recent years there has been a stagnation in the use of family planning starting in the 2000s.^{1,2}

The method of injection contraception is the most widely used method. This is because about 47.3% of women in Indonesia choose to use contraceptive methods that are not long-term. Cyclofem is an option for injectable contraceptive methods.¹

The reason for choosing the method of injection contraception is inseparable from its practicality which does not require daily use and reduces the risk of "forgetting". Injectable contraception has a high effectiveness if used regularly according to a predetermined schedule. The accuracy of the injection is the key to the effectiveness of this method.³

The contraception injection is the most widely used contraception including Cyclofem. In practice, synthetic progesterone may cause changes in the menstrual cycle and causes discomfort for the acceptor so the acceptor sometimes chooses to stop using it. This study was a follow-up study of clinical trial research phase III, from the group of acceptors using Gestin F2 and Gestin F3 injections compared to Cyclofem injections that have been done by previous researchers in which he conducted research to develop contraception injection Gestin F2® and Gestin F3®, with the aim to reduce discomfort and ineffective use of contraception injections.

Methods

This research is a descriptive analytic study with Case Series design. To assess the difference between cyclofem, 2-month hormonal injections and 3-month hormonal injections in changes in the menstrual cycle. Multivariate statistical analysis was performed using the Kruskal Wallis test.

The study population was all medical record data in women using hormonal injection contraception combined with 1 month injection, injection every 2 months and injection per 3 months at the Helvetia Health Center. The sample in this study was part of the study population that met the inclusion and exclusion criteria which were secondary data taken from medical records. The sampling technique is by means of non probability sampling that is total sampling.

Results

This research was conducted on 120 people, divided by 3 groups with of 40 people in each study group.

Table 1 presents the demographic characteristics of the study subjects. The mean age in the 1st month injection study group was 30.9 years, the injection group 2nd months was 33.73 years and in the group 3 injections was 3rd months with an average age of 31.98 years. Most education in the three groups is high school. Most subjects in the three groups work as private employees. The number of children in the three groups is 2 people.

Table 2 presents the vital signs of all subjects based on the mean value it appears that the vital signs of the subjects in the three groups in the border are normal. There were no differences in mean blood pressure, pulse frequency and height of the subjects using the Kruskal Wallis test.

Table 3 shows during 1 year of observation, it appeared that the subject's body weight was in the range of 60.15 to 61.43 kg. By using the Kruskal Wallis test it appears that there were no differences in body weight based on the type of injection for all observations ($p > 0.05$).

Table 4 presents in the 3rd month to 12th month, it appears that for the majority group (above 92.5%) the menstrual cycle is normal. At 3rd month, in the group with 1 injection, only 1 subject (2.5%) had a menstrual cycle in the polimenorea. Meanwhile, oligomenorrhoea were 2 subjects (5%) for the entire study group. The results of the analysis using the Kruskal Wallis test showed that there were no significant differences in proportions for menstrual cycle variables based on the type of injection ($p = 0.837$). In the 6th month, in the group with 1 month injection, only 1 subject (2.5%) had a menstrual cycle in the polimenorea. Meanwhile, oligomenorrhoea was 1 subject (2.5%) each for the 2nd month injection study group. The results of the analysis using the Kruskal Wallis test showed that there were no significant differences in proportions for menstrual cycle variables based on the type of injection ($p = 0.267$).

In the 9th month, in the group with 3-month injections, only 1 subject (2.5%) had a menstrual cycle. Meanwhile, oligomenorrhoea as much as 1 person each (2.5%) for the 1 month injection study group, 2 subjects (5%) for the 2 month injection group and 1 person (2.5%) for the 3 month injection group. The results of the analysis using the Kruskal Wallis test showed that there were no significant differences in proportions for menstrual cycle variables based on the type of injection ($p = 0.551$).

At the 12th month, in the group with 1 month injection, only 1 subject (2.5%) had a menstrual cycle with polimenore. Meanwhile, oligomenorrhoea as much as 1 subject each (2.5%) for the 1 month injection study group, 3 subjects (7.5%) for the 2 month injection group and 2 people (5%) for the 3rd month injection group. The results of the analysis using the Kruskal Wallis test showed that there were no significant differences in proportions for menstrual cycle variables based on the type of injection ($p = 0.551$).

Table 5 presents at 3rd month, in the group with 1 and 2 months injections, only 1 subject (2.5%) had hypomenorrhoea. Meanwhile, as much hypermenorrhoea is one subject (2.5%) for the 1st month injection group. The results of the analysis using the Kruskal Wallis test showed that no significant difference in proportions was found for the menstrual length variable based on the type of injection ($p = 0.837$).

At 6th month, in the group with 3rd-month injections, there was 1 subject (2.5%) with hypomenorrhoea. There were no subjects with hypermenorrhoea for the entire study group. The results of the analysis using the Kruskal Wallis test showed that no significant difference was found for the variable duration of menstruation based on the type of injection ($p = 0.368$).

At 9th month, in the group with 3-month injections, there was 1 subject (2.5%) with hypomenorrhoea. Meanwhile, hypermenorrhoea as much as 1 subject each (2.5%) for the injection study group 2 and 3 months. The results of the analysis using the Kruskal Wallis test showed that no significant difference in proportions was found for the menstrual length variable based on the type of injection ($p = 0.719$).

At the 12th month, in the group with 2nd and 3rd months injections, there were 1 subject (2.5%) and 2 subjects (5%) with hypermenorrhoea, respectively. Meanwhile, hypermenorrhoea was 1 subject each (2.5%) for the 1 month injection study group and 4 subjects (10%) for the 2 month injection group. The results of the analysis using the Kruskal Wallis test showed that no significant difference was found for the variable duration of menstruation based on the type of injection ($p = 0.093$).

Table 6 presents in the 3rd and 6th month the whole group showed that a lot of menstrual blood in total ≤ 4 pad. At month 9, in the injection group 2 and 3 months there was one subject (2.5%) with a lot of menstrual blood > 4 pad. At 12 months there was 1 subject (2.5%) with menstrual blood types > 4 pad in group 1 injection and 2 subjects (5%) in group 2 injection. With using the Kruskal Wallis test showed no significant difference in proportions of many menstruation based on the type of injection ($p > 0.05$) for all observations (months 3 to 12).

Table 4.7, it is found that the average menstrual cycle in the three study groups is between 28-29 days with the p value obtained is 0.387 ($p > 0.05$) which means that there are no differences in menstrual cycles in the three study groups. Likewise, the menstrual period in which the three groups showed the same mean of 5 days with a p value obtained was 0.755 ($p > 0.05$) which also meant that there were no differences in menstrual length in the three study groups.

Conclusion

In conclusion, the average age of injection in the 1st month study group was 30.9 years, the injection group 2nd months was 33.73 years and in group 3 injections 3rd months with an average age of 31.98 years. In 3rd to 12th months, it appears that for the entire study group, the majority of the menstrual cycle was normal. The analysis found no significant difference in proportions for menstrual cycle variables based on the type of injection. For the entire study group, the majority of menstrual periods were normal. From the results of the analysis found no significant difference in proportion to the variable duration of menstruation based on the type of injection. The average menstrual cycle in the three study groups was between 28-29 days and menstrual periods in which all three groups showed the same mean of 5 days, where there was no difference between the menstrual cycle and menstrual length in the use of the three study groups.

References

1. Profil Kesehatan Indonesia 2014 [Internet]. Departemen Kesehatan Republik Indonesia. 2016 [cited 30 December 2016]. Available from: <http://www.depkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/profil-kesehatan-indonesia-2014.pdf>
2. Survei Demografi dan Kesehatan Indonesia 2002-2003. Jakarta: UNICEF dan BPS; 2016 p. 6-7.
3. 20. TIA Pharma [Internet]. Tunggal-pharma.com. 2017 [cited 21 February 2017]. Available from: <http://www.tunggal-pharma.com/id/products/hormone>
4. Medical eligibility criteria for contraceptive use. 5th ed. Geneva: World Health Organization; 2015.
5. Schindler AE, Campagnoli C, Druckmann R, Huber J, Pasqualini JR, Schweppe KW, Thijssen JH. Classification and pharmacology of progestins. *Maturitas*. 2003 Dec 10;46:7-16.
6. Speroff L, Fritz MA, editors. *Clinical gynecologic endocrinology and infertility*. lippincott Williams & wilkins; 2005.
7. Cooper DB, Adigun R. Oral Contraceptive Pills. InStatPearls [Internet] 2017 Apr 20. StatPearls Publishing.
8. Burkman RT. Transdermal hormonal contraception: benefits and risks. *American journal of obstetrics and gynecology*. 2007 Aug 1;197(2):134-e1.
9. Reed BG, Carr BR. The Normal Menstrual Cycle and the Control of Ovulation. InEndotext [Internet] 2018 Aug 5. MDText. com, Inc.
10. Maybin JA, Critchley HO. Menstrual physiology: implications for endometrial pathology and beyond. *Human reproduction update*. 2015 Nov 1;21(6):748-6
11. Thiyagarajan DK, Jeanmonod R. Physiology, Menstrual Cycle. InStatPearls [Internet] 2018 Apr 29. StatPearls Publishing.
12. Barbieri RL. The endocrinology of the menstrual cycle. In *Human Fertility 2014* (pp. 145-169). Humana Press, New York, NY.
13. Iglesias EA, Coupey SM. Menstrual cycle abnormalities: diagnosis and management. *Adolescent medicine (Philadelphia, Pa.)*. 1999 Jun;10(2):255-73.
14. Smikle C, Bhimji SS. Asherman Syndrome. InStatPearls [Internet] 2017 Oct6. StatPearls Publishing.
15. Gingu CO, Dick AL, Pătrășcoiu SO, Domnișor LI, Mihai MI, Harza M, Sinescu IO. Testicular feminization: complete androgen insensitivity syndrome. Discussions based on a case report. *Rom J Morphol Embryol*. 2014 Jan 1;55(1):177-81.
16. Medroxyprogesterone acetate - DrugBank [Internet]. Drugbank.ca. 2017 [cited 21 February 2017]. Available from: <https://www.drugbank.ca/drugs/DB00603>
17. Estradiol - DrugBank [Internet]. Drugbank.ca. 2017 [cited 21 February 2017]. Available from: <https://www.drugbank.ca/drugs/DB00783>
18. Rahmawati I, Asmawahyunita, Prasetyaningsih A. Hubungan Tingkat Pengetahuan Akseptor tentang Kontrasepsi

- Suntik Cyclofem (1 Bulan) dengan Kepatuhan Jadwal Penyuntikan Ulang di Desa Jambu Kecamatan Mlonggi Kabupaten Jepara. *Jurnal Kesehatan dan Budaya*. 2013;4(1).
19. Kambu J, Hadisaputro H, Kristanto H. Evaluasi gambaran sitologi serviks uteri pada akseptor Depo-Provera® dan Cyclofem® setelah penggunaan satu tahun. *Maj Obstet Ginekol Indones*. 2017;33(4).
 20. Magas M, Kundre R, Masi G. Perbedaan Siklus Menstruasi Ibu Pengguna Kontrasepsi Suntik Cyclofem dengan Depo Medroxy Progesterone Asetat di Wilayah Kerja Puskesmas Bontang Utara. *e-journal Keperawatan*. 2016;4(1).
 21. Bahamondes LBahamondes M. New and emerging contraceptives: a state-of- the-art review. *International Journal of Women's Health*. 2014;;221.
 22. Whitaker AGilliam M. *Contraception for adolescent and young adult women*. 1st ed. New York: Springer,;
 23. Cover J, Namagembe A, Tumusiime J, Lim J, Drake J, Mbonye A. A prospective cohort study of the feasibility and acceptability of depot medroxyprogesterone acetate administered subcutaneously through self- injection. *Contraception*. 2016;.
 24. Bagade O, Pawar V, Patel R, Patel B, Awasarkar V, Diwate S. Increasing Use of Long Acting Reversible Contraception : Sae, Reliable, and Cost Effective Birth Control. *World Journal of Pharmacy and Pharmaceutical Sciences*. 2014;3(10).
 25. Gallo MF, Lopez LM, Grimes DA, Schulz KF, Helmerhorst FM. Combination contraceptives: effects on weight (Review). [Internet]. *Popline.org*. 2017 [cited 21 February 2017]. Available from: <http://www.popline.org/node/176388>
 26. Firoozbakht M, Jamali B, Kazeminavaei F, Kiapoor A, Taghlili F. Comparing the satisfaction and efficacy of Cyclofem and contraceptive pills among females in Northern Iran: A randomized controlled trial study. *Journal of Advanced Pharmaceutical Technology & Research*. 2014;5(4):152.
 27. Ozgoli G, Sheikhan Z, Dolatian M, Simbar M, Bakhtyari M, Nasiri M. Comparison of Sexual Dysfunction in Women Using Depo- Medroxyprogesterone Acetate (DMPA) and Cyclofem. [Internet]. *Europepmc.org*. 2017 [cited 21 February 2017]. Available from: <http://europepmc.org/articles/pmc4386083>
 28. Veisi FZangeneh M. Comparison of Two Different Injectable Contraceptive Methods: Depo-medroxy Progesterone Acetate (DMPA) and Cyclofem. *J Family Reprod Health*. 2013;7(3).
 29. Abdel-Aleem H, d'Arcangues C, Vogelsong K, Gaffield M, Gülmezoglu A. Treatment of vaginal bleeding irregularities induced by progestin only contraceptives. *Cochrane Database of Systematic Reviews*. 2013;.
 30. Kanj R, Conard L, Trotman G. Menstrual Suppression and Contraceptive Choices in a Transgender Adolescent and Young Adult Population. 2017.
 31. The American Congress of Obstetricians and Gynecologists - ACOG [Internet]. *Ww.acog.org*. 2017 [cited 23 February 2017]. Available from: <http://ww.acog.org/Patients/FAQs/Progestin-Only-Hormonal-Birth-Control- Pill-and-Injection>
 32. Kariman N, Sheikhan Z, Simbar M, Zahiroddin A, Akbarzadeh Bahgban A. Sexual Dysfunction in Two Types of Hormonal Contraception: Combined Oral Contraceptives versus Depot Medroxyprogesterone Acetate [Internet]. *Jmrh.mums.ac.ir*. 2017 [cited 21 February 2017]. Available from: http://jmrh.mums.ac.ir/article_7763.html
 33. Thurman A, Kimble T, Hall P, Schwartz J, Archer D. Medroxyprogesterone acetate and estradiol cypionate injectable suspension (Cyclofem) monthly contraceptive injection: steady-state pharmacokinetics. *Contraception*. 2013;87(6):738-743.
 34. Cite a Website - Cite This For Me [Internet]. *Sciencedirect.com*. 2017 [cited 21 February 2017]. Available from: <http://www.sciencedirect.com/science/article/pii/S0010782414002443>
 35. Fraser IS, Dennerstein. Depo-Provera use in an Australian metropolitan practice. 1994. *Med J Aust* 160:553-556
 36. Garza-Flores J et.al. Return to Ovulation following the use of Long-acting Injectable Contraceptives: a comparativ study, *Contraception* 1985. 31:361- 366

37. Garza-Flores J, Hall PE, Perez-Palacios G. (1991) Long-acting hormonal contraceptives for women. *J Steroid Biochem Mol Bio* 40:697-704
38. Hall PE, WHO Task Force. The introduction of Cyclofem into national family planning programmes : experience from studies in Indonesia, Jamaica, Mexico, Thailand, Tunisia. 1994. *Contraception* 49:489-507
39. Kaunitz AM: Long-acting injectable contraception with depot medroxyprogesterone acetate, *Am J Obstet Gynecol* 170:1543, 1994
40. Vollman, RF. *The Menstrual Cycle*, Wb Saunders: Philadelphia. 1997
41. Lenton, EA, et.al. Normal variation in the length of the follicular phase of the menstrual cycle: effect of chronological age. *Br J Obstet Gynaecol* 1984. 91(7): p. 681-684
42. Bahamonde L, Lavin P, Ojeda G. et.al. Return of fertility after discontinuation of the one-a-month injectable contraceptive cyclofem.1997. *Contraception* 55:307-310



Table 1. Characteristics of research subjects

Charateristics	Group		
	injection 1 month, n=40	injection 2 months, n=40	Injection 3 months, n=40
Age, mean (SD), year	30,9 (8,89)	33, 73 (4,04)	31,98 (3,93)
education, n (%)			
Not school	0	3 (7,5)	1 (2,5)
Junior high school	7 (17,5)	10 (25)	8 (20)
Senior high school	30 (75)	23 (57,5)	26 (65)
Collage	3 (7,5)	4 (10)	5 (12,5)
Job, n (%)			
Trader	4 (10)	0	1 (2,5)
Freelancer	0	0	1 (2,5)
Farmer	1 (2,5)	2 (5)	2 (5)
Government employee	2 (5)	1 (2,5)	4 (10)
Entrepreuner	17 (42,5)	21 (52,5)	17 (42,5)
Tidak bekerja	16 (40)	16 (40)	15 (37,5)
Banyak Anak, n (%)			
1	12 (30)	9 (22,5)	10 (25)
2	14 (35)	19 (47,5)	23 (57,5)
3	11 (27,5)	5 (12,5)	6 (15)
4	3 (7,5)	3 (7,5)	1 (2,5)
5	0	4 (10)	0

Table 2. Vital sign examination results

Vital sign	Group			p
	Injection1 month, n=40	Injectio 2 months, n=40	injection3 months, n=40	
Systolic pressure, mean(SD), mmHg	115,63 (7,27)	118 (11,97)	117,63 (9,54)	0,39 7
Dyastolic pressure, mean(SD), mmHg	73,5 (4,83)	74,63 (5,93)	72,38 (5,19)	0,15 8
Heart frequency, mean(SD), x/m	80 (2,60)	80,03 (3,74)	80,43 (3,76)	0,78 1
Height ody, mean(SD), cm	157,38 (5,23)	156,25 (5)	157,15 (6,35)	0,49 9

Tabel 3. Body weight examination result

Body weight	Group			P
	Injection 1 month, n=40	Injection 2 month, n=40	Injection 3 month, n=40	
3 th month, mean(SD), kg	60,33 (7,90)	60,23 (7,87)	60,98 (11,98)	0,935
6 th month, mean(SD), kg	60,45 (7,63)	60,15 (7,72)	60,70 (12,35)	0,980
9 th month, mean (SD), kg	60,38 (7,56)	60,10 (7,40)	60,93 (12,20)	0,964
12 th month, mean(SD), kg	60,38 (7,49)	60,13 (7,32)	61,43 (11,49)	0,929

Table 4. The difference menstrual cycle based type of injection

Smenstrual cycle	KGroup			P
	injection 1 month, n=40	Injection 2 months, n=40	injection 3 months, n=40	
3th month				
Polimenorea	1 (2,5)	0	0	0,873
Normal	37 (92,5)	38 (95)	38 (95)	
Oligomenorea	2 (5)	2 (5)	2 (5)	
6th month				
Polimenorea	1 (2,5)	0	0	0,267
Normal	39 (97,5)	39 (97,5)	39 (97,5)	
Oligomenorea	0	1 (2,5)	1 (2,5)	
9th month				
Polimenorea	0	0	1 (2,5)	0,551
Normal	39 (97,5)	38 (95)	38 (95)	
Oligomenorea	1 (2,5)	2 (5)	1 (2,5)	
12th month				
Polimenorea	1 (2,5)	0	0	0,366
Normal	38 (95)	37 (92,5)	38 (95)	
Oligomenorea	1 (2,5)	3 (7,5)	2 (5)	

Table 5. The difference of along menstrual based type of injection P

Length of menstrual	Group			P
	Injection 1 month, n=40	Injection 2 month, n=40	Injection 3 month, n=40	
3th month				
Hipomenorea	1 (2,5)	1 (2,5)	0	0,719
Normal	38 (95)	39 (97,5)	40 (100)	
Hipermenorea	1 (2,5)	0	0	
6th month				
Hipomenorea	0	0	1 (2,5)	0,368
Normal	40 (100)	40 (100)	39 (97,5)	
9th month				
Hipomenorea	0	0	1 (2,5)	0,719
Normal	40 (100)	39 (97,5)	38 (95)	
Hipermenorea	0	1 (2,5)	1 (2,5)	
12th month				
Hipomenorea	0	1 (2,5)	2 (5)	0,093
Normal	39 (97,5)	35 (87,5)	38 (95)	
Hipermenorea	1 (2,5)	4 (10)	0	

Table 6. The difference of volume menstrual based type of injection

Volume menstrual	Group			P
	Injection 1 month, n=40	Injection 1 month, n=40	Injection 1 month, n=40	
Bulan 3th month				
40 (100)	40 (100)	40 (100)	40 (100)	1,000
6th month				
≤ 4 pad	40 (100)	40 (100)	40 (100)	1,000
9th month				
≤ 4 pad	40 (100)	39 (97,5)	39 (97,5)	0,604
>4 pad	0	1 (2,5)	1 (2,5)	
12th month				
≤ 4 pad	39 (97,5)	38 (95)	40 (100)	0,362
>4 pad	1 (2,5)	2 (5)	0	

Table 7. The difference and mean of cycle menstrual and length of menstrual while used injection 1 month, inection combination 2 months and inection combination 3 months

Variable	Cycle of menstrual			Length of menstrual		
	Mean	Median	SD	Mean	Median	SD
Injection 1 month	28	28	3	5	5	1
Injection combination 2 months	29	29	3	5	5	1
Injection combination 3 months Bulan	28	28	3	5	5	1
<i>P Value*</i>	0,387			0,755		

