



ANALYSIS OF THE IMPACT OF THE USE OF HORMONAL BIRTH CONTROL (INJECTABLE) ON COUPLES OF CHILDBEARING AGE

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ARTICLE INFORMATION

Received : August 21st, 2022
Revised : October 25th, 2022
Available online : October 31st, 2022

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KEYWORDS

Hormonal Birth, Injectable, Childbearing, Age

<https://doi.org/10.24252/hmsj.v3i3.32445>

ABSTRACT

Background: The injectable method makes sex activities a dilemma in their use. This is because the long use of injectable contraceptives, which is more than 1 year, results in the accumulation of the hormone progesterone in the body so that the hormone estrogen is suppressed. This decrease in the hormone estrogen will affect the exit of the hormone testosterone. Whereas this hormone as a trigger for sexual arousal or libido.

Objective: To analyze in depth regarding the impact of the use of hormonal (injectable) birth control on couple women of childbearing age.

Method: This study uses qualitative methods with descriptive analysis with primary data collection techniques through indepth interviews.

Results: The results of this study show that couples of childbearing age who use Hormonal birth control (injectable) there are some who experience libido disorders. However, among the acceptors who use hormonal birth control, both DMPA and cyclophemes that have more effect on decreasing libido function are DMPA injectable KB acceptors because they experience serious problems that require more treatment.

Conclusion: That users of injectable birth control, both DMPA and cyclofem, both experience libido disorders.

INTRODUCTION

Sexual health is part of basic human rights, since sexuality affects thoughts, feelings, behaviors and interactions that ultimately affect human mental and physical health. Decreased libido in acceptors of injectable birth control 3 months in long-term use can occur due to hormonal change factors, drying in the vagina can cause pain during intercourse. Decreased libido in acceptors of

injectable birth control 3 months can also be affected by psychological disorders and physical disorders and even hormonal changes in the long term causing sexual disorders in the use of > 2 years, (Ichwanul, 2016). In the Diagnostic and Statistical Manual version IV (DSM IV) of the American Psychiatric Association, and the International Classification of Disease-10 (ICD-10) from WHO, female sexual dysfunction is divided

into four categories, namely sexual interest/desire disorders (desire disorders), arousal disorders, orgasmic disorders, and sexual pain disorders. The use of contraceptives is one of the causes of changes in sexual identity both physically and psychosocially, (Stewart, 2010). Injectable contraceptives in Indonesia are one of the popular contraceptives. The injectable contraceptives used are Log-acting progestins, namely Norietindrom Enantat (NETEN) and Depomedroksin Progesterone Acetat (DMPA) (Sarwono, 2005). Research conducted by Indahyati (2013), in Indonesia on 243 users of 3-month injectable birth control in 3 puskesmas work areas, 11% experienced changes in menstrual patterns, 23% experienced changes in body weight, 4.2% experienced dark spots on the face 12.3% experienced changes in libido (Dinkes, 2014).

The injectable method makes sex activities a dilemma in their use. This is because the long use of injectable contraceptives, which is more than 1 year, results in the accumulation of the hormone progesterone in the body so that the hormone estrogen is suppressed. This decrease in the hormone estrogen will affect the exit of the hormone testosterone. Whereas this hormone is a trigger for sexual arousal or libido (Yulia, 2007). Decreased libido can result in disruption of sexual activity during pregnancy. Even a decrease in libido can result in the absence of sexual intercourse in each partner.

For this reason, it is necessary to carry out treatment in overcoming libido disorders, for example consultation and diagnosis of diseases, administration of drugs, implementing a healthy lifestyle, staying away from stress and exercise regularly (Nada, 2014).

According to the information data I found in the interview results of the community of injectable kb users at the UPTD Puskesmas Sibulue, Bone Regency, as many as 25 out of 39 kb acceptors experienced complaints. There were 9 (36%) acceptors of injectable birth control (cyclofem) who complained of having menstruation that was too long so that the frequency of sexual intercourse was reduced, and 16 (64%) acceptors of injectable birth control (DMPA) complained of pain during sexual intercourse or dysperunia, with pain felt that caused laziness to have sexual intercourse. With the incident they experienced, they said that before using contraceptives there were no complaints in having sexual intercourse. Because before using contraceptives, the frequency of their sexual intercourse is within normal limits, but after using these contraceptives, the frequency of sexual intercourse decreases.

Seeing the conditions experienced by the community, solutions are needed to overcome these problems, so that government programs are still carried out to have a sufficient number of children and maintain harmony in the household. So researchers are

interested in conducting a study with the title Analysis of the Impact of The Use of Hormonal Birth Control (injectable) on Women of Childbearing Age at the Sibulue Health Center, Bone Regency. The formulation of the problem in this study is how does the use of hormonal birth control (injectable) affect women of childbearing age who experience libido disorders?

The study conducted by (Aisyah, 2015) with the title of the use of injectable birth control for 3 months with libido in jatiwates village, tembelang district, Jombang regency with the results of a study that in the use of injectable birth control for 3 months most of the duration of use of ≥ 2 years as many as 53 (68.8%) people and a small percentage of respondents experienced a decrease in libido as much as 46 (49.7%) respondents. From the results of this study, it was concluded that the use of injectable birth control for 3 months within a period of >2 years can result in a decrease in libido. According to (Zettira et al., 2015) with the title of research analysis of the relationship of the use of hormonal contraceptives with sexual dysfunction in women, with the result that the incidence of sexual dysfunction in women by 43%, with complaints of sexual desire disorder 46%, with sexual stimulation disorder 4-7%, orgasm disorder 4-42%, pain 3-18% and vaginismus 30%. They concluded from the results of their research that the use of hormonal contraceptive methods is one of the risk factors that can

influence the incidence of sexual dysfunction in its users because the hormone content contained in it can affect the hormonal physiological function of a woman so that this can cause various sexual disorders, for example, such as interest disorders, orgasm disorders or lust disorders.

METHODS

The type of research used in this study used qualitative methods with descriptive analysis with primary data collection techniques through indepth interviews, namely ordinary informants (acceptors of injectable birth control), key informants (midwives implementing birth control services) and supporting informants (husbands of injectable kb acceptors). The validity of the data is carried out by triangulation of the data.

RESULTS AND DISCUSSION

Based on the results of the analysis of the impact of the use of hormonal birth control (injection) on women of childbearing age at the Sibulue Health Center, Bone Regency in 2021, the following results were obtained:

1. Information on the experience of the acceptor informant of the DMPA injectable KB regarding libido disorders

In terms of the problems they experienced most of the libido disorders occurred as stated by the following informants:

"First I used kb I used injectable KB 1 month and now I use injectable KB 3 months deck, I use this KB has been quite long about 2 years 6 months, at the beginning of use there was no abnormality

that I felt, lately what I feel after using this injectable kb I feel itching in the thigh area until the infection is due to scratching, even though I have no history of allergies to food, sometimes if the itch appears there is no passion for sexual intercourse because only the pedis I feel due to thigh friction plus the presence of fluid that causes the wound to increase infection and it is difficult to dry, this I feel after the fifth control, if asked again about the husband and wife relationship there is no comfort because of the disturbance due to itching, then if it is treated for free I think, I have treated it with ointment and sometimes it is dry but it does not last long because the itching still appears or does not heal". (H, 31 years old)

The information obtained from the informant explained that before he used DMPA injectable birth control he used cycloped injectable KB and felt a mismatch because he felt complicated having to control every month, so he decided to use DMPA injectable KB which was scheduled for control once in 3 months. She felt that after using the DMPA injection, she experienced itching in the thighs so that in having sexual intercourse she felt disturbed due to extreme itching and pain to irritation. The pain he felt, the frequency of sexual intercourse was reduced. This is in contrast to the information statement of the following informant:

"I used injectable birth control for only nine months,In the first month there was no problem and after the next month I period continued sometimes one full month of menstruation and the blood that came out sometimes a lot sometimes a little bit, so automatically in having sexual intercourse was disturbed, after all, it was

not possible to also have intercourse because menstruation continued so sometimes a full month never had conjugal relations". (D, 40 years old)

From the statement of the fifth informant obtained the result that in the presence of an irregular menstrual cycle in this case continuous menstruation can decrease sexual arousal, since a person cannot have sexual intercourse during menstruation especially if the menstruation lasts for a month in length, so the frequency of sexual intercourse decreases and libido disorders occur.

The statement of the key informant is as follows:

"If the problems experienced by some DMPA injectable birth control users in the uptd work area of the Sibulue Health Center are indeed various, and many experience problems, both side effects of contraceptives and effects that have an impact on libido disorders, complaints from them such as complaining of menstruation continue so that they cannot have conjugal relations, there are also complaints of pain during sexual intercourse, to the point that someone asked for a solution regarding her sexual relations problem with her husband, she felt surprised because recently there was no passion if she was invited to her husband, this happened because some of them only heard advice from friends or family who advocated using injectable birth control without thinking about the side effects". (BS, 28 years old).

The statement was also corroborated by the statements of the supporting informants which were as follows:

Supporting informants i.e.

"I feel very disturbed by the problems experienced by my wife, because sometimes I invite to have sexual intercourse but my wife who does not respond or cannot serve me because of pain plus if she is not passionate so it cannot be implemented, sometimes I also want to be angry if I ask for a new one is not given, immediately my head hurts because it is already tense and then there is no response from the partner". (Sb, 32 years old).

From the statement of the results of in-depth interviews (indepth interviews) from key informants and supporting informants varied, from these results explained that women of childbearing age couples who became acceptors of DMPA injectable birth control in the work area of the UPTD Sibulue Health Center partially experienced libido disorders. From the results of indepth interviews obtained from informants that the use of DMPA injectable birth control causes itching in the thigh area, lack of enthusiasm due to dyspareunia, feeling pedis and pain during sexual intercourse, cramps throughout the body and experiencing menstruation for too long. This is in accordance with the statements of key informants and supporting informants.

The discussion of the results of the in-depth interview (indepth interview) that has been carried out is:

As stated by the informant in this case the acceptor who uses DMPA injectable birth control or becomes an injectable acceptor for 1 year and 3 months. This mother felt itching until irritation of the thigh area every time she

controlled or injected, she said that this itch was due to the influence of the injection because she had no history of food allergies, and this itch appeared when she finished injecting birth control. Worse still if the itch appears the mother's sexual arousal also decreases sometimes not passionate at all, the arousal is reduced due to the itching she feels.

In having sexual intercourse, the mother feels uncomfortable because the scratching scars on the thighs will get worse and it is feared that there will be infections due to friction and a sense of pedis due to exposure to fluids such as sweat fluids. If this is still allowed, the itching that the mother experiences will not heal, which is even worse.

With the side effects she feels this greatly affects sexual arousal so that the acceptor sometimes does not have intercourse for a week and even for 2 weeks does not have conjugal relations. Whereas before sometimes she had sexual intercourse twice a week.

It is as explained by (Berman, 2006), hat a decrease in the production of the hormone estrogen can cause side effects of feeling hot, irritation of the vaginal area, depletion or loss of elasticity of the skin, desire or changeable desire.

According to the rhythm of the body standard pattern, dr. Boyke recommends that husband and wife have regular sexual intercourse 1-4 times a week. The consideration is that the frequency is in accordance with the rhythm of the body or the

physiological condition of the man or woman. Sperm production by testicles can be said to have met the storage quota within three days and this production must be issued regularly according to the time or natural quota limit. This proves that there has been a decrease in libido in the informant with the initials H where he is unable to enjoy sexual intercourse properly due to the presence of itching and irritation of the thighs and surrounding areas.

Another complaint that was felt after the use of the contraceptive was experiencing too deep menstruation, sometimes experiencing menstruation for 1 full month, so unable to have sexual intercourse in those 1 month. Menstruation that is too long is also affected by the hormone progesterone present in DMPA injectable contraceptives.

The existence of an irregular menstrual cycle in this case continuous menstruation can decrease sexual arousal, because a person cannot have sexual intercourse during menstruation, especially if the menstruation lasts for a month, so the frequency of sexual intercourse decreases and there is a disturbance in libido.

One of the side effects of using dmpa injectable contraceptives is, menstrual disorders (shortened or elongated cycles, spotting bleeding, not menstruation at all), which can give rise to a decrease in libido. Efforts made to overcome the problem of impaired sexual function due to the use of DMPA injectable contraceptives are by

recommending non-hormonal contraceptive methods to restore the natural cycle of estrogen and progesterone hormones that play a role in women's sexual function.

If the decrease in libido occurs as a result of the use of DMPA injectable contraceptives, efforts are needed to overcome it, because this contraceptive method is most widely used by the public. If it is due to hormonal disorders, then it can be overcome by hormone therapy. However, if it is due to secondary factors, it can be done with behavioral therapy, namely by providing knowledge or improving cognitive aspects of sexual functions.

1. Informant experience information regarding libido disorders against Cyclofem Injectable KB acceptors

Couples of childbearing age who use cyclophem injectable birth control who experience libido disorders have different or varied experiences, including the following:

*"I used injectable birth control every month for eleven months but what I felt at the beginning of use was no serious complaints, only sometimes I felt headaches but that was rarely felt by me, but lately if I finish the injection immediately I feel dizzy and nauseous even though I have no history of allergies to food, if I finish the injection, I will immediately feel nausea, but the birth control should not also be stopped for fear that she will get pregnant again.
(AK, 33 years old)*

The informant's statement explained that during the use of cyclopheme birth control there were changes that he felt, he felt

dizziness and nausea, and this was very annoying if he wanted to have sexual intercourse. Because sexual intercourse can only be carried out if the feelings of both parties are in good health.

"What I felt during the use of injectable birth control for 1 month was weight gain and I felt dizzy, even though I used this birth control not enough one year only about ten months, sometimes I felt stressed thinking about the condition of my body which is very fat, especially when I am still fairly young, sometimes I also feel less excited if my partner invites me to have sex because what I think if I don't inject then there is a pregnancy but vice versa if I inject then my body gets fatter or wider, sometimes I feel awry too if I don't serve my husband, this is also a burden for me because it does not fulfill his wishes. (H, 27 years old),

The statement from the informant said that she gained weight after using cyclopheme injectable birth control and felt less excited because of the stress of thinking about her fat body condition. Excessive weight gain and stress can affect a person's libido disorders and have an impact on reducing the frequency in sexual intercourse.

The informant's statement was corroborated by the key informant's statement which was as follows:

"Problems that are often consulted by the use of cyclopheme injectable birth control used by acceptors such as dizziness, nausea, irregular menstruation and some complain about having concerns about the effectiveness of the contraceptives they use, sometimes it is also felt that the willingness to have sexual intercourse, sometimes sometimes they also do not

want to at all, previously they have been informed about the side effects of the cyclopheme injectable birth control but some of them still vote because they feel safer because they are injected every month". (BS, 28 years old)

"If it's a matter of sexual intercourse, from me there's no problem all is well, from my wife alone because sometimes I invite but she can't because at night she often feels headaches and she goes straight to sleep. Moreover, I am only at home if at night sometimes I don't do it because I also can't force my wife because I also feel sorry if she rests and I also force me to want to have sex." (J, 40 years old).

From the results of in-depth interviews conducted on the informant, information was obtained that the side effects experienced by women of childbearing age couples vary and greatly interfere with their sexual activities. From the side effects caused by the contraceptive, it will later contribute to an uncomfortable feeling to interfere with a person's temperament. This condition includes symptoms of mood disorders.

And the dominant cause of libido disorders in the use of cyclopheme injectable birth control is headache, nausea, anxiety to depression. Where this depression can cause a person to be less comfortable during sexual intercourse and automatically libido becomes disturbed. From the results of these interviews, all informants experienced a decrease in libido. The discussion of the results of the in-depth interview conducted was as follows:

The information obtained from the informant since using cyclopheme injectable birth control initially the mother had no complaints at all, but recently felt dizziness and nausea. The dizziness and nausea that the informant feels affects sexual arousal.

The dizziness and nausea that the informant feels is influenced by excessive estrogen levels in the blood compared to the state before using the cyclopheme injection (estrogen affects the production of stomach acid) so there is a feeling of nausea.

Factors that have the potential to decrease libido are stress and the presence of sexual disorders. The state is related to the psychological state inside the brain. The stress experienced by this informant due to his weight gain made him have no passion in having sexual intercourse. The informant assumed that after the injection, she gained weight so she sometimes felt lazy to continue using the birth control, but if the injection was not done, there would also be concerns about pregnancy.

Stress can occur due to a decrease in self-confidence due to rapid weight gain. The hormone estrogen causes water retention and oedem, while progesterone facilitates the change of carbohydrates and sugars into fat and stimulates appetite and decreases physical activity.

The use of cyclopheme injectable birth control can result in a buildup of glycogen so that the weight gains, this causes the informant

to be uncomfortable to present himself as he is in front of the partner and as a result the mother does not feel excited if the partner invites to make love and does not enjoy the activity. Weight gain can be triggered by the content of hormones that can affect the mother's appetite so that if the mother does not implement a good diet and does not apply regular exercise, it can cause less than perfect calorie burning so that there is a buildup of fat. Such weight gain can lead to a decrease in sexual arousal.

A capricious mood can lead to a decrease in libido. The ups and downs of libido are thought to be closely related to the condition of a person's body. The state of fatigue after a hard day's work can decrease sexual arousal. In addition, violating the sleep time of 6-8 hours a day will risk the body becoming out of shape again and eventually affecting the state of libido. The decrease in sex drive can also be caused by eating habits that are incompatible with the activities carried out every day. As a result, the intake that enters the body is not in accordance with what is needed so that the body becomes weak and underpowered, (Rendra, 2009).

The information obtained that the husband does not have any abnormalities or problems, it's just that he feels sorry if he sees his wife's condition, because the wife still forces herself to have sexual relations considering that there are responsibilities that must be done, one of which is serving the husband in having sexual relations.

Sexual appetite disorders in women experiencing sexual appetite inhibitions may not want or not enjoy sex. But he allowed his spouse to intercourse with him, as an obligation. The other woman may be so anxious about the reason of intercourse that it refuses or makes excuses to avoid it (Jones, 2009). Given the importance of sexual life in family happiness, sexual dysfunction needs to be treated properly. Any sexual dysfunction can result in inharmonious sexual intercourse, which can further also be detrimental to reproductive health (Pangkahila, 2005).

The problems experienced by informants of cyclofem injectable birth control users also have an effect on the decrease in libido because they also experience side effects from the use of contraceptives such as irregular menstruation, weight gain and others, which affect the informant's mood, thus feeling lazy to have sexual intercourse. The mood of this informant is influenced by the hormones contained in the contraceptives used.

CONCLUSION

The results of this study show that users of injectable birth control, both DMPA and cyclofem, both experience libido disorders. However, among the two acceptors

that have more effects on decreasing libido function and serious side effects are dmpa injectable kb acceptors, where informants experience problems with their physical health which causes mood to be reduced and greatly affects libido disorders so that they cannot have sexual intercourse and this cannot be overcome immediately because the hormone content in the body will react for 3 months so the acceptor must remain patient to feel the effects of the side that appears while waiting for the DMPA injectable birth control reaction runs out, while the cyclofem injectable KB also has side effects but this can be overcome by stopping using because the reaction from the injectable cyclofem only lasts for 1 month.

SUGGESTION

It is recommended to prospective acceptors of birth control to come and look for as clear information as possible before using one of the contraceptive methods. To the acceptor of birth control to always identify psychological physical changes with respect to the use of contraceptives and seek help immediately. To the community health center to pay more serious attention to reproductive health programs by providing reproductive health service units at community health centers.

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