

## Conference Paper

# Relationship of Acceptor Characteristics of Family Planning Implants with Sexual Dysfunction in Gunung Sugih District, Central Lampung District in 2012

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## Abstract

Sexual dysfunction is the inability to fully enjoy sexual intercourse. In Bandar Lampung, the case of sexual dysfunction in women reached 66.2%. This relates to the characteristics of sexual dysfunction of family planning acceptors implants that are age, education, work, the sheer number of children, BMI, and the duration of marriage. This study aims to determine the relationship of family planning acceptors characteristics with sexual dysfunction in the District of Central Lampung regency Mount Sugih 2012. This quantitative research was conducted on a sample of 178 respondents. Data were collected through interviews, data analysis was done using univariate, bivariate, and multivariate chi-square test and multivariate analysis odds ratios and logistic regression to determine the largest independent variables associated with sexual dysfunction. The results showed that the association of age with sexual dysfunction was  $p = 0.922$ , OR = 1.159, 95% CI 0.479 to 2.804; education,  $p = 0.000$ , OR = 4.141, 95% CI 2.055 to 8.346; work,  $p = 0.018$ , OR = 2.316, 95% CI 1.197 to 4.484; number of children,  $p = 0.034$ , OR = 0.316, 95% CI 0.115 to 0.868; IMT,  $p = 0.491$ , OR = 0.678, 95% CI 0.292 to 1.571; and long marriage,  $p = 0.031$ , OR = 0.336, 95% CI 0.131- 0.860. The study showed that there is no relationship between age and BMI and the relationships between education, occupation, number of children, and duration of marriage. To reduce the incidence of sexual dysfunction in family planning acceptors, there is a need for increased promotional efforts, counseling, informed consent and informed choice, and providing counseling on sex, family planning, and the possible side effects from the use of contraceptive devices and finally setting up sexual consultation clinics.

**Keywords:** sexual dysfunction, family planning acceptors, Mount Sugih  
**Bibliography:** (1998-2011)

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Sexual dysfunction indicates interference with one or more aspects sexual function (Pangkahila, 2006). When broadly defined, sexual dysfunction is the inability to fully enjoy sex. Specifically, sexual dysfunction is a disorder that occurs in one or more of the entire normal sexual response cycle (Elvira, 2006). Resulting in dysfunction sexual can occur if there is interference from just one of the sexual response cycles.

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Sexual dysfunction is often underestimated, even though a healthy sex life becomes one indicator of healthy living.

Contraception in general is a wonderful way for women to plan their family. More research needs to be done towards meeting needs female sexual. A great effort has been made to make condoms more fun for men, "explained Nicole Smith from the Center for Sexual Health Promotion, a research team from Indiana University, as reported by Dailymail, Thursday (11/03/2011). According to Smith, as a contraceptive hormonal contraception can disturb the balance female sex hormones, so it's not surprising that they can also interfere libido / sexual arousal.

There are several factors that influence the occurrence of sexual dysfunction. According to general practitioner of Pertamina Balikpapan Hospital (RSPB) Fajar Rudy Qimindra on September 19, 2008, sexual dysfunction caused by several factors, namely factors psychological (psychological), organic (physical), and interpersonal (relationship). According to the doctor Qimindra, these factors cause problems in the form of loss of interest, feeling of fear, stress or depression that occurs in women, feeling dry or reduced fluid coming out, can not reach the peak of orgasm, pain when related, vaginal muscle spasms and other pain disorders. According to Dr. I Putu Gede Kayika, SpOG in his research in Jakarta in July-September 2009, figures female sexual dysfunction is quite common. This can have an impact negative to household happiness and quality of life, including risk of divorce.

The problem of sexual dysfunction not only belongs to the adam, but also women in this world. A survey in the United States of America in 2010 found American women, 54 percent of women aged 18-30 years reported difficulty reaching orgasm. Research regarding sexual dysfunction in women until now is still small when compared with men. The number of events varies in each country, but the number shows more than 40 percent of sexual dysfunction occur in women, Qimindra said. Research on sexual dysfunction in America States shows that the prevalence of sexual dysfunction is higher in women 43% compared to 41% men (Greendale, 2007). Similar research in the United States give the same result, namely the prevalence of sexual dysfunction is quite high. Research in the UK shows 41%, Brazil 49%, and more results high was found in Malaysia 51% (Sidi, 2008). Research in Indonesia more than 40% incidence of sexual dysfunction occurs in women. (Qimindra, 2008).

In Indonesia alone it is estimated that the amount is greater than that, but for its size certainly not very easy to get, considering it is not easy to know for certain whether a number of women experience sexual dysfunction. In Indonesia, sex is still often considered a taboo subject, sexual dysfunction in women is rare revealed, but

usually comes out in the form of physical complaints, such as headaches, weakness, achy, and easily offended. The study was conducted in DKI Jakarta since July 2009-September 2010 by Dr. dr. I Putu Gede Kayika, SpOG, involved 94 newly married women. Some factors risks considered for study include age, level of education, status depression, body mass index, and sexual trauma. Based on the Female questionnaire Sexual Function Index (FSFI), found incidents of sexual dysfunction in women who just married around 19.1%. Meanwhile, according to the perception of respondents, who experienced sexual dysfunction by 9.6%. Also found 2 predictors compilation of prediction indexes, ie a history of sexual trauma and depression with a sensitivity of 74% and a specificity of 39%, if you experience one of them is predicted to experience sexual dysfunction.

Measurement of the quality of sexual behavior can be based on the Sexual Function Index Female (Female Sexual Function Index) developed by Rosen et al (2000).

The Female Sexual Function Index (FSFI) is an overall value or discriminant score of the items that are collected into the following 6 domains: (1) desire (desire), (2) arousal (arousal); (3) lubrication; (4) orgasm (orgasm); (5) satisfaction (satisfaction) and (6) pain (satisfaction) Basson et al (2000). Maharani Dewi's 2011 study entitled Prevalence of sexual dysfunction in women using implantable contraception at Abdul Moeloek Hospital in Bandar Lampung 2011 are: the frequency of female sexual dysfunction in the highest FSFI score, i.e. score range 17-26 (close to normal) so that it is still classified as sexual dysfunction mild, whereas the distribution of the FSFI domain is the most experienced by contraceptive users The implant is in the first domain, namely sexual desire disorder.

Based on the description above, the authors are interested in conducting research on: "Relationship Characteristics of KB Implant Acceptors with Sexual Dysfunction in Gunung Sugih District, Central Lampung Regency in 2012 "

## 1. Research Method

This research uses analytic method with cross sectional approach, that is research aimed at finding the prevalence of certain diseases somewhere area. In this study aimed at finding the prevalence of sexual dysfunction in women who use implanted contraception. The population in this study is all women using implantable contraceptives in Gunung Sugih Raya district Gunung Sugih, numbering 324 people.

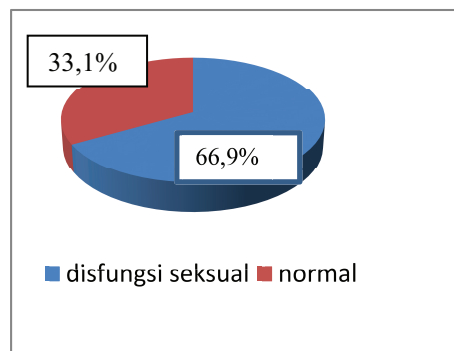
The sampling technique in this study uses design techniques Simple random sampling is a simple random sampling method, all the name of the implant acceptor is drawn

and taken as needed. If there is the sample that drops out will then be reracked and issued a number the samples needed are in proportion to the area. Number of case samples there were 177 women and the control sample were 177 women Implant KB participants in the Gunung Sugih subdistrict, Lampung regency The middle.

## 2. Research Results

### 2.1. Univariate analysis

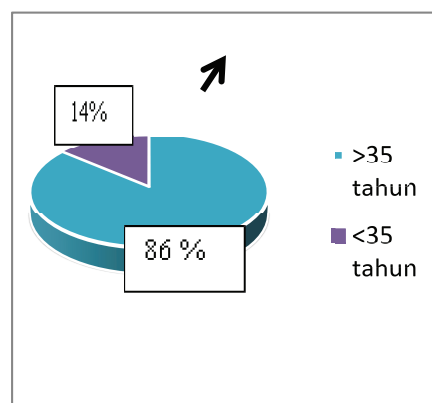
#### 2.1.1. Sexual function



**Diagram 1:** Distribution of sexual dysfunction in implant acceptors in Gunung Sugih District Central Lampung in 2012.

Diagram 1 can be concluded that until the end of June, obtained 66.9% experienced sexual dysfunction out of 178 respondents and 33.1% were normal

#### 2.1.2. My mother's age

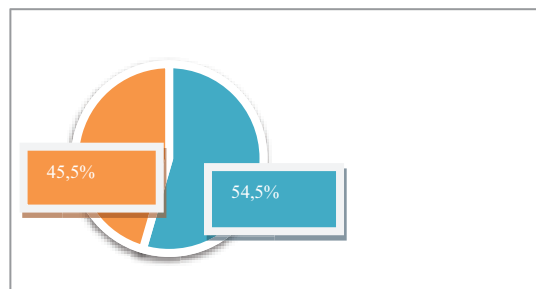


**Diagram 2:** Distribution of maternal age in implant acceptors in Gunung Sugih District, Lampung Regency Mid of 2012.

Diagram 2 can be concluded that the majority of respondents were > 35 years old that is 86.0% and with age <= 35 years 14.0% from 178 respondents.

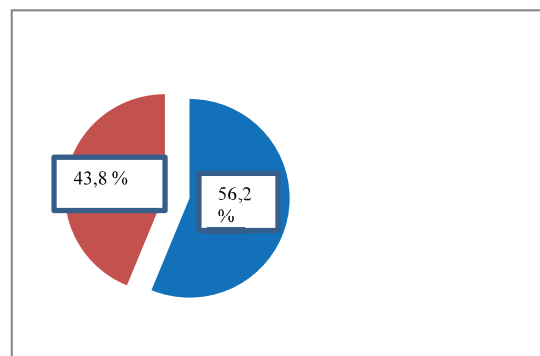
### 2.1.3. Education

Diagram 3 can be concluded that as many as 54.5% of respondents with education high (> = high school) and 45.5% (<high school) with low education.



**Diagram 3:** Age distribution of implant acceptors in Gunung Sugih Subdistrict, Lampung Regency Mid of 2012.

### 2.1.4. Occupation

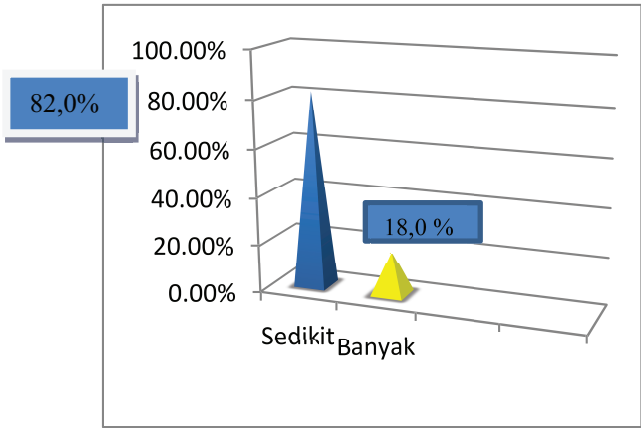


**Diagram 4:** Distribution of work on the implant acceptor in Gunung Sugih District, Lampung Regency Mid of 2012.

From the results of the data collection of respondents obtained a picture of that part of the job large respondents do not work (56.2%) and work (43.8%).

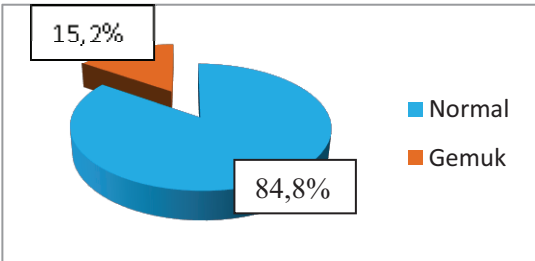
### 2.1.5. Number of children

From the results of data collection, it is obtained that the majority of respondents have the number of children is small <= 3 (82.0%) and with many children > 3 (18%).



**Diagram 5:** Distribution of the number of children in the implant acceptor in Gunung Sugih District Central Lampung in 2012.

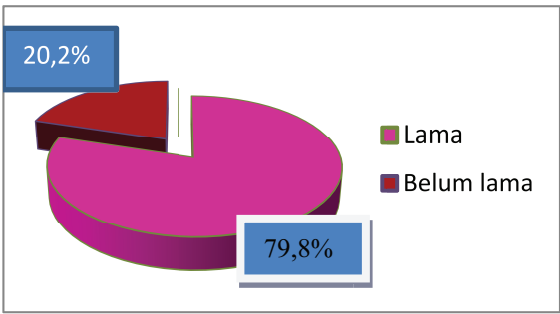
### 2.1.6. BMI (Body Mass Index)



**Diagram 6:** Distribution of the number of children in the implant acceptor in Gunung Sugih District Central Lampung in 2012.

From the results of data collection the body mass index of respondents was obtained by category normal by 84.8% and with the fat category by 15.2%.

### 2.1.7. Long marriage



**Diagram 7:** Distribution of Marriage Duration to the implant acceptor in Gunung Sugih District, Regency Central Lampung in 2012.

From the results of data collection, respondents' marriage duration was obtained by category long time (> 10 years) by 79.8% and with the category of marriage not long ago (<= 10 years) by 20.2%.

## 2.2. Bivariate analysis

### 2.2.1. Relationship between mother's age and sexual dysfunction

The table above explains 36.0% of women who give birth at a young age sexual function is normal and 64.0% experience sexual dysfunction. 32.7% of women were giving birth in old age experienced normal sexual function and 67.3% experienced sexual dysfunction, p value = 0.922.

TABLE 1: Relationship between maternal age with sexual dysfunction in impan acceptors in Gunung sugih sub-district Central Lampung Regency in 2012.

Umur ibu	Fungsi seksual				Jumlah		P value
	Normal		Disfungsi		Σ	%	
	Σ	%	Σ	%			
Muda	9	36.0	16	64.0	25	100	0.922
Tua	50	32.7	103	67.3	153	100	

### 2.2.2. Educational relations with sexual dysfunction

TABLE 2: Relationship between education and sexual dysfunction in the implant acceptor in Gunung Subdistrict.

Pendidikan	Fungsi seksual				Jumlah		P value	OR CI 95%
	Normal		Disfungsi		Σ	%		
	Σ	%	Σ	%				
Tinggi	45	46.4	52	53.6	97	100	0.000	4.141 (2.055 – 8.346)
Rendah	14	17.3	67	82.7	81	100		

The results in the table above explained 46.4% of highly educated women experienced normal sexual function and 53.6% experience sexual dysfunction. 17.3% of women are educated low experienced normal sexual function and 82.7% experienced sexual dysfunction, p value = 0,000, OR = 4,141 (95% CI 2.055 - 8,346).

TABLE 3: Relationship between work and sexual dysfunction in impan acceptors in Gunung Sugih Subdistrict Central Lampung Regency in 2012.

Pekerjaan	Disfungsi seksual				Jumlah		P value	OR CI 95%
	Normal		Disfungsi		Σ	%		
	Σ	%	Σ	%				
Tidak bekerja	41	41.0	59	59.0	100	100	0.018	2.316 (1.197 – 4.484)
Bekerja	18	23.1	60	79.7	78	100		

### 2.2.3. Employment relations with sexual dysfunction

The results in the table above explained 41.0% of working women experiencing sexual function normal and 59.0% experience sexual dysfunction.

23.1% of working women experience function sexually normal and 79.7% had sexual dysfunction, p value = 0.018, OR = 2.316 (CI 95% 1,197 - 4,484).

### 2.2.4. Relationship of the number of children with sexual dysfunction

From the table above it can be explained that 15.6% of women with many children have experienced it normal sexual function and 84.4% experience sexual dysfunction. 37.0% of women with little children experienced normal sexual function and 63.0% experienced sexual dysfunction, p value = 0.034, OR = 0.316 (95% CI 0.115 - 0.868).

TABLE 4: Relationship between the number of children and sexual dysfunction in impan acceptors in Gunung District sugih Central Lampung District in 2012.

Jumlah anak	Disfungsi seksual				Jumlah		P value	OR CI 95%
	Normal		Disfungsi		Σ	%		
	Σ	%	Σ	%				
Banyak	5	15.6	27	84.4	32	100	0.034	0.316 (0.115 – 0.868)
Sedikit	54	37.0	92	63.0	92	100		

### 2.2.5. Relationship of BMI with sexual dysfunction

The table above explains 31.8% of women with normal BMI experiencing sexual function normal and 68.2% experience sexual dysfunction. While 40.7% of obese women experiencing normal sexual function and 59.3% experiencing sexual dysfunction, p value = .491.

2.2.6. Relationship between marriage duration and sexual function In the table



TABLE 5: Relationship of BMI with sexual dysfunction in impan acceptors in Gunung Sugih Subdistrict Central Lampung Regency in 2012.

IMT	Disfungsi seksual				Jumlah		P value
	Normal		Disfungsi		Σ	%	
	Σ	%	Σ	%			
Normal	48	31.8	103	68.2	151	100	0.491
Gemuk	11	40.7	16	59.3	27	100	

below explains the relationship between the length of marriage with function female sexual. Furthermore, it can be seen in the following table:

TABLE 6: Relationship of duration of marriage with sexual dysfunction in impan acceptors in the District Gunung Sugih, Central Lampung Regency in 2012.

Lamanya pernikahan	Disfungsi seksual				Jumlah		P value	OR CI 95%
	Normal		Disfungsi		Σ	%		
	Σ	%	Σ	%				
Belum lama	6	16.7	30	83.3	36	100	0.031	0.336 (0.131 – 0.860)
Lama	53	37.3	89	62.7	142	100		

In the table above, it is seen that 16.7% of women who have recently been married experience function sexually normal and 83.3% experience sexual dysfunction. While 37.3% of women who had been married for a long time having normal sexual function and 62.7% had dysfunction sexual, p value = 0.031, OR = 0.336 (95% CI 0.131 - 0.860).

### 3. Multivariate Analysis

#### 3.1. Multiariate analysis

From the analysis that has been done, it can be seen that the dominant variable is its influence the dependent variable (Sexual Dysfunction) can be seen from the OR. If seen from the final table of modeling can be seen that the educational variable is the most dominant variable in sexual dysfunction in Gunung District Sugih Central Lampung District 2012 with a P-value of 0,000 and an OR value of 4.141.

### 4. Discussion

After tabulating and analyzing the research data, it will then be discussed research results as follows:

#### 4.1. Relationship between mother's age and sexual dysfunction

Statistical test results obtained p value 0.922. This means that the p value is greater than alpha (0.05), it means that  $H_a$  is rejected,  $H_o$  is accepted and thus there is no relationship statistically significant between age and sexual dysfunction.

A mother's age greatly influences her reproductive status, which means that older age mothers and those who still use implantable contraceptives will experience it more quickly sexual dysfunction, because there has been a decline in the functions of the reproductive organs

#### 4.2. Educational relationship with sexual dysfunction

Statistical test results obtained p value 0,000 and OR = 4,141. This means more p value smaller than alpha (0.05), meaning that  $H_a$  is accepted  $H_o$  is rejected and thus there is a relationship statistically significant between history of hypertension and control hypertension. The analysis results obtained OR = 4.141 means that higher education prevents sexual dysfunction 4,141 compared to low education.

Low education causes a person to be indifferent to the program health, so they don't know the dangers that might arise though there are good facilities, not necessarily know how to use them. The higher education someone will pay more attention to their health.

#### 4.3. Employment relations with sexual dysfunction

Statistical test results obtained p value of 0.018 and OR = 2.316. This means p value smaller than alpha (0.05), meaning that  $H_a$  is accepted  $H_o$  is rejected and thus exists a statistically significant relationship between work and sexual dysfunction. The analysis results obtained OR = 52.316 means that there is a significant relationship between work with sexual functioning and women who work will tend to experience normal sexual function, because working women will have access to various health information, so it is not easy to experience sexual dysfunction.

This shows that the status of the job will make it easier for someone to get information about health and working mothers in the formal sector better access to various health information.

#### 4.4. Relationship of the number of children with sexual dysfunction

Statistical test results obtained p value of 0.034 and OR = 0.316. This means more p value smaller than alpha (0.05), meaning that  $H_a$  is accepted  $H_o$  is rejected and thus there is a relationship which is statistically significant between the number of children with sexual dysfunction. Results The analysis obtained OR = 0.316 means that the number of children who prevent a little dysfunction sexual 0.316 compared to many children.

The more children you have, the higher the risk someone who experiences sexual dysfunction compared to the number of women who are have fewer children.

#### 4.5. Relationship of BMI with sexual dysfunction

Statistical test results obtained p value 0.491. This means that the p value is greater than alpha (0.05), it means that  $H_a$  is rejected,  $H_o$  is accepted and thus there is no relationship statistically significant between BMI and sexual dysfunction.

#### 4.6. The duration of marriage with sexual function

Statistical test results obtained p value of 0.031 and OR = 0.336. This means more p value smaller than alpha (0.05), meaning that  $H_a$  is accepted  $H_o$  is rejected and thus there is a relationship which is statistically significant between the length of marriage and sexual function.

The results of the analysis obtained OR = 0.336 means that people who have not been married a bit recently prevent sexual dysfunction of 0.336 compared to people who have been married a long time.

People who have not been married long will tend to experience normal sexual function, because the longer the marriage lasts, the more likely it is to occur sexual problems. This is due to the monotonous routine of life sexual relations that do not vary which will lead to boredom. Reduced the attention of a spouse or even the emergence of hostility between husband and wife will cause tension in the household so facilitate sexual dysfunction.

#### 4.7. Multivariate discussion

### 4.7.1. Bivariate selection

To obtain which variables can be included in multivariate modeling a bivariate selection is carried out, where the results are as follows:

TABLE 7: Bi variate selection.

No	Variabel	P value	Keterangan
	Umur ibu	0,922	Bukan kandidat
	Pendidikan	0,000	Kandidat
	Pekerjaan	0,018	Kandidat
	Jumlah anak	0,034	Kandidat
	IMT	0,491	Bukan kandidat
	Lama Perkawinan	0,031	Kandidat

Variables that can be entered into multivariate analysis are variables that have p value <0.25.

### 4.7.2. Insert variables into the model

The next step is to enter the variables that meet the requirements into the model as shown in the following table.

TABLE 8: Model of factors related to the characteristics of sexual dysfunction in acceptors implants in Gunung Sugih Subdistrict, Central Lampung Regency.

Variabel	P value	OR	OR CI 95,0%	
			Lower	Upper
Pendidikan	.001	3.586	1.735	7.415
Pekerjaan	.032	2.175	1.071	4.417
jumlah anak	.210	.502	.171	1.475
lamanya perkawinan	.058	.384	.143	1.034

In the table above it appears the number of children has a p value of 0.210, then the variable must be removed from the model. And the results are as follows:

### 4.7.3. Variable elimination

In the table above all variables have a p value <0.05. Then the next step is to conduct an interaction test of the variables that logically interact.

TABLE 9: Models without number of children.

Variabel	P value	OR	OR CI 95,0%	
			Lower	Upper
Pendidikan	.000	3.814	1.858	7.828
Pekerjaan	.018	2.326	1.155	4.684
lamanya perkawinan	.045	.364	.136	.976

#### 4.7.4. Add interactions to the model

Adding interactions to the model will change the p value of each variable, and the results are as follows:

TABLE 10: Add interactions to the model.

Variabel	P value	OR	OR CI 95,0%	
			Lower	Upper
Pendidikan	.709	1.418	.227	8.866
Pekerjaan	.264	3.920	.357	42.982
lamanya perkawinan	.085	.272	.062	1.199
pekerjaan dengan pendidikan	.792	1.232	.261	5.808
lamanya perkawinan dengan pendidikan	.285	2.963	.404	21.741
lamanya perkawinan dengan pekerjaan	.590	.515	.046	5.746

In the table above, all variables have p value > 0.05, so they must be excluded one by one from the model, and the results can be seen in the elimination of interactions the following:

#### 4.7.5. Elimination of interactions

The first stage is removing the interaction of work with education, however it turns out that there are still variables that have a value of  $p > 0.05$ , so they must be excluded this old interaction with work. And the results are as in the following table:

In table 3.7 above, the interaction of the length of marriage with education has p 0.258 and must exit the model. And after removing the interaction finally we get the final model like table 5.17.

TABLE 11: Models without work interaction with education.

Variabel	P value	OR	OR CI 95,0%	
			Lower	Upper
Pendidikan	.672	1.478	.243	9.002
Pekerjaan	.204	4.354	.451	42.035
lamanya perkawinan	.083	.271	.062	1.188
lamanya perkawinan dengan pendidikan	.264	3.076	.427	22.145
lamanya perkawinan dengan pekerjaan	.563	.494	.045	5.381

TABLE 12: Models without long marital interactions with work.

Variabel	P value	OR	OR CI 95,0%	
			Lower	Upper
Pendidikan	.666	1.479	.250	8.751
Pekerjaan	.019	2.330	1.151	4.715
lamanya perkawinan	.032	.226	.058	.877
lamanya perkawinan dengan pendidikan	.258	3.080	.439	21.614

TABLE 13: Model Prediction of the characteristics of sexual dysfunction in implant acceptors.

Variabel	P value	OR	OR CI 95,0%	
			Lower	Upper
Pendidikan	.000	3.814	1.858	7.828
Pekerjaan	.018	2.326	1.155	4.684
lamanya perkawinan	.045	.364	.136	.976

#### 4.7.6. Final model

From the table above can be explained variables related to sexual function women who use multivariate implants for family planning are education, employment and duration of marriage.

To find the largest independent variable related to sexual dysfunction in the implant acceptor, multivariate analysis was performed using the test logistic regression. The logistic regression test calculation results are not all related variables against sexual dysfunction in the implant acceptor.

Research suggestions to reduce cases of sexual dysfunction in acceptors Family planning needs an increase in promotional efforts, counseling, informed consent and information choise and provide counseling about sex, birth control, side effects caused from the use of contraceptives and can be developed to be formed clinics sexual consultation.

## 5. Conclusion

Based on the results of research and discussion, conclusions can be drawn as the following:

1. Description of sexual dysfunction in the use of implanted contraception 66.9% impan in the District of Gunung Sugih, Central Lampung regency obtained 119 (66.9) experienced sexual dysfunction out of 178 respondents.

2. Distribution of implant KB acceptors with an old age of 86.0%

3. Distribution of implantable KB acceptors with higher education 54.5%

4. Distribution of implant KB acceptors with non-working mothers 56.2%

5. Distribution of implant KB acceptors with a small number of children 82%.

6. Distribution of implant KB acceptors with normal BMI 84.8%

7. Distribution of implant KB acceptors with the old category 79.8%

8. There is no relationship between maternal age and sexual dysfunction in women family planning acceptor implants in the District of Gunung Sugih, Central Lampung Regency with a p value of 0.922

9. There is a relationship between mother's education and sexual dysfunction in women family planning acceptor implants in the District of Gunung Sugih, Central Lampung Regency with p value 0,000 and OR = 4,141

10. There is a relationship between mother's work and sexual dysfunction in female acceptors KB implants in the District of Gunung Sugih, Central Lampung Regency with p value 0.018 and OR = 2.316

11. There is a relationship between the number of children with sexual dysfunction in female acceptors Family planning implants in Gunung Sugih Subdistrict, Central Lampung Regency p value 0.034 and OR = 0.316

12. There is no relationship between BMI and sexual dysfunction in female acceptors Family planning implant in Gunung Sugih Subdistrict, Central Lampung Regency p value 0.491

13. There is a relationship between the length of marriage and sexual dysfunction in women implant KB acceptor in Gunung sugih subdistrict, Central Lampung Regency p value 0.031 and OR = 0.336

14. There are 4 dominant factors related to sexual dysfunction in acceptors Family planning implants namely education p value 0,000, employment p value 0.018, number of children p value 0.034, duration of marriage p value 0.031

## 6. Suggestions

### 6.1. For related institutions

From the results of the study above the most dominant characteristics of education, employment and length of marriage, with regard to education having an effect on sexual dysfunction increased counseling about sexuality is needed for the KB acceptor mother. For Mother's work and length of marriage are advised to spend time with your partner for refreasing and recreation so that harmonious relations are maintained with couple.

### 6.2. For science

It is expected that the results of this study can be used as input in providing material about female sexual function and hormonal contraception and the effects of the device contraception to female sexual function.

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