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Sexual Satisfaction of Women Accepting Tubectomy and Hormonal Contraception

Astin Nur Hanifah[1*], Arie Anggraini[2], Eka Rahmawati[3], Bela Purnama Dewi[4], Chitra Dewi[5], Nurlaeli[6], Adisty Dwi Treasa[7], Sri Wahyuni[8]

[1] Program Studies Midwifery Magetan, Poltekkes Kemenkes Surabaya, Indonesia
[2.3] Midwife Profession Study Program, Kader Bangsa University, Indonesia
[4] Nursing Study Program, STIKes Mitra Adiguna Palembang, Indonesia
[5] Midwife Profession Study Program, STIKes Mitra Adiguna Palembang, Indonesia
[6] Public Health Study Program, Sekolah Tinggi Ilmu Kesehatan Makassar, Indonesia
[7] Midwifery Study Program, Institut Kesehatan dan Bisnis ST Fatimah Mamuju, Indonesia
[8] Midwifery Study Program, Sandi Karsa Polytechnic, Indonesia

ABSTRACT

In Islamic legal analysis regarding the use of contraception, the majority of ulama allow the use of contraceptives as long as they are not installed permanently, and for permanent contraceptives (vasectomies/tubectomies) the majority of ulama prohibit it. Sexual satisfaction is a form of sexual closeness felt by husband and wife couples in the interpersonal area, namely in the quality of sexual communication, attitudes towards sexual relations and balance in sexual relations. This research design uses a cross sectional study design which aims to analyze the comparative level of sexual satisfaction of women who accept tubectomy and hormonal contraception. The results of this study show that knowledge is related to the level of sexual satisfaction in women with tubectomy acceptors, while there are 2 variables that are related to the level of sexual satisfaction in women with hormonal contraception, namely knowledge with and duration of use.

Keywords : Sexual Satisfaction, Women Accepting, Tubectomy and Hormonal Contraception, National Health Center, Sengkang Regency

Correspondent : Astin Nur Hanifah
E-mail : astinnur1980@gmail.com

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1. Introduction

Tubectomy is a surgical procedure that involves cutting or tying part of the tube through which the egg cell passes, to prevent fertilization (pregnancy) while Hormonal Contraception is a contraceptive device or drug that aims to prevent pregnancy. In Indonesia, couples of childbearing age who use contraceptive methods continue to increase, reaching 61.4 %. The largest pattern of contraceptive use is injections at 31.6%, pills at 13.2%, Intra Uterine Device (IUD) at 4.8%, implants at 2.8%, condoms at 1.3%, female contacts at 3.1 %, male contact was 0.2%, periodic abstinence was 1.5%, interrupted intercourse was 2.2% and other methods were 0.4% (Ministry of Health, 2011).

The choice of type of contraceptive in Indonesia is generally still focused on hormonal contraception such as injections, pills and implants. Meanwhile, the government's family planning program policy focuses more on using non-hormonal contraception such as IUDs, tubectomy and vasectomies. The recommendations made by the program are based on economic considerations for the use of hormonal contraceptives which are considered more efficient. The efficiency in question is related to the budget availability for providing contraception with effectiveness, costs, failure rates, side effects and complications. Meanwhile, from a medical perspective, non-hormonal contraceptives are considered safer for the body's health. On the other hand, hormonal contraceptives, apart from being uneconomical, also have a significant impact on health in the long term. Health problems among hormonal contraceptive users include menstrual disorders, weight problems, delayed return to fertility, decreased libido, headaches, hypertension and stroke. Family planning acceptors who use hormonal contraception for a period of time often complain of health problems (Afsari, 2017).

Hormonal contraception, such as pills, injections and implants, is a device or drug that can prevent pregnancy, containing the hormones estrogen and progesterone (WHO, 2016).

Birth control pills are used by more than 20% of women of childbearing age in 27 countries around the world with the highest prevalence in European countries (Nations,

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2019). The choice of contraceptive type in Indonesia shows that the majority of acceptors choose to use the injection contraceptive method (72.9 %), followed by pills at 19.4%. If we look at effectiveness, injection methods and birth control pills are short-term contraceptive methods where their effectiveness is lower.

2. Research Methods

This research will be conducted in Sengkang Regency. The population is the size of subjects who have certain characteristics, determined by the researcher). The population in this study was all female tubectomy acceptors with a total of 44 acceptors and 130 hormonal contraceptive acceptors in the Sengkang Regency area. The samples for this study were tubectomy acceptors and hormonal acceptors. The sample in this research is from the total sample using the sloving formula and total sampling, namely a sampling technique where the number of samples is the same as the population (Sugiyono 2007).

a. Inclusion criteria
   1) Women using Hormonal contraceptives.
   2) Women who have had a tubectomy contraceptive method.

b. Exclusion criteria
   1) Women who do not use hormonal contraception.
   2) Women who have never used tubectomy contraceptive methods.

c. Data collection
   1) Primary data is a data source that provides data to data collectors.
   2) Secondary data is a data source that does not directly provide data to data collectors, carried out by interviews.

d. Data processing
   1) Editing

      This is an activity carried out after the questionnaires have been collected from respondents to check the completeness of the data, clarity and consistency of answers.

   2) Coding

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This is the stage for assigning a code to each answer, then classifying it into groups with the same code.

e. Data entry

Once the data is complete and coded, the data is then processed so it can be analyzed. This process is carried out by entering data from the questionnaire into a computer program (SPSS 17).

f. Cleaning

At this stage, after all the data from the questionnaire has been entered, it is then checked again to find out if there are any errors This may occur during the data entry process and subsequent corrections are made.

3. Results and Discussion

a. Results

1. Analysis of the level of sexual satisfaction in women receiving tubectomy in Sengkang Regency

Variable	Satisfaction						p value
	No Satisfied		Satisfied		Total		
	n	%	n	%	n	%	
Knowledge							
Not enough	24	77.4	7	22.6	31	100	0.01
Enough	5	38.5	8	61.5	13	100	3
Long user							
Long	0	0	1	100	1	100	0.34
New	29	67.4	14	32.6	43	100	1
Parity							
Primipara	2	100	0	0	2	100	0.540
Multiparous	27	64.3	15	35.7	42	100	

Based on the table above, the proportion of knowledge level towards sexual satisfaction of women who receive tubectomy is 77.4% of mothers who have a poor level of knowledge and experience dissatisfaction, while there are 61.5% of mothers

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who have a sufficient level of knowledge and experience satisfaction. Based on the results of statistical tests using the Chi Square test, the p value = 0.013, where the calculated p is smaller than the p table of 0.005, so it can be concluded that there is an influence of the level of knowledge on the sexual satisfaction of female tubectomy recipients in Sengkang Regency.

The proportion of length of use on the sexual satisfaction of women who received tubectomy was 67.4% of mothers who were classified as new in terms of length of use and experienced dissatisfaction, while there were 100% of mothers who were classified as old in terms of length of use and experienced satisfaction. Based on the results of statistical tests using the Chi Square test, the p value = 0.341, where the calculated p is greater than the p table of 0.005, so it can be concluded that there is no effect on the length of use on the sexual satisfaction of female tubectomy recipients in Sengkang Regency.

The proportion of parity on sexual satisfaction of women who received tubectomy was 100% of mothers who were primiparous parity and experienced dissatisfaction, while there were 35.7% of mothers who were classified as multiparous parity and experienced satisfaction. Based on the results of statistical tests using the Chi Square test, the p value = 0.540, where the calculated p is greater than the p table of 0.005, so it can be concluded that there is no influence of parity on the sexual satisfaction of female tubectomy recipients in Sengkang Regency.

b. Discussion

Analysis of the influence of parity of women who accept tubectomy and hormonal contraception on sexual satisfaction in Sengkang Regency.

The proportion of parity on sexual satisfaction of women who received tubectomy was 100% of mothers who were primiparous parity and experienced dissatisfaction, while there were 35.7% of mothers who were classified as multiparous parity and experienced satisfaction. Based on the results of statistical tests using the Chi Square test, the p value = 0.540, where the calculated p is greater than the p table

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of 0.005, so it can be concluded that there is no influence of parity on the sexual satisfaction of female tubectomy recipients in Sengkang Regency.

The results of this study are in line with research conducted by Hadyana et al., 2015 regarding the sexual function of women after tubectomy, where analysis of the correlation between parity and sexual function obtained a p value of 0.200 (>0.05), indicating that there was no correlation between parity and sexual function.

4. Conclusion

a) There is an influence of knowledge of women receiving tubectomy on sexual satisfaction at the Sengkang Regency National Health Center with a p value of 0.013.

b) There is an influence of knowledge of women accepting hormonal contraception on sexual satisfaction at the Sengkang Regency National Health Center with a p value of 0.027.

c) There is an influence on the length of use of women accepting hormonal contraception on sexual satisfaction at the Sengkang Regency National Health Center with a p value of 0.007.

Researchers really hope that all couples of childbearing age, especially in Sengkang Regency, will always actively seek information about various contraceptive methods that suit the wishes of the mother and partner. And Health workers always improve the quality of family planning services, both through counseling and education about contraception.

5. Compliance with ethical standards

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Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent

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Every action we take as authors is a mutual agreement or consent.

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