

KESEHATAN REPRODUKSI


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Apakah Itu Kesehatan Reproduksi ?

Beberapa definisi yang perlu dipahami

- Kesehatan, bukan saja berarti "tidak adanya penyakit" di dalam tubuh. Kesehatan adalah kesejahteraan jasmani, rohani , mental dan spiritual.
- Reproduksi, berarti "menghasilkan kembali", yaitu suatu proses dalam menghasilkan atau melahirkan keturunan demi kelestarian hidup manusia.

Remaja, adalah sekelompok orang yang berada dalam masa peralihan dari anak-anak menuju dewasa. Masa ini lazim disebut "pubertas" yang ditandai oleh perubahan fisik yang cukup menyolok pada laki-laki maupun perempuan. Selain itu perubahan juga terjadi pada pikiran, perasaan dan perilaku.



Kesehatan Reproduksi , adalah kondisi sehat menyangkut sistem, fungsi, dan proses alat reproduksi yang dimiliki . Sehat tidak semata-mata berarti bebas penyakit atau bebas dari kecacatan, melainkan juga sehat secara mental, sosial dan kultural

Perlu Memahami Kesehatan Reproduksi, agar:

- Mengenal tubuhnya dan organ-organ reproduksinya
- Memahami fungsi dan perkembangan organ reproduksi secara benar ,
 - Memahami perubahan fisik dan psikisnya.
- Melindungi diri dari berbagai risiko yang mengancam kesehatan dan keselamatannya
 - Mempersiapkan masa depan yang sehat dan cerah
- Mengembangkan sikap dan perilaku bertanggungjawab mengenai proses reproduksi




Apa yang perlu diketahui mengenai kesehatan reproduksi?

1. Organ dan Fungsi Organ Reproduksi

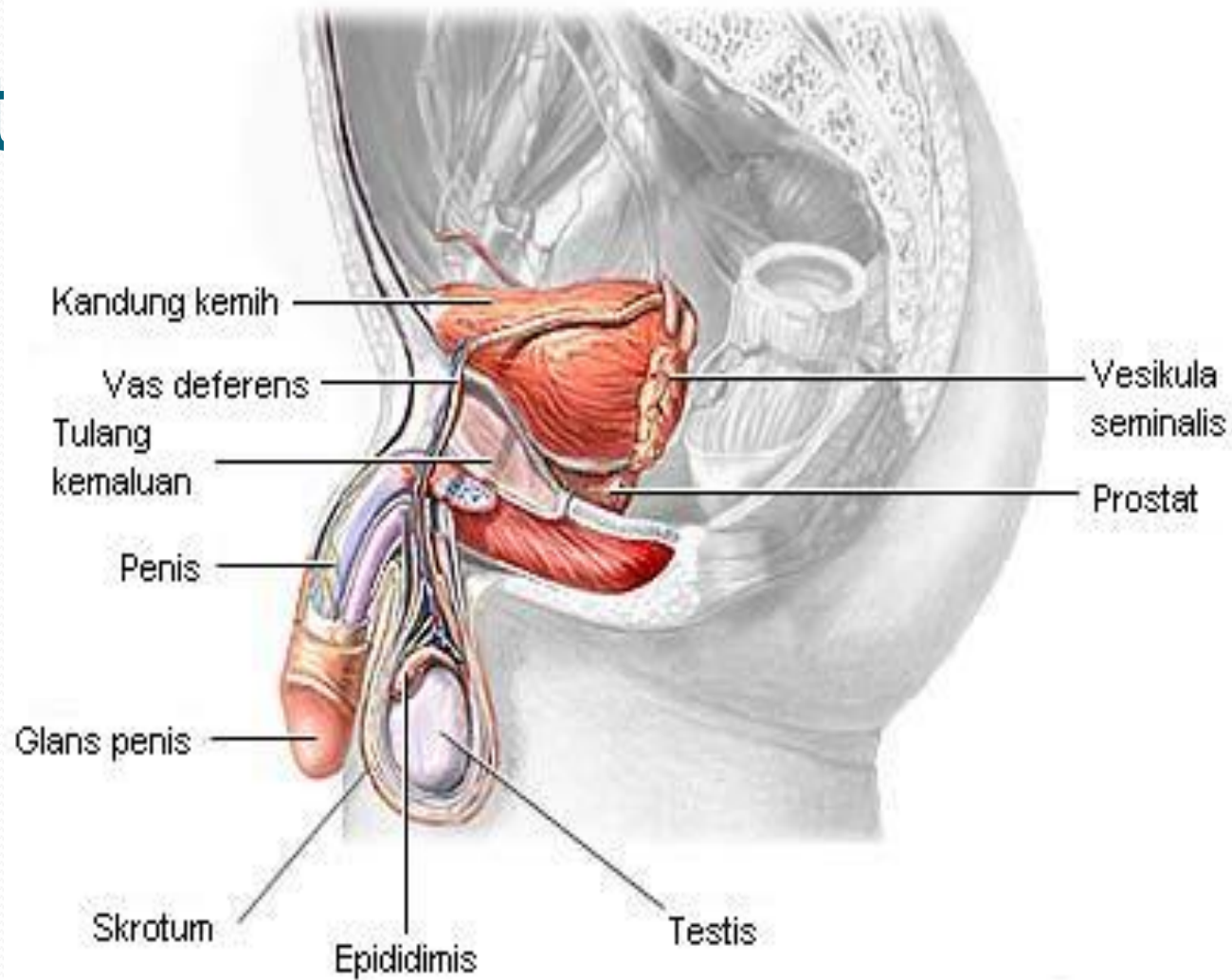
Organ Reproduksi adalah bagian-bagian tubuh yang menjalankan fungsi reproduksi. Organ-organ reproduksi itu juga biasa disebut dengan organ seks. Baik remaja laki-laki maupun perempuan mempunyai organ seks bagian luar dan bagian dalam.

Organ Reproduksi Laki-Laki

1. Zakar/Penis. Penis mempunyai beberapa fungsi yaitu untuk melakukan sanggama, untuk mengeluarkan air kencing dan sebagai alat reproduksi ketika mengeluarkan sperma. Penis akan menegang dan membesar karena terisi darah, bila terangsang (disebut ereksi).
2. Kepala Zakar/Penis, adalah bagian ujung penis yang mempunyai lubang untuk menyalurkan air kencing dan sperma. Kepala Penis merupakan bagian yang sangat sensitif dan bagian yang paling mudah terangsang karena mengandung banyak pembuluh darah dan syaraf.
3. Kantong Pelir, Testis dan Sperma. Kantong Pelir adalah tempat dua biji pelir atau testis. Testis berfungsi memproduksi sperma setiap hari dengan bantuan hormon testosteron. Sperma, adalah sel yang berbentuk seperti berudu berekor. Sperma dapat membuahi sel telur yang matang dalam tubuh perempuan dan menyebabkan perempuan tersebut hamil.

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4. Saluran Kemih, berfungsi untuk menyalurkan cairan kencing dan juga saluran air mani yang mengandung sperma. Keluarnya kencing dan air mani diatur oleh sebuah katub sehingga tidak bisa keluar secara bersamaan.
 5. Epididimis, berfungsi mematangkan sperma yang dihasilkan oleh testis. Setelah matang, sperma akan masuk dalam saluran sperma. Epididimis berbentuk saluran yang lebih besar dan berkelok-kelok.
 6. Saluran Sperma, berfungsi untuk menyalurkan sperma dari testis menuju ke prostat. Kelenjar prostat, berfungsi untuk menghasilkan cairan mani yang ikut mempengaruhi kesuburan sperma.

anat



Organ Reproduksi Perempuan

1. Indung Telur (Ovarium), berfungsi mengeluarkan sel telur satu bulan satu kali. Organ ini ada dalam rongga pinggul, terletak di kiri dan kanan rahim.

2. Saluran Indung Telur (Tuba Falopi), berfungsi untuk menyalurkan sel telur setelah keluar dari indung telur (proses ovulasi) dan tempat dimana terjadi pembuahan (konsepsi) atau bertemunya sel telur dan sperma

3. Rahim (Uterus), berfungsi sebagai tempat calon bayi dibesarkan. Bentuknya seperti buah alpukat dengan berat normal 30-50 gram. Pada saat tidak hamil, besar rahim kurang lebih sebesar telur ayam kampung. Dindingnya terdiri dari lapisan parametrium, lapisan miometrium dan lapisan endometrium.

4. Vagina/Lubang Kemaluan, adalah lubang tempat masuknya penis saat bersanggama. Vagina juga merupakan jalan keluar darah haid dan bayi yang dilahirkan. Dalam vagina terdapat mikro organisme yang sangat bermanfaat kalau keseimbangannya tidak terganggu. Keseimbangannya terganggu bila perempuan terlalu sering mencuci vagina dengan antiseptik, makan obat antibiotika yang membunuh kuman, atau terlalu sering berhubungan seks berganti pasangan. Keputihan adalah salah satu akibat dari terganggunya keseimbangan organisme tersebut dalam vagina.

5.Selaput Dara (Hymen), adalah lapisan tipis yang berada dalam liang kemaluan, tidak jauh dari mulut vagina. Ada selaput dara yang sangat tipis dan mudah robek dan ada selaput dara yang kaku dan tidak mudah robek.

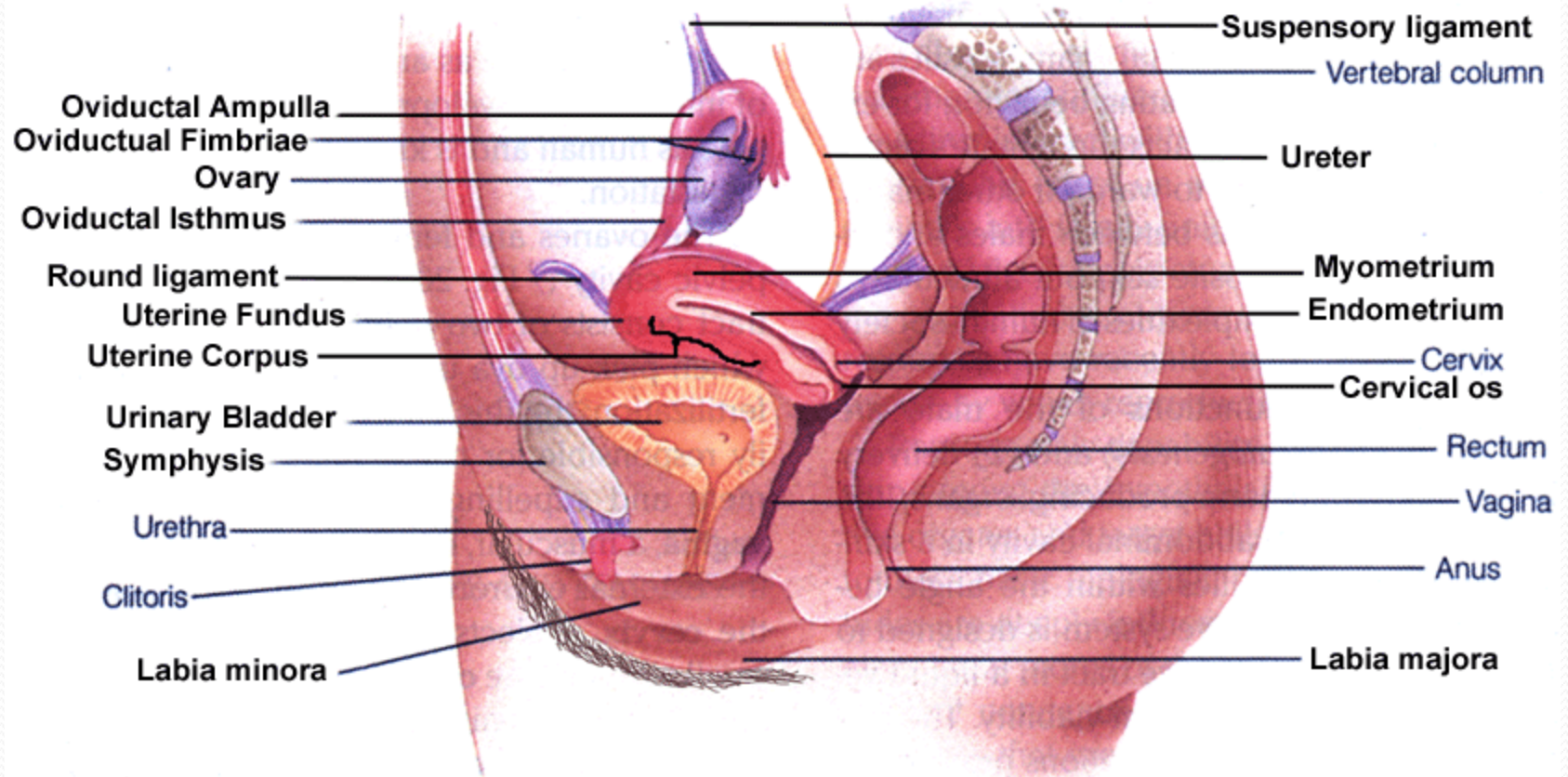
Selaput dara yang tipis tidak hanya akan robek karena hubungan seks, tetapi bisa robek karena hal lain seperti kecelakaan, jatuh, olah raga, dll.

6.Bibir Kemaluan (Labia), berada di bagian luar vagina. Ada yang disebut bibir besar dan bibir kecil. Bibir besar adalah bagian yang paling luar yang biasanya ditumbuhi bulu. Bibir kecil terletak di belakang bibir besar dan banyak mengandung syaraf/pembuluh darah.

7.Kelentit (Klitoris), berada di bagian atas di antara bibir kemaluan. Bentuknya seperti kacang. Kelentit mempunyai syaraf yang sangat banyak sehingga sangat peka terhadap rangsangan. Kelentit bagi perempuan mirip kepala zakar/penis pada laki-laki.

8.Saluran Kemih, berguna untuk mengeluarkan air kencing, terletak di antara kelentit dan mulut vagina

Female Reproductive Tract



Modified from Sherwood, *Human Physiology: From Cells to Systems*, 2nd Ed, West Publishing: St. Paul, MN, 1993.

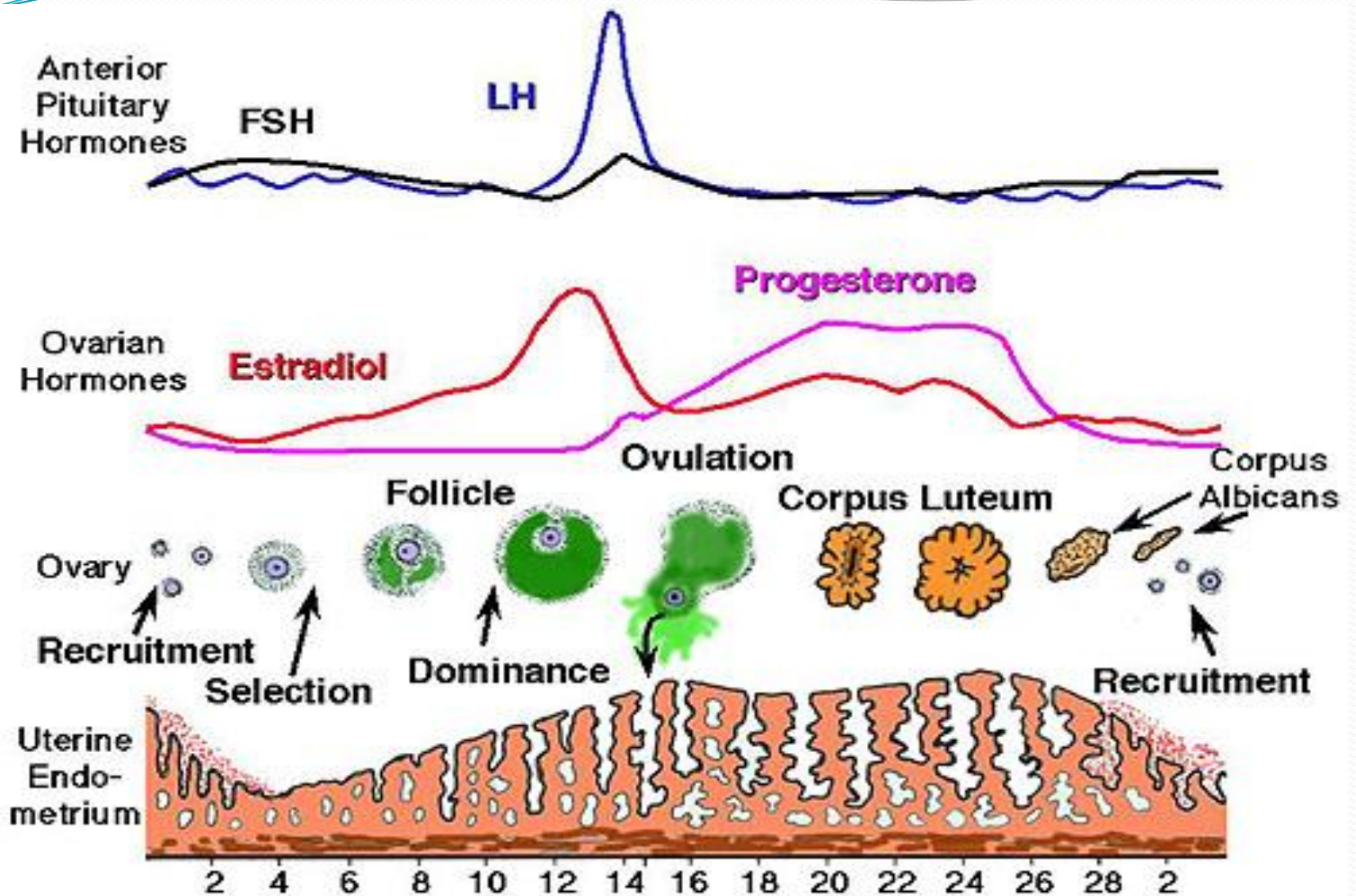
Organ Reproduksi, adalah bagian tubuh yang sangat penting dalam proses reproduksi sehingga perlu dirawat dan dijaga kebersihannya.

Beberapa Tips Merawat Kebersihan Organ Reproduksi:

- Setiap kali buang air, siramlah (basuh) alat kelamin dengan air yang bersih. Khusus bagi perempuan setelah buang air besar, bersihkan alat kelamin dari depan ke belakang menuju lubang pembuangan dan bukan sebaliknya.
- Jangan sering menggunakan antiseptik untuk mencuci alat kelamin, khususnya vagina karena akan mematikan mikro organisme yang secara alamiah dapat melindungi vagina.
- Mengganti pembalut wanita setiap empat jam sekali selama haid.
 - Jangan memakai celana dalam yang terlalu ketat.
- Bagi laki-laki, untuk menjaga kebersihan penis, kulit yang menutupi kepala ujung penis sebaiknya disunat.

menstruasi

- Suatu perdarahan fisiologis :30-60 cc dr rahim, siklus 24-35 hr, rata2 ; 28 hari.
- Perubahan endometrium yg dipengaruhi hormon:
Hypothalamus GnRF hypofise sekresi
FSH & LH mempengaruhi sel-folikel →
estrogen. → → →
- LH mssb ovulasi, pbt, corpus luteum, sekresi :estrogen, progesteron




Menstrual cycle related discomfort

Menstrual-related problems may or may not be self-treatable. Some problems, such as endometriosis, must be referred to a physician for a full medical evaluation. On the other hand, pharmacists can provide assistance for the more common problems, e.g., premenstrual syndrome (PMS) and dysmenorrhea.

Premenstrual Syndrome

Prevalence. The true incidence of PMS is unknown, as there is no laboratory test to confirm or rule out its presence. Furthermore, many females affected do not seek physician care, preferring to treat the problem themselves.[1,2] Approximately 40% to 90% of females report symptoms of PMS.[3,4] However, for 60% of this group, symptoms do not cause them to alter their daily activities. In most of the rest, symptoms are moderately severe. However, for about 3% to 8% of American women, the premenstrual condition known as premenstrual dysphoric disorder (PMDD) causes major disruptions of at least one area of daily life.[5,6]



Manifestations of PMS fall into three broad categories: mood disruptions, behavior disorders, and changes in physical function. Mood disruptions include mood swings, irritability, hostility, depression, anxiety, nervousness, forgetfulness, confusion, and insomnia.[9] Behavioral problems, such as sweet cravings, increased eating of all foods, crying, impaired concentration, heightened sensitivity to noises, and changes in the ability to tolerate alcohol consumption, can occur. Noticeable changes in physical function include weight gain (perhaps secondary to overeating and/or water retention), headache, palpitations, fatigue, dizziness, bloating, tenderness and swelling of the breasts, constipation, or diarrhea.[5,10] While all of these manifestations can occur without PMS, it is their cyclical nature and occurrence in relation to the menstrual cycle that mark them as part of PMS. In a study of adolescent girls, researchers discovered that the most common manifestation of PMS was negative affect, characterized by mood swings, stress, and nervousness.[11] as breast tenderness, abdominal bloating, fatigue, and edema.



Dysmenorrhea

Dysmenorrhea, also known as menstrual cramping, is a cyclical pain in the suprapubic area or lower abdomen, with onset near the time of the beginning of menstrual flow or just before the onset of flow, and ceasing when flow ends.[12,13] Perhaps 90% of adolescent females experience painful dysmenorrheal cramping.[3] It is the primary cause of missed work and school.[14,15]



Primary versus Secondary Dysmenorrhea.


Primary dysmenorrhea is the medical term for menstrual cramping that does not reflect any pathology but is solely due to prostaglandin-induced uterine contractions.[16,17] The condition is benign and self-treatable. However, secondary dysmenorrhea is caused by an underlying disease process and the patient must be referred to a physician. The pharmacist should question the patient closely to ensure that she does not have the hallmark indications of secondary dysmenorrhea.



. These are:

- (1) occurrence after a duration (perhaps many years) of painless menstrual periods;
- (2) heavier bleeding than normal;
- (3) poorer response to NSAIDs than in patients with primary dysmenorrhea;
- (4) abnormal vaginal discharge; and
- (5) pelvic tenderness at times other than of menstrual flow.[14,15]

Secondary dysmenorrhea may be caused by endometriosis (the most common cause), benign or malignant pelvic or abdominal growths or tumors, chronic pelvic inflammatory disease, uterine fibroids, irritable bowel syndrome, or celiac disease.[13,14]



Lifestyle Changes. Authorities recommend several helpful lifestyle changes to lessen the risk of menstrual discomfort. For instance, the patient should reduce intake of sodium and sugar, eliminate caffeine and alcohol, and be mindful of dairy product ingestion.[11] Any of these can worsen such symptoms as fluid retention, irritability, and bloating. Increasing the proportion of complex carbohydrates in the daily diet can improve mood.

Thermotherapy. Thermotherapy for menstrual discomfort is a traditional treatment, especially for dysmenorrhea.[17,18] However, it has been impractical for most patients, as previously existing modalities were cumbersome at best and delivered fluctuating and uncertain levels of heat at worst. Patients could not remain ambulatory to carry out normal daily activities with such devices as hot water bottles and heating pads. Hot water bottles are heavy and require serial refilling to deliver heat. Heating pads have caused numerous injuries and force the patient to be tethered to an electrical outlet.

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- Bartolinitis

Polycystic Ovarian Syndrome

What is Polycystic Ovarian Syndrome (PCOS)?

PCOS is a health problem that can affect a woman's menstrual cycle, fertility, hormones, insulin production, heart, blood vessels, and appearance. Women with PCOS have these characteristics:

- high levels of male hormones, also called androgens

- an irregular or no menstrual cycle

- may or may not have many small cysts in their ovaries. Cysts are fluid-filled sacs.

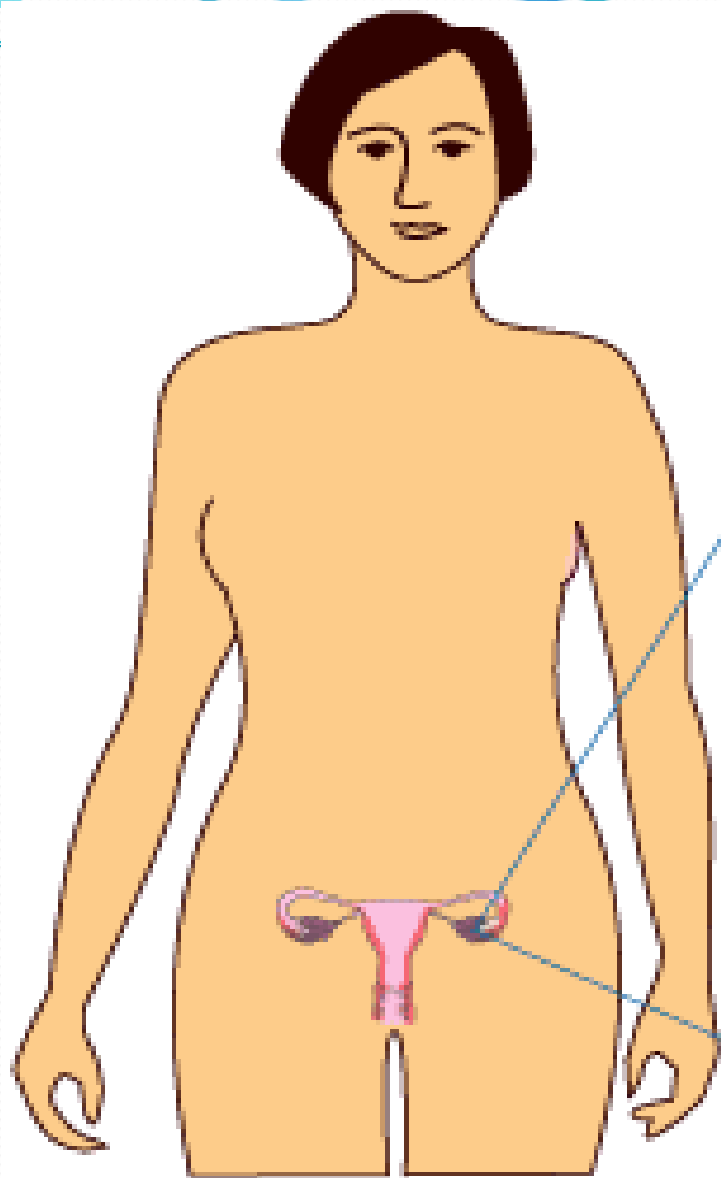
PCOS is the most common hormonal reproductive problem in women of childbearing age.

How many women have Polycystic Ovarian Syndrome (PCOS)?

An estimated five to 10 percent of women of childbearing age have PCOS.

What causes Polycystic Ovarian Syndrome (PCOS)?

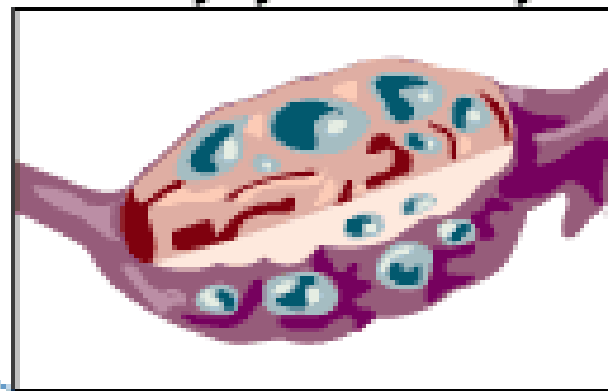
No one knows the exact cause of PCOS. Women with PCOS frequently have a mother or sister with PCOS. But there is not yet enough evidence to say there is a genetic link to this disorder. Many women with PCOS have a weight problem. So researchers are looking at the relationship between PCOS and the body's ability to make insulin. Insulin is a hormone that regulates the change of sugar, starches, and other food into energy for the body's use or for storage. Since some women with PCOS make too much insulin, it's possible that the ovaries react by making too many male hormones, called androgens. This can lead to acne, excessive hair growth, weight gain, and ovulation problems.



Normal ovary



Polycystic ovary





Why do women with Polycystic Ovarian Syndrome (PCOS) have trouble with their menstrual cycle?

The ovaries are two small organs, one on each side of a woman's uterus. A woman's ovaries have follicles, which are tiny sacs filled with liquid that hold the eggs. These sacs are also called cysts. Each month about 20 eggs start to mature, but usually only one becomes dominant. As the one egg grows, the follicle accumulates fluid in it. When that egg matures, the follicle breaks open to release the egg so it can travel through the fallopian tube for fertilization. When the single egg leaves the follicle, ovulation takes place. In women with PCOS, the ovary doesn't make all of the hormones it needs for any of the eggs to fully mature. They may start to grow and accumulate fluid. But no one egg becomes large enough. Instead, some may remain as cysts. Since no egg matures or is released, ovulation does not occur and the hormone progesterone is not made. Without progesterone, a woman's menstrual cycle is irregular or absent. Also, the cysts produce male hormones, which continue to prevent ovulation.

What are the symptoms of Polycystic Ovarian Syndrome (PCOS)?

These are some of the symptoms of PCOS:

- infrequent menstrual periods, no menstrual periods, and/or irregular bleeding
 - infertility or inability to get pregnant because of not ovulating
- increased growth of hair on the face, chest, stomach, back, thumbs, or toes
 - acne, oily skin, or dandruff
 - pelvic pain
- weight gain or obesity, usually carrying extra weight around the waist
 - type 2 diabetes
 - high cholesterol
 - high blood pressure
- male-pattern baldness or thinning hair
- patches of thickened and dark brown or black skin on the neck, arms, breasts, or thighs
- skin tags, or tiny excess flaps of skin in the armpits or neck area
- sleep apnea—excessive snoring and breathing stops at times while asleep

What tests are used to diagnose Polycystic Ovarian Syndrome (PCOS)?

There is no single test to diagnose PCOS. Your doctor will take a medical history, perform a physical exam—possibly including an ultrasound, check your hormone levels, and measure glucose, or sugar levels, in the blood. If you are producing too many male hormones, the doctor will make sure it's from PCOS. At the physical exam the doctor will want to evaluate the areas of increased hair growth, so try to allow the natural hair growth for a few days before the visit. During a pelvic exam, the ovaries may be enlarged or swollen by the increased number of small cysts. This can be seen more easily by vaginal ultrasound, or screening, to examine the ovaries for cysts and the endometrium. The endometrium is the lining of the uterus. The uterine lining may become thicker if there has not been a regular period.

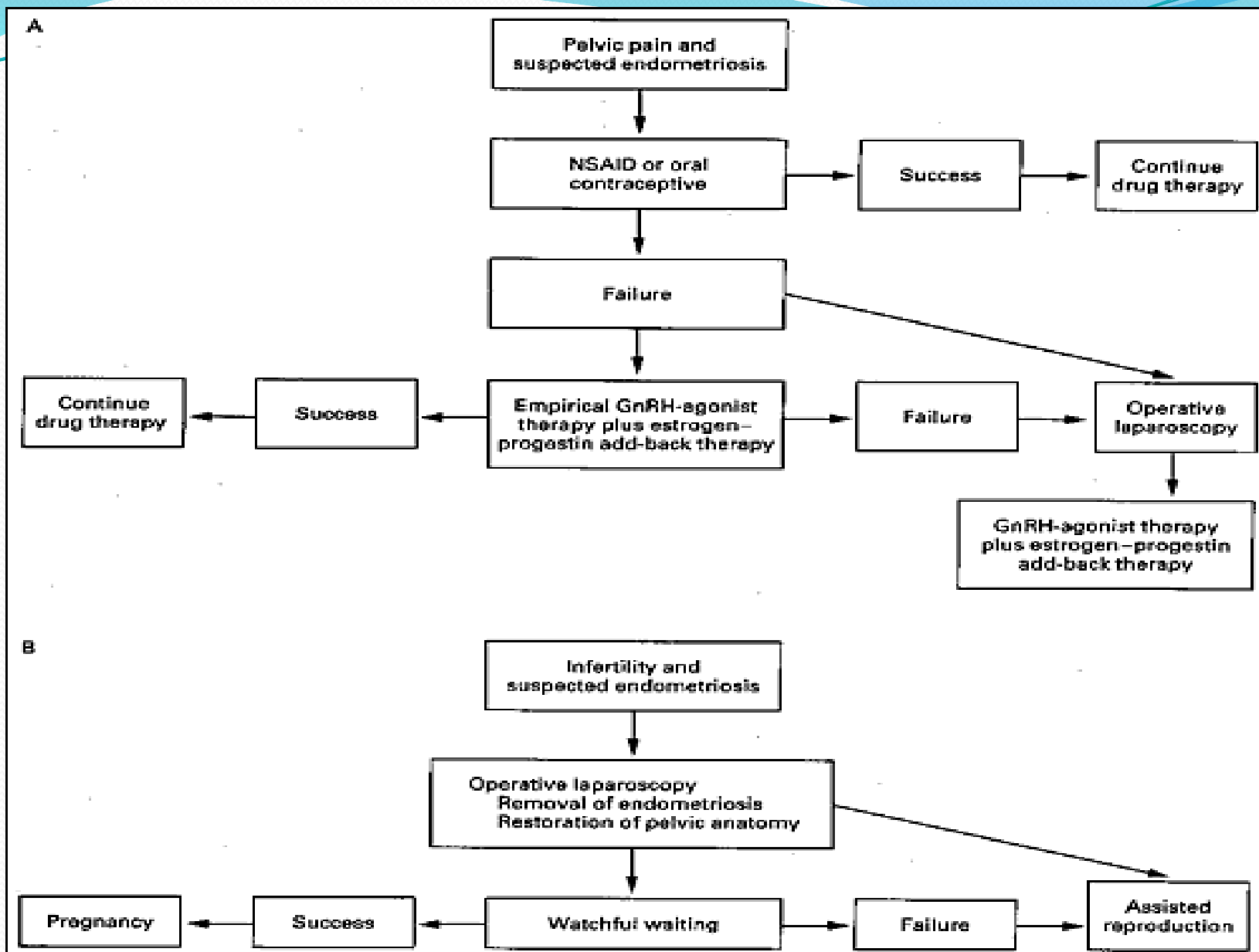
How is Polycystic Ovarian Syndrome (PCOS) treated?

Because there is no cure for PCOS, it needs to be managed to prevent problems. Treatments are based on the symptoms each patient is having and whether she wants to conceive or needs contraception.

Below are descriptions of treatments used for PCOS.

Birth control pills. For women who don't want to become pregnant, birth control pills can regulate menstrual cycles, reduce male hormone levels, and help to clear acne. However, the birth control pill does not cure PCOS. The menstrual cycle will become abnormal again if the pill is stopped. Women may also think about taking a pill that only has progesterone, like Provera, to regulate the menstrual cycle and prevent endometrial problems. But progesterone alone does not help reduce acne and hair growth.

Diabetes Medications. The medicine, Metformin, also called Glucophage, which is used to treat type 2 diabetes, also helps with PCOS symptoms. Metformin affects the way insulin regulates glucose and decreases the testosterone production. Abnormal hair growth will slow down and ovulation may return after a few months of use. These medications will not cause a person to become diabetic.



ENDOMETRIOSIS

DEFINITION

Endometriosis is a disease in which endometrial glands and stroma implant and grow in areas outside the uterus (See Fig.1). The most common place to find implants is in the peritoneal cavity, but endometriotic lesions occasionally have been found in the pleural cavity, liver, kidney, gluteal muscles, bladder, and even in men. The anatomical location and inflammatory response to these lesions are believed to account for the symptoms and signs associated with endometriosis.

SYMPTOMS AND SIGNS

The most common symptom for women who have endometriosis is that of cyclic pelvic pain, although many women with endometriosis may not have this complaint. The pain usually begins just before menses and continues throughout the duration of menstrual flow and typically includes dysmenorrhea, dyspareunia, dysuria, or dyschezia. The pain also may be perceived in musculoskeletal regions, such as the flank, low back, or thighs.

The next most common symptom is that of infertility. It is apparent that women with moderate and severe disease can have fertility problems due to the mechanical blockage of sperm-egg union, either from adhesions or disruption of normal pelvic anatomy.

Interestingly, women with minimal or mild disease also have decreased fertility outcomes when compared with those without clinical evidence of endometriosis.



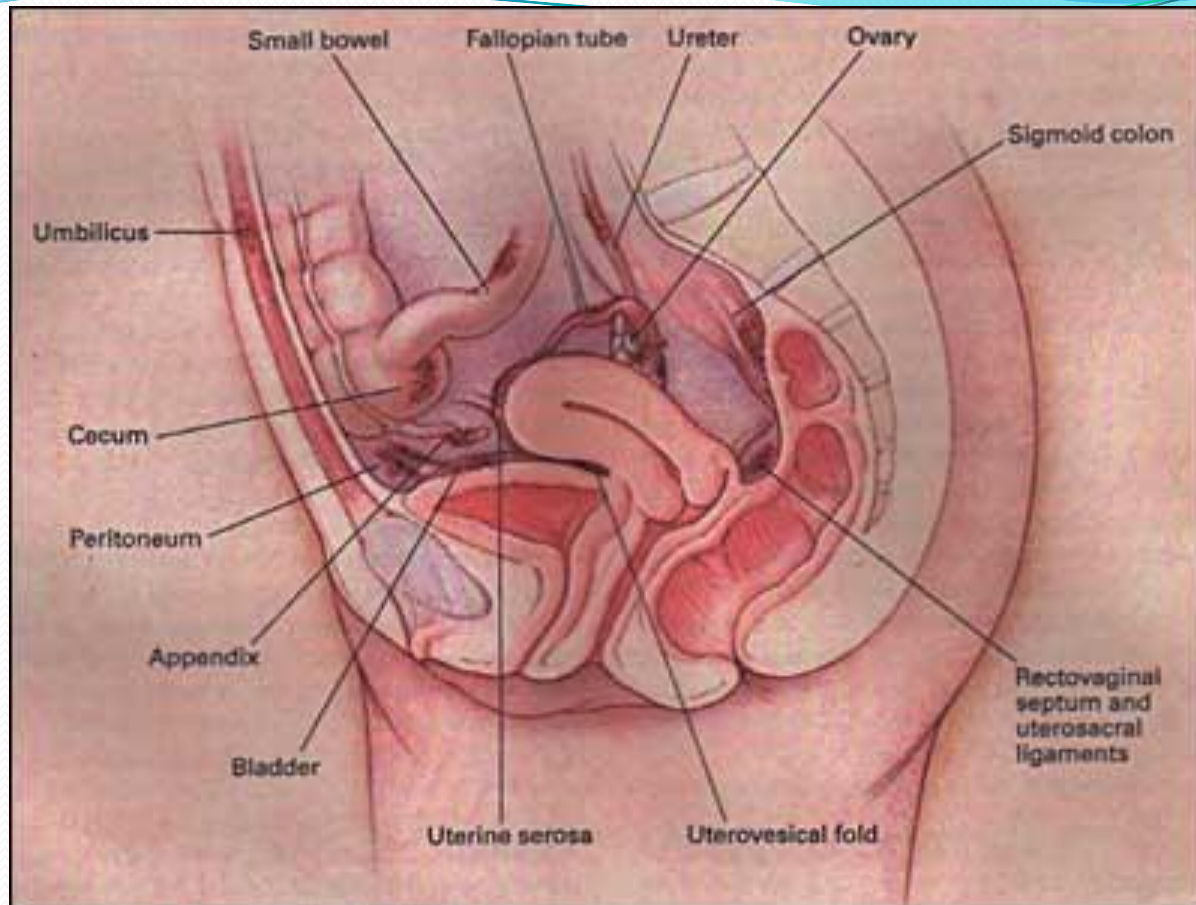


Figure 1. Common locations of endometriosis within the pelvis and abdomen. (Reprinted by permission from the New England Journal of Medicine 2001. Olive DL, Pritts EA. Treatment of Endometriosis. Vol. 345:267)

Sexually Transmitted Diseases (STD's)

The term "sexually transmitted disease" (STD) is relatively new and has replaced the term "venereal disease." This shift in terminology serves to expand awareness of a greater number of infectious diseases transmitted through sexual contact. There are more than 20 STDs, including [AIDS](#), [Chlamydia](#), [Herpes](#), and other organisms and syndromes.

Every year millions of STDs are passed from person to person, primarily through sexual contact. Many people feel uncomfortable talking about STDs and try not to think about them, hoping they will go away. Sometimes infections will go away, but usually an STD will return and the infected person will suffer grave consequences of an untreated STD.

Transmission of STDS

The organisms which cause these diseases (except for crabs and scabies) usually enter the body through mucous membranes, such as the warm, moist surfaces of the vagina, urethra, anus, and mouth. STDs can be caught through intimate contact with someone who is infected, especially during oral, anal, or vaginal sex. Some infections are also transmitted nonsexually.

Sexually active college-age men and women are at the highest risk for contracting STDs. Basically, if you have sexual contact with someone who is infected with an STD, you are likely to develop the infection as well. Lesbians are much less likely than heterosexuals, or bisexual or gay men to get an STD because most STDs are not transmitted easily between women.



Information About Specific STDs:

HIV and AIDS

Chlamydia, Gonorrhea, and Syphilis

Hepatitis B, Herpes, and Venereal Warts

Scabies and Urinary Tract Infections

Pelvic Inflammatory Disease and Vaginitis

Siapa yang berisiko terkena IMS/ STD?

Setiap orang bisa tertular IMS. Orang yang paling berisiko terkena IMS adalah orang yang suka berganti pasangan seksual dan orang yang walaupun setia pada satu pasangan namun pasangan tersebut suka berganti-ganti pasangan seksual. Kebanyakan yang terkena IMS berusia 15 - 29 tahun, tapi ada pula bayi yang lahir membawa IMS karena tertular dari ibunya.

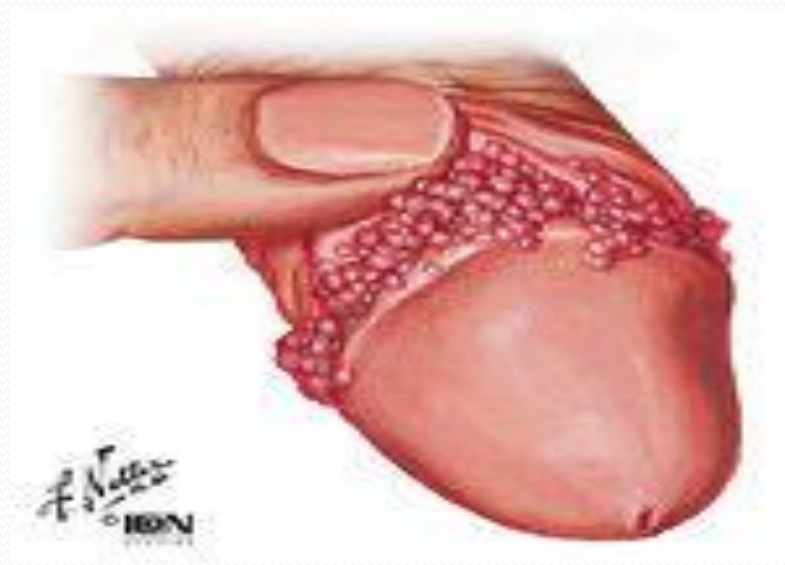
Bahaya IMS/ STD?

- membuat mandul
- menyebabkan keguguran menimbulkan kanker leher rahim merusak penglihatan, otak dan hati
 - bisa ditularkan kepada bayi
- lebih mudah tertular HIV/AIDS
- bisa menyebabkan kematian

Condyloma acuminata



Condyloma acuminata



candidiasis



Symptoms:

- Vulval itch & soreness
- Vaginal discharge (typically thick, white)
- Superficial dyspareunia

Signs:

- Vulval erythema
- Oedema, swelling
- Fissuring

Differential Diagnoses:

Allergy (history of new products?), eczema, dermatitis / psoriasis, BV/TV (pH usually high), herpes simplex (usually causes blisters / ulcers), lichen sclerosis, lichen planus

TREATMENT

First line: 1 x clotrimazole 500mg PV & clotrimazole 1% cream topically to vulva BD for 1 week

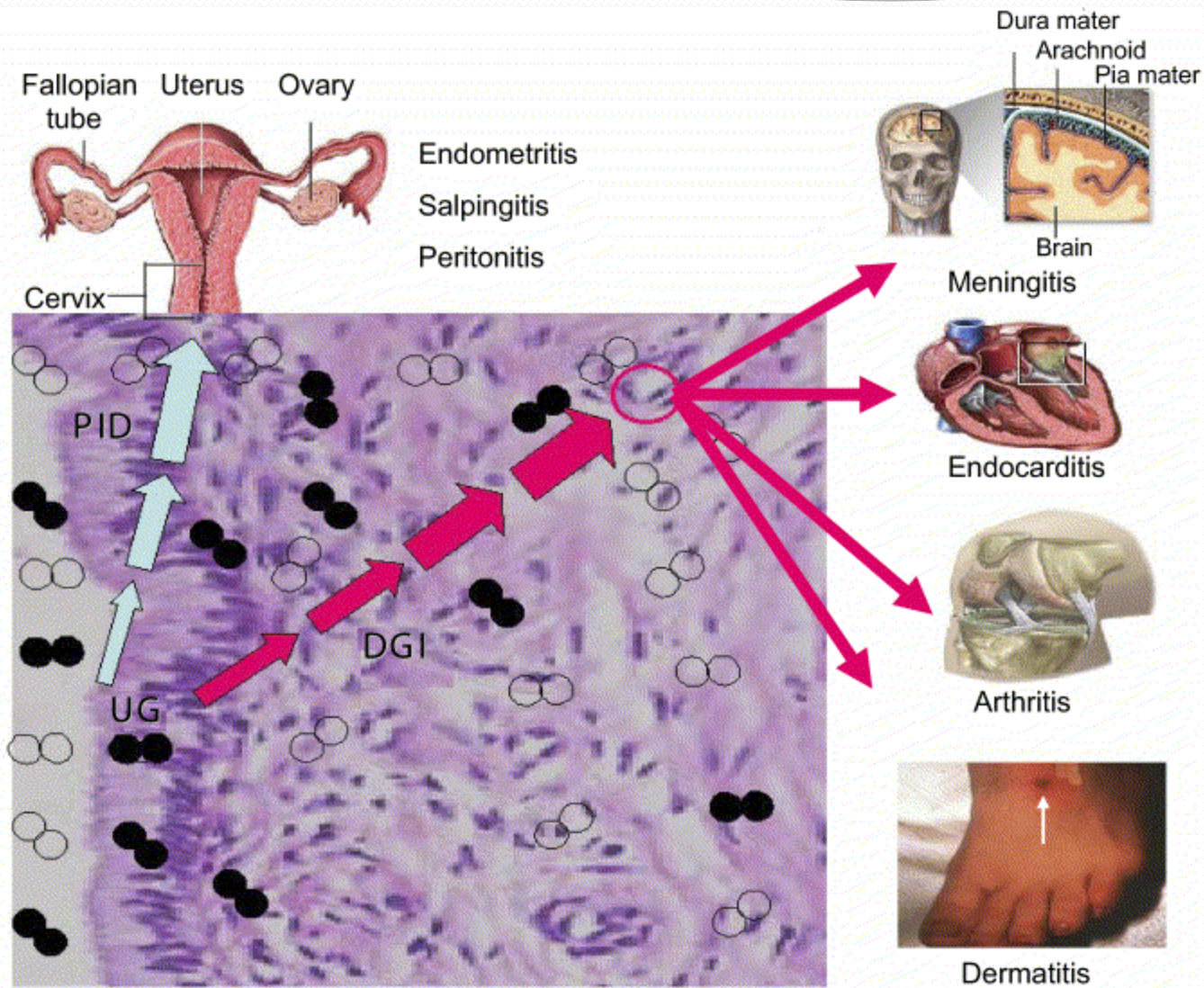
Second line: Fluconazole 150mg PO stat

Recurrent candidiasis?

Yes

Investigations:

Black, charcoal swab to microbiology



gonorrhoeae

gonorrhoeae



- Small, painful sores or blisters
- Usually heal in 1–3 weeks
- Can come back weeks, months, or years later
- Sexually transmitted virus





Vulvodynia: Differential Diagnosis

Exclude other pain causes:

- **Vaginitis, Candida, urethritis, interstitial cystitis, Herpes, Bartholin adenitis**
- **Vulvar Dermatoses and Dermatitis such as eczema**
- **Vaginismus, entry and deep dyspareunia**
- **Atrophic Vulvo-Vaginitis**

trichomoniasis



Primary syphilis

- Usually 2-4 weeks after sexual contact (9-90 days incubation)
- Single, painless, indurated genital ulcer
- May be atypical: multiple, painful, purulent, destructive or extra-genital

Request "syphilis serology" - may be negative in very early stages - repeat in 1 week if in doubt or refer to GU Medicine for specialist opinion & dark ground microscopy

Secondary syphilis

- 4-8 weeks later
- Generalised scaly, red-brown rash [usually non-itchy] often affecting the palms & soles
- Generalised lymphadenopathy, fever, patchy hair loss, headaches, weight loss, muscle aches, fatigue
- Mucocutaneous lesions (condylomata lata, mucous patches & snail track ulcers)

Serology: EIA positive with high VDRL titre (>1:16). Refer to GU Medicine for specialist opinion & treatment (daily or weekly i.m. penicillin, depending on HIV status)

Early latent syphilis

- First 2 years after infection
- May get symptomatic or asymptomatic infectious relapses

Serology: EIA positive with high VDRL (>1:16). Refer to GU Medicine for specialist opinion & treatment with i.m. penicillin

Late latent syphilis

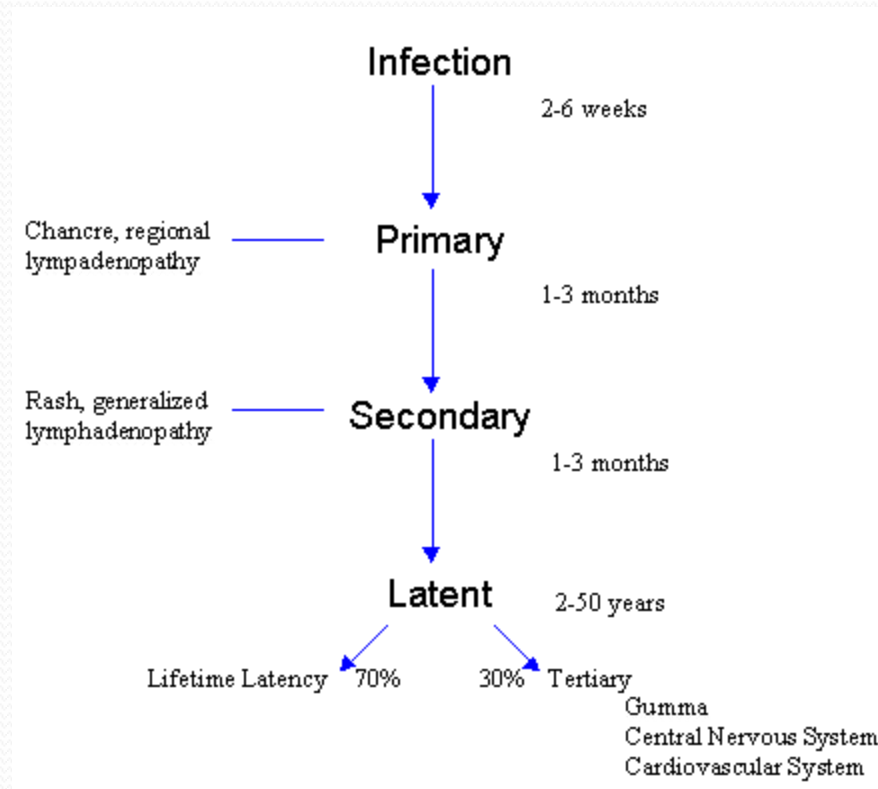
- Patient asymptomatic
- Usually picked up on routine screening
- Consider screening MSM in your practice

Tertiary syphilis

- 40% develop without treatment
- 3 major clinical groups: cardiovascular, gummatous (destructive lesions bone/skin) & neurosyphilis
- Unexplained neurology with positive syphilis serology - consider neurosyphilis

Serology: EIA positive with often with low or negative VDRL. Refer to GU Medicine for specialist opinion & treatment with i.m. penicillin

A sexual history should be taken for all patients suspected of having syphilis. Have a high index of suspicion if new or multiple sexual contacts within last 3 months, particularly in MSM.



syphilis



PELVIC INFLAMMATORY DISEASE (PID): A COMPLICATION OF UNTREATED ENDOCERVICITIS

Common Symptoms	Common Clinical Signs	Most Common Causes (etiology)
<ul style="list-style-type: none">■ lower abdominal pain■ dyspareunia■ irregular bleeding	<ul style="list-style-type: none">■ adnexal + cervical motion tenderness■ vaginal or cervical discharge (sometimes)■ fever	<ul style="list-style-type: none">■ same as cervicitis + gram-negative and gram-positive anaerobes

Mitos

- Orang yang mengidap IMS bisa terlibat dari penampilan luar
 - IMS bisa dicegah dengan minum alkohol atau membersihkan alat kelamin dengan alkohol
- Minum obat (atau suntik) antibiotika seperti supertetra, dll. sebelum dan sesudah berhubungan seks dapat mencegah IMS
- IMS dapat dicegah dengan mencuci alat kelamin (dengan sabun, alkohol, air soda, betadine)
 - IMS bisa diobati dengan melakukan hubungan seks dengan perawan

Fakta

- Banyak IMS termasuk HIV tidak tampak dari luar walaupun virusnya sudah ada dalam tubuh dan ditularkan kepada orang lain
- Minuman alkohol dari segala merek tidak bisa mencegah atau membunuh virus IMS
- IMS hanya bisa diobati dengan antibiotika yang khusus untuk Jenis tersebut. Penggunaan antibiotika tanpa aturan akan menyebabkan tubuh menjadi kebal terhadap antibiotika dan IMS semakin sulit disembuhkan
- Tidak ada sabun atau disinfektan yang bisa mencegah IMS. Sebaliknya sering mencuci vagina dengan sabun dan disinfektan akan mengurangi kadar keasaman vagina. Selain itu alat kelamin justru bisa luka.
- Orang Yang sudah terkena IMS tidak akan sembuh tanpa diobati tanpa antibiotika dan hanya akan menularkan penyakitnya pada pasangannya sekalipun ia perawan

TERIMA KASIH