

*P*roceeding

1st International Nursing Conference 2011

Nursing Research Innovation and International Collaboration

**SCHOOL OF NURSING HEALTH SCIENCE FACULTY
UNIVERSITY MUHAMMADIYAH OF SURAKARTA**



Proceeding

1st International Nursing Conference 2011

Editorial Board

Prof Sandra Dunn (Charles Darwin University Australia)

Prof Rose Mc Eldowney (Charles Darwin University Australia)

Arum Pratiwi, S.Kp.M.Kes

Faizah Betty Rahayu, S.Kep.M.Kes

Sulastri, S.Kp.M.Kes

Siti Arifah, S.Kp.M.Kes

**SCHOOL OF NURSING HEALTH SCIENCE FACULTY
UNIVERSITY MUHAMMADIYAH OF SURAKARTA**



Contents

Preface			i
Open Address			ii
Contents			iii
Number	Title	Author	
1	The effect of fluid intake pocket book distribution to the fluid balance in hemodialysis patients with chronic renal failure using hemodialysis at hemodialysis ward Prof. Dr. Margono Soekarjo Hospital Purwokerto	Legiarti, Asiandi, Endiyono	1
2	Nursing Care Services And Satisfaction Of Insurance Patient (Jpkm) In Purbalingga General Hospital	Dedy Purwito ^a , Suryanto ^b	7
3	Influence of supportive therapy on the independence Of schizophrenic patients with self-care deficit At Menur mental Hospital, Surabaya	Hanik Endang Nihayati*	11
4	Role conflict of nurse relationship With performance in the emergency unit Of Hospitals RSD dr. Soebandi Jember	Roymond H.Simamora ^a , Sugito Tri Gunarto ^b	17
5	Students' perceptions between expository and Discovery learning strategy	Rika Endah Nurhidayah*	27
6	Sexuality Experience Among Menopausal Women	Sari Sudarmiati	31
7	Falls Prevention Framework For Older People In The Community In Indonesia	Windy Asih	37
8	The relationship between nurses emotional intelligence with their caring behaviour according to patient's perceptions at ward of dr. H. Koesnadi Bondowoso Public Hospital	Anisah Ardiana ^a , Junaiti Sahar ^b	47
9	The analysis of factors related to family coping mechanism In caring of the family member with mental disorder	Nurul Arifah ^a , Ah. Yusuf ^b , Laily Hidayati ^b	53

SEXUALITY EXPERIENCE AMONG MENOPAUSAL WOMEN

Sari Sudarmiati

Program Studi Ilmu Keperawatan Fakultas Kedokteran Universitas Diponegoro
E-mail: sari_sudarmiati@yahoo.com

ABSTRACT

Background: Menopause period gives an effect to physical changes and psychological symptoms. Approximately 15 % premenopausal women experience vaginal dryness and 64% of 341 women experience reduction of libido. These urogenital changes can influence sexuality during menopause. Commonly, sexuality problem is a taboo in society. Women who experience sexuality problem cover up their problem. In local word, "baqi" means a woman become older, wrinkle and vaginal dryness. Baqi influences women sexuality

Objective: This was a qualitative research with phenomenological approach aimed to understand sexuality experience among premenopausal women. Seven premenopausal women were chosen using purposive sampling.

Method: Data was collected with an in depth interview and further was analyzed with Colaizzi's

Results: The conclusion of this research was emerged two themes. Menopause result a sexuality changes and normal feeling in sexuality during menopause

Conclusion: This research concludes that a nurse needs to give information to women and their family especially her husband regarding urogenital changes in menopausal women and how to minimize the problem.

Keywords : sexuality, menopause, urogenital

INTRODUCTION

Women have life expectancy at birth (LEB) higher than men (Susanto, 2005). Siagian (2007) explained that life expectancy at birth of women in Indonesia is 67 years old. World Health Organization (WHO) estimated LEB of Indonesian people is 75 years old in 2025, this means women have a chance to life for about 25 years more after menopause (Siagian, 2007, [1], <http://kespro.info>, accessed on 12 February 2009). Although in general women have LEB higher than men, but they have a more difficult of health problem (Ladewig, London, & Davidson, 2006). Naturally, there is various physiological changes through a woman life span, where a woman will encounter a menstruation period every month during reproductive period, pregnant and delivery the baby and end up by a menopause period (May & Mahlmeister, 2000; Pillitteri, 2003). The increase of LEB of women will effect toward health status and quality of life of women during menopause.

The increase of LEB is influenced by the increase of community's income and life style changes. The increase of life expectancy at birth

needs a concern to women health problem at menopause period (Siagian, 2007, [8], <http://www.kespro.info>, accessed on 12 february 2009). Recently, number of women with menopause period is quiet big. Baziad (2003) explained that number of women in Indonesia with the age upper 50 years old and being estimated in a menopause period for about 15,5 million in 2000. This number being expected will increase up to 30.3 million in 2010.

Menopause is end period of menstruation (Pillitteri, 2003). Women being categorized as a menopause if she has no menstruation during twelve month in sequenced. Approximately, women have menopause when they are 45-55 years old (Jugqe, 2008).

Women with pre and post menopause complain vasomotor, depressive, psychology and another somatic complain. Research that have been done by Reed, Newton, Lacroix, Grothaus and Ehrlich (2007) showed that at the end of perimenopausal women and at the beginning of postmenopausal about sleeping disorder, night sweating, depression and libido disorder explained that from 341 women, 64% got decrease of libido,

18% got middle-heavy depression and 43% with bad quality of sleep.

Other complain often appear in menopause women concerning urogenital system is pain during intercourse, dryness of vagina, itch in vagina, bleeding post intercourse and urine incontinent. About 15% premenopausal women reported dryness in the vagina. This number always increases up to 50% in women post menopause (Baziad, 2003). Many kinds of problems about menopause could influence the quality of life a woman who actually has a right to live prosperously in her old time.

The changing of urogenital system and the decrease of libido in menopause women make women ignores and avoid an intercourse while, a pain during intercourse will become higher if sex seldom being done.

Sexuality problems especially relate to the sexual point is a *taboo* in community of Indonesia. Talking about that topic will be considered as inappropriate although for health or consultation aspects. This situation creates a sexuality problem to a couple and they do not want to share their problems also receive their condition desperately. This condition being worse by the stigma resist in society which is say that the older the people, the closer their relationship to God and avoid some specific things focused to the real world. This will cause a menopause women feel being pressed. Ethnographic study to Central Java women during their menopause period that being done by Wagiyono (2005) has found that Central Java women still consistent of doing their daily activity relate to their housework, report the decrease of libido, disparenia, and feeling of being pressed by their couple.

Maternity nurse as a part of health system must actively participate in giving nursing care to women with menopause relate to the paradigm which consider that client is a fertile age women until menopause in arrange of healthy-sick (Gorrie, et al., 2000).

Maternity nursing care is given to women and family with transition period because of menopause process, aimed to help women and family during their process of menopause in adaptive way so they can avoid stress and depression that will give an effect to healthy status and quality of life (Stuart & Sundeen, 2005). To reach that purpose, maternity nurse is expected to be able every respond of menopause women and variety of resources they have including the effort they did to solve the problems. The use of appropriate coping mechanism can help someone to adapt so they can avoid stress which can give an effect to the health and quality of life (Person,

2007, 14, <http://www.thefreelibrary.com>, Accessed on 16 February 2009).

Menopause is an individual experience and it varies in each woman (Fecteau, 2002). Women perception and acceptance to menopause period is highly influenced by belief, trust, and culture (Melby, Lock & Kaufert, 2005). Karawang city is an industrial city with the inhabitant consists of urban people with the diversity of ethnic and social strata. The community of Karawang city believes that menopause will make a woman with wrinkle, old and dry skin. From personal interview has been found the existence of a dry vagina complain of being (Mrs D, personal communication, 27 July 2010) while other woman reported there is no changes during intercourse (Mrs M, personal communication; 30 July 2010).

Based on the phenomenon happen and research limitation about sexuality experience in Karawang city, researcher interested in knowing sexuality experience to menopause women in Karawang.

METHODS

This research used qualitative method with phenomenological approach. Quality research being used to dig people experience especially to subjective values which is delivered by the informant from the phenomenology exist and being retrieved in narration form (Polit & Hungler, 1999). This research want to explore how deep and complex the sexuality experience for menopause women is. So the deep understanding and meaning from the phenomenon can be gained.

Sample of this research are perimenopause women. Sampling technique that being used is a purposive sample with inclusion criteria; perimenopause women age 45 to 55 years old able to be an informant, live in Karawang city. The number of participant is 6 people. The data collected by using indepth interview with additional field nite. Data analysis used Colaizzi method. Research ethic consist of a right to make decision of oen life (autonomy), secrets, privacy, justice, protection from discomfort.

RESULTS

Participants of this research are 47 to 52 years old. 4 people Sundanese, 2 people Javanese. 4 participants still have menstruation but irregular while the others have not get menstruation up to 12 months. All participants are well educated. Only 1 participant who is has a senior high school graduate and S2 degree. The others have S1

degree. Participants job are vary (civil servant and entrepreneur).

There are two themes of sexuality experience of menopause women in Karawang city that are menopause will cause changes in sexuality and there is no complain in sexuality during menopause.

Four participants declared that menopause cause the decrease of libido in doing intercourse, the decrease of vagina lubrication and sometimes pain while doing intercourse and there is a changes in frequency of intercourse. The changes of urogenital system made 1 participant reject her husband who wants to ask her to get intercourse. Participants often say to her husband that they are in bad condition, feeling tired or pretend as if they are sleeping. While other participants still receive to get sex with their own husband although they are still complaining of the pain during intercourse. They approve of intercourse because women have a belief that they are not allowed to reject their husband willingness (rejection meaning doing something prohibited and will have a big sin).

For some participants, they are trying to communicate their problems to their couple. Women expect that their husband do a longer foreplay until the women are ready when their husbands are going to do penetration. There is one participant who active of contacting doctor for consultation about physical changes post menopause. That woman used lubrication when doing intercourse.

DISCUSSION

Menopause results physical changes to women (Baziad, 2003). These physical changes begin to occur during peri menopause and post menopause women. Complain degree is higher happen to women post and perimenopause than premenopause women. Physical changes of urogenital of menopause women are the dryness of vagina, pain during intercourse, the decrease of vagina lubrication and the decrease of libido. Women do an adaptive and maladaptive coping to conquer the complaint. Adaptive coping consist of communicate with husband, longer foreplay and using a jelly. Maladaptive coping consist of being lie to husband. Complain to urogenital system is not only happen in menopause women. This is because of the differences of menopause status (still have menstruation though irregular, and have no menstruation anymore). The differences of menopause status will make the differences of hormone estrogen in human body that will give an effect to blood stream and the elasticity of vagina

wall. Besides that, regular sport or doing exercise will make menopause complain easy to minimize.

CONCLUSION

Menopause can result a physical changes to women. Beside become older, wrinkle, and vaginal dryness, women will also have complain to their urogenital system. Complain that being felt by menopause women different from one to others. The differences of menopause status and sport that being done will influence the complain felt by women.

REFERENCES

1. American Nurses Association. (2001). Menopausal health. <http://www.menopause.org.au>. Accessed on 15 February 2009.
2. Australasian Menopause Society. (2008). Menopause: The short term effect and long term risk. <http://www.menopause.org.au>. Accessed on 15 February 2009.
3. Avis N.E., Assmann, S.F., Kravitz, H.M., Ganz, P.A., & Ory, M. (2004) Quality of life in diverse groups of midlife women: Assessing the influence of menopause, health status and psychosocial and demographic factors. *Quality of Life*, 13, 933-946.
4. Avis, N.E., Crawford, S. (2008). Cultural differences in symptoms and attitudes toward menopause. *Menopause Management*, 17(3), 8-13.
5. Baziad, A. (2003). *Menopause and andropause*. Jakarta: Yayasan Bina Pustaka Sarwono Prawiroharjo.
6. Berg, J.A., & Lipson, J.G. (1999). Information sources, menopause beliefs, and health complaints of midlife Filipinos. *Health Care for Women International*, 20(1), 81-92.
7. Berger, G., & Wenzel, E. (2001). Women, body and society: Cross cultural differences in menopause experiences. <http://www/ldb.org/menopause.htm>. Accessed on 20 February 2009.

8. Brown, W.J., Mishra, G.D., & Dobson, A. (2002). Changes in physical symptoms during the menopause transition. *International Journal of Behavioral Medicine*, 9(1), 53-67.
9. Cheung, A.M., Chaudhry, R., Kapral, M., Jackevicius, C., & Robinson, G. (2004). Perimenopausal and Postmenopausal Health. *BMC Womens Health*, 4(1), 23-46.
10. Closkey, CAR. (1996). Changing focus: women's midlife journey toward becoming wise women. *Doctorate Dissertation*. UMI, 1999058173.
11. Farlie, T.G., Barbieri, R.L. (2007). Cross cultural considerations in menopausal women. <http://www/UpToDate.com>. Accessed on 16 February 2009.
12. Fecteau, N. (2002). *Perceptions of young women regarding menopause*. Second Annual WELS and ELS, Undergraduate Research Symposium, CHARIS Institute of Wisconsin Lutheran College, 27 - 28 April 2002. <http://www.highwire.edu>. Accessed on 25 February 2009.
13. Fiset, N. (2006). Tips in coping with menopause. <http://www.bestmenopause.com/treatment.html>, diambil tanggal 20 Februari 2009.
14. Gold, E.B., Sternfeld, B., Kelsey, J.L., Brown, C., Mouton, C., Reame, N., et al. (2000). Relation of demographic and lifestyle factors to symptoms in a multi racial/ethnic population of women 40-55 years of age. *American Journal of Epidemiology*, 152(5), 463-473.
15. Gorrie, M.T., Mc Kinney, S.E., & Murray, S.S. (2003). *Foundation maternal newborn nursing*. (2nd Ed). Philadelphia: Lippincot.
16. Hall, L., Callister, L.C., Berry, J.A., & Matsumura, G. (2007). Meaning of menopause: Cultural influences on perception and management of menopause. *Journal of Holistic Nursing*, 25(2), 106-118.
17. Hartman, J.M., Berger, A., Baker, A., Bolle, J., Handel, D., Mannes, A., et al. (2006). Quality of life and pain in premenopausal women with major depressive disorder: The POWER (Premenopausal, Osteoporosis, Women, Alendronate, Depression) Study. *Health Quality Life Outcomes*, 4(2).
18. Jassim, G.A., & Shboul, Q.M. (2009). Knowledge of Bahraini women about the menopause and hormone therapy: Implications for health care policy. *Climacteric*, 12(1), 38-49.
19. Jean Hailes Foundation. (2009). Managing menopause: Emotional wellbeing at midlife and menopause. <http://www/managingmenopause.org.au/content/view/68/57/>, diambil tanggal 25 Februari 2009.
20. Jugge, D.E. (2008). Age at menopause differs-a little-by race and ethnicity. *Journal Watch Women's Health*, (724), 7.
21. Kafanelis, B.T., Kostanski, M., Komesaroff, P.A., & Stojanovska, L. (2009). Being in the script of menopause: Mapping the complexities of coping strategies. *Qualitative Health Research*, 19(1), 30-41.
22. Kahn, D., Moline, M.L., Ross, R.W., Altshuler, L.L., & Cohen, L.S. (2001). Depression during the transition to menopause: A guide for patients and families. <http://www.menopause.org.au>, diambil tanggal 20 Februari 2009.
23. Leventhal, J.L. (2000). Management of libido problems in menopause. *The Permanente Journal*, 4(3), 28-34.
24. Liao, K.L.M., Wood, N., & Conway, G.S. (2000). Premature menopause and psychological well being. *Journal of Psychosomatic Obstetrics & Gynecology*, 21(3), 167 - 174.
25. Lock, M. (2000). Ambiguities of aging: Japanese experience and perceptions of menopause. *Culture Medical Psychiatry*, 10(3), 23-46.
26. Lock, M. (2002). *Encounters with aging: Mythologies of menopause in Japan and North America*. Berkeley, CA: University of California Press.

27. McCraw, R.K. (2005). Psychosexual changes associated with the perimenopausal period. *Journal of Nurse-Midwifery*, 36(1), 17-24.
28. Melby, M.K., Lock, M., & Kaufert, P. (2005). Culture and symptom reporting at menopause. *Human Reproduction Update*, 11(5), 495-512.
29. Michel, J.L., Veliz, M., Soejarto, D.D., Caceres, A., & Mahady, G.B. (2007). Symptoms, attitudes and treatment choices surrounding menopause among the Q'eqchi Maya of Livingston, Guatemala. *Social Science Medicine*, 63(3), 732-742.
30. National Institute of Aging, & National Institute of Health US Department of Health and Human Services. (2006). Menopause: Time for a change. <http://www/nia.nih.gov>, Accessed on 3 March 2009.
31. Nichols, H.B., Dietz, A.T., Hampton, J.M., Ernstoff, L.T., Egan, K.M., Willet, W.C., et al. (2006). From menarche to menopause: Trends among US women born from 1912 to 1969. *American Journal of Epidemiology*, 164(10), 1003-1111.
32. Nosek, M., Kennedy, H.P., & Gudmundsdottir, M. (2008). Silence, stigma, and shame: Distress during the menopause transition. *Journal of Midwifery & Women's Health*, 53(5), 482.
33. Ojanlatva, A., Makinen, J., Helenius, H., Korkeila, K., Sundell, J., & Rautava P. (2006). Sexual activity and perceived health among Finnish middle aged women health. *Quality of Life Outcomes*, 4(29).
34. Olshansky, E. (2005). Feeling normal: Women's experiences of menopause after infertility. *American Journal Maternal Child Nurse*, 30(3), 195-200.
35. Papini, D.R., Intrieri, R.C., & Goodwin, P.E. (2002). Attitude toward menopause among married middle aged adults. *Women & Health*, 36(4), 55 - 68.
36. Peapack, N.J. (2000). Menopause may mean a pause from sex, say menopausal women across four cultural groups. <http://www.menopause.org>, Accessed on 1 March 2009.
37. Putri, Anak Agung Dwi Mahayuni. (2008). Influences factors in sexual activity among menopausal women in Kenon, Denpasar. Research. <http://www.adln.lib.unair.ac.id>. Accessed on 3 July 2009.
38. Quinn, A.A. (1991). A. theoretical model of perimenopausal process. *Journal of Nurse-Midwifery*, 36(1), 25-29.
39. Reed, S.D., Newton, K.M., LaCroix, A.Z., Gröthaus, L.C., & Ehrlich, K. (2007). Night sweats, sleep disturbance, and depression associated with diminished libido in late menopausal transition and early postmenopause. *American Journal Obstetrical Gynecology*, 196(6), 593-600.
40. Richters, J.M.A. (2000). Menopause in different cultures. *Journal of Psychosomatic Obstetrics & Gynecology*, 18(2), pages 73 - 80.
41. Svenson, E. (2005). The women's experience of menopause: its effect on her sense of self and her marital/partnered relationship. *Doctorate Dissertation*. (UMI No. 3170161)
42. Tam, L.W., Stucky, V., Hanson, R.E., & Parry, B.L. (2000). Prevalence of depression in menopause: A pilot study. *Women's Mental Health*, 2(4), 175-181.
43. Torpy, J.M., Burke, A.E., & Glass, R.M. (2007). Women's sexual concerns after menopause. *JAMA*, 297(6), 664.
44. Torpy, J.M., Writer, M.D., & Lynm, C. (2003). Symptoms of perimenopause. *JAMA*, 289, 940.
45. Wagiyo (2005). Ethnografi study among menopausal women in East Java. (Thesis, Universitas Indonesia. Unpublished).
46. Women's Health Program, Monash University. (2007). Depression and the

menopause.

<http://www.womenshealth.med.monash.edu.au>, Accessed on 15 February 2009.

47. WHO (1996). Research on the menopause. *Progress in human reproduction research*, 40, 1-8.
48. Wienterich, J.A. (2007, Agustus). Gender, medicine, and the menopausal body: How biology and culture influence women experiences with menopause. Presented at meeting of American Sociological Association, New York City
49. Winterich, J.A., Umberson, D. (2000). How women experience menopause: The importance of social context. *Journal of Women & Aging*, 11(4), 57 – 73.