

EFFECTIVENESS OF "BUGAR" PACKAGE ON LEVEL OF SEXUAL COMFORTNESS AMONG MENOPAUSAL WOMEN

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Abstract

During menopausal stage, women will face various kinds of anxiety due to sexual changes. The purpose of this study was to assess the effectiveness of the "Bugar" package to improve comfortness among menopausal women. This research was used a quasi-experimental design study, with a Pretest-Posttest with control group research design that is useful for measuring the comfort level of sexual activity in respondents before (pre-test) and after (post-test) given the "Bugar" package by using a control group. The population in this study was 84 menopausal women in the Perumnas I Bekasi. 42 people in intervention group and 42 in control group. Sampling was done by using Purposive Sampling Methods and for in-depth interviews using Simple Random Sampling. Analysis of the effectiveness of the "Bugar" package against the comfort level of sexual activity using the chi-square test. Homogeneity test results obtained by the respondents between the intervention group and the control group were homogeneous ($p > 0.05$). The results of this study indicate that there were significant differences in the level of comfort of sexual activity between the intervention group and the control group ($p = 0.003$), the group given the "Bugar" intervention package has a comfortable level of sexual activity with a comfortable category. This shows that the "Bugar" package is effective in increasing the comfort of menopausal female sexual activities in Perumnas I Bekasi. Recommendations from research that health education in the form of a "Bugar" package can be done to improve the comfort of sexual activity in menopausal women.

Keywords: "Bugar" Package, Sexual Activity, Menopause

Introduction

The issue of violence and the persecution of women continue to be a hot topic to date. One of them is the issue of domestic violence (domestic violence). The increasing number of cases of domestic violence both physically and psychologically is caused by various things, one of which is the attitude of the husband who is no longer interested or considers the wife no longer concerned with sexual activity. This is a causative factor in many cases reported by female domestic violence victims and 36% of them are reported by menopausal women (LBH APIK, 2005).

Menopausal women are often nervous when they have to enter the menopause period. This is something that is natural because during this period there was a drastic change in the decline in the function of female sexuality and changes in comfort including issues related to sexual activity in her partner.

Decreased sexual function includes decreased libido, decreased sensitivity to sexual stimulation, vaginismus and dyspareunia, so that it can cause discomfort when performing sexual activity in a partner (Indarti, 2004). This condition can be prevented or minimized by doing fitness exercises aimed at increasing circulation to the body, especially blood flow to sexual organs in menopausal women.

Various attempts to overcome sexual discomfort in menopausal women with hormonal therapy have been widely studied (McKinlay, Brambilla, & Posner, 1992; Li, Holm, Gulanick, & Lanuza, 1999; Youngblut & Casper, 1999). Another effort is to do physical fitness exercises focused on training the pelvic floor muscles or better known as Kegel exercises to reduce sexual discomfort in menopausal women (Pangkahila A, [http://www.print news, htm](http://www.printnews.htm), obtained 12 September 2006).

Another activity also raised by Jimenez, (2000) is by doing massage on one part of the body, namely the temples, upper neck and face for stimulation of endorphins. This massage aims to make blood flow smoothly and provide comfort and relaxation to changes that occur in menopausal women. Although many efforts and activities have been made to increase the comfort of menopausal women, but until now not much research has been done to study the combination of these activities, especially on the comfort of sexual activity with a partner. For this reason, researchers created a health education package containing a combination of education for postmenopausal women in the form of physical exercise and massage packages that are useful for reducing problems with sexual disorders and increasing the comfort of sexual activity with a partner.

Method

The research approach taken is triangulation with quantitative methods as the main data and qualitative methods as supporting data. The research design was a quasi-experimental, with a Pretest-Posttest with control group research design, to see the effectiveness of the "Fit" package for the comfort of sexual activity. The "Bugar" package is a health education package containing an exercise package on the pubococcygeus muscle and massaging the temples, upper neck and face for stimulation of endorphins, hormones that have the potential to make the body feel comfortable. Respondents were trained to do the package, and then respondents were given leaflets and booklets to train themselves at home.

The sampling technique in quantitative data is Purposive Sampling Methods (PMS). In-depth interviews was determined the sample with a simple random technique (of qualitative samples).

The number of menopausal women who fit the inclusion criteria in this study was 84 respondents, with the division of 42 control groups and 42 intervention groups. The place to conduct research is the area of Perumnas I Bekasi in RW 08, Jaka Sampurna.

Before analyzing the data, a homogeneity test was performed on the characteristics of the respondents including the demographic data of the respondents namely age, religion, education, occupation. After homogeneity testing is done, quantitative analysis and qualitative analysis are carried out.

Quantitative

To explain the characteristics of the research respondents include: age, education, religion and occupation. For numeric data (age), the data display is mean, median, mode, and standard deviation. As for categorical data, namely: education, employment and religion, the data display is in the form of frequency and presentation.

For differences in the comfort level of sexual activity before and after the intervention. And the difference in the level of comfort in the group that was given the intervention package "Bugar" with not given the package "Bugar", the test used was the chi square test with a degree of confidence of 95%.

Qualitative

By conducting thematic analysis based on the results of in-depth interviews with the group of participants who intervened with groups that did not intervene.

Result

Quantitative

Respondent Characteristics

Table 1. Frequency Distribution of Respondent Characteristics in Perumnas I Bekasi 2006 (n = 84)

No	Karakteristik	Kelompok				Total	P Value
		Intervensi		Kontrol			
		n	%	n	%	n	%
1.	Umur						
	< 48	24	57,1	21	50,0	45	53,6
	> 49	18	42,9	21	50,0	39	46,4
							0,388
2.	Agama						
	Islam	42	100	40	95,2	82	97,6
	Kristen Katolik	0	0	1	2,4	1	1,2
	Kristen Protestan	0	0	1	2,4	1	1,2
3.	Pendidikan						
	SD	12	28,6	13	31	25	29,8
	SMP	6	14,3	8	19	14	16,7
	SMU	16	38,1	15	35,7	31	36,9
	DIII	5	11,9	5	11,9	10	11,9
	S1	3	7,1	1	2,4	4	4,8
4.	Pekerjaan						
	IRT	35	83,3	40	97,6	76	90,4
	PNS	4	9,5	0	0	4	4,8
	Swasta	1	2,4	1	2,4	2	2,4
	Pensiunan	2	4,8	0	0	2	2,4

The average age of respondents in the intervention group was 48 years and the control group was 47 years. The results of the t-independent homogeneity test analysis showed that the value of $p = 0.388$ showed that there was no difference in the average age of respondents in the

two study groups. All respondents in the intervention group (100%) were Muslim, and in the control group (95.2%) were Muslim and the rest were Catholic and Protestant Christians.

The education level of respondents in the two study groups was high school, and generally the work of the respondents both intervention and control were housewives. The results of the analysis of homogeneity tests for religion, education and employment are homogeneous.

Comfort Level of Respondent's Sexual Activity

**Table 2. Differences in the Level of Comfort of Respondents' Sexual Activities
 Intervention and Control Group (n = 84), 2006**

Variables	Comfort Level of Respondent's Sexual Activity										OR (CI 95%)	
	Control (n= 115)								Total	p		
	Pre				Post							
	Not Comfort		Comfort		Not Comfort		Comfort					
n	%	n	%	n	%	n	%	n	%			
Intervention	6	61,9	16	38,1	5	11,9	37	88,1	42	100	0,001	12,025
Control	26	61,9	16	38,1	27	64,3	15	35,7	42	100	1,000	(3,9- 36,9)
OR (95% CI)	5,550 (1,8 – 16,9)											

Results showed there were differences in the level of comfort of sexual activity before and after the intervention in the intervention group (p = 0.001). The level of comfort of sexual activity after the intervention was significantly different between the intervention and control groups (p = 0.003), with an OR value of 5,550, this indicates that after the intervention respondents the intervention group had an opportunity of 5,550 times to experience the comfort of sexual activity compared to before the intervention.

Qualitative

The results of the analysis of the theme carried out support the quantitative results of the statement of differences in the comfort of sexual activity in the intervention group, whereas in the control group there was none, as expressed by participants as follows:

Physical Discomfort

Meaningful statements before the intervention:

“There is no desire yet to intervene frequently because the problem is not good ... it hurts ... but ... afraid of sin, okay?” (P5)

“Nowadays, the body is easily tired; I don't have courage to have sex with my husband” (P2)

A different statement is given after the intervention:

"Wow ... how come there's a difference, it feels less comfortable and it seems ... a little less painful and painful when I mix with my husband" (P5)

Psychological Discomfort

Meaningful statements before the intervention:

"If the husband asks to be served I'm already scared and worried ..." (P4)

"When you have sex for a long time, aroused sometimes the husband is already impatient" (P1)

Participants' statements after the intervention:

"The benefits of the education provided ... my husband and I are more intimate" (P4)

Discussion

Characteristics of research respondents consisted of age, religion, education, and occupation. The results of the homogeneity test analysis in the intervention and control groups were equivalent.

The level of comfort of sexual activity in the intervention group before and after the intervention package "Bugar" is different from the value of $p = 0.003$. This shows that health education in the form of a "Bugar" package is very useful to increase the knowledge and skills of menopausal women for the comfort of sexual activity. This is also supported by participant's statements about changes in discomfort in sexual activity in a partner.

This discomfort occurs in menopausal women due to changes in lower levels of the hormone estrogen so that changes in the vagina include: vaginal wrinkling, vaginal epithelial layer thinning, and tissue elasticity decreases, this causes the transudation process is disrupted so that the four phases of sexual activity response cannot be passed well.

From the results of research conducted on groups that were given the package "Bugar" because they already have the knowledge and skills to train the muscles of Pubococcygeus. The vagina will be more sensitive and sensitive so it eases the release of lubrication, causing pain reduction and can go through the stages of the mechanism of sexual activity response.

Another thing that can be done is to massage the temples, upper neck and face for the stimulation of endorphins, this exercise aims to make blood flow smoothly and provide comfort and relaxation for changes that occur in menopausal women.

This research is supported by research conducted by several studies on fitness conducted by Perry, Lesly, Ladas, and Whipple 1989-1992, which showed an increase in sexual quality in couples after conducting integrated therapy. This training consists of physical fitness training (pelvic floor muscles training, thighs, abdomen, lower back and buttocks).

The trend towards research on sexuality proves that the health and muscle strength of Pubococcygeus directly increases sexual satisfaction and the ability to reach orgasm.

According to Indarti (2004) that the response to sexual activity consists of four phases namely the desire phase, the arousal phase, the orgasm phase and the resolution phase. In this study, the results showed that the group given the intervention package “Bugar” most (88.1%) reached the desire and or the next stage, but a small portion (11.9%) did not reach the desire.

In the control group who were not given the “Bugar” package, they did not know how to deal with the inconvenience of sexual activity so that the level of comfort was lower.

The results of several studies that support (Koster & Garde, 1993; Li, Holm, Gulanick, & Lanuza, 2000; Osborn, Hawton, & Oath, 1988), found that there was a significant relationship between menopause problems and decreased interest in sexual activity and increased sexual interest pain during sexual activity in postmenopausal women as a result of drying of mucus in the vagina. Another thing that can be done to provide comfort in sexual activity is to do massage as stated by Jimenez, (2000), namely by doing massage on one part of the body, namely on the temples, upper neck and face for stimulation of endorphins. This exercise aims to make blood flow smooth and provide comfort and relaxation for changes that occur in menopausal women.

This research is supported by Field (2001), mentioning 30 minutes of massage therapy per day can reduce depression and anxiety, improve psychological conditions, and reduce levels of stress hormones. This research also, shows that massages can reduce stress-causing hormones in the body and increase the production of endorphins. Endorphins are natural hormones that have the potential to make the body feel comfortable.

This research proves that the effect of massage will directly improve blood circulation and stimulate the musculoskeletal and nervous systems, increase oxygen supply to the brain, reduce muscle tension and increase blood flow to areas of pain. This will encourage blood flow to the tissues (tissue perfusion) to improve and better ensure every body cell gets enough nutrients and oxygen.

Conclusion

Characteristics of respondents and participants between the intervention and control groups are homogeneous. An increase in comfort in sexual activity in the group given the intervention. There is a difference in the level of comfort in conducting sexual activity in the group that is given the intervention package "Fit" with the group that is not given the intervention. The results of in-depth interviews with participants stated an increase in the comfort of sexual activity after getting an intervention with the package “Bugar”.

Researchers recommend that health workers in the community and women's clinics use and socialize the "Bugar" package to overcome the inconvenience of sexual activity in menopausal women.

The results of this study can be used for the nursing profession in providing nursing care especially maternity nursing in providing interventions in the form of health education and counseling guidance, especially on the comfort level of menopausal women's sexual activity.

It is necessary to establish a community of women in menopause at the neighborhood level that can be used as: a forum for communication and education to increase knowledge about the ins and outs of menopause and its problems; fitness training and others to improve the quality of life of women in menopause.

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