

# THE EFFECTIVENESS OF "BUGAR" PACKAGE TOWARD SEXUAL ACTIVITY COMFORTABLE LEVEL AMONG MENOPAUSE WOMEN IN COMMUNITY

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## Abstract

*Menopause could cause anxiety resulted by drastic changes in sex function and sex activity comfort. The purposes of the study was to explore the effectiveness of "Bugar" package to improve sexual activity comfortable level of menopause women at Perumnas I Bekasi. This study was a descriptive Quasi Experimental Pretest-Posttest with control group design. The population in this research was menopause women at Perumnas I Bekasi. The samples were 84 women, 42 women were in intervention group and 42 women were in control group. Purposive Sampling Methods and Simple Random Sampling were used to collect samples for indepth interview. Chi-square test was used to meased effectiveness of "Bugar" package to sexual activity comfortabel level. The result of studyrevealed that the respondent homogeneity test between intervention group and control group were homogen ( $p > 0.05$ ). The results of study indicated that there were meaning differences on grade of sexual activity comfortable level between intervention group and control group ( $p = 0.003$ ). The intervention group had sexual activity in comfortable level. This case showed that "Bugar" package is effective to increase sexual activity comfortable level of menopause women at Perumnas I Bekasi. This study recommended that health education with "Bugar" package can be applied for sexual activity of menopause women.*

**Keywords:** "Bugar" Package, Sexual Activity, Menopause

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## INTRODUCTION

The issue of violence and abuse against women continues to be a debatable topic until now. One is the issue of domestic violence. The number of cases of domestic violence both physical and psychological increasingly high caused by many things, one of them is the attitude of husbands who are not interested anymore or assume wife is not interested anymore with sexual activity. It is a common factor in many cases than the victims of domestic violence which reported are women and about 36% of them were the menopausal women (LBH APIK, 2005).

Menopausal women often have to enter a period of restless during menopause. This is something that is reasonable because in this time of drastic changes that decrease the function of female sexuality and the changes of comfort level of sexual activity which lead to a problem among married couple (Boyke, 2005 <http://www.pikiran-rakyat.com/cetak/0304/01/0312.htm>, diperoleh 12 September 2006).

Reduced sexual function include decreased libido, decreased sensitivity to sexual stimulation, vaginismus and dyspareunia, which can cause discomfort during sexual activity in pair (Indarti, 2004). This condition can be prevented or minimized by doing fitness exercises aimed at improving blood

circulation in the body, especially the blood flow to the sexual organs in menopausal women. Various efforts to address sexual discomfort in menopausal women with hormonal therapy has been widely studied (McKinlay, Brambilla, & Posner, 1992; Li, Holm, Gulanick, and Lanuza, 1999; Youngblut & Casper, 1999). Another effort is to do exercises that focused on the physical fitness training the muscles of the pelvic floor, or better known as Kegel exercises to reduce sexual discomfort in menopausal women (Pangkahila A, <http://www.cetakberita.com>, htm, diperoleh 12 September 2006).

Other activities are also proposed by Jimenez (2000) is by doing the massage on one part of the body which is the temple, the upper neck and face for the stimulation of endorphins. This massage aims to make a smooth blood flow as well as provide comfort and relaxation to changes that occur in menopausal women. Despite many efforts and activities have been undertaken to increase comfortness in menopausal women, but until now there has been much research done to study a combination of these activities, especially in the comfort level of sexual activity with a partner. Therefore, researchers make a health education package that contains a combination of education for women menopause a package of physical exercises and massage are useful to reduce the problems of sexual disorders and to improve the comfort level of sexual activity with a partner.

## METHODOLOGY

Research approach is triangulated with quantitative methods are as primary data and qualitative methods as supporting data. The study design is quasi-experimental with pretest-posttest study design with control group, to look at the effectiveness of “Bugar” package to the comfort level of sexual activity. “Bugar” Package is a health education package that contains the package in the pubococcygeus muscle exercises and massage on the temples, upper neck and face to the stimulation of endorphins, the hormone that could potentially make the body feel comfortable. Respondents were trained to carry out the package, then respondents are given leaflets and booklets to train themselves at home.

Sampling technique on quantitative data was purposive sampling Methods (PMS). For in-depth interviews (depth interview) determination of the sample was used simple random technique (Simple Random Sampling) of the sample qualitative.

The number of postmenopausal women in accordance with the criteria for inclusion in this study were 84 respondents, with 42 participant of the control group and the intervention group, respectively. The place to do research is on the community area, Bekasi Residence in RW 08, Village Jaka Sampurna. This research was conducted on November 11 until December 22, 2006.

Prior to the data analysis, test of homogeneity of the characteristics of the respondents include respondent demographic data such as age, religion, education, employment. After testing the homogeneity of then analysis of quantitative and qualitative analysis. Were conducted. 1). Quantitative :Descriptive analysis was conducted to explain the characteristics of survey respondents include: age, education, religion and occupation. For numerical data (age), the presentation of data was used mean, median, mode, and standard deviation. As for categorical data, namely: education, employment and religious, the presentation of data were used percentage as frequency. The difference in comfort level for sexual activity before and after intervention, and the difference in the comfort level in the group given the intervention of “Bugar” package with those not given, were used chi square test with 95% confidence level. 2). Qualitative: By conducting a thematic analysis is based on in-depth interviews in the intervention group participants who performed with the group that did not do the intervention.

## RESULTS

Quantitative, in this case characteristic of Respondent as the following;

Tabel 1  
 Distribution Frequency of Demographic Data among Participant in Bekasi Residence, 2006  
 (n = 84)

No	CharacteristicsGroup	InterventionControl				Total	p Value
		n	%	n	%		
1.	Age						
	< 48	24	57,1	21	50,0	45	53,6
	>49	18	42,9	21	50,0	39	46,40,388
2.	Religion						
	Islam	42	100	40	95,2	82	97,60,494
	Christian Catholic	0	0	1	2,4	1	1,2
	Christian Protestan	0	0	1	2,4	1	1,2
3.	Education						
	Elementary	12	28,6	13	31	25	29,80,851
	Junior High School	6	14,3	8	19	14	16,7
	Senior High School	16	38,1	15	35,7	31	36,9
	Diploma	5	11,9	5	11,9	10	11,9
	Bachelor	3	7,1	1	2,4	4	4,8
4.	Occupation						
	IRT	35	83,3	40	97,6	76	90,41,000
	Civil Servant	4	9,5	0	0	4	4,8
	Private Company	1	2,4	1	2,4	2	2,4
	Retired	2	4,8	0	0	2	2,4

The average age of the respondents in the intervention group was 48 years and the control group was 47. The results of the analysis of the homogeneity of the t-independent test p value = 0.388, it showed no difference in the average age of the respondents in both study groups.

All respondents in the intervention group (100%) is Muslim, and the control group (95.2%) is Muslim and the rest Christian Catholic and Protestant Christians.

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

The Comfort Level of Sexual Activity among Intervention and Control Groups

**Tabel 2 .Differences in The Comfort Level of Sexual Activity among  
 Intervention and control group (n = 84), 2006**

Groups	The Comfort Level of Sexual Activity														
	Before Intervention						After Intervention						Total n	P Value %	OR (CI 95%)
	discomfort		comfort		discomfort		comfort		discomfort		comfort				
n	%	n	%	n	%	n	%	n	%	n	%				
Intervention	6	61,9	16	38,1	5	11,9	37	88,1	42	100	0,001	12,025 (3,9-36,9)			
Control	26	61,9	16	38,1	27	64,3	15	35,7	42	100	1,000				
P Value		1,000		0,003											
OR (95% CI)		5,550 (1, 8-16, 9)													

The results showed existing difference in the comfort level of sexual activity before and after intervention in the intervention group ( $p = 0.001$ ). The comfort level of sexual activity after intervention significantly different between intervention and control groups ( $p = 0.003$ ), with OR 5.550, this shows that the intervention group after intervention respondents 5.550 times have the opportunity to experience the comfort of sexual activity than before the intervention.

Qualitative, The results of the theme analysis which has been done, support the quantitative results, ie the statement of difference in the comfort of sexual activity in the intervention group, while in the control group did not exist. It was expressed by the participants as follows: a).Physical Discomfort The meaningful statement before intervention: *“There is no intention to having sex often due to pain and discomfort during sexual activity, however afraid of sin if refusing”* (P5)

*“recently, my body are easily tired ....don’t have any intention to do sexual activity frequently”* (P2)

The statement which given after intervention:

*“surprising, I feel differences when doing sexual activity after following the “bugar” package, a bit more comfortable and somewhat less stinging and pain during sexual intercourse with my husband”* (P5) b). Psychologies Discomfort.The meaningful statement before intervention: *“if my husband ask for sex, I started to feel anxiety and a bit afraid”* (P4) *“during sexual intercourse, it took time for me to get sexually aroused, but sometimes my husband was impatient”* (P1) The statement which given after intervention: *“The benefit from the health education that was given makes me and my husband more intimate”* (P4).

## DISCUSSION

Characteristics of survey respondents consisted of age, religion, education, and employment. The results of test analysis of homogeneity of the intervention and control groups was similar.

The comfort level of sexual activity in the intervention group before and after the intervention of “Bugar” package is different from the value of  $p = 0.003$ . This shows that health education of “Bugar” packages is very useful to improve the knowledge and skills in menopausal women the comfort of sexual activity.

This is also supported by the statements of participants about the changes to discomfort in sexual activity with the partner.

This inconvenience occurs in menopausal women due to changes in estrogen levels were lower resulting in a change in the vagina include: vaginal furrowed, the epithelial lining of the vagina thins,

and the elasticity of the tissues decreases, causing the process of transudation interrupted so that the four-phase response to sexual activity can not be passed well.

From the results of research conducted in the group given “Bugar” package because it has the knowledge and skills to train the muscles Pubococcygeus. The vagina will be more sensitive and sensitive excitatory making it easier for spending lubrication, causing less pain and can go through the stages of the response mechanism of sexual activity.

Another thing you can do is do a massage on the temples, upper neck and face to the stimulation of endorphins, the exercise aims to create a smooth blood flow as well as provide comfort and relaxation to changes that occur in menopausal women.

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

The tendency toward research on sexuality proved that health and muscle strength Pubococcygeus directly improve sexual satisfaction and the ability to reach orgasm. According Indarti (2004) that the response to sexual activity consists of four phases which desire, arousal phase, orgasmic phase and resolution phase. In this study showed that the intervention group which was given “Bugar” package, as much as 88.1% achieved the desire or capable continue to the next stage, while only a small percentage (11.9%) did not achieve the desire. In the control group who were not given the “Bugar” package not knowing how to cope with the inconvenience of sexual activity so the comfort level is lower. The results of several studies that support (Koster & Garde, 1993; Li, Holm, Gulanick, and Lanuza, 2000; Osborn, Hawton, & Oath, 1988), found that there is a significant relationship between the problems of menopause and decreased interest in sexual activity and increased pain when engaging in sexual activity in menopausal women as a result of the drying up of the vagina. Another thing that can be done to provide comfort in sexual activity is to do massage as proposed by Jimenez (2000) is by doing the massage on one part of the body is the temple, the upper neck and face to the stimulation of endorphins. This exercise aims to make a smooth blood flow as well as provide comfort and relaxation to changes that occur in menopausal women. This research was supported by the Field (2001), mentions therapeutic massage of 30 minutes per day can reduce depression and anxiety, improvement of psychological conditions, and reduced levels of stress hormones. The study also shows that massage can decrease stress hormones in the body and increases the production of endorphins. Endorphins is a natural hormone that could potentially make the body feel comfortable (Anonymous 2006, ¶ 8, <http://www.ayahbunda-online.com>, acquired December 15, 2006). This study proves that massage will directly influence blood circulation and stimulates the musculoskeletal and nervous systems, increasing the oxygen supply to the brain, reduce muscle tension and improve blood flow to the area of pain. This will encourage blood flow to the tissue (reperfusion) getting better and better guarantee every cell of the body gets enough nutrients and oxygen.

## CONCLUSION AND RECOMMENDATION

Conclusions, Characteristics of respondents and participants between the intervention and control groups are homogeneous. There was an increase of comfort level in sexual activity in the group which has been given the intervention. The results of in-depth interviews in participants, stating an increase in sexual activity after gaining comfort through the intervention of “Bugar” package.

Suggestions. Researchers recommend to health workers in the community and women's clinics to use and disseminate the “Bugar” package in order to overcome this inconvenience in sexual activity in menopausal women.

The results of this study can be used for the nursing profession in providing nursing care, especially in the maternity nursing interventions such as health education and counseling especially to the comfort level of women's sexual activity after menopause. There is a need to set up a community of women past menopause in neighboring level that can be used as: forums for communication and

education to increase knowledge about the intricacies of menopause and its problems; fitness exercises and others to improve the quality of life of women during menopause.

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