

Original Research Article

The relationship between anxiety and sexual activity in climacteric women in facing menopause in Soropadan Posyandu and Sleman district

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Received: 24 November 2019

Revised: 03 January 2020

Accepted: 01 February 2020

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ABSTRACT

Background: Pre-menopause is the beginning of a climacteric transition, which starts several (2-5) years before the menopause comes. Symptoms that arise are changes in the menstrual cycle becoming irregular, the menstrual cycle lengthens, then menstruation will stop. Changes in reproductive organs will affect the composition of hormones in the reproductive organs. Decreasing hormones can reduce sex desire. Psychological symptoms are decreased memory, anxiety, irritability, stress and depression. Psychological factors such as anxiety can affect a person's sexual function. This study was conducted to determine the relationship between anxiety and sexual activity in climacteric women in facing menopause at Soropadan Posyandu, Sleman Regency.

Methods: This research employed quantitative methods with observational analytic research design with cross sectional approach. The research sample was 44 respondents in Soropadan Posyandu Sleman Regency. The measurement was done using a questionnaire to measure anxiety and sexual activity. The data analysis was done using univariate and bivariate analysis.

Results: Chi square statistical test showed the p value of anxiety with sexual activity which was 0.653 ($p < 0.05$).

Conclusions: There is no relationship between anxiety and sexual activity in climacteric women in the face of menopause in Posyandu Soropadan, Sleman Regency.

Keywords: Anxiety, Climacteria, Sexual activity

INTRODUCTION

Menopause is the cessation of menstruation, which usually occurs at the age of 49-51 years.¹ Menopause is divided into several stages, namely pre-menopause (climacteria), perimenopause, menopause, and post-menopause (senium).² Premenopause is the beginning of a climacteric transition, which starts approximately (2-5) years before menopause comes. Pre-menopause affects women over 40 years.³ Symptoms that arise are changes in the menstrual cycle becoming irregular, the menstrual cycle lengthens, then menstruation will stop.²

Changes in the reproductive organs due to cessation of menstruation will affect the composition of hormones in the reproductive organs.² The physical biological effects experienced by women in premenopausal syndrome are hot flushes, headaches, fatigue, rheumatism, back pain, shortness of breath, and osteoporosis. In addition, the decrease in hormones can make vaginal tissue dry and thin and can make the sexual intercourse painful and uncomfortable.³ Psychological factors such as anxiety can also affect a person's sexual function.⁴

Women are anxious about the end of the reproductive era which means the cessation of sexual and physical lust.

Moreover, realizing she will grow old, which means her beauty will fade. Along with this, the function of organs will decrease. This will eliminate the pride as a woman.⁵ Women who are often tired, depressed and easily offended tend not to want sexual activity.⁶

By 2030, the number of women worldwide entering menopause is estimated at 1.2 billion.⁷ In Indonesia, by 2025, it is estimated that there will be 60 million menopausal women. In 2016, currently in Indonesia it only reached 14 million menopausal women or 7.4% of the total population. The life expectancy of women jumped from 40 years in 1930 to 67 years in 1998. While the estimated average age of menopause in Indonesia is 48 years. Increased life expectancy causes more and more women to experience menopause.⁸

According to the 2013 National Development Planning Agency of Indonesian population in 2000-2010, the number of women aged over 50 years is 20.9 million people. In 2025, the total population of Indonesia will reach 137.1 million with the number of women living at the age of menopause around 30.3 million people or 11.5% of the total population, with an average age of 49 years. Demographically, an increase in the elderly will be a public health problem that requires special treatment.⁹

Based on data obtained from the Central Statistics Agency in 2017, it is estimated that the number of women in Indonesia who are in the premenopausal period (age 40-50 years) amounted to 17.89 million people, while those who enter menopause (age 50 years and over) reached 25.71 million inhabitants.¹⁰ It is estimated that in 2035, the number of women in Indonesia will reach 152.69 million with the number of women living in premenopausal age and beginning to experience menopausal symptoms at around 20.36 million.

This study was conducted to determine the relationship between anxiety and sexual activity in climacteric women in facing menopause at Soropadan Posyandu, Sleman Regency.

METHODS

This research was conducted at the Posyandu Soropadan Sleman Yogyakarta in 1 to 20 January 2019. This research is a quantitative study with a cross-sectional study design. The subjects of the study were all climacteric women aged 48-55 years in Soropadan Posyandu, Sleman Regency. The sampling technique used in this study is total sampling. Total of sample obtained was 44 people. Inclusion criteria in this study were women of childbearing age (48-55 years) and the exclusion criteria were respondents who were not willing to be interviewed.

The analysis in this study was univariate analysis and bivariate analysis using chi-square. Measuring instruments used in this study were closed questionnaires, in the form of structured questions about identity, anxiety and sexual

activity data. Anxiety questionnaire is divided into 4 criteria namely physical, psychological and cultural.

Anxiety questionnaire was made and has been tested by researchers. In the anxiety variable consists of 20 questions with a favorite question as many as 17 items and unfavorable questions as many as 3 items. The validity test of the questionnaire was carried out on 30 samples, carried out in the Posyandu of Ambarukmo Hamlet, Catur Tunggal District, Sleman Regency.

RESULTS

The highest number of respondents was 48-51 years old with 30 people (68.20%). Based on education, the most respondents were at the high school level with a total of 28 people (63.64%) and based on the occupation of the respondents, the majority were Housewives with a total of 29 people (65.90%) (Table 1).

Table 1: Frequency distribution of characteristics of respondents by age, education and employment at Soropadan Posyandu, Sleman.

Characteristics of respondents	N	%
Age (in years)		
48-51	30	68.20
52-55	14	31.80
Education		
Primary school	3	6.81
JHS	4	9.10
SHS	28	63.64
College	9	20.45
Occupation		
Housewife	29	65.90
Civil servant/Teacher	2	4.55
Entrepreneur	11	25
Others	2	4.55
Total	44	100

The most respondents were those who did not experience anxiety amounting to 26 people (59.10%), while in sexual activity, the most were already inactive amounting to 25 people (56.80%) (Table 2).

Table 2: The distribution of anxiety frequency with climacteric female sexual attitude.

	N	%	
Anxiety	Yes	18	40.90
	No	26	59.10
Sexual attitude	Active	19	43.20
	Not active	25	56.80
Total	44	100	

From 18 women who were anxious in facing menopause, 9 people (50.0%) were not active in sexual activity. While from 26 women who were not anxious in facing

menopause, 16 people (61.5%) were not active in sexual activity. Chi square test results, p values greater than 0.05, 0.653 is obtained, so that it can be concluded that there is no relationship between anxiety and sexual

activity in climacteric women in facing menopause at the Soropadan Posyandu. PR value (prevalence ratio) 0.813 (95% CI=0.467-1.412) means that anxiety is not a protective factor of sexual activity (Table 3).

Table 3: Chi-square analysis of relationship between impairment and sexual activity in climacteric women.

Anxiety	Sexual Attitude				Total		P value	PR	CI (95%)
	Not active		Active		N	%			
	N	%	N	%					
Yes	9	50.0	9	50.0	18	100	0.653	0.813	0.467
No	16	61.5	10	38.5	26	100			1.412

DISCUSSION

Based on the results of the study in Table 3, the results of statistical tests show the value of PR (prevalance risk) 0.813 that there is no relationship between anxiety with sexual activity in climacteric women in the face of menopause in Soropadan Posyandu, Sleman Yogyakarta.

This research shows that the majority of respondents do not feel anxious, because respondents think that changes that occur in their bodies when entering menopause are not a problem that must be considered because they assume that menopause is something natural. In sexual relations, many of the respondents have not been active in sexual relations because there are several factors such as work. Most respondents have the status of housewives where they spend more time on their daily activities taking care of their families, so they feel unable to have sexual intercourse anymore.

Research conducted by Indrayani and Sofiyanti supports that work factors also affect the decrease in sexual power for couples.¹¹ It is possibly because often the work is too heavy making us stressed. Stress or depression can be a cause of decreased arousal, even a very small amount of stress can result in a significant decrease in sexual function. Eventually, sexual activity becomes disrupted because physical condition has declined due to fatigue. It is also said Novitasari and Elvika that disruption of sexual activity in premenopausal age is influenced by physical fatigue after activity, hot flushes, bone and muscle pain and so on.¹² As a result of these disorders, it is common for women in premenopausal age to not be able to enjoy sexual activity.

This is also supported by other studies which say that one of the factors that influence attitudes is culture and the environment, where culture has unwittingly instilled a line of attitudes towards problems. There is a myth that considers that if it is menopause, carrying out sexual activities violates the prohibition with god and if engaging in sexual activity, it will be painful.¹³

There are also respondents who say that they still use contraception but are reluctant to have sexual relations. The results said that the side effects of using hormonal

contraception for more than 6 months caused a decrease in libido and occurred 2.04 times over the age of 18 years. Hormonal contraception decreases female sexual activity because of the content of the hormone progesterone in contraceptives.¹⁴ The decrease of libido is a result of the effects of hypoestrogens on the use of hormonal birth control that can reduce the frequency of sexual intercourse and cause a decrease in sexual quality.

The results of this study support the opinion expressed by Mulyani stating that menopausal women will decrease their sexual desire.² Night sweats can disturb sleep and lack of sleep can reduce energy for others, including sexual activity. This happens because of changes in the vagina, such as dryness that will make the genital area hurts and in addition it also occurs hormonal changes so as to reduce sex desire. Low libido can also be caused of psychological, biological or social problems. In addition, the decrease of libido can also be caused by depression, anxiety or poor body image and a decrease in neurotransmitter in the brain that will affect sexual behavior.¹⁵

The results of this study also support previous studies conducted by Qomariyati stating that the anxiety experienced by respondents has no relationship with the menopausal female sexual life at menopause.¹⁶ This is also supported by research conducted by Suparni stating that age did not show a significant effect.¹⁷ This is different from the study conducted by Ardila, et al stating that there was a significant relationship between climacteric symptoms and sexuality needs in premenopausal women in the Pasekan region Maguwoharjo Depok Sleman Yogyakarta.¹⁸

Biological changes in premenopausal women increase a woman's health risks and will affect the quality of life when a person reaches success. These biological changes cause health problems in premenopausal women due to the loss of the hormone estrogen which plays an active role in the work system of female organs.¹⁹

Every life period has factors that can be utilized by individuals to achieve happiness. Some can be obtained by marriage that can make someone happy, including psychological and physical intimacy. Happiness is the

result of activities carried out by individuals as best as possible. Activities have the potential to be happy if the level of the problem is in accordance with the level of individual ability. If the problem is too easy, it will be boring and if it is too difficult, anxiety will appear.²⁰

CONCLUSION

From 44 samples it was found that sexual activity in climacteric women in Posyandu Soropadan who were still active in sexual intercourse was 43.20%, those who were not active in sexual intercourse were 56.80%. With an anxiety level of 40.90% for women who experience anxiety, and 59.10% for women who do not experience anxiety. In this study there is no relationship between anxiety and sexual activity in climacteric women in facing menopause in Soropadan Posyandu, Sleman Regency. There is no relationship in this study because many women do not experience anxiety and only a few are still active in sexual relations.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee of Ahmad Dahlan University, Yogyakarta

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Cite this article as: Ayu SM, Sofiana L, Triwulandari I. The relationship between anxiety and sexual activity in climacteric women in facing menopause in Soropadan Posyandu and Sleman district. Int J Community Med Public Health 2020;7:837-40.