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WOMEN'S EXPERIENCE WITH MENOPAUSE IN SAMARINDA BENANGA STATION STUDY: *PHENOMENOLOGY*

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ABSTRACT

Menopause is not a disease even though many changes occur both physically, psychologically, and sexually. Menopause is a normal and natural process for every woman who enters old age. With increasing life expectancy, more and more women are experiencing menopause with various complaints that can interfere with their life activities. In 2025, it is estimated that there will be 60 million menopausal women in Indonesia, currently in Indonesia there are only 14 million menopausal women or 7.4 percent of the total population. This research aims to know the experience of women undergoing menopause through phenomenological studies. The research design is qualitative and a series of phenomenological studies. Determination of participants in this study as many as six participants using a purposive sampling method. The results showed that the menopause experience experienced by the participants illustrates that information is needed regarding the changes that occur during menopause specifically for premenopausal women, so that women who will enter menopause have good knowledge so they can accept and be able to cope with changes. – Physical, psychological, and sexual changes that may be experienced. It is necessary to provide information related to physical, psychological, and sexual changes during menopause that can be accessed easily by women so that women who are entering menopause with physical, psychological, and sexual changes become better prepared and remain happy in living their lives.

KEYWORDS:

Experience of Running Menopause.

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INTRODUCTION

Based on data from the Central Statistics Agency (BPS) in 2000, the number of Indonesian elderly people is estimated to have reached 26.82 million of the total estimated population (9.92 percent), so the Indonesian population is starting to be an aging population [1]. By 2030, the number of women worldwide entering menopause is estimated to reach 1.2 billion people. With increasing life expectancy, more and more women are experiencing menopause with various complaints [2].

The Indonesian population projection by the Central Bureau of Statistics (BPS), in 2025 there will be 60 million women who will experience menopause. The proportion of women aged 30-49 who are menopausal increases with age. As expected the percentage of menopausal increased from 11 percent in women aged 30-34 years, to 23 percent in women aged 44-45; and to 44 percent in women aged 48-49 years. Menopause begins at the age of 40 or the beginning of 50 years due to the production of egg cells that have stopped [3].

Menopause is often seen as a scary cycle in women's lives. Several studies have shown that 75% of menopausal women perceive menopause as a problem or a nuisance, while the other 25% do not mind it [4]. This is because a woman who enters menopause will experience various kinds of symptoms, both short symptoms and long symptoms. Symptoms of shortness include vasomotor instability, and psychological, urogenital, skin, and eye symptoms. Vasomotor symptoms such as burning sensation in the face and neck accompanied by shortness of breath, palpitations, and sweating at night [5]. Psychological symptoms such as irritability, lethargy, emotional lability, forget fulness, decreased libido to depression. Urogenital symptoms such as vaginal dryness, painful intercourse, and urinary incontinence. Skin complaints such as dry skin, broken and dull hair, and brittle nails. Meanwhile, long-term symptoms consist of osteoporosis, cardiovascular disease, and Alzheimer's dementia [6].

In Indonesia, the topic of menopause is not an easy topic to talk about. Some Indonesian people still consider it "taboo" to discuss the topic of menopause in depth, especially when it comes to sexuality. This made the researchers interested in conducting this research to examine the experience of women undergoing menopause so that this experience can prepare women who are facing menopause

to be more prepared, not anxious or worried, so they can live a long life in the elderly while remaining healthy, active, independent and productive and dignified.

This research aims to know the experience of women undergoing menopause through phenomenological studies.

RESEARCH METHOD

The research design is qualitative and a series of phenomenological studies. Determination of participants in this study using a purposive sampling method. Six participants in this study met the following criteria: as follows: women aged over 55 years who are experiencing menopause, have a partner or husband, and are willing to be participants, understand, and can share experiences.

RESULTS AND DISCUSSION

Based on the results of the interviews, three themes were obtained, namely: (1) the theme of the physiological changes experienced by menopausal women, (2) the theme of the psychological changes faced by menopausal women, and (3) the theme of sexual relations in menopausal women.

A. Physiological Changes during Menopause

1. Sleep Disorders

The results of the study showed that the participants experienced sleep disturbances, along with the statements of the participants: "After menstruation stopped, now it's hard to sleep, I often wake up at night, then it's hard to sleep again, I used to sleep well" (participant 6).

Women are more likely to suffer from sleep disturbances during menopause and with increasing age compared to men. The incidence of sleep disturbances ranges from 16% to 47% in peri-menopause and 35% to 60% in post-menopause. Insomnia is a sleep disorder associated with menopause. According to [7] about 30% of adults have one or more symptoms of insomnia, and these symptoms are more common in women, especially in middle age. Furthermore [8] stated that the circadian clock undergoes many changes throughout life, both at the physiological and molecular levels. Endogenous melatonin secretion decreases with age and varies according to sex, and in postmenopausal women, this is associated with a

significant decrease in melatonin levels that affect sleep patterns. The results of the study [9] stated that chronic insomnia (difficulty sleeping for >3 weeks) is usually common in post-menopausal women and is often associated with anxiety, depression or psychosis, or mood disorders. While the incidence of short-term insomnia (trouble sleeping for 3-21 days) was more common overall, the incidence was higher during the menopausal transition. Transient insomnia (trouble sleeping for 1-3 days) can be seen with a similar trend in younger women, peri-menopause, or menopause. Insomnia is very common among the age group of postmenopausal women and, if left untreated, increases the risk of depression in this already vulnerable population. Management of non-pharmacological sleep disorders can be recommended such as self-hypnosis.

Based on research [10] OtteJl (2020) states that the use of self-hypnosis as a treatment for sleep deprivation has shown benefits for both acute and chronic insomnia. There has been a clinically significant improvement in reducing the perception of poor sleep quality in 50% - 77% of women over time. Apart from the use of self-hypnosis, it should also be recommended to women; to sleep only when sleepy, if can't fall asleep within 20 minutes, get up and do something boring until drowsy, avoid naps, stay away from caffeine, and nicotine at least 4-6 hours before bedtime, set a regular bedtime, make sure the bed is quiet and convenient, turn off the cell phone before going to bed. Besides that, it is also recommended for light exercise, drinking warm milk is also beneficial because it contains d-tryptophan which reduces sleep time.

2. Discomfort In Joints And Muscles

The results of the study showed that the participants experienced discomfort in the muscles and joints, as follows:

"The hip hurts, it's been in therapy, the injection but it still hurts. Pain appears when tired" (participant 1);

"Since menopause, I have not participated in activities outside the home like I used to because my legs often ache and cramp" (participant 2).

"Joint pain, never, to the point where I can't walk, like Mmm... it's like frozen walking, it feels uncomfortable" (participant 4).

Joint pain is one of the most common symptoms women experience during menopause. Every participant in this study population had experienced pain such as a feeling of stiffness, and swelling around the joints or muscles. Usually, joint pain often occurs in the knee and hip joints, but many women also experience pain in the hand joints, which affects their daily life. The prevalence of this condition can be compared with studies in North India of 53.3%, and Nigeria of 60.79%. where musculoskeletal disorders in post-menopausal women are osteoarthritis, osteoporosis accompanied by fractures, and joint and muscle pain [11] (Borker SA, 2013). Similar results were also found in a study by [12] Ogwumike OO et al., (2016) which revealed the same prevalence of 56% which stated that maximum post-menopausal women were affected by musculoskeletal pain in Indian and overseas populations.

Postmenopausal musculoskeletal pain is generally associated with decreased ovarian function, where there is a decrease in hormone production, especially estrogen [11]. Estrogen helps maintain joint and articular structural homeostasis by regulating molecular pathways. It also affects the synovial lining, capsule, ligaments, and muscles around the joints. Estrogen deficiency causes increased wear and tear of cartilage and joint surface erosion, decreased bone mineral density, loss of muscle mass and strength, and decreased connective tissue collagen content which in turn causes a decrease in muscle performance and functional capacity. All these changes cause premature degeneration in post-menopausal women [13] (Van Dijk GM, 2015). In addition, with age, degeneration begins, and because of degeneration, there may be various changes that occur related to muscles, ligaments, facet joints, and intervertebral discs [14] (Sowers M, 1998).

Women belonging to the 50-59 year age group mainly suffer from musculoskeletal pain and their average age is 54 years. This shows that with age, the prevalence of musculoskeletal pain increases. This is similar to the participants in this study, where the average age of menopause was 55 years.

3. Tooth Decay

The results of the study showed that the participants had tooth decay, as follows:

"Teeth move easily, after stopping menses, they pull out teeth" (P1).
"Since menopause, I have removed 5 teeth, now I wear dentures. I brush my teeth 2 times a day when I shower in the morning and the evening" (participant 5).
"Sudden loss of teeth while eating ehh … half of the teeth fall off" (participant 6).

This study shows that menopause affects the participants' periodontal health and tooth loss. The mechanism that might occur is probably due to hormonal changes and low bone mineral density (BMD) during the transition period. However, several studies have explored the role of oral hygiene in the number of remaining teeth (NRT) in post-menopausal women. A community-based, cross-sectional study of factors associated with tooth loss in post-menopausal women was conducted in coastal Yunlin County, Taiwan. showed that 43.9% of postmenopausal women who were studied had several remaining teeth (NRT) <20 and 13.9% had no teeth. More than half of women or 65.9% reported that they rarely brush their teeth after eating. The majority of women have low bone mineral density; 48.7% with osteopenia and 20.7% with osteoporosis. A high prevalence of NRT <20 was found among rural as-menopausal women, poor dental and oral hygiene is the main factor compared to bone mineral density [15] (Mei Yu Pan, 2019).

B. Psychological Changes During Menopause

The results showed that the participants experienced emotional instability and memory problems, as follows:
"Mmm…I'm often sad, I'm getting old, I don't have children. So I pray to God, if God wants to pick me up, please don't take too long so that it doesn't bother the relatives who care for me" (participant 5).
"Easy to anger, often anxious, suddenly feeling sad, I don't know why. Usually, if I suddenly feel sad, I pray that it will go away on its own" (participant 6).
"That is, ma'am, when you stop having your period, you are sickly, that's the same, your body is weak, you can't get tired, your thinking power decreases, you forget, you get dizzy too" (participant 4).

Mood swings and anger are very common among postmenopausal women, and difficult to deal with. Mood swings are sudden and intense, although experiences vary from woman to woman. In addition, almost all participants experienced decreased thinking power related to menopause. Severe cognitive

impairment is a feature of dementia, whereas mild cognitive impairment is a transition between normal cognition and dementia. [16] Bauld& Brown (2009) found that psychological changes due to menopause can cause frustration, anxiety, irritability, mood swings, and depression which often have an impact on personal relationships and quality of life. The frequency of cognitive changes is higher in women than in men. Based on this fact, hormonal factors may contribute to cognitive decline. A body of research evidence points to the significant neurotrophic and neuroprotective effects of estrogen on the central nervous system. Cognitive deficits have been described in women during the menopausal transition, particularly in cognitive domains such as working memory, attention, reduced processing speed, and reduced verbal memory.

Based on the Study of Women's Health Across the Nation with 16065 women between the ages of 40 and 55 years, 31% of premenopausal women reported complaints of forgetfulness compared to 44% of women in early premenopause, 41% of women in late perimenopause and 41% of postmenopausal women. This study then reports a compromise in cognitive performance, especially in learning skills during the menopausal transition, which increases in the postmenopausal period. The cognitive changes that occur after menopause are associated with aging and not with the ending of menstrual periods.

C. Changes in Husband and Wife Relationships During Menopause

The results of the study showed that the participants experienced changes in the husband and wife relationship, as follows:

"Sometimes the vagina is dry, but naturally you don't use lubricant, the important thing is to serve your husband, your husband is satisfied, that's enough, even though I'm not satisfied" participant 1)

“In the past 3 times a week, now it's rare…. It's been 3 months since I haven't had sex because my husband didn't ask for it, I don't know why…..(looks wide open). I once asked, why didn't you ask? husband did not answer. My husband once said it hurt because my genitals were dry. Mmm... maybe because I haven't used it for a long time (eyes looked at the researcher asking for approval) so it's dry and scuffed" (participant 3).

"My passion is still there, only if my husband doesn't ask, well I don't want to ask too, because when having sex my husband often leaves quickly even though I'm not

satisfied, but that's what's important, my husband is satisfied enough for me" (participant 5)
“I often feel forced and guilty when I have sex with my husband. I often cry, duh... Gusti (God) how come I am so old I have to serve my husband like this, but if I don't serve him then my husband will get angry. If I serve other meals, I don't mind, Uhh…(complaining) but when it comes to having sex, how come it's piece (face down with a pitiful voice)” (participant 6).
“Once my husband asked me to have sex but I locked myself in my room all day because I felt guilty if I did. In the end, the husband got angry and kept leaving the house, staying all night at the married children's house, but the next day he returned home again” (participant 6).

In 2014, the definition of Genitourinary syndrome of menopause (GSM) was introduced by the International Society for the Study of Women's Sexual Health (ISSWSH) and the North American Menopause Society (NAMS). The GSM replaced the old diagnosis of "atrophic vaginitis" because the term was not sufficient to define the complexity of menopause-related signs and symptoms and their endocrinological implications. GSM is a chronic, progressive condition that includes physiological and anatomical changes that affect the labia majora/minora, vestibule/introitus, clitoris, vagina, and lower urinary tract tissue, as a result of decreased levels of sex hormones. While vasomotor symptoms (VMS) generally improve over time, vaginal symptoms usually worsen and do not change without treatment [17] (Portman, D, 2014). GSM affects approximately 50% of middle-aged and elderly women and has been reported to have detrimental effects on body image, interpersonal relationships, sexual health, and overall quality of life. Women may not know about specific safe and simple treatments and rarely seek medical help [18] (Nappi, R, 2012).

Clinical manifestations of GSM consist of decreased vaginal turgor and elasticity, wasting of the labia minora, loss of vaginal rugae, pallor, erythema, and increased vaginal friability with ecchymosis and petechiae. Women affected by GSM often report dryness, decreased lubrication, discomfort or pain with sexual activity, post-coital bleeding, irritation/burning/itching of the vulva and/or vagina, and pelvic pain [17] (Portman, D, 2014).

Research on Healthy Aging for Women 40+ conducted by [18] Mernone, L., et al (2019); showed that in a sample of 93 healthy sexually active women (age 40-73 years), psychological and relational parameters including self-esteem, optimism, satisfaction with relationships and emotional support significantly predicted overall sexual functioning and specific sexual domains such as arousal, satisfaction, orgasm, and pain. In contrast, this study revealed no relationship between psychosocial factors and desire or lubrication. It is noteworthy that change in sex steroids did not predict sexual function in this sample. These results confirm previous data showing that sexual response and satisfaction are highly dependent on psychosocial aspects related to well-being in postmenopausal women. This is in line with research [19] Vignozzi, L., et al (2019) regarding hormones and sexual behavior, which stated; that human sexuality is multifactorial, depending on the integration of psychological, biological, relational, and sociocultural determinants. The multidimensional concept of female sexuality is complex, due to the intricate interplay of neuro-emotional responses, the pursuit of relational intimacy, and dramatic fluctuations in hormone levels. This was also experienced by the participants in this study so there was dissatisfaction between the wife and the husband when having a husband and wife relationship. This dissatisfaction triggers feelings of anger, disappointment, and feelings of guilt for not being able to satisfy your husband or partner. Likewise with husbands, due to the condition of the clinical manifestations of GSM resulting in a lack of lubrication and dryness in the vagina which makes the husband feel uncomfortable and sometimes even the husband's genitals feel sore during intercourse as expressed by Participant 5; "It's been 3 months that I haven't had sex because my husband didn't ask,.....My husband once said it hurt because my genitals were dry....". So that sexual intercourse between husband and wife is considered as carrying out duties and obligations, which is marked by the phrase "The problem is when it comes to intercourse, the husband often leaves quickly even though I'm not satisfied, but that's okay, the important thing is that my husband is satisfied enough for me".

In cases where the only complaint is mild to moderate vaginal dryness, menopausal women may be recommended to give vaginal lubricants or moisturizers as the first treatment. Moisturizers can retain and accumulate water, which is then released locally resulting in increased hydration, thus mimicking vaginal physiological secretions. In addition, lubricants also reduce inflammatory processes, help repair cells and restore the integrity of genital tissue. It is therefore very

beneficial for women who experience discomfort locally. Regular use of moisturizer is applied every 2-3 days, but the frequency may be increased in cases of severe atrophy. According to [20] Sinha, A (2013) in his research on non-hormonal topical treatment for vulvovaginal atrophy, stated that; Hyaluronic acid, a polysaccharide naturally present in the vagina, plays an important role in maintaining the extracellular structure of the epithelium in cases of inflammatory processes and in maintaining normal local hydration. Hyaluronic acid-based moisturizers can relieve burning, itching, and vaginal irritation due to GSM.

CONCLUSIONS AND RECOMMENDATIONS

A. Conclusion

Menopause is not a disease even though many changes occur both physically, psychologically, and sexually. Menopause is a normal and natural process for every woman who enters old age. Based on the research conducted, the experience of menopause experienced by the participants illustrates that information is needed regarding the changes that occur during menopause specifically for premenopausal women, thus women who will enter menopause have good knowledge so they can accept and be able to overcome physical, psychological and sexual changes that may be experienced.

B. Suggestion

The need to provide information related to physical, psychological, and sexual changes during menopause by health workers through counseling and providing information in the form of pamphlets, leaflets, and booklets that can be accessed easily by women, so that women who enter menopause with physical changes, psychologically and sexually to be better prepared and still happy to live their lives.

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