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Sexual experience among postmenopausal women in Yogyakarta: a qualitative study



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ABSTRACT

Background: Women in the postmenopausal period will experience a hormonal shift that makes them facing difficulties ranging from symptoms to complication. Vaginal dryness, hot flashes, decreased thinned vaginal mucosa may cause painful intercourse. This problem may adversely affect sexual activity among postmenopausal women such as a decrease in libido or sexual desire, inability to reach orgasm, pain during sexual intercourse, and fatigue. This study aims to explore the sexual experience among postmenopausal women in a rural area in Yogyakarta.

Methods: This was a descriptive qualitative study. Twelve participants aged 50-60 years old who met the criteria, were purposively enrolled in this study. Individual face to face, semi-structured and in-depth interviews were performed for data collection. All conversations were audio-recorded and transcribed. We employed a conventional content analysis to derive coding categories from raw data.

Results: Three main themes emerged from data analysis: (1) "negative changes in sexual function" (decreased in frequency of sex, low libido, vaginal dryness, anorgasmia, and fatigue), (2) "intimacy with the couple" (couple communication and romance, lack of physical intimacy), (3) "coping with the symptoms in postmenopausal period" (acceptance of negative changes in sexual function, improve healthy diet and physical activity).

Conclusion: Postmenopausal women experienced negative changes in sexual function. Most of them related to the lack of intimacy with the couple and having a positive coping strategy to improve their sexual relationship. Health education intervention strategy is one of the alternative approaches to enhance women's attitude and coping in the postmenopausal period.

Keywords: sexual experience, postmenopausal, women

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INTRODUCTION

Globally, the population of the elderly is predicted to increase continuously along with the increasing rate of life expectancy in developing countries, especially Indonesia. This condition will generate positive impacts if the elderly is in healthy, active, and productive states. The Indonesian government is currently facing the complex problems of a rapidly increasing ageing population.¹ Yogyakarta Province is the region with the highest population of elderly in Indonesia namely 13.81% in which the population of elderly women is higher than the elderly.² One of the health issues experienced by women during the old age is a physical and mental complaint due to the hormonal change during the menopause which generates negative impacts on the life quality of the elderly.³

Several studies showed that the symptoms of vulvovaginal atrophy (VVA) which is reported as the vaginal dryness symptoms had reached 83.9% on women during the postmenopausal period.⁴ Physical complaints occur on postmenopausal women such as reduced vaginal elasticity, hot flashes, and decreased sexual libido are associated with the reduced steroid sex hormone, arterial flow, and the effect of autonomic nerves that supply

genital organs. This has led to the conclusion that ageing is the most cause of sexual function changes.⁵

Sexuality is the primary aspect in the quality of life of elderly women which reflect the biopsychosocial and well-being issues, especially on women during the menopause period.⁶ Although sexual performance is decreased along with the ageing during the menopause period, various factors which include sexual behaviour, sexual experience, and quality of relationship with partner hold important roles in the sexual function of the menopause women.⁷ The study conducted in China reported a result in which the physical discomfort experienced by menopause women caused sexual problems and resulted in fewer intimate contacts as well as the reduced coital frequency with the partner; thus, these conditions might disrupt the harmony of relationship with the partner.⁸ About 25% of sexual activities of postmenopausal women were decreased and the majority of the cause is the complaint of dyspareunia that induces discomforts during the intercourse with a partner while also causes difficulty in getting orgasm.⁷

The data regarding the phenomena in Indonesia have been acquired from the Global Study of Sexual

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Attitudes and Behaviors (GSSAB) in which 82% of men and 54% of women in the age of 40-80 years old are still sexually active.⁹ About 27% of men and 39% of women in that age reported at least one complaint of sexual dysfunction; however, only 4% of them who seek help to health facilities.⁹ The low proportion of the elderly who was looking for health assistance related to sexual issues was caused by some factors, namely low level of knowledge of the elderly regarding sexuality issues in the old age.¹⁰ A study conducted in Indonesia, especially in Yogyakarta Province to discover more in-depth the experience of women during the postmenopausal period concerning their sexuality aspect is limited. This condition is caused by the discussion regarding sexuality which is considered as taboo in its relation to cultural and social context.

This research was performed in the rural area of Yogyakarta because the majority of the elderly reside in the rural area. Therefore, there is an urgent need to focus on health services on postmenopausal women living in rural areas. This study was conducted to qualitatively describe the sexual experience of women during the postmenopausal period which can be addressed as a proper platform of sociocultural relevance.

METHODS

This study was qualitative research with a phenomenological approach that aimed to discover and find meanings and underlying elements concerning sexual experiences of postmenopausal women in the rural area of Yogyakarta Province. Twelve postmenopausal women in the age of 50-60 years old who no longer get menstruation for 12 months consecutively were involved in this research as the participant (due to natural cause, not due to the induced menopause), they were recruited from the working area of Public Health Center in Sleman Regency, Yogyakarta.

Participants who were involved in this research were those who were willing to be studied and have undergone the initial step of interview screening by the first author which fulfilled several criteria as follows: (1) experiencing at least one complaint during the menopause period such as hot flashes, change of mood, vaginal dryness, and dyspareunia; (2) still have a husband and conduct sexual intercourse with the husband; (3) interested and open to discuss their sexuality aspects; (4) live in the same house with the husband. A snowball sampling was applied as the sample collecting technique by using key informants (local figures that actively involved with menopausal women in the rural area of Yogyakarta Province) who can help the researchers

to discover and open the access toward the proper participant.

The first author performed the data collection through an in-depth, face-to-face, semi-structured interview by using the interview guideline sheet, which has been prepared by the researcher. The interview guideline was made based on the development of the topic around sexual experiences during the postmenopausal period. Before the implementation of activities, the second author conducted the initiation interview to obtain the agreement of participants regarding the determination of place and time for the application of in-depth interviews by the first author. The process of in-depth interview was performed in the participants' houses as comfortable as possible with one to two hours for each meeting with each participant. The entire interview processes were conducted for two months, from May to July 2017. Prior to the interview, participants signed the informed consent provided by the interviewer. At the initial stage of the in-depth interview, the first author asked the opening questions regarding the feeling and perception of participants about menopause. Then, continued with the subsequent questions regarding the changes and complaints experienced by participants after having menopause, the change of sexual activity with the partner after the menopause, the harmony and relationship with the husband, the change of sexual functions experienced after the menopause, and the coping done in overcoming the sexual issues during the postmenopausal period. Each participant was given with in-depth interview until data saturation has been found. All conversations were audio-recorded and then transcribed to create verbatim written accounts. The interviewer also recorded the responses of participants in the form of non-verbal expression during the interview.

We conducted a conventional content analysis to derive coding categories from our raw data. The entire transcripts were analyzed the first author and broken down into meaning units. Then, the whole answers of the participants were extracted and coded with the relevant meaning units by the first author. The next step, the two authors were having a discussion and cooperated to perform the comparison of the coding process, and the codes were then generated inductively. The code extraction process was performed based on the disparities and similarities of interview results for later be categorized and subcategorized. As for the final step, the authors synthesized the categories into sub-themes and main themes that encompassed the varied views expressed by participants. The data analysis was continued until data saturation has been achieved. In this research, to test the

credibility toward the collected data, a credibility test was used through a member check. Member check aimed to discover the validity or the compatibility of the acquired data whether the participants intend them.

RESULTS

There were 12 postmenopausal women involved in this study with the average age was 55.5 years old (Min 51 years old and Max 60 years old). The demographic characteristics of participants in this research are shown in Table 1. There are 41.67% of participants who have 31 to 40 years of duration of the marriage. According to Table 1, it can be known that 66.67% of participants are working mothers, and 33.33% of them are housewives. About 66.66% of participants are primary school graduates. About seven participants are in the early postmenopausal phase (1-6 years after the Final Menstrual Period), and five participants are in the late postmenopausal phase (more than six years after the Final Menstrual Period) (Table 1).

According to the result of the analysis conducted by the researchers, three main themes have been acquired, namely: (1) negative changes in sexual function; (2) intimacy with the couple; (3) coping with the symptoms in postmenopausal period. Each of them will be explained along with the statements of the participants derived from the qualitative data set.

The majority of participants reported the changes in sexual function after experiencing menopause. Eight participants reported that they experienced negative changes in sexual function such as the decreasing frequency of sexual intercourse with the husband due to the reduced libido, the dryness in the vagina due to reduced mucosa production of the vagina, and the discomfort during sexual intercourse due to dyspareunia. Five participations also reported a complaint of fatigue during sexual intercourse with the partner and finding the difficulty in getting orgasm in sexual intercourse with the partner. Some quotes of participants' statements are as follows.

"I feel lazy to have sex with my husband after the menopause, and it feels like my vagina is not wet enough and too dry unlike how it was, besides that, I feel tired and unable to have the satisfaction like I used to....." (P3, 57 years old, 38 years of marriage, and in the late postmenopausal phase)

"...ouch.... I become dry and have no comfort in doing sex with my husband, so now I rarely do sex with my husband. I get tired easily as I grow older" (P6, 60 years old, 40 years of marriage, and in the late postmenopausal phase)

"it is hard for me now to reach the climax during the sexual intercourse with my partner. I rarely have sex with my husband due to fatigue and pain in the genital area, and it feels dry and hard to get wet...." (P2, 59 years old, 39 years of marriage, and in the late postmenopausal phase)

"I become less satisfied during the sex with my husband due to pain and discomfort when having sex...." (P5, 60 years old, 40 years of marriage, and in the late postmenopausal phase)

"since the menopause, I become lazy and the desire to have sex with my husband has decreased.... It feels like my lust has gone ..." (P8, 56 years old, 30 years of marriage, and in the early postmenopausal phase)

In the postmenopausal period, the intimacy of the relationship between husband and wife becomes a crucial matter to be maintained. Physical and emotional intimacies should be substantiated with positive communication established by husband and wife. Most of the participants described the changes that occur during the postmenopausal period; one of them was the reaction of their partner when facing the change of sexual function experienced by the participants. According to the participants, the reactions of their husbands did not cause a serious issue.

Table 1 Baseline characteristic of respondents based on demographic

Parameter	Respondents (N=12)	Percentage (%)
Age (Years)		
50-54	5	41.67
55-60	7	58.33
Education		
Primary	8	66.66
Secondary	2	16.67
University	2	16.67
Employment Status		
Housewives	4	33.33
Employed	8	66.67
Duration of Marriages (Years)		
10-25	3	25.00
26-30	4	33.33
31-40	5	41.67
Postmenopausal phase		
Early	7	58.33
Late	5	41.67

The categorization of postmenopausal stages based on STRAW +10 in 2017

Their husbands understand that the changes experienced by women during the postmenopausal period are normal. Based on the analysis results, the information has been acquired in which the response of the partner reported by participants after they enter the menopause period is the changes in the intimacy with the partner that includes the communication and romanticism of the partner and reduced physical intimacy with the partner. The quotes of in-depth interview results with participants are as follows:

“my husband is rarely touching me now, unlike when I was young, probably because of I already in the menopause period. Even though my husband still puts his attention toward me and never considers the physical changes occur on as an issue. We also talk a lot about our problems together” (P2, 59 years old, 39 years of marriage, and in the late postmenopausal phase)

“my husband rarely has physical contact with me now, not like he used to, he once loves to kiss me, strokes my hand, and sometimes does some penetration before we have sex. I think it because we both know that we are old and I have entered menopause period, but we still have a commitment to stay faithful to each other” (P5, 60 years old, 40 years of marriage, in the late postmenopausal phase)

“The relationship with my husband is still the same, nothing changes, and we are still intimate despite a rare physical contact with my husband. He always discusses the problem we faced”. (P12, 52 years old, 24 years of marriage, in the early postmenopausal phase)

“My relationship with my husband is just fine, although there are some things that changed. My husband has rarely touched and had physical contact with me. My husband has already known my physical complaints in my menopause period, and I think he still loves me.” (P10, 54 years old, 35 years of marriage, in the early postmenopausal phase)

“My husband still cares and love me although I already entered the menopause period...he keeps taking care of me and maintains the harmony of our relationship.” (P9, 53 years old, 30 years of marriage, in the early postmenopausal phase)

“even though I am not young anymore and usually complaining about the discomfort during sex, my husband keeps loving me...nothing changed” (P7, 56 years old, 30 years of marriage, in the late postmenopausal phase)

The statement expressed by Participant 2 indicates that she and her partner are always discussing the problem they faced and keep maintaining the harmony of their relationship through positive communication. Similar to the statement of Participant 9, who expressed that she continued to support the harmony of her relationship with the husband despite the physical changes after the menopause.

The last main theme which emerged from the analysis results of this study was how participants deal with the negative changes in sexual function. It encompassed three sub-themes. The majority of participants responded by attempting to adapt and accept the situation positively, attempting to increase the intake of healthy foods and increasing physical activities. The statements expressed by some participants are as follows.

“Because getting old is a sure thing and the changes that occur during the menopause period are inevitable, so I try to accept this condition. I try to divert the discomfort I felt through routine morning exercises” (P3, 57 years old, 38 years of marriage, in the late postmenopausal phase)

“I do a lot of exercises and eat more vegetables because vegetables contain a lot of vitamins and antioxidants to make my body fitter and hopefully could reduce the complaints after the menopause.” (P5, 60 years old, 40 years of marriage, in the late postmenopausal phase)

“I try to conduct routine yoga exercises to reduce the pain in my genital, especially during the sex with my husband.” (P7, 56 years old, 30 years of marriage, in the late postmenopausal phase)

“I try to accept the changes I experienced today sincerely (during the menopause period) to make me feel better.” (P2, 59 years old, 39 years of marriage, and in the late postmenopausal phase)

“I have begun to adapt to the discomfort I felt during the sex with my husband.. so I try various alternatives to overcome the problem by having a jog every morning.” (P11, 55 years old, 35 years of marriage, in the early postmenopausal phase)

The acceptance and efforts to adapt conducted by the participants toward negative changes in their sexual function during the menopause period can help reduce the experienced discomforts.

DISCUSSION

The finding of the study revealed that most of the participants experienced negative changes in sexual

function, such as vaginal dryness and dyspareunia. The results of this study indicated that the majority of participants who reported discomfort in having sexual intercourse with their spouse, especially with the symptoms of vaginal dryness were in the late menopausal phase. Late postmenopausal represents the period which further changes in reproductive endocrine function are more limited and processes of somatic ageing become of paramount concern.¹¹ In this period, symptoms of vaginal dryness and urogenital atrophy become increasingly.¹¹ The previous study has shown that symptoms of vaginal dryness are associated with decreased estrogen level and often resulted in reduced sexual desire to have sexual intercourse with her spouse.⁴ Duration of postmenopausal years seems to be an important factor that affects women's sexual function and their quality of life.³ However, not all participants experienced a decline in sexual function in this study. One woman in this study (51 years old, 20 years of marriage, in the early postmenopausal phase) didn't report vaginal dryness symptom and didn't experience any changes in sexual function during the postmenopausal period. The result of this study is consistent with the findings of Thomas et al which reported that some women might experience positives changes during the menopausal period.¹² It depends on her self-acceptance, self-knowledge, and self-confidence when facing the menopausal period.

Some participants in this study stated that they experienced a decrease in sex libido, which resulted in a declining frequency of sexual intercourse with their spouse, as indicated by participant 2, participant 3 and participant 5. They also reported that they had difficulty reaching orgasm when having sexual intercourse with their husbands as mentioned in the previous study that the highest prevalence of "change in sexual desire/loss of interest in sex" was in the postmenopausal stage.⁴ The experience participants showed that even years before the onset of menopause, they are concerned about the loss of their sexual desire. Taiwanese women also expressed similar views and they believed that decreased of sexual desire began with menopause, and the symptoms of vaginal dryness and dyspareunia lead to sexual dysfunction.¹³

The second theme found in this study was the intimacy between the participants and their spouses. Two subthemes were emerged in this study (communication and romanticism of the partner and reduced physical intimacy with the partner). Romance is enhanced and deepened through respectfully and intimate conversation and allows couples to share personal emotions.⁶ Participants stated that husband involvement in solving their problem during the postmenopausal period is the

significant aspects to improve the couple's intimacy. In particular, communication is an important factor that can facilitate and impede intimacy in a romantic relationship.¹⁴ Although postmenopausal women experienced negative changes in their sexual function, they reported that their husbands could accept this situation and maintain the harmony of their relationship. Their strategy to adopt with this situation was interacting with their husband. Women discussed their decreased libido with their spouses. The participant's spouses understood the fact that a decrease in desire and the discomfort during sexual intercourse is normal during menopause and occurs in most women. As mentioned in the previous study that the husband's understanding played an important role in reaching mutual understanding.¹⁵ The result of this study contradicted with the research conducted by Bahri et al., that reported their participants avoided interaction with their partner about the negatives changes of sexual function and expressed shame and embarrassment in talking about sexual matters with their husband.

The other problem reported by the participants was the lack of physical intimacy between participants and their spouse in the postmenopausal period. Physical intimacy is sensual proximity or touching. It includes a wide range of physical contact, including foreplay, non-coital sexual activity, holding hands, hugging, kissing and caressing as well as sexual activity.⁶ Most of the participants stated that as they aged, their physical intimacy with their spouse decreased; on the other hand, their emotional intimacy didn't change. To maintain the harmony of relationship, they didn't only need the physical intimacy through sexual contact activities but also need emotional intimacy obtained through communication and support as lifetime partnership as stated in the previous study.¹⁶ Participants are still intimate with their spouse despite rare physical contact with them.

The last emerged theme in this study was about how participants deal with the negative changes in their sexual function in postmenopausal period. Most of the participants stated that they positively justified the postmenopausal changes. They tried to do positive things like exercising regularly, eating healthy foods, and they try to accept the current state. By accepting menopause, women become more physically and mentally prepared to confront changes in this period and will seek ways to lessen the severity of their disturbing symptoms. Results of this study were consistent with the previous study which explained most intervention for menopause women have focused on educational intervention, physical activity, improving a healthy diet, stress management, healthy behaviours, preventing certain diseases facing the postmenopausal changes.¹⁷

A postmenopausal woman experiences various psychological problem. She will adopt different ways to overcome difficulties. Exercise is one crucial way to solve the physical and physiological problem experienced by a postmenopausal woman. It reduces the risk of heart disease by stimulating circulation, control weight, and enhances emotional well-being.¹⁸

The strength of this study is the use of a qualitative approach to explore women experiences in sexual function during the postmenopausal period. Qualitative approaches give the participant vast opportunity and wide range of time to speak their own words about their sexual experiences. We obtained a diverse variety of perspectives from women of a different phase of the postmenopausal period. This study also has a limitation. We haven't yet explored in-depth information about the socio-cultural aspects of postmenopausal female sexual experiences.

CONCLUSIONS

The result of this study indicated that the majority of postmenopausal women experienced negative changes in their sexual function. They tried to adapt to this situation, but there are still many things they didn't understand how to access health services if they had any problem during this period. This issue could inform the design and implementation of interventions to promote women's sexual health during the postmenopausal period, particularly by eliminating barrier and enhancing motivational factors associated with sexuality.

CONFLICT OF INTEREST

There is no competing interest regarding the manuscript.

ETHICAL CONSIDERATION

Ethics approval has been obtained from the Ethics Committee of Universitas Respati Yogyakarta, Yogyakarta, Indonesia prior to the study being conducted.

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AUTHOR CONTRIBUTION

All of the authors are equally contributed to the study from the conceptual framework, face-to-face interview, data gathering, data analysis, until reporting the results of the study.

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