

THE RELATIONSHIP BETWEEN NUTRITIONAL STATUS AND SEXUAL SATISFACTION IN PREMENOPAUSE WOMEN IN THE WORKING AREA OF TAMALANREA JAYA PRIMARY HEALTH CENTER

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Article History

Received: 27 Juli 2023

Accepted: 30 Juli 2023

Keyword

Nutritional Status
Sexual Satisfaction
Premenopause

DOI

xxxxxxx

Abstract

Premenopause is a phase in the aging process when a woman undergoes the transition from the reproductive stage to the non-reproductive stage, which occurs before menopause. During this period, there are endocrine, biological, and clinical changes, signaling the onset of menopause and covering the first year or twelve months after menopause. The nutritional status is directly assessed using anthropometric measurements, such as height and weight. The normal BMI (Body Mass Index) is considered to be between 18.5 and 25 kg/m². Sexual satisfaction in premenopausal women in this study refers to the discomfort in the aspect of female sexuality caused by vaginal thinning due to decreased estrogen levels, resulting in reluctance to engage in sexual activities. This research is conducted using an Analytical research design with a Cross-Sectional Study approach, which focuses on measuring independent and dependent variables simultaneously. The method used for this study is Observational with a Cross-Sectional Study approach to examine the relationship between Nutritional Status and Sexual Satisfaction in Premenopausal women at Tamalanrea Jaya Primary Health Center in 2018. The population of this study consists of all mothers, with a sample size of 30 people, selected through Purposive Sampling technique. The research results indicate that there is a significant relationship between nutritional status and sexual satisfaction with a value of $p = 0.0001$. The study also shows that there is a relationship between nutritional status and sexual satisfaction in premenopausal women with a value of $p = 0.012$. ($p \leq 0.05$)



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Introduction

Aged is a condition of becoming old. Someone is considered aged when they have reached a certain age limit. On the other hand, aging is the normal changes that occur in plants and animals as they grow. Old age or senescence is a period of the lifespan marked by

changes and decline in body functions, usually starting at different ages for different individuals. Old age is the final stage of the aging process (1).

Premenopause is considered a stage towards the end of human life cycle development. In defining the boundaries of the elderly population according to the National Family Planning Coordinating Board, three aspects need to be considered: biological, economic, and social aspects. Premenopause is a certain stage of life experienced by women. Premenopause is the stage leading to the end of the biological process experienced by women, characterized by a decrease in the production of female sex hormones, namely estrogen and progesterone from the ovaries (2).

In Asia, according to data obtained from the World Health Organization (WHO), the number of elderly is estimated to increase from 373 million to 1107 million by the year 2025 (WHO, 2015). In the United States, there are 3 million people aged above 50 years and this number is projected to double by the year 2020. Anita and Moeloek (2013) revealed that in Indonesia, the number of people aged 45 years in 1990 was 7,099,358. This figure is estimated to almost triple by the year 2021.

Life Expectancy (UHH) in Indonesia was 64.5% in the year 2000 and increased to 66.2% in 2007. It is estimated to further increase to 70.4 years in 2010 and 85.1% in 2025 (Ministry of People's Welfare, Republic of Indonesia, 2014). Data obtained from the Health Department of South Sulawesi Province in 2015, specifically in Makassar City, showed a significant increase in the percentage of the elderly population in the last 30 years, from 5.3 million (4.48%) in 1971 to 19.3 million (10.37%) in 2015 (3).

Data obtained from the Working Area of Tamalanrea Jaya Primary Health Center, Makassar City in 2017, showed that there were 2,398 women (aged 45-49 years), 600 women (aged 60-69 years) which represents 25%, and 799 women aged ≥ 70 years, representing 33.3%.

Materials and Methods

Based on the scope of the problem and the research objectives, this study uses an Analytical research design with a Cross-Sectional Study approach, which is a type of research that emphasizes the measurement of independent and dependent variables simultaneously. Data analysis is performed using the chi-square test.

Results

Table 1 shows that the majority of the respondents are aged between 45 and 50 years, totaling 24 individuals (80%). Most of the respondents' educational background is high school, accounting for 12 respondents (40%), and the majority of them work as housewives, totaling 18 respondents (60%), with a total of 30 respondents.

Table-1. Characteristics of Respondents

Characteristics	n	%
Age		
45 - 50	24	80
51 - 60	6	20
Education		
Elementary school	5	16.7
Junior high school	8	26.7
High school	12	40.0
University	5	16.7
Job		
Housewife	18	60.0
Private Sector	7	23.3
Civil Servants	5	16.7
Total	30	100.0

Table 2 shows that the majority of the respondents have normal nutritional status, with 20 (66.7%) individuals, while 10 (33.3) respondents have abnormal nutritional status. As for sexual satisfaction, out of 30 respondents, 19 (63.3) of them feel satisfied, and 11 (36.7%) are unsatisfied.

Table-2. Distribution Of Nutritional Status and Sexual Satisfaction

Variable	n	%
Nutritional Status		
Normal	20	66.7
Abnormal	10	33.3
Sexual Satisfaction		
Satisfied	19	63.3
Unsatisfied	11	36.7
Total	30	100.0

Table 3 shows that there are 4 respondents (20%) with normal nutritional status who feel unsatisfied with their sexual experience, and 10 respondents with abnormal nutritional status who feel satisfied with their sexual experience, consisting of 3 respondents (30%) who feel satisfied and 7 respondents (70%) who feel unsatisfied. The Chi-Square test results yield a p-value of $0.001 < 0.05$, indicating that there is a significant relationship between nutritional status and sexual satisfaction among premenopausal women.

Table-3. The Relationship Between Nutritional Status and Sexual Satisfaction In Premenopause Women

Nutritional Status	Sexual Satisfaction				Total		p-value
	Satisfied		Unsatisfied				
	n	%	n	%	n	%	
Normal	16	80.0	4	20.0	20	100	0.001
Abnormal	3	30.0	7	70.0	10	100	

DISCUSSION

Sexual satisfaction in premenopausal women in this study refers to discomfort in the sexual aspect caused by vaginal wall thinning due to a decrease in estrogen levels, leading to reluctance to engage in sexual activities. The research results indicate that 16 respondents (80.0%) fall into the "good" nutritional status category, while 3 respondents (30.0%) fall into the underweight nutritional status category. This shows that there are more respondents with good nutritional status compared to poor nutritional status.

Furthermore, the data shows that among the respondents with good nutritional status, 16 of them (80.0%) experience sexual satisfaction in premenopause, while 4 respondents (20.0%) have discomfort in sexual activities. On the other hand, among those with poor nutritional status, 3 respondents (30.0%) experience sexual satisfaction in premenopause, while 7 respondents (70.0%) have discomfort in sexual satisfaction. Using the Chi-Square test, the p-value obtained is 0.000, which is less than $\alpha = 0.05$, there is a significant relationship between nutritional status and sexual satisfaction in premenopausal women.

Previous research conducted by Mulyani (2013) found a cause-and-effect relationship between menopause age and menarche. Women who experienced late menarche (>16 years old) entered premenopause 0.3 years earlier than those who had early menarche. This is influenced by genetic factors (inheritance), body shape, and nutrition during childhood and adolescence. Consistent with this study, data reveals that women who experienced late menarche enter premenopause earlier. Menarche occurs due to the maturation of Graafian follicles, influenced by adequate estrogen levels and balanced nutrition. Good estrogen levels slow down premenopause, so it is recommended to have early menarche and maintain balanced nutrition during premenopausal stages.

Another study by Sartika in 2014 found that most respondents with better nutritional status experienced higher levels of hypertension, leading to a decrease in sexual activity and a significant relationship between nutritional status and sexual satisfaction in premenopausal women.

During perimenopause, women experience irregular fluctuations in estrogen and progesterone levels, leading to reduced sexual desire. Lower estrogen levels also cause

decreased blood flow to the vagina, resulting in vaginal dryness and discomfort during sexual intercourse. Some foods, like shellfish, are considered aphrodisiacs. However, respondents consume them infrequently (1 time per month) due to a history of hypertension, which limits the consumption of seafood except for fish. Moreover, some respondents find it unpleasant to eat too much shellfish.

The researchers assume that estrogen plays a vital role in female sexual health, and reduced estrogen levels lead to decreased sexual desire and blood flow to the vagina. Women need to be prepared for the challenging phase of premenopause leading to menopause, as menopause is a natural stage in women's lives worldwide.

Conclusion

From the research results conducted at Tamalanrea Jaya Community Health Center in Makassar, it is shown that there is a relationship between nutritional status and sexual satisfaction in premenopause.

Reference

1. Nair. 2011. Aktivitas fisik Lansia. Rineka Cipta. Jakarta.
2. BKKBN, 2014. Pelayanan Kontrasepsi. Jakarta: BKKBN.
3. Depkes. 2015. Profil kesehatan Kemenkes Republik Indonesia.
4. Arisman, 2010. Gizi Dalam Daur Kehidupan : Buku Ajar Ilmu Gizi. EGC. Jakarta
5. Badan Pusat Statistik Kota Makassar. Makassar dalam angka Makassar in figure. Sulawesi Selatan: BPS; 2013.hal.57
6. Budiman, 2014, Metodologi penelitian kesehatan. EGC. Jakarta.
7. Chandra, 2013. Perilaku Seksualitas. EGC. Jakarta.
8. Depkes. 2015. Profil kesehatan Kemenkes Republik Indonesia.
9. Fatmah. 2010. Gizi usia lanjut : Kebutuhan zat gizi. Erlangga. Jakarta.
10. Masters & Johnson, 2013) . Tahap – Tahap Seksualitas. Erlangga. Jakarta
11. Martina, 2012. Hubungan Usia, jenis Kelamin dan Status nutrisi dengan kejadian Anemia pada lansia. Diakses pada tanggal 10 Januari 2018.
12. Napitupulu, 2012. Faktor – faktor yang berhubungan dengan status gizi lanjut usia (lansia) di kota Bengkulu.
13. Pusat Data dan Informasi Kementerian Kesehatan RI. Gambaran Kesehatan Lanjut usia di Indonesia. Jakarta: Buletin Jendela Data dan Informasi Kesehatan; 2013. Hal 1-5.
14. Petersen PE, Yamamoto T. Improving the oral health of older people: the approach of the WHO global oral health programme. *Community Dent Oral Epidemiol*; 2005;33:81.
15. Sartika. 2013. Hubungan Status Gizi terhadap kejadian anemia pada lansia.