Differences of Sexual Function: A Study in Two Menopause Groups

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Abstract

Menopause is a period where the reproductive cycle has stopped in women and is characterized by a permanent menstrual cessation, due to a decrease in the function of reproductive organs such as the ovaries as a sex steroid hormone (estrogen and progesterone) which plays an important role in the reproductive cycle. The decrease in hormones during menopause causes problems in sexual function such as decreased interest in sexual relations due to vaginal lubrication problems, this can be overcome by doing light physical exercise. Light exercise or physical activity when entering menopause is known to have a positive effect on the quality of life of menopause, including on sexual function. The purpose of this study was to determine differences in sexual function between menopausal women who exercise or do physical activity and who do not exercise. This research method is a conceptual study or literature study from previous research relating to exercise and sexual function at menopause. The results of the study showed that menopausal women who routinely exercise or physical activity, their sexual function is better than those that are not, it is known that menopausal women feel very satisfied with their sexual lives and have no problems during intercourse with their partners. Menopausal women have to exercise regularly, besides consuming healthy foods with balanced nutrition, because the more frequent and regular exercise, the sexual life of menoapause women will be much better.

Introduction

Menopause is the period when the women had stopped menstruating naturally with age (senescence), where a decline in estrogen and progesterone which is the most important hormone in a woman's reproductive cycle. The decrease is attributable to the hormones of the reproductive organs such as the ovaries decreased of function due to aging factors. This situation is a very big influence on sexual function and menopausal women that will eventually impact on the quality of life. The decline in these hormones can cause various health problems in menopausal women (Dąbrowska et al., 2016).

Lack of estrogen and progesterone will cause like as: a somatic symptom, vasomotor, urogenital, and psychological that may impair the quality of life for women overall Enough the physical activity can reduce the complaints that occur in postmenopausal women (Widyastuti et al., 2010). Yoga is known to balance the hormonal changes, reduced the physical and psychological complaints, strengthen bones and prevent osteoporosis, prevent heart disease, as well as increase endurance (Mulyani, 2013). Menopause is a time of

cessation of menstrual periods for 12 months due to inactivity the ovum follicles in the ovaries because these organs decreased or loss of function in produce and secrete sex hormones steroids.

The cessation of estrogen production resulting in changes in genital organs such as lubrication and vasocongestion, which encourages sexual function decline, causing the incidence of sexual dysfunction. Evident from the many menopausal women reported less of sexual desire after menopause (Mckhann, 2010). At menopause, women will experience changes physically and psychologically as emotional changes, increased anxiety, agitation, irritability, feeling themselves powerless, suffered memory loss and difficulty concentrating. In addition to psychological symptoms also experience physical symptoms occur as bursts of heat (hot flushes), night sweats, fatigue, insomnia, decreased vaginal lubrication, pain in the joints, headaches and changes of body fat deposit (Liu et al., 2014).

From some of the physical changes that occur in women who are most problematic and is closely related to psychological changes such as stress and anxiety are disturbances in sexual function. Sexual function in women is closely related to the female reproductive health, if an individual is impaired in sexual function then also definitely impaired reproductive function. Sexual function is one factor that plays an important role in the life of marriage, functioning optimally or not sexual intercourse within marriage can affect other functions that can then influence the quality of life of the married couple (Klapilová et al., 2015).

The sign of the decline in sexual function (sexual dysfunction) in women that can be observed is a decrease in vaginal lubrication as study by Arini (2018), which states that menopausal women are likely to experience a decrease in lubrication or fluid in the vagina, therefore the effect on their sex life with a partner because of a decrease in estrogen. This happens because the vagina feels dry in the absence of the mucus or the lubricant, which can result in dyspareunia (pain during intercourse), making sexual activity be disturbed, even cause loss of interest or sex drive (Stevanni, 2017).

Symptoms decrease in the hormone estrogen in menopausal women besides dyspareunia, namely: thinning of the vaginal mucosa, increased risk of urinary tract infections due to depletion of the wall of the urethra, irregular menstruation, mood changes, breast pain, difficulty concentrating, fatigue and osteoporosis (Cuningham et al., 2010). The symptoms of menopause are known to have a negative correlation with the quality of life (Junita, 2018). Menopause causes more than 80% of women to experience physical and psychological complaints with the pressures and distractions decrease in quality of life. Research by Noorma (2017), said that there was significant association between sexual activity and quality of life of menopausal women.

Research shows that complaints in postmenopausal women associated with genital atrophy are dyspareunia (40%), genital itching (40.8%) and loss of libido (51%) (Prastiwi et al., 2017). The study by Cabral et al., (2014), found 370 women aged 40-65 years found that 67% experienced sexual dysfunction. According to Jafaarpour et al., (2013), approximately 75.7% of women aged 40-50 years experiencing sexual dysfunction was assessed using a questionnaire FSFI (Female sexual function index). Results from Wahyuni & Rahayu (2016), most of the data obtained menopausal women experiencing sexual dysfunction that is equal to 82.4% or 28 respondents. Research by Setiyowati & Elliana in 2019 on factors of sexual interest in women aged 60-70 year old couples in the city of Semarang, most of the respondents from the 33 research samples used found that 21 did not support sexual intercourse in the elderly (63, 6%) of respondents because of the lack of knowledge and insight into sex in the elderly. This indicates that sexual intercourse in middle age is

considered taboo and embarrassing, so that those ages have no motivation for sexual relations, even though having sex can improve the quality of life for them and their partners.

Research conducted by Cabral et al., (2014) states that (59.5%) of the women menopausal symptoms of hot flushes, 42.6% had unstable emotions, 41.1% decrease in lubrication, 40% experienced sleep disturbances, 38.25 night sweats, 18.3% had urinary disorders, 6.6% have palpitations, 5.8% had anxiety, 59.9% had muscle and joint pain, 4.4% and 3.6% were depressed women are more sensitive. From these studies, it can be concluded that the symptoms decrease in vaginal lubrication is a complaint that many perceived by the respondents. Decreased of lubrication experienced by women felt very annoying, therefore efforts were made to maintain a sex life. Some of how the female menopause, among others by using lubrication during sexual activity, eating foods that contain soy up using phytoestrogen of female hormone replacement (Indarwati & Maryatun, 2019). Sexual dysfunction which showed the presence of interference on one or more aspects of sexual function.

Sexual dysfunction is a disorder that occurs in one or more of the total normal sexual response. The human sexual response namely: phase stimulation (excitement phase), flat phase (plateau), orgasm and resolution, therefore that interference or obstacles at every phase, it can cause sexual dysfunction. Sexual dysfunction is a major precipitating factor decreased quality of life of menopausal women because it will greatly affect the partner, besides they will have low confidence because of the decline of physical and sexual attractiveness, and miss nature of femininity because of the decline of reproductive function (Pangkahila, 2014).

The aging process occurs physiologically and nature but a sign of symptoms and complaints suffered by women menopause can be prevented and controlled, how to do without the use of drugs is to have a healthy life such as foods that are nutritious and balanced diet and consumption of food which is rich in protein and contain phytoestrogens like a soy, medical check-up, adequate rest, stress management, and do not forget to do physical exercises such as regular exercise that is light and not excessive like as jogging, cycling, swimming and gymnastics as orhiba (sport of new life) (Haryono, 2016).

Physical activity in postmenopausal women has a positive impact on the quality of their lives. Results of previous studies indicated that increased physical activity in menopausal women have a positive impact on quality of life (Rosiana, 2016), such as the study by Nurlina (2017), which proves that exercise with aerobics mild positive effect on quality of life. Physical activity planned and structured, involving repetitive body movements and is aimed at improving physical fitness is called sport. Study from Graziottin (2015), showed the pelvic floor muscle as kegel exercise, the activity have an important rule factors for vaginal receptivity and responsiveness, for pleasure during intercourse for both partners, and for the orgasmic muscular response. Physical activity done regularly by menopausal women, can reduce a variety of complaints caused by menopausal syndrome, improve overall health, counteract depression, improve the capacity to work and lead a more active life, and give a sense of confidence (Sternfeld & Dugan, 2011). Physical activity, such as exercise can nourish the heart and bones, invigorating the body and can improve mood to improve the quality of life of menopausal women. However, several types of sports actually worsen the quality of life on her own, such as running or sports expend too much energy.

Research carried out Kim et al., (2014) in Korea that physical activity can reduce the psychosocial and physical symptoms of menopause that can result in increased quality of life (Kim et al., 2014). In general, an exercise in the elderly also can support health by increasing the appetite, making better sleep quality and may reduce the need to use drugs

(Ainsworth & Macera, 2018). Psychological exercise can improve mood, reduce the risk of dementia and preventing anxiety and depression in premenopause women (Koeryaman & Ermiati, 2018). Based on research Arini (2018), proved that physical activity such as orhiba cause the quality of life of menopausal women better than those who have never done this sport. Therefore, researchers are interested in discussing this orhiba function returns to the quality of life of menopausal women, especially in improving of sexual function.

Method

This study is qualitative research based on the study of literature. This study aimed to analyze the differences between the quality of life of menopausal women who exercise with which is not based on sexual function through the study of literature. The literature used in this study were collected through secondary sources (internet and scientific journals). The data obtained from the research that has been done before and then analyzed descriptively on the content of articles related to menopausal women who actively exercise with an invalid because of the sexual function. Based on previous research by experts on the issues that the authors of this lift, as is done by: Arini (2018), Graziottin (2015), Noorma (2017), Andini (2014), Stanton et al., (2018), Oktiani et al, 2017), Meston & Stanton (2018). The analysis results further deduced about the difference in sexual function between postmenopausal women who exercise with a not do exercise.

Results and Discussions

Sexuality and Sexual Function of Menopausal Women

Sexuality is an integral component of the life of a normal woman (Hartati et al., 2018). Sexual intercourse comfortable and satisfying is one factor that plays an important role in the marriage relationship for many couples (Irwan, 2012). Sexual behavior is a manifestation of sexual activity that includes both sexual intercourse or masturbation. Sexual intercourse is defined as a physical relationship is a relationship that involves sexual activity male genitalia and female (Malintang et al., 2016). Impulse/ sexual appetite or sometimes called arousal is of interest/intention person to start or holding intercourse (sexual relationship).

Sexual desire (sexual excitement) is the body's response to sexual stimulation. There is two basic response is myotonia (muscle tension rising) and vasocongestion (increased blood flow to the genital area) (Faubion & Rullo, 2015). One study of the attitudes of women about the importance of sexual functioning is quite interesting to review is a survey initiated by Bayer Healthcare conducted in 12 countries in April and May 2006. These countries: Brazil, France, Germany, Italy, Mexico, Poland, Saudi Arabia, South Africa, Spain, Turkey, United Kingdom and Venezuela.

The number of respondents in each country at least 1,000 women aged over 18, therefore the overall number of respondents is 12.065 people. As a result, 8996 respondents (75% women) admitted that sexual activity is important or very important to them. Six out of ten (58%) of women claimed sexual essential to strengthen and improve the quality of the relationship with the partner. Furthermore, nearly half (47%) of respondents feel that sexually related to pride, respectively 29% feel they have appeal and 18% felt more confident. Not less than 47% of respondents view that sexual contribute positively to their physical, respectively 25% feel a physical satisfaction and 22% felt sexual make itself healthier (Effekhar, 2016).

Female Sexual Response (Sexual Response Cycle- SRC)

Things that happen when a person experiences sexual arousal (sexually excited) and sexual behavior, in general, involves the following stages (applicable for all ages):

a. Phase break (not stimulated)
In the absence of arousal, the vagina is dry and loose.

b. Phase stimulation (excitement) involving sensory stimuli
At the time of sexual interest arise, because the stimulus / psychological or physical stimuli, start stage stimulation/excitement. Men and women marked by vasocongestion (increasing blood flow to the genital-pelvic cavity) and myotonia (increased tension in muscle tone, especially also in the genital region). During this phase of arousal, the clitoris, vagina and breasts swollen mucosa due to increased blood flow. Occurs lubrication of the vagina, labia minora, labia major and the clitoris increases, the uterus is lifted away from the bladder and vagina, and nipples become erect. Vasocongestion and myotonia is the main requirement excitement phase and cause wet vagina (vaginal sweating) and erection of the clitoris in women (not always).

c. Plateau phase (flattening)
If the excitement increases, people will enter the plateau phase is vasocongestion and myotonia flat but sexual interest remains high. Plateau phase can be short or long depending on arousal and sexual urges individuals, social practice and constitution/body of the man. Most people want an orgasm as soon as possible, other people can control it, others want a long plateau once. When she reached the plateau phase, the outer third of the vaginal lining to swell due to blood flow and distended clitoris is retracted and the "sex flush" which is a measles-like rash, can divers of the breast to all parts of the body.

d. Phase orgasm; involving ejaculation, muscle contraction
Phase orgasm relatively brief. Psychological tension and muscle rapidly increase, so does the activity of the body, the heart and breathing. Orgasm can be triggered psychologically with fantasy and somatic stimulation of certain body parts, which is different for each person (vagina, uterus in women). During the phase of orgasm, muscle tension reached a peak and then the muscle tension will decrease because the blood is pushed out of the blood vessels to swell. Pulse, frequency of breathing, and blood pressure to rise and occur rhythmic contractions of the uterus. Orgasm is accompanied by an intense sensation of pleasure. Then there is a sudden release of sexual tension, called the climax/orgasm.

e. Phase resolution (including postcoital)
After orgasm, men are usually immediately entered a phase of resolution becomes passive and unresponsive, experiencing penile vascularization often men asleep in this phase. Some women also experience like that, but most commonly they are sexually responsive, passionate and into the plateau phase again, orgasm again resulting in multiple orgasms. After orgasm, both men and women back (experienced resolution) into the resting phase. Both suffered mental and physical relaxation, feel prosperous. Many men and women feel psychological satisfaction or relaxation without reaching orgasm (Kinsey et al., 2010).

Decreased of Sexual Function

Decreased sexual function is reduced ability to perform sexual activity, which is characterized by decreased desire or interest in sexual intercourse because of circumstances that are physical like hormonal problems, suffering from a particular disease, disorders of the reproductive system as well as psychological problems such as stress, anxiety and depression, causing malfunction in optimal capabilities in terms of sexuality. Decreased sexual function is said to be also sexually as a dysfunction which showed the presence of interference on one or more aspects of sexual function (Pangkahila, 2014).

Sexual dysfunction is a disorder that occurs in one or more of the total normal sexual response. The human sexual response namely: phase stimulation (excitement phase), flat phase (plateau), orgasm and resolution, therefore interference or obstacles at every phase of it, it can cause sexual dysfunction. Sexual dysfunction is the persistent or recurrent

failure, either in part or in whole, to gain or maintain lubrication response vasocongestion until the end of sexual activity (Stevanni, 2017).

Relations Sexual Function and Quality of Life

The results of the analysis conducted by Noorma (2017), found a significant correlation between the quality of life of postmenopausal women with sexual activity. The situation is due to the respondents felt that sexual activity for the majority of respondents considered still needs to be met. Their spouses that always accompany a significant thing in dealing with menopause, thus indirectly their partner who understands her condition in menopause will improve the quality of life. Lack of sexual activity not only because of the wives who have undergone menopause but the majority of respondents stated that he had no desire to engage in sexual activity.

The results showed that sexual activity respondents majority had difficulty achieving orgasm, do not ever want to make out before sexual intercourse, sometimes like to pretend pain when going to have sex, do not want to discuss sexual problems, never imagining to increase sexual desire, never imagined something beautiful before sexual intercourse, feel decreased sexual desire and never felt sexual activity is important. This is caused by the increasing age; it is a common sexual disorder in women. Due to the lack of estrogen, reduced blood flow to the vagina, vaginal fluid is reduced and the epithelial cells of the vagina become thin and easily injured.

Some studies emphasize a statistically significant relationship between the quality of the relationship with the partner and sexual dysfunction. The results of another study, revealed that the group of the least reported about sexual dysfunctions have a very good relationship with their partner. Thus, the percentage of sexual dysfunction increases because of the quality of the couple's relationship in this group is reduced, approximately 100% of cases of sexual dysfunction in the group had a very bad relationship with their partner (Heidari et al., 2019).

Quality of Life of Postmenopausal Women Who Regularly Exercise/Physical Activity

According to a study, on the domain of the physical differences between never do physical activity with physical activity, that the physical domain tends to be better in postmenopausal women who exercise regularly nor on domain psychological, social and environment with significant results and found also differences in the frequency of physical exercise 1-2 times a week with ≥ 3 times a week (Putri et al., 2014). Regular exercise is quite effective in reducing depression and improve mental health, but the intensity of exercise less influence on it. Various studies report that exercise is a good activity for menopausal women because it can prevent or reduce the risk of cardiovascular disease, diabetes, osteoporosis, breast cancer, stress, anxiety and depression.

Physical activity in postmenopausal women has a positive impact on the quality of their lives. Previous results indicate that increased physical activity in menopausal women has a positive impact on the quality of life. Physical exercise will have a positive effect on the quality of life in menopause with the result p-value 0,016 (Sari & Istighosah, 2019). The same study conducted by Nikpour & Haghani (2014) shows the results of research that was statistically no significant difference in the group follow the practice that there is an increased quality of life ($p < 0.05$), whereas the control group found no difference in the quality of life.

Results of research by Arini (2018), showed a significant difference ($p = 0.000$) ($p < 0.05$) between the total quality of life scores in all three groups orhiba frequency (1-2 times/week,

3-5 times /week and ≥ 5 times /week) or who regularly do physical exercise, with no or a control group. Orhiba group had a total score greater quality of life compared with the control group nor between each group orhiba like orhiba 5 times the frequency group having the greatest score compared with other groups. It shows that postmenopausal women who exercise and performed regularly, continuously and regularly will result in a healthy body, soul and mind better which leads to improved quality of life.

At respondents who never do physical exercise with respondents who regularly do physical exercise results are different too, which is found on the domain of quality of life such as the physical domain, psychological, social and environmental as well as health in general. In the control group said the physical pain experienced often hinders to move, often requiring medical treatment related to his physical condition and are less satisfied with their ability to work compared with respondents who regularly do physical exercises, the control group also said the nighttime sleep is often disturbed and sometimes cannot sleep, the situation is bound to affect the overall health and ultimately impact on the quality of life when entering of old age.

Research by Asghari et al., (2017) showed enough physical activity can reduce the complaints that occur in postmenopausal women, such as yoga exercises that can balance the hormonal changes, reduced physical complaints and psychological, strengthen bones and prevent osteoporosis, prevent heart disease, as well as improving body endurance. Research by Reed et al., (2014), also stated that all the problems experienced by menopausal women can be addressed through physical exercise can improve the quality of life significantly (Reed et al., 2014). Exercise can improve aerobic capacity, strength, flexibility, and balance. Psychologically, exercise can improve mood, reduce the risk of dementia, and prevent depression. Socially, exercise can reduce the dependence on others, got a lot of friends and increase productivity. The study, conducted over a period of 12 weeks with physical exercise has a significant outcome positively related to changes in vitality and mental health of postmenopausal women. This indicates that physical activity as a promotional effort that must be implemented in postmenopausal women to keep doing regular physical activity because it will lead to the improvement of their quality of life (Dąbrowska et al., 2016).

Sports in postmenopausal women have a positive impact on the quality of their lives. An increase in the quality of life in women who underwent an exercise program, while women in the control group (not undergo exercise programs) have a worse quality of life. Physical activity in addition to improving the quality of life also affects the physical health and have a big impact on the state of mental health, especially when faced with menopause (Noorma, 2017). Orhiba activity is very easy to do at home and loved the activity begins with the whole body by touching it.

Physical training can increase the resistance of the body and is used to overcome the accelerating deterioration of organs and the development of biologic therapies in several illnesses and at menopause. Training regular exercise can improve the ability of physiological organs 25% higher than those who are inactive, as well as people who do sports training regularly at the age of 50 years obtained function capabilities neuromusculoskeletal (which supports speed and coordination) and cardiorespiratory (efficiency rate heart) were almost identical to those aged 20-30 years (Handayani, 2014).

Practicing the sport correctly, continuous, and regularly is an effective method to improve the physical, psychological, and social person so that a person's fitness is maintained and protected from various diseases and stress, which can affect general health and can also have an impact on reproductive health. Increased life expectancy, need to be coupled with

improved quality of life. The training exercises regularly and fun is one means to improve the quality of life. Setting a lifestyle that includes sleep, eating, working, rest, and recreation is known it can slow down the ageing process. Excess work or excess physical activity and lack of sleep will shorten the life because the process occurs faster it ages than those whose lives are healthy. This situation will reduce levels of some hormones and increases free radicals that would accelerate the ageing process (Pangkahila, 2014).

Therefore, orhiba gymnastics is gymnastics done casually, without much movement. There are many breathing movements and relaxation techniques that can be done with a glad heart without trigger adrenaline. Hormones adrenaline and cortisone will accelerate ageing are also arise due to stress and lack of sleep (Pangkahila, 2014), in addition to a decrease in some of the levels of sex steroid hormones. The process of ageing begins to appear at the age of 39-42 years and since then also has begun to decline in the function of various organs (Utami et al., 2015). Various ways have been proposed to prevent the ageing process, among others, is a healthy lifestyle. Lifestyle is the main cause of the ageing process. Physical activity (exercise) in menopausal women have a positive impact on the quality of their lives. Previous results indicate that increased physical activity in menopausal women has a positive impact on the quality of life (Sharma & Mahajan, 2015). An increase in the quality of life in women who underwent an exercise program, while women in the control group (not undergo exercise programs) have a worse quality of life (Putri et al., 2014).

The survey results revealed that physical activity has the most dominant influence with the complaint of perimenopause on Ambarawa pancake merchant. This can happen because of the tendency that women who have high physical activity will experience perimenopausal complaints lighter than those with mild to moderate activity. This is in line with research conducted in Shanghai stating that both the adolescent and adult women who have a high level of physical activity associated with menopause slower and reproductive span is longer. It is also likely to alleviate perimenopausal complaints since reproductive hormones are still actively produced (Oktiani et al., 2017).

The results of this study tend that women who have high physical activity will have complaints premenopausal lighter compared to women who have a moderate or low physical activity. Research in Heidelberg, which states that the discovery of the relationship between high activity with the age of menopause, but high physical activity provides the protective effect of 0.90 times for premature menopause compared with those not doing physical activity. Previous research suggests that physical activity affect the level of climacteric complaints by 0.4% and the rest influenced by other factors. The results showed that an increase in the quality of life in postmenopausal women before and after making a low impact aerobics gymnastics at 10.72 the intervention group (p-value = 0.000) and in the control group of 2.06 (p-value = 0.341) (Nurlina, 2017). The study by Berger & Motl (2001), which reveals that nutrition and physical activity greatly contributes to the quality of life.

Sexual Function Menopausal Women Who Exercise/Physical Activity

Changes in sexual life are the result of low estrogen levels. The decline in estrogen causes anatomical changes in the female sexual organ which in turn can cause discomfort in intercourse. Previous research also gets the result that although young women (22 years) was also experiencing problems with a sex drive as a result of estrogen is low. Other menopausal symptoms were also reported in the literature is irritability (irritability), feeling a volatile (volatile mood swings), tiredness (fatigue), and anxiety (anxiety). Menopause is a "bell" for the timing of reproduction (reproductive clock). Women are often judged by appearance and age (Soedirham et al., 2016).

The results showed that the incidence of sexual dysfunction in postmenopausal women of 70.9% and a significant relationship (p <0.05) between the time of menopause the incidence of sexual dysfunction in postmenopausal women. The incidence of sexual dysfunction is highest in the group with menopause old more than 10 years with a positive correlation in the direction that the longer menopause increases the incidence of sexual dysfunction (Andini, 2014). The results of further research that the data obtained, the majority of women in menopause experience sexual dysfunction that is equal to 82.4% or 28 respondents (Wahyuni & Rahayu, 2016).

Treatment of sexual dysfunction today emphasizes the natural ways such as physical exercise or light exercise, as compared to methods that use chemical drugs or instant way as hormone replacement therapy. Physical exercise like gymnastics orhiba, is a sport that utilizes the free oxygen in the air, with a relaxed and easy movement but does not drain a lot of energy. Performed with joy carefree and coercion, safely performed by women and men age 50 and over. Although very simple orhiba movement only takes about 3-10 minutes but has been qualified into sports fitness.

Orhiba is one sport that is very simple, easy and practical and can be done by anyone. This sport is also called by the name of the meat body exercise "look at the blue sky". One of the benefits of doing orhiba that feel fresh and fit, relieve stress and depression and create a feeling of calm, this sport very suitably carried out by menopausal women to reduce the complaints of menopause, including disturbances in sexual function, and ultimately have an impact on the quality of life. The group doing physical exercise orhiba those without, and between regular physical exercise orhiba with frequency 5 times/week had better results when compared with the frequency of 2-3 times/week and 1-2 times/week, which showed have a better quality of life including the sexual life (Arini, 2018).

In the social domain in research Arini (2018) related to sexual life, shows that sexual intercourse menopausal women doing physical exercise regularly have a significant result, they mostly say satisfied even very satisfied with their sex life with her husband. This is consistent with the statement that the exercise can maintain fitness and physical health, psychological, and social is the main capital to engage in sexual activity with optimal and can avoid illness and stress can affect the quality of sexual intercourse. Sexual arousal increases, thanks to the activity of regular exercise, because exercise proved to increase testosterone levels in men and estrogen for women.

Exercise also makes blood circulation more smoothly, including blood flow to sensitive spots that can enhance sexual arousal. Regular exercise can reduce the degree of estrogen deficiency perimenopause, by enabling the production of estrogen that is not from the ovary. If hot flashes (hot flushes in the face) caused by an increase in the pulsatile LH, regular physical exercise reduces hot flashes by decreasing the concentration of LH. Research by Razzak et al, found that exercise with aerobic can slow the menopause through a mechanism that can increase serum concentrations of estrogen level (Razzak et al., 2019).

Physical pelvic floor therapy (PFPT), or commonly known as pelvic floor muscle exercises can also be used as an alternative way to fix the problem on sexual function. According to Stein et al., (2019), it is known that pelvic floor muscle exercises have managed to overcome the problems in the pelvic floor muscles and sexual dysfunction in both men and women with problems in sexual function, known by doing pelvic floor muscle exercises will restore comfort during intercourse so comfort in the sexual life will increase. Effect of exercise is not only felt by women but men as studies by Gerbild et al., 2018), which prove that by doing aerobics regularly for 6 months then contribute to lowering the erectile

dysfunction in men caused by cardiovascular disease. It shows that the sport a major effect on sexual function.

Increased sexual desire through practice physical likely to cause increased activity of the sympathetic nervous system and endocrine factors. Sports done regularly can sexual enhancement indirectly to maintain flexibility self, which is beneficial for heart health and mood. A positive body image as a result of sports routine also improves sexual well-being. Previous studies have examined that exercise program physical/sports for a month for the treatment of sexual dysfunction, have lightened problems in sexual functioning, especially in women, with sexual dysfunction caused by drug use anti-depressants and women who have undergone hysterectomy or removal of the ovaries (the female reproductive organs producing the hormones estrogen and progesterone) (Stanton et al., 2018).

Results of research by Utami et al., (2015) prove that kegel exercise in postmenopausal women significantly influences the increase in sexual desire. Any increase in the intensity of kegel exercises will increase sexual arousal. In the intervention group were given kegel exercises shown to increase arousal higher than the control group that did not get a kegel exercise. Utami et al., (2015) in the research stating dyspareunia is pain that arises in sexual relationships that may cause interference or sexual dysfunction. Various handling can be done to overcome the problem of dyspareunia they are doing Kegel exercises. Dyspareunia in postmenopausal women due to a change in the structure of the vaginal muscles, so handling is a form of physical exercise that can restore the functions of the vaginal muscles become elastic. It shows that by practicing physical routine it will lead to an increase in sexual function of postmenopausal women.

Practice physical about half an hour before sexual interactions have proven to increase sexual desire in female sexual dysfunction. It is caused by increased activity of the sympathetic nervous system (SNS). Increased activity of SNS from this exercise effects often improve blood flow, heart rate and arterial blood pressure increases, it is known that it can affect the female sexual arousal. Pelvic floor muscles also play a role in normal sexual function, which contribute to increasing vaginal lubrication, arousal, orgasm and sexual desire. If the pelvic floor muscles are too active, it can inhibit relaxation and sometimes cause contractions and potentially cause painful intercourse. If the pelvic floor muscles are not active and cannot contract, the incidence of urinary incontinence and pelvic organ prolapse increases, both of which are factors that contribute to sexual dysfunction in women. Hence the need for physical exercise and regular light so intense pelvic floor muscles keep moving, but not very active.

Research result by Meston & Stanton (2018) reveals that overall, it increases sexual desire/arousal, for women suffering from sexual dysfunction sports routinely improve overall sexual function. There is some evidence to suggest that exercise immediately before sexual activity more helpful. Overall, this study shows that exercise could improve sexual function in women who reported sexual problems due to the use of antidepressant drugs, and there may be additional benefits of exercise immediately before sexual activity. Sports also have known cause a reduction in anxiety and increases blood flow and oxygen to the brain as well as playing an important role in female sexuality. Physical exercise can also cause changes in endocrine factors, neuromodulators and other substances released by endothelial cells. Regardless of the mechanisms that may be involved clinically, known that exercise physically facilitating the physiological sexual arousal in women who have undergone a hysterectomy. Thus, sports can serve as a non-invasive way to improve sexual response in women who have difficulty in sexual arousal (Effekhar, 2016).

Conclusion and Suggestion

Based on the above facts it is necessary to correct understanding of the aging process can be slowed still correspond with some of the above theory and which enable is set lifestyle and physical activity because most causes of deaths are caused by unhealthy lifestyles. Therefore, setting a healthy lifestyle to delay the aging process should be done as early as possible to increase life expectancy. Therefore, we have need moderate exercise and not too heavy like this orhiba, not only do when the menopause but since as early as possible to minimize future complaints of subjective and sexuality issues when entering a period of premenopausal, menopausal, and postmenopausal. My suggest for the next research is to analyze and discuss more about the factors that influence sexual function and the non-compliance of menopausal women to do physical activities such as sports.

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