GAMBARAN INTIMATE RELATIONSHIP PADA PEREMPUAN DENGAN PERMASALAHAN GINEKOLOGI

Intimate Relationship among Women with Gynecological Problem: A Descriptive Study

Nunung Nurhayati, Astri Mutiar, Dewi Srinatania, Dewi Marfuah, Risna Yuntami Seftianti.

Sekolah Tinggi Ilmu Keperawatan PPNI Jawa Barat

Abstrak

Pendahuluan: Kesehatan reproduksi merupakan keadaan sehat secara fisik, mental, dan sosial secara utuh, tidak semata-mata bebas dari penyakit atau kecacatan yang berkaitan dengan sistem, fungsi dan proses reproduksi. Kepuasan pernikahan dan seksual pada penderita permasalahan ginekologi mengalami perubahan secara fisik, psikologis, dukungan social, perubahan intimacy dan seksualitas, ekonomi keluarga, serta masalah kesetiaan dan kepercayaan pada pasangan. **Tujuan:** penelitian ini bertujuan untuk mengetahui gambaran intimate relationship pada perempuan dengan permasalahan ginekologi. **Metode:** penelitian ini mengunakan desain deskriptif crossectional dilakukan pada bulan juni 2019 dengan subjek penelitian 116 responden. Dan dianalisa mengunakan distribusi frekuensi. **Hasil:** Pada hasil penelitian ini dapat disimpulkan bahwa hubungan relationship pada pasien dengan permasalahan ginekologi terdapat hubungan relationship yang baik. Sedangkan pada intimate mengalami disfungsi sexual pada pasien ginekologi. **Kesimpulan:** pada penderita permasalahan ginekologi di dapatkan permasalahan fungsi sexual hal ini berkaitan dengan permasalahan adanya ganguan yang dialami oleh penderita masalah ginekologi, maka hal tersebut sebagai seorang perawat harus bisa menberikan dedikasi dan motivasi tentang permasalahan yang dialami oleh penderita permasalahan ginekologi.

Abstract

Background: Reproductive health is a state of physical health, mental, and social as a whole, not merely free from disease or disability associated with the system, the function, and reproductive processes. Marriage and sexual satisfaction in patients with gynecological problems change the physical, psychological, social support, changes in intimacy, sexuality, family economics, as well as loyalty and trust issue in couples. **Objective:** This study aimed to describe the intimate relationship among women with gynecological problems. **Methods:** This study used a descriptive cross-sectional design that was conducted in June 2019 with 116 respondents. Data was collected using the Revised Dyadic Adjustment Scale (RDAS) and Female Sexual Function Index (FSFI) questionnaire and analyzed using univariate analysis with frequency distribution. **Results**: This research found that women with gynecological problems have a non-distress intimate relationship level (62.9%). The highest result of RDAS domains is consensus (affection) with a mean score of 23.04 and a min value of 6.00 max 30.00. Meanwhile, the majority of respondents resulted having sexual dysfunction (94,8%) with satisfaction resulting as the highest domain. The results of this study also showed that the first highest gynecological problem is a cyst (44, 0%). **Conclusion:** This research found that the majority of women with gynecological problems have sexual dysfunction. The nurse should give more attention to problems related to sexual function.

BACKGROUND

Reproductive health is a state of complete physical, mental and social health, not merely free from disease or disability related to reproductive systems, functions, and processes. The scope of reproductive health services in 1994 in Cairo according to the International Conference on Population and Development (ICPD) consisted of maternal and child health, family planning, prevention and treatment of sexually transmitted infections including HIV/AIDS, adolescent reproductive health, prevention and management of abortion complications, prevention and treatment of infertility, reproductive health of the elderly, reproductive tract and other reproductive health such as sexual violence, female circumcision, early detection of cancer and so on (Harahap, 2003).

Cancer is one of the diseases included in the group of non-communicable diseases (NCD). NCD is the biggest cause of death in the world out of 57 million deaths in 2018, 63% (36 million deaths) are caused by NDC, cancer (7.6 million deaths). In Indonesia, cervical cancer is the most common malignancy and is the leading cause of death in women. In the last three decades, it is estimated that the incidence of this disease is around 100 per 100,000 population (Suwiyoga K, 2007). According to health development shows that the prevalence of ovarian cancer is 19.3% which ranks third after cervical cancer in the world. Ovarian cancer is the deadliest gynecological cancer with the lowest five-year survival rate compared to other gynecological cancers in the world, which is also one of the most common gynecological cancers in Indonesia, with 10.28%, 9.35%, and 4.21% respectively (Marliana, 2011). In Indonesia, uterine myoma cases were found in 2.39 -11.7% of all patients in obstetric care. There has been an increase in the incidence of uterine myomas from year to year and three years in a row still ranks fourth after abortion and cervical cancer (Wiknjosastro, 2010). The cause of maternal mortality due to uterine myoma in 2010 was 22 (2.4%) cases and in 2011 there were 21 (1.95%) cases (Irmayani, 2014).

Marital and sexual satisfaction in cervical cancer survivors changes physically, psychologically, socially supports, changes in intimacy and sexuality, family economy, as well as problems of loyalty and trust in partners. These things are related to the characteristics that affect one's marital satisfaction. Marital satisfaction can either make a husband and wife maintain their marriage or end their marriage relationship. Meanwhile among gynecological cancer patients, it is significantly related to their quality of life (Fort et al., n.d.).

METHODS

Quantitative research with a descriptive cross-sectional design is applied in this research and obtained data from Hospital in Cimahi City, West Java, and a Shelter House in Bandung City. The study was conducted on June to July 2019. The variable in this study was intimate relationships among women with gynecological problems. The sample in this study were patients with gynecological problems. The convenience sampling technique was used to recruit samples with inclusion criteria are women diagnosed with gynecological problems, married and understood Indonesian language. Meanwhile the exclusion criteria are women with mental or cognitive disorders and women with decreased consciousness. Estimated sample size is calculated using G-power software version 3.1.9.2 using exact-proportion: Difference from constant (binomial test, one sample case) assuming = 0.05 effect size = 0.15 power level = 0.95 constant proportion 0.65 with a result of 116 sample sizes.

There are three instruments used in this study, which are demographic data questionnaire, RDAS (Revised Dyadic Adjustment Scale) questionnaire, and FSFI (Female Sexual Function Index). The demographic questionnaire consists of initials name, age, marital status, diagnosis, number of children, education level, and frequency of sexual intercourse. The Revised Dyadic Adjustment Scale (RDAS) has 14 question items with three subscales: consensus (values of affection), satisfaction (satisfaction), and cohesion (decision) with Cronbach alpha (reliability) 0.90 with a cut-off score that is more than equal to 48 scores indicate no distress, and scores of 47 and below indicate distress. Female Sexual Function (FSFI) is a questionnaire that can explain the assessment of sexual relations, by having 19 question items which are divided into six domains, which are desire, arousal, lubrication, orgasm, satisfaction and pain, with Cronbach alpha is 0.82.

This instrument has been tested for validity which shows 14 items on the RDAS scale. The construct validity for RDA is supported by a high correlation with the same measure. Locke-Wallace Marital Adjustment Test (MAT). The correlation between the RDA and the MAT. 68 (p < 0.01). In addition, the correlation between RDA and the original Dyadic Adjustment Scale (DAS) was 0.97 (p<0.01). This type of instrument for

FSFI has been tested for validity which shows the Cronbach alpha 0.82. The results of the reliability test on the instrument using Cronbach's alpha is 0.90. The results of the reliability test on the FSFI instrument as a whole test-retest high-reliability coefficient for each domain (r = 0.79-0.86) and a high level of internal consistency was observed (Cronbach's alpha value 0.82 and higher) both construct validity indicated by The mean difference scores were highly significant between the FSAD and control groups for each domain (p < 0.001). Data analysis was performed using the statistical package for the social science (SPSS) version 25.0 for windows. The purpose of conducting univariate analysis is to describe the variables studied by descriptive analysis, namely the frequency distributor, mean, median, mode, and standard deviation.

RESULT AND DISCUSSION
RESULT
Characteristics of Respondents
Table 1 Distribution of respondents by Age, Education, Occupation, and Number of Children

Variable	Frequency (n)	Percentage (%)
Age		
<20 Tahun	2	1,7
20-35 Tahun	37	31,9
>35 Tahun	**77**	**66,4**
Education		
Elementary School	18	15.5
Junior High School	40	34,5
Senior High School	**58**	**50,5**
Employment	**89**	**76,7**
Unemployment	24	20,7
Private Sector	2	1,7
Entrepreneur	1	.9
Civil Servant	6	5,2
Number of Child		
0	22	19,0
1	**54**	**46,6**
2	23	19,8
3	8	6,9
4	2	1,7
5	1	.9
6	**32**	**27,6**
Diagnose		
Myoma		
Endometriosis	8	6,9
Dysmenorrhea	3	2,6

Cyst	**51**	**44,0**
Infertile	1	.9
Hypermenorrhea	3	2,6
CA Ovarium	6	5,2
CA Cervix	**11**	**9,5**
CA Endometrium	1	.9
Total	116	100,0

Based on table 1 above, shows that most of the respondents with gynecological problems are >35 years old (66.4%), having a senior high school level of education (50.5%), unemployment (76.7 %) and having 2 children (46.6%). In terms of gynecological problems, showed that the highest problem was cysts (44.0%), the second-highest was myoma (27.6%), and the third-highest was cervical cancer (9.5%).

2. Category of RDAS frequency distribution and RDAS Domain
Table 2 RDAS Category Frequency Distribution

Categories	Frequency	Percentage
Non-distressed	**73**	**62,9**
Distressed	43	37,1
Total	116	100,0

Based on table 2 above, shows that most of women with gynecological problems having non-distressed intimate relationships (62.9%).

Table 3 Distribution of Domain RDAS (Revised Dyadic Adjustment Scale)

Categories	Min – Max	Mean (SD)
Consensus	**6,00 – 30,00**	**23,0431**
Satisfaction	.00 – 20,00	16,8621
Cohesion	.00 – 18,00	10,9224
Valid N (listwise)	116	

Based on table 3 above, the highest result from the three domains is consensus with a min value of 6.00 and max value of 30.00 with mean (SD) of 23.0431.

3. FSFI frequency distribution category and FSFI Domain
Table 4 FSFI Category Frequency Distribution

Categories	Frequency	Percentage

Sexual Dysfunction	**110**	**94,8**
Non-Sexual Dysfunction	6	5,2
Total	116	100,0

Based on table 4 above, it shows that almost the majority of gynecological patients experience sexual dysfunction (94.8 %).

Table 5 FSFI Domain Distribution (Female Sexual Function Index)

Categories	Min – Max	Mean (SD)
Desire	2,00 – 9,00	3,3276
Arousal	.00 – 18,00	3,8103
Lubrication	.00 – 20,00	4,4914
Orgasm	.00 – 14,00	3,1983
Satisfaction	**.00 – 15,00**	**4,7414**
Pain	.00 – 15,00	3,6810
Valid (listwise)	N 116	

Based on table 5 above, the highest result from the six domains is satisfaction. The results from the satisfaction domain are with a min value of .00, a max. of 15.00 and a mean (SD) of 4.7414.

DISCUSSION

1. Characteristics of Respondents

Based on the results, it is known that more than half of the respondents experienced gynecological problems with age >35 years (66.4%). This indicator is influenced by general health status, education and services during pregnancy and childbirth. These results are similar with previous studies. Research conducted by Apriyani & Sumarni (2013) reports that myomas are rarely found in women aged 20 years. Most at the age of 35-45 years (approximately 25%). Marino's study, 2015 in Italy reported 73 cases of uterine myomas from 341 women that occurred at the age of 30-60 years with a prevalence of 21.4%. Research conducted by Irmayani also found that the age of women who experienced cysts was about 58% in women under 30 years of age.

The most recent education level of patients is Senior High School (50.5%). From the results of research conducted by Potes, Suparman, Laihad (2017), gynecological patients had the latest education at the high school level as much as 40.6% (112). The level of education can affect a person's thinking patterns, high education will make it easier for people to absorb information and knowledge to lead a healthy life and be able to handle their health problems (Rahmat, 2014). There is a wide variation in the incidence of cysts,

the highest average being in Scandinavian countries (14.5-15.3 per 100,000 population). In America, the incidence of cysts in all races was 12.5 cases per 100,000 population from 1988 to 1991 (Howe, 1991). Based on data from medical records at the Margono Soekardjo Purwokerto general hospital, it was found that the number of cyst cases was the highest during 2015. It was also found that the age of women who experienced cysts was around 58% in women under 30 years of age. According to Trihandani and Nurrika, 2010 the most common ovarian cancer is the type of epithelial ovarian cancer, which is around 85%-90%, this type of cancer generally occurs in women over 50 years of age and its incidence will begin to occur at the age of 45-49 years.

On employment status, it was found that most respondents are unemployed (76.7 %). Contrary with a recent study, research from Oktariana, Abadi, Bachsin, Forensic, & Unsri, 2014 was found that 54.4% of infertile women were women who worked full time, 33.3% of women who worked part-time, and only 3.5% were housewives or unemployment.

The number of children in a recent study was found that most of the respondent having 2 children (46.6%). From the results of research conducted by Dhitayoni & Budiman, (2019) that there was a significant decrease in the number of patients with ovarian cancer between patients with parity <2 and >2. This is in accordance with other studies conducted stating that an increase in parity is thought to reduce the risk of developing ovarian cancer and is associated with the theory of incessant ovulation. Which states that a reduced number of ovulations will reduce the exposure of the ovaries to possible gene mutations due to continuous repair of epithelial cells after ovulation.

Based on the results, it was stated that some of the gynecological problems showed that the first highest problem in gynecological problems was cysts (44.0%), the second-highest was fibroids (27.6%), and the third-highest was cervical cancer (9.5 %). From the results of research conducted by Berhandus, Loho, & Wantania (2012), which was conducted at RSU. Dr. R. D. Kandou Manado showed that the highest disease was uterine myoma as many as 151 (43.1%) patients, ovarian cysts as many as 145 (41.4%) patients. From an environmental health perspective, there are several factors that influence the risk of uterine fibroids, such as age, race and genetics, parity, diet/eating, body mass index, early menarche, and status (Kista & Di, 2010).

2. Overview of Intimate Relationships in Women with Gynecological Problems (RDAS)

The results in this study show that the description of intimate relationships among women with gynecological problems shows good results and does not experience distress, the results obtained in this study are 62.9%. Previous research conducted by Rosen et al stated that there is a positive relationship between marital satisfaction and marital adjustment in married couples living together (Wahyuni, 2007). The results of Guntupalli's research (2016) showed there was no marital dysfunction for all respondents measured and all variables measured (type of cancer, stage, treatment, age, race, length of relationship, sexual frequency activity). This shows that the relationship between living together is strong even though the conflict of sexual function is not good. Those with sexual dysfunction have reported increased levels of relationship counseling during or after their treatment. Counseling on their relationship with sexual dysfunction may contribute to the absence of marital dysfunction in women.

Marital satisfaction or marital happiness is a component of marital adjustment and the assumption is that someone with good marital adjustment will describe good marital satisfaction, on the contrary, someone with poor marital adjustment can describe marital dissatisfaction. The results of research conducted by Nurrachman, N., et al, (2011) stated that women diagnosed with cervical cancer experience confusion about their identity as imperfect women because their uterus does not function normally. And the impact after femininity is gone, this condition will bring women to other problems in the household.

According to Robert Stenberg (1986), that love in marriage consists of three components, namely intimacy (intimacy) refers to the closeness of feelings between two people and the increased strength in them to be together. There is a sense of trust, care, honesty, mutual support, understanding, and openness between individuals who live it. Passion (passion) emphasizes the intensity of feelings and physical and sexual attractiveness. In this dimension, a person experiences more real physical attraction. Commitment (commitment) where a person decides to stay together with a partner in his life. Commitment can mean paying attention, doing something to keep the relationship lasting, protecting the relationship from harm, and

improving when the relationship is in a critical state (Indriastuti, 2014).

The results of this study stated that the relationship between gynecological patients stated that they were not distressed in the sense that their marital relationship and commitment in their marriage were not disturbed by these gynecological problems. It can be seen from the table above that the highest result from the three domains is consensus. From the results of filling out the questionnaire respondents and their partners never had a problem with any decisions and preferred to always agree with what was asked and what they usually live in their daily lives as well.

3. Overview of Intimate Relationships in Women with Gynecological Problems (FSFI)

The results of this study showed that most of the gynecological patients experienced sexual dysfunction. On the physiological side, respondents said that the secretions or fluids that came out of their vagina felt sticky and it made them uncomfortable during sexual intercourse. On the psychological side, respondents said that complaints such as fear and anxiety also reduced the frequency of relationships and decreased sexual arousal. In a previous study conducted by Putri, Clara & Ajisukmo, it was stated that almost 80% of cervical cancer patients experienced sexual dysfunction, supported by concerns about sexuality due to the effects of cervical cancer treatment, which was diagnosed with cervical cancer may cause sexual dysfunction that can affect the quality of life. The results of Gantupalli et al, 2016 said that their results found a high rate of sexual dysfunction after treatment, with 40% of women reporting dysfunction among all gynecological cancers.

Sexuality is an important aspect of quality of life in cervical cancer patients before, during, and after treatment. Syse and Kravdal stated a significant increase in divorce rates for women diagnosed with cervical cancer, that the incidence of divorce in women with cervical cancer is very high compared to other cancers, the main problem is married life caused by lack of sexual desire and satisfaction. According to research conducted by Aliyanti & Milanti in 2012, stated changes in sexuality and intimacy in cancer patients such as dyspareunia, shortened vagina, bleeding after sexual intercourse are problems experienced by cervical cancer sufferers. As well as research conducted by Miller, Overton, Ratner, in 2009 sexuality and intimacy have an impact on the

quality of life of patients diagnosed with gynecological diseases the effects of gynecological cancer on sexuality such as hypoactive sexuality disorders, orgasm disorders, sexual pain disorders or sexual arousal.

4. RDAS Domain Distribution (Revised Dyadic Adjustment Scale)

Based result, the highest result from the three domains is consensus. According to Robert Stenberg (1986) says commitment where a person decides to stay together with a partner in his life. As well as do solving decisions in all things simultaneously. Commitment can mean paying attention, doing something to keep the relationship lasting, protecting the relationship from harm, and repairing when the relationship is in a critical state (Indriastuti, 2014).

5. FSFI Domain Distribution (Female Sexual Function Index)

Based on the result, the highest result from the six domains in the female sexual function index is satisfaction. The results of the study by Tunardy, Manoe, & Tesssy said that on cervical patients, almost all samples experienced dysfunction, such as desire, arousal, lubrication, orgasm, satisfaction, and pain. This is influenced by several factors, including hormonal, physical, and psychological factors.

CONCLUSION

It was found that the majority of respondents were >35 years old, senior high school level of education, housewife, had 2 children, having a diagnosis of cysts, myomas, and cervical cancer. Based on the RDAS category more than half of the respondents were in the no distress category, while in the FSFI category almost all of the respondents were in the sexual dysfunction category.

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