The Relationship Between the Level of Knowledge About Menopause with the Level of Menopausal Complaints in Leling Village, Tommo Subdistrict

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Abstract

In the course of her life, women experience many processes of growth and development, until one day growth and development will stop at a stage so that too many changes occur in the function of the female body. These changes will occur as age increases until finally women will reach a point called menopause and at this point anxiety will arise because they feel they are no longer beautiful. In women facing the menopause period, the appearance of psychological symptoms is strongly influenced by changes in the physical-physiological aspects as a result of the reduction and cessation of the production of the hormone estrogen. In women who experience premenopause, complaints that are often felt include: feeling anxious, fearful, irritable, irritable, difficult, concentration, nervous, feeling useless, worthless, stressed and some even experience depression.

This study was conducted in Leling Village, Tommo Sub-District, Mamuju Regency from October to November 2022. By using descriptive analytic method using cross sectional study design with a total sample of 33 menopausal women with inclusion criteria: Menopausal mothers who are willing to become respondents and live in Leling village, Tommo sub-district, Mamuju district, menopausal mothers aged 45-54 years, menopausal mothers with good consciousness, not impaired hearing and vision, able to communicate well. Data collection using a questionnaire. Using the Chi-Square Statistical Test with a significance level of $\alpha = 0.05$. Data analysis was performed by univariate analysis and bivariate analysis on the SPSS program. The results showed that: there was a relationship between the level of knowledge and the level of menopausal complaints in Leling Village, Tommo District, Mamuju Regency, 2022. with a value of $p = 0.006 <$ the value of $a = 0.05$.

Keywords: Knowledge, Complaints, Menopause

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1. Introduction

Menopause is derived from the Greek word, meaning "moon", which is linguistically more precise as "menocease" which implies the cessation of menstruation. Menopause is known as the time of permanent cessation of menstruation that occurs following the loss of ovarian activity. (Mulyani, 2013) Before the menopause phase usually preceded by the premenopausal phase, where in this pre-menopausal phase there is a transition from the fertile period to the period of no fertilization. Most women begin to experience pre-menopausal symptoms in their 40s and the peak is reached at the age of 50, namely the onset of menopause. Premenopausal symptoms occur due to decreased estrogen levels, causing symptoms that greatly interfere with the activities of women's lives, even threatening domestic happiness, the problems that arise are the loss of fertility and increased changes that cause anxiety and worry in women. The problems that arise due to pre-menopause are called pre-menopausal syndrome. Problems that occur in the form of physical and psychological problems. Some women do not understand or even know that they are in this period. (Proverawati, 2010) 2 Menopause is the last menstruation, or when the last menstruation occurs. The diagnosis of menopause is made after there is amenorrhea for at least one year. Cessation of menstruation can be preceded by a longer menstrual cycle, with reduced bleeding (Sastrawinata, in Trisnawati, 2013).

Menopause as a natural process in aging, which is when women do not get their period again for 1 year (Sutanto, in Trisnawati, 2013) Menopause is known as the end of menstruation or menstruation, and is often considered a scourge in women's lives. Most women begin to experience menopausal symptoms in their late 40s and peak at age 50. Most experience symptoms for less than 5 years and about 25% for more than 5 years. But if taken on average, generally a woman will experience menopause around the age of 45-50 years (Arsin, 2012). Physiological changes experienced by menopausal women are changes in the reproductive organs (Fallopian tubes, cervix, vagina, pelvic floor, perineum and anus, urinary vesica, breast glands. As for changes in organs outside reproduction (Adiposity fat deposition, hypertension, high cholesterol, calcification of blood vessel walls, growth of fine hair, bone loss (Sukarni, 2013) In women facing the menopause period, the appearance of psychological symptoms is strongly influenced by changes in the

physical-physiological aspects as a result of reduced and cessation of estrogen hormone production. Menopause is like menarche in adolescent girls (the beginning of the onset of estrogen hormones), some adolescents are anxious, anxious but some are ordinary. In women who experience premenopause, complaints that are often felt include: feeling anxious, fearful, irritable, irritable, difficult, concentration, nervous, feeling useless and worthless, stressed and some even experience depression. In brief, it can be said that menopause is a process of transition from the reproductive period to a gradual change to a non-productive period caused by the reduced function of the hormones estrogen and progesterone due to age. This cessation of menstruation, automatically changes in the female reproductive organs. As a result, women are no longer fertile (the ovaries as a place for the production of eggs gradually decrease in function), which then causes various physical and psychological complaints related to their reproductive organs and organs in general ('Damayanti, 2011). WHO data (2015) states that the number of premenopausal women in Asia in 2010 reached 373 million people, based on data from the Ministry of Health of the Republic of Indonesia, nationally in 2015 the number of women entering pre menopause, aged between 40 years, was 9.09 million people. (Ministry of Health, 2017)

According to data from the World Health Organization (WHO, 2012) in 2011, approximately 467 million women aged 50 years and over spent 4 of their lives in a post-menopausal state, and 40% of these post-menopausal women live in developing countries with an average age of experiencing menopause at 51 years of age. According to WHO, in Asia by 2025 the number of menopausal women will jump to 107 million. Menopausal syndrome in Europe to date has reached 70-80%, America 60%, Malaysia 57%, China 18%, Japan and in Indonesia 10%. The difference in the percentage of menopausal syndrome is due to the amount of estrogen in European and American women being more than Asian women (Umobasuki, 2012). According to the Department of Health of the Republic of Indonesia (2012), it is estimated that in 2020 the population of Indonesia will reach 262.6 million people with the number of women living in menopause around 30.3 million people or 11.5% of the total population, with an average age of 49 years. Demographically, the increase in the elderly group will become a public health problem that requires special handling (Prawirohardjo, 2011). Indonesia currently has 14 million menopausal women.

There is an increase in life expectancy in Indonesia from year to year. Most women experience this change between the ages of 48 and 52, some stop menstruating in their late 30s or early 40s, and others continue to menstruate into their mid-50s (BKKBN, 2013). 5 According to data at the Leling health center in 2020 the number of people experiencing menopause was 18 people, this number has increased, the data shows that in 2021 the number of people experiencing menopause was 24 people, while in 2022 the number experiencing menopause was 33 people. Based on the background and problems that the researchers have described above, it has caused interest in researchers to conduct research with the title the relationship between the level of knowledge about menopause and the level of menopausal complaints in Leling Village, Tommo District.

2. Methods

Research design is a plan on how to collect, process, and analyze data in a systematic and directed manner so that research can be carried out efficiently and effectively according to its objectives (Nursalam, 2013). This type of research is a type of analytic research, namely research that tries to explore how and why the health phenomenon occurs using a crosssectional approach, which is a study to study the dynamics of the correlation between dependent and independent variables and data collection is carried out at the same time. (Soekidjo Notoatmodjo 2005).

3. Results And Discussion

A. Results

This study is about the relationship between the level of knowledge about menopause and the level of menopausal complaints. The research was conducted in September-October 2022. by looking at the characteristics of respondents including initials, age, education, occupation, number of children, marital status, knowledge and menopausal complaints. Data were obtained using a questionnaire, occupations were categorized into housewives, self-employed, civil servants, etc., education was categorized as SD / SMP / SMA / D3 / S1. Meanwhile, the knowledge variable was categorized into good, sufficient and insufficient. The menopausal complaints variable was categorized into none, mild and severe.

1. Univariate Analysis

   Univariate analysis explains or describes the characteristics of respondents including: initials, age, education, occupation, number of children, marital status, knowledge and menopausal complaints.

   a) Characteristics of respondents based on age Based on the age statistics of the respondents, 33 respondents were obtained in accordance with the planned sample size.

Table 5.1
Frequency distribution based on age (respondents)
September-October period in 2022

Age	Responden	N %
44	1	3.0%
45	6	18.2%
46	1	3.0%
47	2	6.1%
48	8	24.2%
49	4	12.1%
50	5	15.2%
53	1	3.0%
54	4	12.1%
55	1	3.0%
Total	33	100.0%

Source: Primary Data

The results of the age distribution of respondents found that respondents with age 44 years were 1 (3.0%) respondents, age 45 were 6 (18.2%) respondents, age 46 were 1 (3.0%) respondents, age 47 were 2 (6.1%), age 48 years were 8 (24.2%) respondents, respondents with age 49 years were 4 (12.1%) respondents, age 50 years were 5 (15.25%) respondents, age 53 years were 1 (3.0%) respondents, age 54 years were 4 (12.1%) respondents, and age 55 years were 1 (3.0%) respondents.

   b) Characteristics of respondents based on education

Table 5.2
Frequency distribution based on education (respondents)
September-October period of 2022

Education	Responden	N %
Elementary School	17	51.5%

Junior High School	7	21.2%
High School	7	21.2%
3rd Diploma	2	6.1%
Total	33	100.0%

Source: Primary Data

The results of the distribution of respondents found that respondents with elementary school education status were 17 (51.5%) respondents, junior high school level were 7 (21.2%) respondents, high school level were 7 (21.2%) respondents, and D3 / S1 level were 2 (6.1%) respondents.

c) Characteristics of respondents based on occupation

Table 5.3
Frequency distribution based on occupation (respondents)
September-October period in 2022

Jobs	Responden	N %
Housewife	25	75.8%
Self-employed	7	21.2%
Civil Servant	1	3.0%
Total	33	100.0%

Source: Primary Data

The results of the distribution of respondent characteristics based on employment status showed that respondents with status as housewives were 25 (75.8%) respondents, 7 (21.2%) respondents as self-employed, 1 (3.0%) respondent as a civil servant.

d) Characteristics of respondents based on marital status

Table 5.4
Frequency distribution based on marital status
(respondents) September-October period of 2022

Marital status	Responden	N %
Mating	29	87.9%
Widow	4	12.1%
Total	33	100.0%

Source: Primary Data

The results of the distribution of respondent characteristics based on marital status showed that respondents with married status were 29 (87.9%) respondents, and widowed status was 4 (12.1%) respondents.

e) Characteristics of respondents based on number of children

Table 5.5
Frequency distribution based on number of children
(respondents) September-October period in 2022

Number of children	Responden	N %
Child 1	4	12.1%
Child 2	12	36.4%
Child 3	13	39.4%
Child >3	4	12.1%
Total	33	100.0%

Source: Primary Data

The results of the distribution of respondent characteristics based on the number of children showed that respondents with 1 child were 4 (12.1%) respondents, respondents with child status 2 were 12 (36.4%), respondents with child status 3 were 13 (39.4%), and respondents with children> 3 were 4 (12.1%) respondents.

f) Characteristics of respondents based on level of knowledge

Table 5.6
Frequency distribution based on level of knowledge
(respondents) September-October period in 2022

Knowledge	Responden	N %
Less	11	33.3%
Enough	20	60.6%
Good	2	6.1%
Total	33	100.0%

Source: Primary Data

The results of the distribution of respondent characteristics based on the level of knowledge showed that respondents with poor knowledge were 11 (33.3%), 20 (60.6%) with sufficient knowledge, and 2 (6.1%) respondents with good knowledge.

g) Characteristics of respondents based on the level of menopausal complaints

Table 5.7
Frequency distribution based on the level of menopausal complaints

(respondents) September-October period in 2022

Menopausal complaints	Responden	N %
Lightweight	13	39.4%
Heavy	20	60.6%
Total	33	100.0%

Source: Primary Data

The results of the distribution of respondent characteristics based on menopausal complaints showed that respondents with mild levels of complaints were 13 (39.4%) respondents and 20 (60.6%) respondents with severe levels of complaints.

2. Bivariate Analysis

　　a) Relationship between the level of knowledge about menopause and the level of menopausal complaints

　　Table 5.8. Relationship between knowledge and menopausal complaints Knowledge of menopausal complaints Total p value Light Weight Less 0 0% 11 100% 11 100% p :0.003 Moderate 10 10 20 62 50.0% 50.0% 100% Good 2 100% 0.0% 2 100% Total 12 36.4% 21 63.6% 33 100% Source: primary data Based on table 5.8 of 11 respondents with less knowledge there were 11 (100%) respondents with severe complaints, and respondents with sufficient knowledge there were 10 (50%) respondents with mild complaints and 10 (50%) with severe complaints, while respondents with good knowledge there were 2 (100%) with mild complaints. Based on the results of the Chi Square test, the p value = 0.003 <0.05 α value, the results show that there is a significant relationship between the level of knowledge and the level of menopausal complaints.

B. Discussion

1. Univariate analysis Based on the age table of the respondents, it was found that most of the respondents were aged 45-50, namely 26 respondents, while in educational status most of them had the last educational status of elementary school, namely 17 respondents, and the most occupational status was those who worked as housewives, namely 25 respondents. While the marital status of most women is

married, namely 29 (87.9%) respondents, and 4 (12.1%) respondents are widowed. Many factors influence respondents' knowledge about menopausal complaints. According to Notoatmodjo (2012), factors that influence knowledge are education, age, occupation and other external factors. Age affects knowledge, according to the opinion of Budiman (2013) which states that age affects a person's absorption and mindset. With the increase in a person's age, it causes the development of his ability to capture and think so that the knowledge gained increases as well. However, according to the opinion of Cropton, J (1997) quoted from Aulia's research (2013) which states that productive age is an adult age that is active in activities so that it supports learning and remembering the information obtained, but at certain ages or towards old age the ability to accept or remember a knowledge will decrease. knowledge is getting better because of the capacity to capture and mindset that is increasingly developing with the increasing age of a person. According to researchers, early adulthood has good knowledge because the knowledge it has can come from previous knowledge derived from experience or sources of information from health workers. However, as age increases, especially advanced age (>50 years), the ability to receive information and the ability to remember will decrease (Aulia, 2013). Age can affect a person's knowledge, where increasing age means that more experience is gained so that knowledge is getting better, but the ability or memory of knowledge will decrease towards old age. 64 According to Notoatmodjo (2012), a person's education regarding health will affect health behavior, this is because the education obtained will gain knowledge and will create efforts to prevent a disease. The higher a person's level of education will make it easier for him to absorb knowledge, thus his insight will be broader. Therefore, the knowledge of mothers before menopause will determine the level of complaints during menopause is a very important aspect in dealing with menopause in mothers. The marital status of respondents who have menopause can affect each individual in providing related data. Respondents who are married tend to provide data that is less in accordance with what they experience, while respondents with widowed status tend to provide data that is less appropriate because they have to remember

more deeply and longer in providing the expected data. A person's knowledge and experience are influenced by work, because when work uses the brain more often, the brain's ability, especially in storing (memory), will increase when it is often used so that knowledge becomes good. Sumartini (2020) states that respondents who do not work have a lot of free time to get information, from various sources such as magazines, newspapers, television, radio, and the internet. In addition, counseling by students or health workers is often attended by residents who do not work.

2. Based on table 5.8 with the results of the Chi Square test, the p value = 0.003 < α value of 0.05, the results show that there is a relationship between the level of knowledge and menopausal complaints. These results show that the better the knowledge, the less the level of complaints during menopause. Women approaching menopause will experience a decrease in various body functions, so that it will have an impact on discomfort in living their lives. For this reason, it is important for a woman to always think positively that this condition is something natural, just like the complaints that arise in other phases of her life. Of course, this positive attitude can arise if it is balanced by sufficient information or knowledge, so that mothers are better prepared physically, mentally, and spiritually. The results of this study are in line with research conducted by Betristasia Puspitasari with the results of the study showing that there is a relationship between knowledge and the anxiety level of premenopausal women in facing menopause. Based on the results of the study, information about menopause should be further enhanced by counseling so that premenopausal women can face menopause without excessive anxiety. Good knowledge about menopause will be the basis for mothers to face menopause calmly. In Atik Ismiyati's research also found that there is a relationship between the level of knowledge about menopause and readiness to face menopause in premenopausal women in PerumahanSewon Asri Yogyakarta, which is indicated by the calculated rho value of 0.540, so that the calculated rho value> rho table (0.540> 0.496). This means that there is a relationship between the level of knowledge about menopause and readiness to face menopause in premenopausal women in Sewon Asri Housing Yogyakarta. The existence of a relationship

between knowledge and perceptions of menopausal complaints is in accordance with the theory put forward by Ova Emilia (2008) which states that people who are filled with a lot of information (knowledge). People will perceive the information according to their psychological predisposition, which will select or discard information that is not desired because it causes anxiety or defense mechanisms. Meanwhile, according to Djamhoer Martaadisoebrata, et al (2005) so far the public's perception of menopause has varied greatly, both in semantic, scientific terms, and in its impact on the value of life. These differences in perception often lead to myths that are sometimes confusing. With perception, individuals will realize about the circumstances around them and also their own circumstances, which means that the individual realizes and accepts menopause as something that naturally occurs.

4. Conclusion

Most of the respondents aged 45-50 were 26 respondents. Respondents with elementary school education status were 17 (51.5%) respondents, junior high school level were 7 (21.2%) respondents, high school level were 7 (21.2%) respondents, and D3 / S1 level were 2 (6.1%) respondents. 3. Based on employment status, the results showed that respondents with status as housewives were 25 (75.8%) respondents, the profession as self-employed was 7 (21.2%) respondents, the profession as a civil servant was 1 (3.0%) respondent. 4. Based on marital status, the results show that respondents with married status are 29 (87.9%) respondents, and widowed status is 4 (12.1%) respondents. Respondents with 1 child, namely 4 (12.1%) respondents, respondents with the status of 2 children, namely 12 (36.4%), respondents with the status of 3 children, namely 13 (39.4%), and respondents with children> 3, namely 4 (12.1%) respondents. 6. Respondents with a level of knowledge found that respondents with poor knowledge were 11 (33.3%), knowledgeable enough were 20 (60.6%), and well informed were 2 (6.1%) respondents. 69 7. Based on menopausal complaints, the results showed that 13 (39.4%) respondents with mild complaints, and 20 (60.6%) respondents with severe complaints. 8. Based on the results of the Chi Square test, the p value = 0.006 < α value of 0.05, the results show that

there is a relationship between the level of knowledge and the level of menopausal complaints.

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