

Factors Associated With Early Menopause In Dukuh Village Indramayu District In 2021

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ABSTRACT

Menopause is an ubiquitous aspect of reproduction. Due to hormonal fluctuations that occur during menopause, a variety of physical and mental symptoms might be observed. Some pre-elderly women in Muntur Village, Losarang District, Indramayu Regency in 2021 are prepared for menopause, while others are not. Symptoms range from minor to severe on the physical and psychological fronts. 34 respondents (52.3%) reported mild bodily changes, 22 respondents (33.8%) experienced moderate physical changes, and 9 respondents (13.8%) suffered severe physical changes, according to the findings. 17 respondents (26.2%) reported no anxiety, 28 respondents (43.1%) reported mild anxiety, 19 respondents (29.2%) reported moderate anxiety, and 1 respondent (1.5%) reported severe anxiety. Thirty respondents (46.2%) were prepared for menopause, whereas thirty-five respondents (53.8%) were not. Chi-square $p = 0.016$ indicates a significant link between physical changes in responders and preparation to face menopause in pre-elderly persons in Muntur Village, Losarang District. Chi Square $p = 0.018$ indicates a strong association between anxiety levels and preparedness for menopause in Muntur Village, Losarang District.

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INTRODUCTION

Anxiety about the arrival of menopause generally occurs in women who are entering the age of 50 years. The fear experienced by women, among other things, fading beauty and worry about losing her husband because of decreased sexual desire. After the age of 45, a woman still has menstruation but it is no longer regular, some women have experienced premenopausal symptoms. Menopause is the final stage of a biological process in the form of a decrease in the production of the hormone estrogen from the ovaries due to old ovaries (Anggraeni et al., 2022; Pribakti, 2012).

The readiness of a woman in entering menopause includes physical readiness such as accepting the menopause process by paying attention to lifestyle including exercising regularly,

consuming healthy and nutritious food (Hanifah et al., 2021), avoiding smoking and alcohol and consulting a doctor, psychological readiness includes positive thinking through good acceptance and avoid stress, and be spiritual by getting closer, strengthening worship so as to generate positive acceptance. Symptoms include sweating, fatigue, difficulty sleeping, irritability, feelings of fear, tension, depression. This is influenced by age, activity, and educational and economic background (Natara & Maria, 2013).

Premenopausal events are often not a concern for most women because they are considered a natural event, a small number perceive it as something bad, menopause is also considered a taboo subject to be discussed openly. This is because the basic knowledge of women about menopause is still small so that premenopausal women are reluctant to find out about information about premenopause (Laeli & Fitriyanti, 2017; Nisa & Islamiati, 2020).

Similar research conducted by (Susanti, 2016) which explains that anxiety facing menopause is mostly mild anxiety in the elderly, the anxiety factor is one that affects menopause, also reinforced in other research by (Septiani & Muslihati, 2019) which explains that anxiety about the arrival of menopause generally occurs in women entering the age of 50 years. The fears experienced by women include fading beauty and worrying about losing their husbands because of decreased sexual desire. Research by (Nisa & Islamiati, 2020) shows the importance of knowledge about menopause on readiness for menopause in the elderly, in research (Natara & Maria, 2013) explains that a person's psychological readiness in facing menopause has an impact on behavior and feelings, so counseling is needed regarding knowledge about changes in menopause. Based on previous research, the difference in current research is that it focuses on anxiety factors, elderly knowledge and other factors that can affect menopausal readiness in the elderly.

This research will be conducted in Muntur Village, Losarang District. Based on a preliminary study conducted by researchers by interviewing 10 women aged between 40 and 50 regarding physical changes and anxiety with readiness for menopause, of the 10 people interviewed 4 of them said they were worried, 6 said it was normal, regarding physical symptoms experienced before menopause 5 of them experienced symptoms of fatigue, aching bones and difficulty sleeping, 2 people experienced a burning sensation in the chest area and 3 other people had no symptoms. Regarding readiness for menopause, 3 of them said they were not ready, 5 said they were ready and 2 others said they resigned themselves to fate.

Based on the description above, some women in facing menopause are ready and some are not ready, there are symptoms that range from mild to severe from physical and psychological aspects, so the authors are interested in conducting research with the title *The Relationship Between Physical Changes and Anxiety with Readiness to Face Menopause in Pre-Elderly Women in Muntur Village, Losarang District, Indramayu Regency in 2021.*

RESEARCH METHOD

The type of research used in this study is a quantitative analytic survey design using a cross sectional design. (Siregar et al., 2022) An analytical survey is a survey or research that tries to explore how or why a health phenomenon occurs, then analyzes the dynamics of the correlation between the phenomenon or risk factors and effect factors. Meanwhile, the cross-sectional design is observation or data collection at one time (Adiputra et al., 2021). The design of this study was used to examine the relationship between physical changes and anxiety with readiness to face menopause in pre-elderly women in Muntur Losarang Village.

A. Population and Sample

a. Population

The population in this study were all mothers in Muntur Village aged 40-50 years in Muntur Village RW 01, totaling 77 people.

b. Sample

The sample is the object under study and is considered to represent the entire population (Notoatmodjo, 2012). The sample calculation technique in this study uses the Slovin formula, namely:

$$n = \frac{N}{1 + N(d)^2} \quad (1)$$

Information :

n = Number of samples

N = Total Population

D = Accuracy, looseness, inaccuracy due to sampling errors that can be tolerated, is determined at 5% (0.05)

1 = Constant

$$\frac{77}{1 + 77(0.05\%)^2} = 65$$

The sampling technique in this study used systematic random sampling, this technique is a modification of random sampling. The trick is to divide the number or members of the population by the estimated number of samples desired, the result is the sample interval. The sample is taken by making a list of elements or members of the population randomly between 1 and the number of members of the population, the calculation is as follows. The number of population is 77 and the number of samples is 65 then: $77/65 = 1.18$ rounded to 1. Then the members of the population that are sampled are each element (name of respondent) which has an interval of 1.

In this study also determined the inclusion and exclusion criteria:

a. Inclusion Criteria

The inclusion criteria are the general characteristics of the research subjects in the target population and in the actual reachable population (Sugiyono, 2017). The inclusion criteria in this study include:

- a) Women aged 40-50
- b) Not yet menopausal
- c) Present at the time of data collection
- d) Willing to be a respondent

b. Exclusion Criteria

Exclusion criteria are criteria in which subjects who meet the inclusion criteria must be excluded from the study for various reasons (Ming Arianing Risal et al., 2019). Following are the exclusion criteria in this study:

- a) Suffering from reproductive diseases
- b) Not present at the time of data collection
- c) Refuse to be a respondent

B. Variables and Operational Definitions

a. Variabel

In this study, there are two variables, namely the independent variable and the dependent variable. The independent variable is physical changes and anxiety, while the dependent variable is readiness to face menopause.

The conceptual framework in this study can be explained in section as follows.

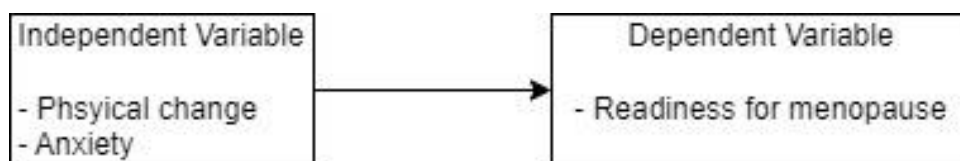


Figure 1. Research Concept Framework

RESULTS AND DISCUSSIONS

1. Univariate analysis

The results of the univariate analysis of this study will be described in the following table:

a. Distribution of Physical Changes Approaching Menopause

Table 1. Distribution of the frequency of physical changes leading up to menopause in pre-elderly women in Muntur Village, Losarang District, Indramayu Regency in 2022

| Physical Changes | Frequency (n) | Percentage % |
|------------------|---------------|--------------|
| Light | 34 | 52.3 |
| Currently | 22 | 33.8 |
| Heavy | 9 | 13.8 |
| Total | 65 | 100 |

Based on the table 1 it can be explained that the most respondents complained about physical changes before menopause at the level of mild changes as many as 34 respondents (52.3%), while complaints of severe physical changes were felt by 9 respondents (13.8%).

b. Frequency Distribution of Anxiety Levels Before Menopause

Table 2. Frequency Distribution of Anxiety Levels Before Menopause in Pre-Elderly Women in Muntur Village, Losarang District, Indramayu Regency in 2022

| Anxiety Level | Frequency (n) | Percentage % |
|---------------|---------------|--------------|
| Not Worried | 17 | 26.2 |
| Light | 28 | 43.1 |
| Currently | 19 | 29.2 |
| Heavy | 1 | 1.5 |
| Panic | 0 | 0 |
| Total | 65 | 100 |

Based on table 2 it can be explained that the frequency of respondents experiencing anxiety was at the mild level of anxiety, namely as many as 28 respondents (43.2%), while the level of severe anxiety was 1 respondent (1.5%), no respondent experienced panic anxiety.

c. Frequency Distribution of Readiness Before Menopause

Table 3. Frequency Distribution of Preparedness Before Menopause in Pre-elderly Women in Muntur Village, Losarang District, Indramayu Regency in 2022

| Readiness of Respondents | Frequency (n) | Percentage % |
|--------------------------|---------------|--------------|
| Ready | 30 | 46.2 |
| Not ready | 35 | 53.8 |
| Total | 65 | 100 |

Based on table 3 it can be explained that the readiness of respondents in facing menopause was 35 respondents (53.8%) answered ready to face menopause, while 30 respondents (46.2%) were ready

2. Bivariate Analysis

a. The Relationship Between Physical Changes With Menopause Preparedness

Table 5. Relationship Between Physical Changes and Readiness for Menopause for pre-elderly women in Muntur Village, Losarang District, Indramayu Regency in 2022

| Physical Changes | Menopause Readiness | | | | Total | | p value |
|------------------|---------------------|------|-------|------|-------|------|---------|
| | Not ready | | Ready | | N | % | |
| | N | % | N | % | | | |
| Light | 10 | 33.4 | 24 | 68.5 | 34 | 52.4 | 0.018 |
| Currently | 14 | 46.6 | 8 | 23 | 22 | 33.8 | |
| Heavy | 6 | 20 | 3 | 8.5 | 9 | 13.8 | |
| Friday | 30 | 100 | 35 | 100 | 65 | 100 | |

Based on the table 5 it can be explained that respondents who had mild physical changes had the highest number of 34 respondents (52.4%) and respondents who experienced severe physical changes had the least number, namely 9 respondents (13.8%). Respondents who experienced moderate physical changes had the highest unpreparedness, namely 14 respondents (46.6%), while respondents who had severe physical changes experienced unpreparedness in facing menopause as many as 6 respondents (20%). The number of respondents who experienced mild physical changes and were ready to face menopause were 24 respondents (68.5%), while respondents who had severe physical changes and were ready to face menopause were 3 respondents (8.5%). Based on the Chi Square calculation results, the p number is 0.

a. The Relationship Between Anxiety Levels With Menopause Preparedness

Table 6. The Relationship Between Anxiety Levels and Preparedness for Menopause for pre-elderly women in Muntur Village, Losarang District, Indramayu Regency in 2022

| Anxiety Level | Menopause | | | | Total | | p value |
|---------------|-----------|------|-------|------|-------|------|---------|
| | Not ready | | Ready | | N | % | |
| | N | % | N | % | | | |
| No worries | 4 | 13.3 | 13 | 37.1 | 17 | 26.1 | 0.016 |
| Light | 12 | 40 | 16 | 45.8 | 28 | 43 | |
| Currently | 14 | 46.7 | 5 | 14.2 | 19 | 29.2 | |
| Heavy | 0 | 0 | 1 | 3 | 1 | 1.5 | |
| Panic | 0 | 0 | 0 | 0 | 0 | 0 | |
| Amount | 30 | 100 | 35 | 100 | 65 | 100 | |

Based on table 6 it can be explained that 30 respondents were not ready to face menopause and 35 respondents were ready to face menopause. Respondents who experienced moderate anxiety about not being ready to face menopause had the highest number, namely 14 respondents (46.7%), while respondents who did not experience anxiety as many as 4 (13.3%) respondents also said they were not ready to face menopause. Respondents who were ready to face menopause mostly had mild anxiety, 16 respondents (45.8%), and 1 respondent (1.5%) had the least severe anxiety, not ready for menopause. Based on the results of the Chi Square calculation, the p number is 0.016

which means that there is a significant relationship between the level of anxiety and readiness to face menopause in Muntur Losarang Village.

Discussion

a. The Relationship Between Physical Changes With Menopause Preparedness

Based on the results of the study, it can be explained that the majority of respondents complained of physical changes before menopause at the level of mild changes, as many as 34 respondents (52.3%), the second order of respondents complained of experiencing moderate physical changes, namely 22 respondents (33.8%), and finally, complaints of severe physical changes felt by 9 respondents (13.8%).

As many as 34 respondents complained of mild physical changes, experiencing approximately 3 mild symptoms including feeling hot in the face, chest and whole body, experiencing difficulty sleeping, easily awakening from sleep and irregular menstruation. Respondents who experienced moderate physical changes complained of symptoms between 4-6 symptoms including dry and inflexible female areas, difficulty controlling urination/frequent urination, pain in the joint area, menstrual irregularities, feeling hot in the face, chest, and throughout the body and sweat at night. While 9 respondents experienced severe complaints of more than 6 symptoms so that the so-called menopausal syndrome appeared.

In the premenopausal process there is also a decrease in the function of the ovaries (ovaries) in producing egg cells and reproductive hormones. After a decrease in ovarian function, the hormone progesterone has been greatly reduced, while there is still a small amount of the hormone estrogen which often causes hormonal imbalance and causes climacteric complaints in the form of vasomotor disturbances (Wulan, 2020).

Associated with menopause, the older you get, the greater the physical changes that occur. Menopause is a time when women experience physical changes such as hot flushes (feeling hot) on the neck, face and chest, sweating at night, palpitations (increased heart rate), insomnia, weight gain, vaginal dryness and loss of supporting tissues and secondary genitalia tools such as the uterus, oviducts, cervix (cervix), vagina, vulva, perineum and anus which eventually undergo changes. Changes due to menopause can occur in all aspects of an individual's life starting from the physical, psychological and social aspects (Agustiawati & Sulistiyaningsih, 2017).

The results of the Chi Square calculation obtained a p number of 0.018 which means that there is a significant relationship between the physical changes of the respondents and the readiness for menopause in the pre-elderly. The more severe the physical changes that occur, the more unprepared the woman will be to face menopause, and vice versa, the lighter the physical changes experienced by a woman, the more prepared the woman will be to face menopause.

According to research, readiness here is defined as a woman's condition to prepare herself to face menopause, both physically, psychologically and spiritually. A woman's readiness to face menopause will greatly assist her in going through this menopause better. Readiness measurement aims to find out how ready the woman is to face menopause (Agustiawati & Sulistiyaningsih, 2017; Nisa & Islamiati, 2020). According to (Hoga et al., 2015) that women consider menopause is a natural phase and must occur as a physiological adaptation of the body with the aging process.

This research is in line with the results of research conducted by (Linda, 2019) that there is a relationship between physical changes and the mother's readiness to face menopause. The same is true of Maspaitela's theory (Maspaitela, 2007), namely that the determining factor for a woman to be ready for the arrival of menopause is in the hands of the woman herself. Here the factor of physical change is quite influential in the readiness to face menopause

Along with increasing age, women experience several changes and decreased function of physiological aspects during menopause (Wahyuni et al., 2022). Although not a disease, this event has an impact on women's lives, especially for women who are active a lot, so that it can be felt as a disturbance. Problems arising from these physical changes can cause anxiety which will affect a

woman's readiness to face menopause (Mulyani, 2013). Based on this, even though these respondents only experienced mild physical changes, some were categorized as not ready to face menopause. This is because the factors that cause readiness for menopause are not only the physical changes that occur, but also the role of the family, According to (Meilan & Huda, 2022) to better prepare yourself and reduce various complaints and physical changes before menopause, you can do this by consuming nutritious food, exercising regularly, avoiding stress and avoiding alcoholic beverages and cigarettes. Regular exercise for at least 30 minutes a day can reduce various complaints when premenopausal syndrome occurs so that it can suppress insomnia symptoms, slow osteoporosis, heart disease, and prevent hot flashes. Sports that can be done such as walking, jogging, cycling, swimming, and so on.

In addition, premenopausal women often feel that they are no longer perfect as a woman. This condition will often cause psychological pressure. Stress or tension will stimulate the brain which can disrupt the balance of hormones which ultimately affect the health of the body. Then, you should consume foods with balanced nutrition. Fulfillment of adequate nutrition will greatly assist in inhibiting the various negative impacts of menopause on brain performance, preventing dry skin, and various other diseases. It can be seen from this study that the physical changes that occur before menopause play an important role in influencing readiness for menopause, so that the lower the physical changes that occur, the woman will also be more prepared to face menopause.

The readiness of a woman in entering menopause includes physical readiness such as accepting the menopause process by paying attention to lifestyle including exercising regularly, consuming healthy and nutritious food, avoiding smoking and alcohol and consulting a doctor, psychological readiness includes positive thinking through good acceptance and avoid stress, and be spiritual by getting closer, strengthening worship so as to generate positive acceptance. Symptoms include sweating, fatigue, difficulty sleeping, irritability, feelings of fear, tension, depression. This is influenced by age, activity, and educational and economic background (Agustiawati & Sulistyaningsih, 2017)

b. The Relationship Between Anxiety Levels With Menopause Preparedness

Based on table 2 it can be explained that the frequency of respondents experiencing anxiety was at the mild level of anxiety, namely as many as 28 respondents (43.2%), while the level of severe anxiety was 1 respondent (1.5%), no respondent experienced panic anxiety.

Anxiety is a feeling disorder characterized by deep and ongoing fear or worry, no disturbance in assessing reality, personality remains intact, behavior may be disturbed but still at normal stages. According to (Stuart, 2014), anxiety is experienced subjectively and is communicated intrapersonally. All responses to anxiety can be considered adaptive responses in a broad interpretation because all responses that cause stress and discomfort cause anxiety, these responses are considered harmless and acceptable. Meanwhile, maladaptive responses can be harmful or unacceptable (Rahmawati et al., 2021).

Based on cross table 6 it can be explained that 30 respondents were not ready to face menopause and 35 respondents were ready to face menopause. Respondents who experienced moderate anxiety about not being ready to face menopause had the highest number, namely 14 respondents (46.7%), while respondents who did not experience anxiety as many as 4 (13.3%) respondents also said they were not ready to face menopause. Respondents who were ready to face menopause mostly had mild anxiety, 16 respondents (45.8%), and 1 respondent (1.5%) had the least severe anxiety, not ready for menopause.

Based on the results of the Chi Square calculation, the p number is 0.016 which means that there is a significant relationship between the level of anxiety and readiness to face menopause. It can be concluded that the higher the level of anxiety experienced by respondents, the less prepared they are to face menopause.

In line with research conducted by (Susanti, 2016) there is a relationship between menopause readiness and anxiety about menopause in PKK mothers in Gentan Village, Bendosari District, Sukoharjo Regency. This is also in line with research conducted by (Nisa & Islamiati, 2020) that there is a significant relationship at a moderate level between readiness to face menopause and anxiety levels in premenopausal women in Godean Sleman.

Anxiety about the arrival of menopause generally occurs in women who are entering the age of 50 years. The fear experienced by women, among other things, fading beauty and worry about losing her husband because of decreased sexual desire. After the age of 45, a woman still has menstruation but it is no longer regular, some women have experienced premenopausal symptoms. Menopause is the final stage of a biological process in the form of a decrease in the production of the hormone estrogen from the ovaries due to old ovaries (Anggraeni et al., 2022; Pribakti, 2012).

During menopause, the production of the hormones estrogen and progesterone decreases so that the levels in the blood are very small. Due to the reduction in this hormone, it causes various symptoms and complaints. Not only will the hormones estrogen and progesterone decrease, but other hormones will also decrease, including the male hormone testosterone (Ardiansyah et al., 2022) (Irianto, 2014). The decrease in these hormones can cause physical symptoms experienced during menopause, namely hot feelings or hot flues that suddenly attack parts of the body, sweating at night, insomnia, headaches, difficulty holding back urination, increased heart rate, increased body weight (Meeta et al., 2020). Changes in this hormonal balance can cause psychological symptoms which are characterized by feeling worthless, reduced concentration.

Many women complain about the coming of menopause which makes them anxious. The anxiety they experience is often associated with anxiety in dealing with situations that have never happened before. Women like this are usually very sensitive to emotional influences. Generally, these women do not receive correct information so that they imagine that there are only negative effects that will be experienced after menopause (Septiani & Muslihati, 2019).

Women's readiness to face menopause is influenced by psychology, family roles, information, and culture. Psychological, namely negative thoughts about menopause that menopause is the beginning of a decline entering old age, loss of feminine and sexual qualities of women can be influenced by women's readiness to face menopause (Antara et al., 2018). Symptoms felt by premenopausal respondents include changes in menstrual periods that are lengthening or shortening, frequent awakenings, decreased concentration, tend to make respondents worry if these changes are abnormal or pose a danger to them.

Many premenopausal women complain that with the arrival of premenopause they will become anxious, they worry about the end of their reproductive period and realize that they will grow old, which means their beauty will fade and the function of their organs will decrease, thereby eliminating their pride as a woman. Apart from that, premenopausal women also do not get the right information, so what they imagine is the negative effects that will be experienced after entering the pre-menopausal and menopausal periods. Early knowledge is needed to be able to change perceptions, increase knowledge, and people's attitudes about premenopause (Nisa & Islamiati, 2020).

Not all women experience emotional changes when facing menopause, there are also women who feel that there are no psychological changes they are experiencing. For women who think and judge that menopause is a scary thing, emotional changes that lead to a negative direction are difficult to avoid and will make them feel miserable. It all depends on each individual's assessment of menopause. Depression or stress is one of the signs and symptoms that often occur in menopausal women. This is related to a decrease in levels of the hormone estrogen which affects neurotransmitters in the brain, causing feelings of anxiety which is the cause of depression or stress (Mulyani, 2013).

CONCLUSION

The conclusions of this study are (1) Of the 65 respondents, 34 respondents (52.3%) experienced mild physical changes, 22 respondents (33.8%) experienced moderate physical changes and 9 respondents (13.8%) experienced severe physical changes. (2) The distribution of anxiety levels in respondents showed 17 respondents (26.2%) did not experience anxiety, 28 respondents (43.1%) experienced mild anxiety, 19 respondents (29.2%) experienced moderate anxiety and 1 respondent (1.5%) experienced severe anxiety. (3) The frequency distribution of respondents' readiness to face menopause was 30 respondents (46.2%) ready to face menopause and 35 respondents (53.8%) not ready to face menopause. (4) There is a significant relationship between physical changes in respondents and readiness to face menopause in pre-elderly people in Muntur Village, Losarang District with the results of Chi Square calculation $p = 0.016$. (5) There is a significant relationship between anxiety levels and readiness to face menopause in Muntur Village, Losarang District with the results of Chi Square $p = 0.018$. So that this research can contribute to knowing what factors affect the readiness to face menopause in pre-elderly people in Muntur Village, Losarang District, the suggestion for further research is to conduct further research related to anxiety levels in the elderly.

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