

The relationship between education level, occupation, income and parity with efforts to manage symptoms in menopausal women in Banguntapan Urban Village Yogyakarta

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ABSTRACT

Background: Menopause is the stage when a woman has not experienced menstruation for 12 consecutive months. A woman is considered to reach menopause when the FSH level in the blood exceeds 40 mIU/ml and the estradiol level is below 30 pg/ml. According to WHO, menopause is the permanent cessation of menstrual cycles caused by the loss of ovarian follicle activity and 12 continuous months of amenorrhea. Menopause complaints in women can include hot flashes, insomnia, dizziness, night sweats, constant headaches, joint pain, feelings of pressure for no reason, pain during intercourse, osteoporosis, vaginal dryness, decreased function of the reproductive system, muscle weakness, breasts that are no longer firm, increased risk of heart disease. The changes in psychological disorders are worry, fear, repetitive thinking, excessive vigilance, anxiety and depression. Changes during menopause include changes in the decrease in the hormones estrogen and progesterone from the ovaries. If the symptoms above are not treated, they can disrupt daily life and never make efforts to deal with the complaints experienced.

Objective: This study aims to determine the relationship between menopause characteristics and symptom management efforts in menopausal women.

Methods: This research was conducted using a quantitative approach with a cross-sectional design, using purposive sampling technique and primary data in Banguntapan Village, data analysis techniques using Chi Square statistical tests.

Results: The number of respondents who have high education and low education is balanced, namely 72 respondents (50.0%), more respondents who have more than one child (multigravida), namely 116 (80.6%), the number of respondents who do not work is 78 (54.2%), the majority of lower income, namely 118 respondents (84.7%), more respondents who have good handling efforts, 128 respondents (88.9%).

Conclusion: The results of the Chi-square test (χ^2) indicate a significant relationship between education level and symptom management efforts, as evidenced by a p-value of 0.008, which is less than the significance level of 0.05. On the other hand, no significant relationship was found between parity and symptom management efforts, with a p-value of 0.941, which is greater than 0.05. Similarly, there is no significant relationship between employment status and symptom management efforts, as the p-value was 0.721 (>0.05). Additionally, the study found no significant relationship between socioeconomic status and symptom management efforts, with a p-value of 0.137 (>0.05).

KEYWORD : characteristics; menopause; symptom management

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INTRODUCTION

According to WHO, by 2030, it is estimated that 1.2 billion women worldwide will experience menopause. By 2025, Asia's share is expected to increase from 107 million to 373 million (1). Based on the DKB of the Directorate General of Dukcapil, Ministry of Home Affairs, DI Yogyakarta, data on the population of women aged 40-60 years in the Special Region of Yogyakarta phase II in 2021, the number of women aged 40-60 years in the Banguntapan sub-district is 5,993 people.

In 2020, it is estimated that 11.54% of women in Indonesia will reach menopause, with the average age of menopause being 49 years. In general, the population of menopausal women is increasing, with different levels and types of complexity and can affect health problems. Menopause is a condition where a woman no longer experiences menstruation(2).

The population census in Indonesia estimates that by 2030 the total population of women aged 45-46 years will be 35 million. In each population, the age at which natural menopause occurs varies. The definition of menopause is the permanent absence of menstruation for at least 12 months caused by the loss of ovarian follicular activity (3). Factors related to the onset of menopause

include sociodemographic factors, reproduction, lifestyle and employment status. Reproductive function is related to the influence on the autonomic nervous system and neuroendocrine activity which can be caused by the influence of high work pressure (3).

Menopausal complaints in women can include hot flashes, insomnia, dizziness, night sweats, constant headaches, joint pain, feelings of pressure for no reason, pain during intercourse, osteoporosis, vaginal dryness, decreased function of the reproductive system, muscle weakness. , breasts are no longer firm, increased risk of heart disease. The changes in psychological disorders are worry, fear, repetitive thinking, excessive vigilance, anxiety and depression. Changes during menopause include changes in the hormones estrogen and progesterone from the ovaries(4). The average age of menopausal women is 51 years, but it can also occur at the age of 40-45 years and is still in the normal category(5).

The world health agency, WHO (World Health Organization) estimates that in 2025, the Indonesian population will have a life expectancy of 75 years. This situation means that women have the opportunity to live an average of 25 more years from the start of menopause. Menopausal syndrome affects a

large number of women almost all over the world, with approximately 70-80% of women in Europe, 60% of Americans, 57% of Malaysians, 18% of China and 10% in Japan (6).

In Indonesia according to the Ministry of Health in 2020 menopausal women with an average age of 49 years as many as 30.0 million. Menopausal complaints The most common menopausal complaints felt were pain in joints and muscles (76.7%), sexual disorders (75.1%), sleep disorders (72.7%), physical and mental fatigue (72.2%), urinary disorders (64.8%), complaints of vaginal dryness (57.8%), vasomotor complaints (51.5%), irritability (30.2%), cardiovascular disorders. Menopause causes >80% of women to experience complaints physical and psychological complaints with various stresses and disorders decreased quality of life(7).

The period after the cessation of menstruation occurs during the third part of the life of women who are classified as infertile. Appropriate preventive efforts are needed to prepare a woman to live a healthy and independent life during the menopause period. Treatment from a medical perspective is still inadequate in overcoming problems in society. A model of prevention efforts is needed to reduce the incidence of this problem(8).

Based on the results of an interview survey conducted by Asbar & Mawarpury, (2018), data was obtained from 17 menopausal women who experienced menopausal

complaints in the form of muscle and joint pain, headaches, insomnia, restlessness and feelings of depression. This situation can disrupt daily life and efforts to resolve the complaints experienced are never made(8).

Previous studies explain that the management of perimenopause is in the poor category, where this can be seen in the regulation of nutrition (58.14%), regulation of sports activities (56.69%), regulation of sexual activities (52.32%), regulation of stress and emotions (65.69%), rest arrangements (50.58%), information search arrangements and health services (58.72%) (27).

As many as 58.3% of women who enter menopause experience a decline in physical and mental function such as anxiety, depression, insomnia, memory weakness, anxiety and physical disorders. Low socio-economic status, education level, age, smoking habits and lack of physical activity are associated with quality of life (vasomotor, psychological and somatic syndrome of menopausal women) (9). Efforts to treat menopausal symptoms are also related to the level of education. There is a significant relationship between education and a person's efforts to deal with health problems experienced during menopause.

Based on the background above, the author was motivated to conduct research on "the relationship between menopause characteristics and efforts to treat symptoms in menopausal mothers in Banguntapan Village, Yogyakarta."

MATERIALS AND METHODS

This type of research is quantitative research with a cross-sectional approach. Data analysis techniques use the Chi Square statistical test. This research was carried out in Jomblangan and Plumbon hamlets, Banguntapan sub-district, Yogyakarta. The population in this study was 255 people. The sampling technique in this study used a purposive sampling technique, with a total sample of 144 menopausal women aged 45-55 years. Primary data in this research is data obtained directly from menopausal women who are in the Banguntapan sub-district of Yogyakarta and are willing to fill out a

research questionnaire. The independent variable (independent variable) in this study is the characteristics of menopause and the dependent variable (dependent variable) in this study is efforts to treat symptoms in menopausal mothers.

RESULTS AND DISCUSSION

RESULTS

Univariate Analysis

Education level, employment status, income, parity of information sources, age at first menopause, disease history and efforts to treat menopausal symptoms in menopausal women in Jomblangan and Plumbon

Table 1. Frequency distribution based on education level, employment status, income, parity of information sources, age at first menopause, disease history and treatment efforts for menopausal symptoms

Variable	f	%
Level of education		
Low Education (Junior High School and Below)	72	50
Higher Education (High School, PT)	72	50
Job status		
Work	66	45.8
Doesn't work	78	54.2
Income		
<Rp. 2.066.438	118	81.9
>Rp. 2.066.438	26	18.1
Parity		
Primipara	28	19.4
Multiparous	116	80.6
Resources		
Never	48	33.3
Health workers	37	25.7
Social media	39	27.1
Others	20	13.9
First Age of Menopause		
Age 45-50	116	80.6
Ages 51-55	28	19.4

Disease History		
Hypertension	9	6.3
Diabetes	4	2.8
There isn't any	131	91
Efforts to Treat Symptoms in Menopause		
Good	128	88.9
Not enough	16	11.1

Source: primary data 2023

Hamlets, Banguntapan District, Yogyakarta.

Based on **Table 1** above, it can be seen that the number of respondents who have low education and higher education is the same, namely 72 (50.0%), there are more respondents who do not work (54.2%), respondents who have income <Rp. 2,066,438 (81, 9%) more than respondents who had income >Rp. 2,066,438 (18.1%), the most respondents had more than one child (Multiparous) as many as 116 respondents (80.6%) and the number of respondents who had 1 child (Primipara) namely 28 respondents (19.4%), of the 144 respondents more respondents already knew information about menopause, through health workers 37 respondents (25.7%), social media 39 respondents (27.1%) and through other people as many as 20 respondents (13.9%) compared to respondents who had never received information about menopause as many as 48 respondents (33.3%), as many as 116 respondents (80.6%) and respondents who entered menopause at the age of 51-55 years as many as 28 respondents (19.4%), respondents who had a history of hypertension were 9 respondents (6.3%), respondents who had a history of diabetes

were 4 respondents (2.8%) and respondents who had no history of the disease were as many as 131 respondents (91.0%) and the most respondents with good handling efforts were 128 respondents (88.9%). The lowest number of respondents with less handling efforts was 16 respondents (11.1%).

Bivariate Analysis

Based on the **Table 2**, it can be seen that of the 144 menopausal women who were respondents in this study, it showed that 128 respondents (88.9%) had good treatment efforts and 16 respondents (11.1%) had poor treatment efforts. The results of this study show that there is an influence of education level on efforts to treat menopause symptoms in the Banguntapan sub-district, so that H0 is rejected. This can be seen from the Chi Square correlation test with a significance result of 0.008 which is much smaller than the significance level used, namely 0.05. This shows that the efforts of menopausal women in dealing with menopausal symptoms in Jomblangan Hamlet and Plumbon Hamlet, Banguntapan District, Yogyakarta, have been good. Handling efforts are developing ideas about the details of the problems contained in

Table 2. Frequency distribution of respondents based on the relationship between education and efforts to manage symptoms in menopausal mothers

Level of education	Efforts to treat menopausal symptoms						Pvalue
	Good		Not enough		Total		
	f	%	f	%	f	%	
Low education	59	41	13	9	72	50	0.008
Higher education	69	47.9	3	2.1	72	50	
Total	128	88.9	16	11.1	144	100	

Data source: primary data 2023

the individual, further exploration of all the ins and outs of the problem, trying to find ways to overcome or solve the main source of the problem. Treatment efforts are not yet an action or activity but are the development of ideas from a behavior (4).

According to WHO, 2017. Efforts that can be made are through proper diet and appropriate physical activity. Treatment can also be done by administering estrogens such as estriol (17). Some treatments for menopause are lifestyle changes, hormone-based treatments, drugs (pharmacology) (22) and complementary therapies (23). Respondents' handling efforts for menopausal symptoms were divided into 3 categories, namely good handling efforts, adequate handling efforts and poor handling efforts.

Treatment efforts can be influenced by educational factors. The research results show that the education level of the respondents is balanced. The level of education greatly influences an individual's response to something that comes from within or outside (16). Education is one of the factors within a person that influences beliefs and actions regarding health. A person's beliefs and actions regarding health are

influenced by knowledge and about various bodily functions and diseases, educational background, and past experiences. One role in influencing a person's decision to behave healthily in the future is through knowledge which is influenced by the level of education (10). Education is needed to obtain information, for example things that support health so that it can improve the quality of life. In general, the higher a person's education, the easier it is to receive information (33). However, sources of information cannot only be obtained from education. Even though the number of respondents' education levels is balanced, it can be seen in table 4.5.

Through univariate analysis, it was found that more respondents had received information about menopause through health workers (25.7%), social media (27.1%) and other people (13.9%). This shows that even though respondents have low education, more respondents' efforts to deal with menopausal symptoms have good efforts because more respondents already have knowledge about menopause, although not all of them are through their education level but can be through other people, social media or health workers. This research is in line with

Table 3. Frequency distribution based on the relationship between parity and efforts to manage symptoms in menopausal mothers

Parity	Efforts to treat menopausal symptoms						Pvalue
	Good		Not enough		Total		
	f	%	f	%	f	%	
Primipara	25	17.4	3	2.1	28	19.4	0.941
Multiparous	103	71.5	13	9	116	80.6	
Total	128	88.9	16	11.1	144	100	

Data source: primary data 2023

research conducted by Misrina and Rizka Nuzula, that there is a relationship between perimeno-pausal maternal education and readiness to face menopause in Meunasah Capa Village, Kota Juang District with a p value of $0.002 < 0.05$. However, this research is not in line with research conducted by Luh Putu Sri Yulastusi and I Made Widiarta. The results showed that there was no significant relationship between education and readiness to face menopause (p value 0.140), (11). Readiness is a person's tendency to respond to an event when faced with an event (11).

The research results **Table 3** showed that there was no significant relationship between parity and efforts to treat menopausal symptoms. This can be seen in table 4.7. It was found that the highest parity for efforts to treat menopausal symptoms was menopausal women who had more than one child, namely 103 respondents (71.5%). From the analysis above, it was found that the significance value between parity and treatment efforts for menopausal symptoms was 0.941 using chi square analysis, which means that $0.941 > 0.05$ so the hypothesis (H_0) was accepted. This research is in line

with research conducted by Ingrid Dirgahayu, et al. From this research, the results showed that there was no relationship between parity and quality of life in women aged 45 years and over (p value 0.608) (12). However, this research is not in line with research conducted by Yanita Trisetiyaningsih entitled "factors related to the quality of life of climacteric women". This research found that there was a relationship between parity and the quality of life of climacteric women with a p value of $0.03 < 0.05$.

Parity is the number of pregnancies that produce fetuses that are capable of living outside the uterus. Some of the symptoms of menopause that are felt include changes in menstrual patterns, a hot feeling that spreads from the face throughout the body, sweating at night and insomnia (13). Age of childbirth carried out at Beth Israel Deaconess Medical Center Boston, found that women who still give birth after 40 years will experience an older age of menopause. This happens because pregnancy and childbirth will slow down the working system of the reproductive organs. Menopausal complaints are also felt to interfere with sleep quality. These complaints can affect a person's quality of life.

Table 4. Frequency distribution based on the relationship between employment status and efforts to manage symptoms in menopausal mothers.

Job status	Efforts to treat menopausal symptoms						Pvalue
	Good		Not enough		Total		
	f	%	f	%	f	%	
Work	58	40.3	8	5,6	66	45.8	0.723
Doesn't work	70	48.6	8	5,6	78	54.2	
Total	128	88.9	16	11.1	144	100	

Data source: primary data 2023

Quality life is a goal that humans at all ages want to achieve. However, menopausal complaints are still considered a normal phase that a woman will experience as part of her life cycle, so clinical treatment is still rarely carried out by the woman herself (12).

Handling efforts are trying to find ways to overcome or solve the main source of the problem. handling is not yet an action or activity but is the development of an idea from a behavior (4). It can be concluded that parity is a factor in the occurrence of menopause. However, there was no relationship between parity and treatment efforts for menopausal symptoms. This can be seen from the bivariate analysis which obtained a p value of $0.941 > 0.05$ and the assumption that menopausal complaints are a normal phase that a woman will experience.

The results **Table 4** of the analysis above show that there is no relationship between employment status and efforts to treat menopausal symptoms, so H_0 is accepted. This was obtained from the results of the chi square test which showed a significance level of 0.723 which was greater than the significance level of 0.05, which means there is no significant relationship

between work and efforts to treat menopausal symptoms. The results of the analysis showed that 78 menopausal women who had working status were 78 people (54.2%) and 66 menopausal women who had working status were 66 people (45.8%).

The results of this research are that there is no relationship between employment status and efforts to treat menopausal symptoms with a p value of 0.723. This research is in line with research conducted by Luh Putu Sri Yuliasuti and I Made Widiarta which states that there is no significant relationship between work and readiness to face menopause p value 0.723(11).

The more or harder work a woman does, the faster they reach menopause, this is influenced by a woman's psychological development (13). Handling efforts are trying to find ways to overcome or solve the main source of the problem. handling is not yet an action or activity but is the development of an idea from a behavior (4). This research found that work status or workload did not influence menopausal mothers in their efforts to treat menopausal symptoms. The differences in health status that occur in each country can be seen from the economic conditions of that

Table 5. Frequency distribution based on socio-economic relationship (income) with symptom management efforts in menopausal mothers.

Income	Efforts to treat menopausal symptoms						Pvalue
	Good		Not enough		Total		
	f	%	f	%	f	%	
< Rp.2.066.438	105	72.9	13	9	118	81.9	0.939
> Rp. 2.066.438	23	16	3	2.1	26	18.1	
Total	128	88.9	16	11.1	144	100	

Data source: primary data 2023

country. Countries with good economic conditions will have a high value on the health status of each individual. This can be seen from the country's focus, which not only wants to advance the country's economy, but also improve the health status of each individual.

In this study, it is stated that there is no relationship between socio-economic (income) and efforts to treat menopausal symptoms, this can be seen from the results of the Chi Square test calculation which obtained a significance value of 0.939. With a significance figure of $0.939 > 0.05$, H_0 is accepted and H_a is rejected, so there is no relationship between income and efforts to treat menopausal symptoms. From the SPSS test results data, it was found that 128 respondents (88.9%) had good treatment efforts and 16 respondents (11.1%) had poor treatment efforts. In the analysis, it was also found that 118 respondents (81.9%) of menopausal women had incomes below the minimum wage and 26 respondents (18.1%) of menopausal women had incomes above the minimum wage. This research found that socio-economic (income) did not have a significant relationship with efforts to treat menopausal symptoms. The results of this

research are in line with research conducted by Yanita Trisetiyangisih which states that income level has no effect on the quality of life of climacteric women(14).

DISCUSSION

Relationship between education level and efforts to manage symptoms in menopausal mothers

Based on the analysis above, it can be seen that of the 144 menopausal women who were respondents in this study, it showed that 128 respondents (88.9%) had good treatment efforts and 16 respondents (11.1%) had poor treatment efforts. The results of this study show that there is an influence of education level on efforts to treat menopause symptoms in the Banguntapan sub-district, so that H_0 is rejected. This can be seen from the Chi Square correlation test with a significance result of 0.008 which is much smaller than the significance level used, namely 0.05. This shows that the efforts of menopausal women in dealing with menopausal symptoms in Jomblangan Hamlet and Plumbon Hamlet, Banguntapan District, Yogyakarta, have been good. Handling efforts are the development of ideas about the details of the problems

contained in the individual, further exploration of all the ins and outs of the problem, seeking ways to overcome or solve the main source of the problem. Treatment efforts are not yet an action or activity but are the development of ideas from a behavior (4).

According to WHO, 2017. Efforts that can be made are through proper diet and appropriate physical activity. Treatment can also be done by administering estrogens such as estriol (13). Some treatments for menopause are lifestyle changes, hormone-based treatments, drugs (pharmacology) (16) and complementary therapies (17). Respondents' handling efforts for menopausal symptoms were divided into 3 categories, namely good handling efforts, adequate handling efforts and poor handling efforts.

The Relationship between Parity and Efforts to Manage Symptoms in Menopausal Mothers

The research results showed that there was no significant relationship between parity and efforts to treat menopausal symptoms. This can be seen in **Table 4**. It was found that the highest parity for efforts to treat menopausal symptoms was menopausal women who had more than one child, namely 103 respondents (71.5%). From the analysis above, it was found that the significance value between parity and treatment efforts for menopausal symptoms was 0.941 using chi square analysis, which means that $0.941 > 0.05$ so the hypothesis (H_0) was accepted.

This research is in line with research conducted by Ingrid Dirgahayu, et al. From this research, the results showed that there was no relationship between parity and quality of life in women aged 45 years and over (p-value 0.608) (12). However, this research is not in line with research conducted by Yanita Trisetiyaningsih entitled "factors related to the quality of life of climacteric women". The research found that there was a relationship between parity and the quality of life of climacteric women with a p value of $0.03 < 0.05$. Parity is the number of pregnancies that produce fetuses that are capable of living outside the uterus. Some of the symptoms of menopause that are felt include changes in menstrual patterns, a hot feeling that spreads from the face throughout the body, sweating at night and insomnia (15). The age of childbirth carried out at Beth Israel Deaconess Medical Center Boston, found that women who still give birth after 40 years will experience an older age of menopause. This happens because pregnancy and childbirth will slow down the working system of the reproductive organs.

Menopausal complaints are also felt to interfere with sleep quality. These complaints can affect a person's quality of life. Quality life is a goal that humans at all ages want to achieve. However, menopausal complaints are still considered a normal phase that a woman will experience as part of her life cycle, so clinical treatment is still rarely carried out by the women themselves (12). Handling efforts are trying to find ways to

overcome or solve the main source of the problem. handling is not yet an action or activity but is the development of an idea from a behavior (4). It can be concluded that parity is a factor in the occurrence of menopause. However, there was no relationship between parity and treatment efforts for menopausal symptoms. This can be seen from the bivariate analysis which obtained a p value of $0.941 > 0.05$ and the assumption that menopausal complaints are a normal phase that a woman will experience.

Relationship between employment status and efforts to manage symptoms in menopausal women

The results of the analysis above show that there is no relationship between employment status and efforts to treat menopausal symptoms, so H_0 is accepted. This was obtained from the results of the chi square test which showed a significance level of 0.723 which was greater than the significance level of 0.05, which means there is no significant relationship between work and efforts to treat menopausal symptoms. The results of the analysis showed that there were 78 menopausal women who had a non-working status and 66 menopausal women who had a working status (45.8%).

The results of this research are that there is no relationship between employment status and efforts to treat menopausal symptoms with a p value of 0.723. This research is in line with research conducted by Luh Putu Sri Yuliasuti and I Made Widiarta

which stated that there was no significant relationship between work and readiness to face menopause, p-value 0.723 (18). Handling efforts are trying to find ways to overcome or solve the main source of the problem. handling is not yet an action or activity but is the development of an idea from a behavior (4). This research found that work status or workload did not influence menopausal mothers in their efforts to treat menopausal symptoms.

Socioeconomic (Income) Relationship with Efforts to Manage Symptoms in Menopausal Women

The differences in health status that occur in each country can be seen from the economic conditions of that country. Countries with good economic conditions will have a high value on the health status of each individual. This can be seen from the country's focus which not only wants to advance the country's economy, but also improve the health status of each individual. In this study, it is stated that there is no relationship between socio-economic (income) and efforts to treat menopausal symptoms, this can be seen from the results of the Chi Square test calculation which obtained a significance value of 0.939. With a significance figure of $0.939 > 0.05$, H_0 is accepted and H_a is rejected, so there is no relationship between income and efforts to treat menopausal symptoms. From the SPSS test results data, it was found that 128 respondents (88.9%) had good treatment

efforts and 16 respondents (11.1%) had poor treatment efforts. In the analysis, it was also found that 118 respondents (81.9%) of menopausal women had incomes below the minimum wage and 26 respondents (18.1%) of menopausal women had incomes above the minimum wage. This research found that socio-economic (income) did not have a significant relationship with efforts to treat menopausal symptoms. The results of this research are in line with research conducted by Yanita Trisetiyangisih stating that income level has no effect on the quality of life of climacteric women (19).

CONCLUSION AND RECOMMENDATION

The results showed that there was a relationship between the level of education and efforts to treat menopausal symptoms with a p-value of $0.008 < 0.05$. The results showed that there was no significant relationship between parity and treatment efforts for menopausal symptoms with a p-value of $0.941 < 0.05$. The results showed that there was no significant relationship between employment status and efforts to treat menopausal symptoms with a p-value of $0.721 < 0.05$. The results showed that there was no significant relationship between socio-economic (income) and efforts to treat menopausal symptoms with a p-value of $0.137 < 0.05$. The number of respondents' educational levels was balanced, namely 72 respondents with low education (50.0%) and 72 respondents with high education (50.0%), with the most respondents having more than

one child (multiparous) with 116 respondents (80.6%), more respondents who were not working 78 (54.2%) than respondents who were working 66 (45.8%), more respondents had received information about menopause through health workers, social media, and through other people. The majority of respondents had incomes below the Bantul minimum wage, namely 118 respondents (84.7%). Of the 144 respondents, it was found that there were more respondents who had good handling efforts than respondents who had less handling efforts, namely 128 respondents (88.9%).

It is hoped that future researchers can examine demographic data on other characteristics of menopause related to efforts to treat menopausal symptoms such as menarche, history of contraception, history of disease, smoking, age, culture & environment, exposure and sources of information. It is hoped that institutions will add study materials and information regarding menopause and efforts to treat symptoms during menopause. It is hoped that respondents will increase their efforts in dealing with menopausal symptoms, so that respondents can further improve their quality of life, one of which is maintaining health.

REFERENCES

1. Novianti R, Kartika II, Fitrianingrum A. Pengaruh Edukasi Kesehatan Tentang Tanda dan Gejala Terhadap Peningkatan Pengetahuan Pada Ibu dalam Menghadapi Menopause di Desa

- Hegarmanah Kecamatan Cikarang Timur Kabupaten Bekasi Tahun 2021. *Jurnal Ilmu Kesehatan Bhakti Husada*. 2021;7(02):18. doi : <https://doi.org/10.37848/jurnal.v7i02.115>
2. Setiawan R, Iryanti I, Muryati M. Efektivitas Media Edukasi Audio-visual dan Booklet terhadap Pengetahuan Premenopause, Efikasi Diri dan Stres pada Wanita Premenopause di Kota Bandung. *Perilaku dan Promosi Kesehatan Indones Jurnal Heal Promot Behav*. 2020;2(1):1.
 3. Wayan N, Candra K, Ngurah IG, Wijaya H, Manuaba IBGF, Mulyana RS, et al. Karakteristik Menopause Pada Perawat Di Rsup Sanglah Denpasar Tahun 2021 Program Studi Sarjana Kedokteran dan Profesi Dokter , Fakultas Kedokteran , Universitas Udayana , Bali , berkaitan . Penelitian ini bertujuan untuk mengetahui usia menopause dan kara. *Jurnal Medika Udayana*, Vol. 11 No.4, April, 2022;11(4):12–7.
 4. Damayanti F nur. Skripsi Program Studi S1 Kebidanan, Univ. Muhammadiyah Semarang. 2020;
 5. Yuneta Agus Eka Nurma,dkk. Hubungan Pengetahuan Tentang Menopause Dengan Tingkat Kesiapan Menjelang Menopause Pada Ibu Premenopause. *PLACENTUM Jurnal Ilmiah Kesehatan dan Aplikasinya*, Vol. 9(2)2021
 6. Ilmu NR, Keperawatan I. Proposal Penelitian Faktor-Faktor Yang Berhubungan Dengan Kemampuan Perempuan Menopause Dalam Mengatasi Permasalahan Fisik , Seksual ,Dan Psikologi Di Rw 09 Kel Jati Cempaka Pondok Gede Bekasi Oleh : Fakultas Ilmu Keperawatan Universitas Islam As-Syafi .2021;
 7. Romadhona NF. Menopause Permasalahan Dan Manfaat Senam Untuk Wanita Menopause. 2022;48. Universitas Muhammadiyah Surabaya Publising. Surabaya
 8. Simangunsong DE, Wahyuni TS. Penurunan Keluhan Menopause dengan Latihan Kekuatan otot, Tulang dan Sendi (OTTUSEN). *Jurnal Kesehat Manarang*. 2020;6(1):1.
 9. Norisa N, Fitriani A, Asriah A, Novemi N. Hubungan Pengetahuan dan Sikap Ibu Perimenopause Terhadap Kesiapan Menghadapi Menopause. *Jurnal Kebidanan Malakbi*. 2022;3(2):72.
 10. Estiani M, Dhuhana C. Hubungan Pendidikan dan Pengetahuan Wanita Premenopause Terhadap Sikap Menghadapi Menopause di Desa Sekarjaya Kabupaten Ogan Komering Ulu. *Jurnal Keperawatan Sriwijaya*. 2015. 2(2):101-107
 11. Sri Yuliasuti LP, Widiarta IM. Hubungan Pendidikan, Pekerjaan Dan Dukungan Suami Dengan Kesiapan Wanita Menghadapi Menopause Di Dusun Pungka Kecamatan Unter Iwes Kabupaten Sumbawa. *Jurnal Ilmu Sosial dan Pendidikan*. 2022;6(2):4061–6.
 12. Dirgahayu I, Rustikayanti RN, Jayanti

- TN. Faktor Yang Memengaruhi Kualitas Hidup Perempuan Menjelang Menopause. *Jurnal Keperawatan* [Internet]. 2023;15:87–94. Available from: <http://journal2.stikeskendal.ac.id/index.php/keperawatan/article/view/709/514>
13. Merlin H. Program Studi Kebidanan Program Sarjana Universitas Aifa Royhan Di Kota Padangsidempuan. Skripsi. 2020
 14. Trisetianingsih Y, Jenderal Achmad Yani Yogyakarta Jl Ringroad Barat S. Related Factor of Quality of Life of Climateric Women. *Media Ilmu Kesehatan*. 2016; 5(1): 30–9.
 15. Maringga EG, Sari NIY. Analisis Faktor yang Mempengaruhi Kejadian Hipertensi Pada Wanita Menopause. *Midwifery Jurnal Kebidanan*. 2020;6(2): 21–5
 16. Manurung N, Manurung R, Bolon CMT. asuhan keperawatan sistem endokrin dilengkapi mind mapping dan asuhan keperawatan nanda NIC NOC. Yogyakarta : Deepublish, 2017
 17. A'yun Q. Gambaran Kesiapan Ibu Menghadapi Masa Menopause di Jl.Tlogo Al Kautsar Kecamatan Tlogomas Lowokwaru Kota Malang Tahun 2019. UMM Library. All Rights Reserved. 2019;4–14. Available from: <https://eprints.umm.ac.id/63139/>
 18. Sri Yuliasuti LP, Widiarta IM. Hubungan Pendidikan, Pekerjaan Dan Dukungan Suami Dengan Kesiapan Wanita Menghadapi Menopause Di Dusun Pungka Kecamatan Unter Iwes Kabupaten Sumbawa. *JISIP (Jurnal Ilmu Sos dan Pendidikan)*. 2022;6(2):4061–6.
 19. Trisetianingsih Y, Jenderal Achmad Yani Yogyakarta Jl Ringroad Barat S. Related Factor of Quality of Life of Climateric Women. *Media Ilmu Kesehat*. 2016; 5(1):30–9.
 20. Yulinda, Purwaningsih D, Marlina Sudarta C. Latihan Yoga Dapat Menurunkan Tingkat Kecemasan Pada Siklus Menstruasi Remaja Puteri. *Jurnal Ners Dan Kebidanan Indonesia*. 2017.5(1): 20-26. doi [http://dx.doi.org/10.21927/jnki.2017.5\(1\).20-26](http://dx.doi.org/10.21927/jnki.2017.5(1).20-26)