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The Level of Knowledge of Premenopausal Mothers About Menopause Before and

After Counseling in the Congregation of Keluarga Allah Bandung

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1. Introduction

Menopause is a symptom in a woman's life that is marked by the cessation of the menstrual cycle within the last year without menstruation. The average age for women to experience menopause is 51 years. Women can be said to have reached menopause if they have not had their periods for 12 consecutive months or not and are accompanied by signs and symptoms.¹ The menopausal process starts from premenopause (age 40 - 48), menopause (age 49 - 51) and postmenopausal (age 52 - 55).²

Signs of menopause usually begin with the appearance of complaints both physically and psychologically, such as irritability, fear, anxiety, irritability, hot flushes, depression, headaches,

ABSTRACT

Menopause is a phase in which a woman no longer has a menstrual cycle for 12 months at a time. Sequence with or without symptoms. The process of menopause can cause a woman to be confused about her situation because she is experiencing something similar for the first time so she needs to make adjustments. This study aims to find differences in the level of knowledge of premenopausal mothers before and after counseling about menopause in the Congregation of Keluarga Allah Bandung. The research method is quantitative with a quasi-experimental design with a sampling technique using a purposive sampling method with a total of 40 respondents. The instrument used is a test that has been tested for validity and reliability and is declared valid and reliable. The results showed that there were differences in the level of knowledge before and after being given counseling, with a p-value of 0.000 (p <0.05).

fatigue, difficulty concentrating, forgetfulness, lack of energy, weight gain, bone and muscle pain, sleep disturbances, constipation, heart palpitations, libido disorders, tingling, dizzy eyes.³ According to research from Indarwati et al., physical changes that occur in women with early menopause are based on the characteristics of key informants, age at first menstruation, mostly menstruating aged 12-13 years, while the age of menopause is the most between 45-50 years.⁴

Premenopause is a transitional phase experienced by women towards menopause. This phase is a physiological condition in women who have entered the aging process, which is marked by decreased levels of the hormone estrogen from the ovaries. This period

can occur for 2-5 years before menopause. Premenopause occurs when women begin to enter the age of 39-51 years, but the age of premenopause in each individual is not same.² At this time, women adjust to the decreased production of hormones produced by the ovaries, whose effects vary widely. WHO reports that in 2030 the number of women worldwide who enter menopause is estimated to reach 1.2 billion people.⁵ In 2025, it is estimated that in Indonesia, there will be 60 million menopausal women, and in 2016 menopausal women will reach 14 million or 7.4% of the total population. Meanwhile, the estimated average age of menopause in Indonesia is 48 years. Likewise, in West Java Province, the number of menopausal women increases every year, with a recorded number of 13.01 million women in West Java from the total population of Indonesia, which is 261.89 million.6

During menopause, women must readjust their lives from a life that is physiologically stimulated by estrogen and progesterone to a life that is empty without these hormones. The loss of estrogen often results in dramatic physiological changes in bodily functions. Psychological changes that accompany experiences. women's premenopausal In and knowledgeable adaptable women. these psychological changes are insignificant, if not significant, and they experience only brief periods of emotional instability. Research conducted by Neugarten shows the importance of cultural belief systems and communication networks among women in social behavior during menopause. He concluded that sociocultural factors such as myths and belief systems helped shape women's perceptions of menopause more than biological factors and that more open channels of communication among postmenopausal women could have a negative impact and make menopause a more stressful event.7 This study aims to determine the differences in the level of knowledge of premenopausal mothers before and after

being given counseling about menopause in the Congregation of Keluarga Allah Bandung.

2. Methods

This research is quantitative research with a quasiexperimental research design. The population in this study were women in the Congregation of Keluarga Allah Bandung. The sampling technique used is purposive sampling with the criteria of adult women in the Congregation of Keluarga Allah Bandung, willing to participate in research, have secondary to graduate education, follow the counseling provided, and are in the menopausal phase. A total of 40 respondents were included in the research inclusion criteria. The variables in this study include: The independent variable is the knowledge of premenopausal mothers before being given counseling which is categorized into low knowledge (0-3), moderate knowledge (4-6), and high knowledge (7-10). In contrast, the dependent variable is the knowledge of premenopausal mothers after being given counseling which is categorized into low knowledge (0-3), moderate knowledge (4-6), and high knowledge (7-10). The time of the research is on April 25-30 2022. The place of research is in the Family of Allah Congregation. Data collection techniques were carried out by distributing pretest questionnaires that had been compiled in the form of Google Forms, then asking respondents to follow the counseling provided after that filling out the posttest questionnaire in the form of Google Forms. The research instrument used was a test on menopause with validity test results above 0.514 and reliability test results with a Cronbach alpha value of 0.683 with reliable results. Data analysis on the level of knowledge of premenopausal mothers before and after counseling used percentages which were then referred to in the knowledge interpretation scale table as shown in the following table.

No.	Interpretation	Scale
1	Low	0-3
2	Medium	4-6
3	High	7-10

Table 1. Data measurement scale

The data analysis before and after being given counseling using the Wilcoxon signed-rank test formula. Writing ethics include respect for person, beneficence & non-maleficence, informed consent, anonymity, confidentiality, and justice. The research was conducted after obtaining approval from the Health Research Ethics Committee of the Adventist University of Indonesia No. 223/KEPK-FIK.UNAI/EC/II/22.

3. Results and Discussion

The distribution of data on the level of knowledge of mothers before being given counseling can be seen in table 2.

Table 2. Mother's knowledge level before the counseling

Category	Frequency	Percentage
Low	1	2.5 %
Medium	15	37.5%
High	24	60 %

Based on table 2 above, it was found that 60% of respondents had a high level of knowledge about menopause before counseling, 37.5% of respondents had a moderate level of knowledge, and 2.5% of respondents had a low level of knowledge. It can also be concluded that the description of the level of knowledge of premenopausal mothers before being given counseling is in the high category.

The distribution of the mother's level of knowledge before being given counseling can be seen in table 3.

Category	Frequency	Percentage
Low	0	0 %
Medium	1	2.5 %
High	.39	97.5%

Table 3. Mother's knowledge level after the counseling

Based on table 3 above, it was found that as many as 97, 5% of respondents have a high level of knowledge about menopause after counseling, 2.5% of respondents have a moderate level of knowledge, and as many as 0% of respondents have a low level of knowledge. It can also be concluded that the description of the level of knowledge of premenopausal mothers after being given counseling is in the high category.

Data on the level of knowledge of mothers before and after being given counseling can be seen in table 4.

Table 4. Wilcoxon	Signed-rank test results
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Variable	Mean	Р	α
Before counseling	7	0.000	0,05
After counseling	9,8	0,000	

In table 4 above shows the results of statistical tests by using the Wilcoxon signed-rank test to find out the difference in knowledge level before and after being given counseling and found a P-value of 0.000 with a confidence level of 95% or 0.05. This means that there is a difference in the level of knowledge of premenopausal mothers before and after being given counseling about menopause.

In table 2, regarding the mother's level of knowledge before counseling, it was found that 60% of the respondents had a high level of knowledge. This is in contrast to the research conducted by Asifah et al., where it was found that in their study, 58.3% of the respondents in their study had a low level of knowledge.¹ In a study conducted by Wibowo et al. regarding the relationship between knowledge about menopause and anxiety in menopausal women in premenopausal women, it was found that 45.1% of respondents who participated in the study had a good level of knowledge.⁶

One of the things that affect a person's level of knowledge in education. In general, a person's high education will affect the knowledge she has, whereas the knowledge he has is wider and more numerous. In addition, the process of receiving new information will be easier to process and understand so that the knowledge they have will increase. On the other hand, a low level of education will reduce a person's ability to accept new information.⁸ Other factors that can affect a person's level of knowledge are the experience, age, and physical condition a person has, as well as the efforts and ways to acquire knowledge.⁹

In table 3, regarding the level of knowledge of mothers after counseling, it is found that as many as 97.5% of respondents have a high level of knowledge. This is contrary to the research conducted by Rangkuti wherein his research, it was found that the post-test results regarding menopause in premenopausal women were found to be 57.5% of respondents had sufficient knowledge level and 35% of respondents had a good knowledge level.¹⁰ Research conducted by Wardiah et al. found that the post-test results regarding menopause found an average result of 83.61

in the high or good category.¹¹

Knowledge itself is influenced by formal education factors. Knowledge is closely related to education, and it is hoped that through higher education, public knowledge will be wider. However, it should be emphasized that this does not mean that the level of knowledge of the people who are educated is low at all. A person's cognition of an object contains two aspects, positive aspects, and negative aspects. These two aspects will determine a person's attitude. The more positive aspects and objects are known, the more positive the attitude towards certain objects. The level of knowledge of premenopausal women influences women to develop logical reasoning and analysis about the changes in menopause that will be faced so that it will be easier for a premenopausal woman to receive information about menopause. Knowledge about menopause can be one of the adaptation factors that determine natural changes in the life cycle experienced by every woman and do not require treatment.12

Table 4 shows the results of statistical tests using the Wilcoxon signed-rank test to determine the difference in the level of knowledge before and after being given counseling, and it was found that the P value was 0.000 with a confidence level of 95% or 0.05. This means that there are differences in the level of knowledge of premenopausal mothers before and after being given counseling about menopause. This is in line with the research conducted by Wardiah et al. wherein their research on the effect of health education about menopause on the level of knowledge of premenopausal mothers where the results of the ttest were found with a p-value of 0.000 which means that there is a difference in knowledge of premenopausal mothers before and after menopause. after counseling.11

Health education is needed as part of health promotion in an effort to increase knowledge, attitudes, and actions about health. So of course, there are efforts to provide information, one of which is in the field of health education. The original meaning of counseling is to provide information and information so that public knowledge must be increased after health education. The many myths about menopause that develop in society due to lack of knowledge can have a bad impact.¹³

The success of health education is influenced by promotion factors, promotion objects, and promotion processes. Health education is a health education activity that disseminates information and instills selfconfidence so that people not only know, know, and understand but are also willing and able to make health-related advice.¹⁴

5. Conclusion

The results showed that there were differences in the level of knowledge of premenopausal mothers before and after being given counseling about menopause in the Congregation of Keluarga Allah Bandung.

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