

Research Article

The Effectiveness of Using Booklet Media on Increasing Women's Knowledge and Attitudes Regarding Premenopause

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Abstract. Many women experience premenopausal syndrome almost all over the world. Symptoms felt by premenopausal women can be a problem in dealing with menopause. Most women think restless when facing menopause; so many simple problems become so big and even make a woman despair when facing menopause. A booklet is printed media in the form of a small book that can be used to provide health education, especially regarding premenopausal syndrome. This study aimed to determine the effect of booklet media on women's knowledge and attitudes about premenopausal syndrome at the Koja District Health Center. The research method used is a quasi-experimental design with one group pretest-posttest. A total of 42 women were given an intervention using the media booklet. The results showed that booklet media could increase women's knowledge ($p = 0.0001$) and attitudes ($p = 0.0001$) about the menopausal syndrome. It can be concluded that the media booklet has an effect on increasing women's knowledge and attitudes about premenopausal syndrome at the Koja District Health Center.

Keywords: *Booklet, Knowledge, Women, Premenopause, Attitude.*

A. INTRODUCTION

Old age is the closing period in a person's life span. In old age, a person will experience a continuous aging process characterized by a decrease in physical endurance; that is, they are increasingly susceptible to disease attacks that can cause death (Susanto, 2010). This is caused by changes in the structure and function of cells, tissues, and organ systems (Irianto, 2015). The broad age group for seniors is over 45 years old. A woman will leave the reproductive age, called the menopause period. This period will impact changes in the need for reproductive health services. The median age of menopause, namely a period without menstruation, is 51.3 years, and menopause can occur at the age of 48-55 (Estiani & Dhuhana, 2015).

Menopause is the final stage of a biological process experienced by women in the form of decreased production of female sex hormones, namely estrogen and progesterone, from the ovaries. Called menopause if people no longer menstruate for one year. Generally, occurs at the age of 50 years (Greendale et al., 1999). After menopause, the ovaries still produce estrogen but in very small amounts. The consequence of this condition is decreased estrogen function, such as the ovaries, uterus, and endometrium, and decreased strength and flexibility of the vaginal and vulvar tissues. Finally, all tissues dependent on estrogen will atrophy (shrink) (Sekarwarna et al., 2014). Sooner or later, disturbances due to lack of estrogen will appear, namely in the form of increased cholesterol and triglycerides and bone tissue reduction leading to osteoporosis, psychological disorders, fatigue, and depression. So that life takes place in satisfaction and happiness, women need to prepare to deal with it by knowing the organs of the body and their functions and the events of the climacteric period and menopause itself (Suparni & Trisnawati, 2013).

At the end of menstruation, many women feel physical, mental, and social complaints which are often frightening things for women. The physical setback that occurs in women makes them lose their self-confidence. Women think they will become unhealthy, useless, and no longer beautiful, so they feel worried and depressed (Rostiana & Kurniati, 2009).

Many women experience premenopausal syndrome almost all over the world. It was recorded that in 2010 around 70-80% of European women, 60% in America, 31.2% in Australia, 57% in Malaysia, 18% in China, 10% in Japan, and 10-15% in Indonesia. Data from the World Health Organization (WHO) states that by 2030, the number of women worldwide who enter menopause is estimated to reach 1.2 billion people. In 2025, there will be 60 million postmenopausal women in Indonesia. In 2016, Indonesia reached 14 million menopausal women, or 7.4% of the total population. Based on the 2012 IDHS data, the percentage of menopause by age 30-34 years is 11.4%, 35-39 years is 13.6%, 40-41 years is 14.8%, and 42-43 years is 17.8%. , 44-45 years as much as 22.6%, 46-47 years as much as 32.6%, 48-49 years as many as 44.0%.

Symptoms felt by premenopausal women can be a problem in dealing with menopause. Several studies have shown that 75% of women who experience menopausal symptoms perceive menopause as a problem or a nuisance, while the other 25% do not mind it (Suparni & Trisnawati, 2013; Saimin et al., 2016). Most women feel anxious when facing menopause, so many simple problems become big things and even make a woman desperate when facing menopause. According to Rostiana & Kurniati (2010), the anxiety women feel when facing menopause is realizing that they will grow old, which means their beauty will fade. Along with that, the validity and function of his organs will decrease. This will eliminate pride as a woman, and it is feared that it will affect her relationship with her husband and her social environment. These problems can affect a person's quality of life (Siregar, 2018).

During the premenopausal period, some symptoms arise and impact a premenopausal woman's physical, psychological and social aspects. This period is characterized by impaired monthly circulation, sweating, self-limitation, irritability, and feelings of inferiority. Various worries accompany feelings of inferiority. This worry is an expression of a woman's feelings towards the end of the dynamic processes of her organs and damage to their main function (Ibrahim, 2005). The premenopausal syndrome is not only caused by hormonal imbalance and changes in estrogen but is also associated with diet, lifestyle, and heredity (Mills, 2006).

Many factors cause mothers to face premenopausal syndrome, one of which is due to ignorance; the anxiety that women feel in facing menopause can also cause a crisis that will affect their quality of life, work productivity, social support, intellectual, emotional stability, their role in social life, as well as shown by the existence of life satisfaction both in terms of material and non-material (Sulistiyaningsih, 2018). The results of the research also support this by Ruri Yuni et al. (2014), which stated that 69.6% of the quality of life of postmenopausal women is affected by menopausal syndrome.

Sometimes, premenopausal women experience shocks, such as dissatisfaction with their situation, lack of enthusiasm, feeling lonely, afraid of being left by their husbands, worried that their household will be threatened, or even becoming a widow soon. Another change that is no less important and often becomes the main trigger in terms of household turmoil is a decrease in sex drive, and this is due to a decrease in hormones and sexual organs of premenopausal women, which results in partners feeling dissatisfied and eventually leading to extramarital affairs (Jannah, 2013). Sexologist Boyke Dian Nugroho said sex is one of the vital needs in household life. Therefore, it is not surprising that many infidelities occur when the wife is in menopause. Data shows that 42% of those who have an affair are those whose wives are menopausal.

Psychological changes in postmenopausal women are one of the factors that affect the quality of life. Problems regarding the psychology of postmenopausal women, including premenopausal syndrome, can be reduced by an adequate understanding of the causes of support from their partners, namely husbands. The support a husband can give his wife can be in the form of emotional support, such as asking about health conditions and listening to his wife's complaints about menopause (Prabandani, 2009). In addition to emotional support, husbands must also provide other support such as assessment, information, and instrumental (financial) support. This is also supported by several studies, including Siregar's research (2018), which states that social support affects the quality of life of premenopausal women, which means that the higher the support provided, the higher the quality of life. In addition, women will regain their emotional stability after receiving good information about menopause to adjust (Kasdu, 2002). The complexity of this premenopause problem requires an increase in knowledge. It requires appropriate and interesting media, so this study analyzes the relationship between booklet media on increasing knowledge and attitudes of premenopausal mothers.

B. METHODS

This quantitative study uses a quasi-experimental method with a one-group pretest-posttest design (Sugiyono, 2015). This research was conducted at the District Health Center of Koja, North Jakarta. The inclusion criteria applied were women aged 40-50 years, women who could read and write, and there was a statement of willingness from respondents to take part in the study. The exclusion criteria applied were women who were not present at the meeting and women who had received health promotion about premenopause. 42 respondents met the inclusion criteria. The instruments used included media booklets on premenopause and knowledge and attitude questionnaires. Knowledge and attitude questionnaires on the pretest and posttest sheets using the Guttman and Likert scales. The answers "right" and "wrong" are used on the Guttman scale. On the Likert scale, the ones used are "strongly disagree", "disagree", "agree", and "strongly agree". The number of questions on the Guttman scale is 26, and the number of questions on the Likert scale is 20 (Notoatmodjo, 2012).

Collecting data is done by conducting health education and giving a questionnaire at the pretest and posttest. The intervention carried out was given an understanding of premenopause and given a premenopause booklet as reading material for 3 days. The data were statistically processed using SPSS Version 25 software. Univariate analysis was conducted to analyze the level of knowledge and attitudes of women before and after the intervention. Bivariate analysis was conducted to determine the effectiveness of booklet media on knowledge and attitudes.

C. RESULTS AND DISCUSSION

1. Univariate Analysis

Table 1 Frequency Distribution of Pre-Test and Post-Test Scores of Women's Knowledge and Attitudes About Premenopause Using Media Booklet

Variable		n	Median	SD	Min-Max	95% CI
Knowledge	Pre-Test	42	10.00	2.269	5-15	9.08-10.49
	Post-Test		16.00	1.254	11-17	15.13-15.9
Attitude	Pre-Test	42	46.50	6.758	35-60	45.70-49.99
	Post-Test		57.50	5.736	43-63	54.43-58.00

Table 1 shows that the score of women's knowledge about premenopause before counseling with booklet media has a median value of 10.00, with the lowest score of 5 and the highest score of 15 after receiving counseling using booklet media. Regarding premenopause

before receiving counseling using booklet media, it has a median value of 46.50, with the lowest score being 35 and the highest being 15. regarding premenopause.

2. Bivariate Analysis

Table 2. Results of the Difference in Pre-Test and Post-Test Scores on Women's Knowledge and Attitudes About Premenopause

Variable		n	Median	SD	P*
Knowledge	Pre-test	42	10.00	2,269	0.0001
	Post-test		16.00	1,254	
Attitude	Pre-test	42	46.50	6,758	0.0001
	Post-test		57.50	5,736	

*Wilcoxon test

Table 2 shows the results of statistical tests with the Wilcoxon Test on knowledge and attitudes pretest and posttest obtained $p = 0.0001$ or $p < 0.05$. The results of the bivariate test analysis showed significant differences in the level of women's knowledge about premenopause before and after being given counseling using booklet media. There were differences in women's attitudes about premenopause before and after being given counseling and booklet media.

3. The Effect of Booklet Media on Knowledge About Premenopause

This study showed that there was a significant increase in women's knowledge of the group's pretest and posttest measurements ($p=0.0001$). So, there is a significant education between the level of knowledge before and after being given health education using booklet media. The knowledge of 42 women before being given health promotion with booklet media about premenopause showed that the group's median value was 10.00. After being given health promotion with booklet media about premenopause, the group's median value increased to 16.00 with a maximum value of 17.00. The significant increase was due to media exposure and information sources, namely health promotion about premenopause and providing booklets as a reading source and easy for respondents to carry.

The study results follow Dale's theory; learning will make it easier for respondents because the booklet media is equipped with interesting and interesting pictures. In addition, this research follows the theory that booklets are one of the media tools that can be used for various forms of media, including text, graphics, images, and others. Hence, the teaching process is more interactive. According to Dale's theory, learning by using visual media will make it easier for respondents because the media uses substantial experience as a learning model. This is directly proportional to the concept of learning. In the era of globalization that Indonesia is currently facing, the role of midwives is increasingly highly competitive, the midwife profession is required to be able to interact socially. With various health education media, midwives can collaborate and complement health promotion. These demands and expectations will produce superior, high-spirited, independent human resources. Such attitudes are the basic capital for self-development to carry out health education, especially health promotion regarding premenopause.

The level of knowledge of premenopausal women will influence women in developing logical reasoning and analysis of the changes in the menopausal period that they will face so that it will make it easier for premenopausal women to receive health information and messages. Knowledge about menopause is a determining factor in adapting to normal changes in the life cycle that every woman will experience. They do not need to take treatment or have to cause excessive unpreparedness in dealing with and undergoing menopause.

This study is also in line with the research of Srimiyati et al (2020) entitled Health education using the menopause booklet media on the knowledge and anxiety of menopausal women. The results showed an increase in knowledge after being given health education, knowledge after health education was higher, and the difference was statistically significant ($p < 0.05$). This follows Srimiyati's statement (2014), which states that booklets are one of the media in health promotion, in the form of small books, to convey information in writing in the form of sentences, as well as pictures or combinations as outlined in sheets in simple language. Booklets, as a tool for conveying messages, have the advantage that they can be studied at any time and contain more information. The advantages of booklets are that they can be used for independent study, be read whenever they want, share information with family or friends, are easy to see, adapt and make, and are directed to certain sections.

The benefits of booklets as a medium of information on health education include generating interest in health education targets, helping to overcome many obstacles, readers can learn more quickly, and stimulating the passing of information on to others. Encourage the desire to know more deeply and gain a better understanding. A booklet is a book with a small form that is practical to carry and can be read whenever and wherever you want (Dewi & Karlina, 2022).

4. The Effect of Booklet Media on Premenopausal Attitudes

This study showed a significant increase in women's attitudes on the pretest and posttest measurements in the group ($p = 0.0001$), so it can be concluded that there was a significant difference between women's attitudes before and after being given health promotion using booklet media. The attitude of the 42 women before being given health promotion using booklets during premenopause showed that the group's mean value was 46.50. After being given health promotions using booklets on premenopause, the group's median value increased to 57.50 with a maximum value of 68.00.

Increasing knowledge certainly impacts attitudes and behavior, with changes in attitudes among respondents showing that providing health promotion with booklets is very useful in encouraging people to behave in a better health manner.

As stated by Azwar in Fridayanti's research, the attitude-forming structure is supported by three components: cognitive, affective, and conative. Nursing (2021) explains that the quality of life in menopausal women is influenced by how much menopausal symptoms interfere with their lives. The decline in the quality of life of postmenopausal women can harm their psychological and physical health. The negative impact psychologically is that postmenopausal women will experience depression and physically will experience impaired physical function, and an increased risk for osteoporosis and cardiovascular disease.

This research is not in line with what was done by Widorini et al. (2017) regarding the effect of providing health counseling about menopause on attitudes toward dealing with menopause, stating that attitudes toward dealing with menopause before being given health counseling were not good as much as (58.3%). Based on the results of this study, it was found that a person's attitude before being given an intervention was strongly influenced by previous knowledge, so the more knowledge a person had, the better the response or reaction in addressing the premenopause period. If not based on knowledge and awareness, attitudes will not last long. Before a person adopts an attitude, he must know in advance what the meaning or benefit of the attitude is for him, following the results of research by Batan et al. (2013) that the level of knowledge and attitudes of mothers about the climacteric will affect the preventive attitudes of women before menopause.

D. CONCLUSION

There were differences in knowledge ($p = 0.0001$) and attitudes ($p = 0.0001$) of women regarding menopause before and after being given health education using booklets. This shows that the booklet media increases women's knowledge and attitudes about menopause at the Koja District Health Center, North Jakarta. This knowledge is very important for menopausal women so that they are better prepared and understand to face menopause and so that women do not do the wrong behavior when facing menopause. Some factors affect women when facing menopause, including educational, social, and environmental conditions or the family environment of each of these women's conditions. For this reason, it is important for women to always have a positive attitude. Of course, this positive attitude can emerge if it is balanced with sufficient information or knowledge so that premenopausal women are better prepared physically, mentally, and spiritually for menopause.

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