

Original Research

The Influence of Premenopausal and Menopausal Women's Demographic Characteristics on Anxiety and Quality of Life



Ninda Ayu Prabasari^{1*} & Linda Juwita¹

¹Widya Mandala Surabaya Catholic University, Surabaya, Indonesia

Article Info	Abstract
<p>Article history: Received: 20 September 2023 Accepted: 29 October 2023</p>	<p><i>Introduction:</i> The premenopausal and menopausal periods are natural processes that occur in women. Both of these periods bring about changes in physical, psychological, and social aspects. The symptoms and changes experienced in the body can make women feel fearful, anxious, and lead to changes in their quality of life. The research aims to determine the influence of premenopausal and menopausal women's demographic characteristics on anxiety and quality of life.</p> <p><i>Methods:</i> This study employed a descriptive design with an analytical observational approach and a cross-sectional design. The study population consisted of community health Center Jagir cadres aged ≥ 35 years, selected through purposive sampling, with a sample size of 70 respondents. The analysis use the ordinal regression statistical test.</p> <p><i>Results:</i> Demographic characteristics revealed that the majority were aged 46-55 years (46%), had a high level of education (83%), and were married (81%). The majority experienced mild anxiety (40%) and had good quality of life (67%). The demographic characteristics of women (age, education, and marital status) significantly influenced anxiety and quality of life with a p-value <0.05. The Pseudo R Square values for anxiety were age 0.011, education 0.105, marital status 0.004, and for quality of life were age 0.007, education 0.028, marital status 0.004.</p> <p><i>Conclusion:</i> Demographic characteristics, including age, education, and marital status, have an impact on anxiety and quality of life with a P Value < 0.05. Providing menopausal syndrome education and husband support is needed in dealing with the pre-menopause period to reduce anxiety and improve quality of life.</p>
<p>Keywords: demographics, pre-menopause, menopause, anxiety, quality of life</p>	

*Corresponding Author:

e-mail: nindaayu@ukwms.ac.id



This work is licensed under a Creative Commons Attribution 4.0 International License.

INTRODUCTION

Every woman will go through the premenopausal and menopausal periods. Both of these cycles occur as individuals age. Each period is experienced differently by women. Pre-menopause and menopause depict varying symptoms and conditions experienced and felt as a result of changes in physical, psychosocial aspects, and the occurrence of anxiety [1]. This process is a natural occurrence in women, and different characteristic factors influence it. Hormonal changes in the body lead to physical and psychological alterations. One of the psychological changes that occur is anxiety. The concerns experienced by each woman are highly variable and distinct [2]. Complaints and disturbances that occur affect over 40% of women and can sometimes disrupt daily activities; in severe cases, they can lead to a decrease in the quality of life [3].

The premenopausal stage through senescence in Indonesia typically occurs between the ages of 40 to 65, with over 75% experiencing complaints related to physical and psychological issues, such as anxiety, which, if left unaddressed, can lead to a change in the quality of life [4]. Menopause syndrome is associated with anxiety levels, with 48% falling into the mild anxiety category, 19% experiencing moderate anxiety, and 6% classified as severe anxiety [5]. Physical and psychological symptoms are experienced by over 70% of women approaching menopause and can result in a decline in the quality of life [6]. A preliminary survey conducted on women aged ≥ 45 years, both pre- and post-menopausal, revealed that

women who had not yet experienced menopause were concerned about the symptoms that would occur, while some women considered them normal because they observed that friends who had already gone through menopause did not experience many symptoms. Women who had already experienced menopause reported experiencing different levels of worry compared to before and during menopause.

The climacteric period occurs at age ≥ 45 years, marking the end of the productive/fertile phase and the transition to a non-productive or infertile phase. Various signs and symptoms that occur are sometimes unnoticed by women, or conversely, women may sense significant changes in their bodies, both physically and psychologically [2]. The majority of women who experience a decline in estrogen hormone levels in their bodies will also experience a decline in physical and mental conditions [6]. Emotional disturbances, unpreparedness, uncertainty, and the emergence of symptoms in the body, such as hot flashes, irritability, changes in vitality, alter self-perception. Characteristics such as age and education can influence how women face the menopausal period [7]. Factors like age and occupation are among the causes of different responses during the premenopausal and menopausal periods [8].

Menopausal women experience physical changes (hot flashes, vaginal discomfort, changes in sexuality) and mood swings (irritability, easily offended) in their bodies, leading to changes in behavior, such as experiencing anxiety, sensitivity, and lowered self-esteem [9]. In premenopausal women, experiencing mild anxiety when facing

menopause is entirely normal, but if it reaches a severe intensity, it requires intervention. If anxiety and perceived complaints are not addressed correctly, it can lead to a decline in the quality of life [10]. Based on the above discussion, the researcher aims to understand the influence of demographic characteristics of premenopausal and menopausal women on anxiety and quality of life.

METHODS

Design, Participants and Study

Setting

This study utilizes a descriptive design with an analytical observational approach and a cross-sectional design. The population for this study consists of community health center (Puskesmas Jagir) cadres aged ≥ 35 years. A sample size of 70 respondents meeting the inclusion criteria was selected.

Measures

The assessment of anxiety variables was carried out using the Hamilton Rating Scale for Anxiety (HARS) questionnaire, while the assessment of quality of life variables is conducted using the World Health Organization Quality of Life Instrument (WHOQOL) questionnaire. Both the HARS and WHOQOL questionnaires underwent validity and reliability testing before being administered to the respondents.

Data Analysis

The independent variables were demographic characteristics, while the dependent variables

encompass anxiety and quality of life. The assessment of demographic characteristic variables includes age, education, and marital status. The analysis use the ordinal regression statistical test.

Ethical Aspect

The research was conducted in February 2023, following the necessary permissions obtained from the relevant authorities. Ethical approval for the research was obtained from the Research Ethics Commission of the Faculty of Medicine, Widya Mandala Catholic University of Surabaya, with protocol number 003/WM12/KEPK/DSN/T/2023. The research was carried out after providing explanations to the respondents about the research objectives and obtaining their informed consent. This study ensures the protection of respondent data, which can only be accessed by the research team.

RESULTS

According to the data presented in Table 1, There were a total of 70 respondents, consisting of 35 premenopausal and 35 menopausal respondents. The majority of them were aged between 46-55 years, with 32 individuals (46%), had a high level of education (58 respondents or 83%), and the majority were married (57 individuals or 81%).

According to the data presented in Table 2 and 3, Most of the respondents experienced mild anxiety, with 28 individuals (40%), and the majority had a good quality of life, with 47 respondents (67%).

According to the data presented in Table 4, the analysis revealed Demographic characteristics, including age, education, and marital status, had an influence on anxiety and quality of life with a P Value < 0.05.

Demographic characteristics have an influence on anxiety and quality of life with a Pseudo R. Square range value of 0.4%-10.5%.

Table 1

Distribution of Respondents' Demographic Characteristics.

Characteristics	Amount	%
Sex:		
- Female	70	100
- Pre-menopause	35	50
- Menopause	35	50
Age:		
- 36-45 years	21	30
- 46-55 years	32	46
- 56-65 years	13	18
- >65 years	4	6
Education:		
- Basic Education	12	17
- High Education	58	83
Marital Status:		
- Marry	57	81
- Widow	13	19
Total	70	100

Table 2

Distribution of Anxiety Categories Frequencies.

Anxiety Categories	Amount (n)	(%)
No Anxiety	17	24
Mild	28	40
Moderate	23	33
Severe	2	3
Total	70	100

Table 3

Distribution of Quality of Life Category Frequencies.

Quality of Life Category	Amount (n)	(%)
Moderate	15	22
Good	47	67
Very Good	8	11
Total	70	100

Table 4

The result of the ordinal regression statistical test

Factor	Dependent	Sig	Pseudo Square	R.	%
Age	Anxiety	0.001	0.011		1.1%
Education	Anxiety	0.000	0.105		10.5%
Marital Status	Anxiety	0.000	0.004		0.4%
Age	Quality of Life	0.002	0.007		0.7%
Education	Quality of Life	0.007	0.028		2.8%
Marital Status	Quality of Life	0.000	0.004		0.4%

DISCUSSION

Pre-menopause begins during the climacteric phase with various menstrual-related symptoms occurring approximately 2-5 years before menopause. Menopause is a state where a woman's body no longer menstruates, stops ovulating, and cannot conceive, typically occurring between the ages of >45-55 years. Menopause is associated with various physical and psychological complaints, such as sexual dysfunction, physical disturbances, and psychological issues. This period has both short-term and long-term impacts, which vary among women [11].

The majority of respondents fall within the age range of 46-55 years, accounting for 32 (46%) respondents. The ordinal regression analysis shows that age significantly influences anxiety with a p-value of 0.001 and an impact percentage of 1.1%, and it also has an impact on quality of life with a percentage of 0.7%. Consistent with the research findings, 43 (21%) premenopausal respondents aged 46-50 years experienced anxiety during menopause [12]. Premenopausal respondents aged 40-55 years, totally 67 respondents, experienced

anxiety related to menopause, with 28 (41.8%) in the mild category and 39 (58.2%) in the severe category [13]. Among the 103 menopausal female respondents, the majority had good quality of life, with 71 (68.9%) individuals falling into this category [14]. The pre-menopausal stage often brings about symptoms that cause individuals to become anxious, and this anxiety may decrease with adaptation to changes, affecting their quality of life. One's quality of life tends to be good if they can adapt to conditions as they age and mature.

The research results indicate that the majority of respondents have a high level of education, accounting for 83%, and the majority of respondents experience mild anxiety, at 40%. The ordinal regression analysis yielded a p-value of 0.000 for education, indicating a significant influence on anxiety, with an impact percentage of 10.5%. Additionally, it was found that education has an impact on quality of life with a p-value of 0.007 and an impact percentage of 2.8%. Consistent with previous research, premenopausal respondents facing menopause with good knowledge did not experience anxiety, while those with moderate knowledge experience mild anxiety

at 30.5%. Knowledge plays a crucial role in determining the level of anxiety, with good knowledge often associated with higher education levels, and conversely, individuals with lower education levels may experience more anxiety due to limited experiences, knowledge, and information [15]. Among premenopausal women with low education levels, 107 (52.2%) respondents experienced anxiety, while 37 (18%) respondents with high education levels did not experience anxiety during menopause [12]. The provision of menopause psychoeducation can reduce anxiety in premenopausal respondents, with a focus on the learning process, where cognitive components have a significant proportion leading to knowledge changes in individuals [16]. Of the 18 respondents with high education levels, 77.8% have high self-esteem, and the majority of those with high self-esteem have high quality of life scores in all domains. Individuals with higher education levels tend to have more knowledge and experience, and self-esteem can be formed through experiences. The self-esteem of menopausal women can influence their well-being, including physical, psychological, social, and environmental well-being, which in turn affects their quality of life [17].

The majority of respondents are married, accounting for 81% of respondents. The ordinal regression analysis shows that marital status significantly influences anxiety with a p-value of 0.000 and an impact percentage of 0.4%, and it also has an impact on quality of life with a percentage of 0.4%. Marriage can affect a woman's mental status, with good mental health influencing and

controlling anxiety in individuals. Satisfaction in marriage can enhance psychological well-being and have positive effects on life, such as happiness and life satisfaction, which can affect one's quality of life [18]. The support of a husband is one of the factors that affect the level of anxiety during menopause. A husband's role in providing emotional support, advice, and acceptance of the changes that occur can provide comfort to the partner and reduce anxiety in wives [19]. Among the respondents, 81% are married, and the majority have a good quality of life, accounting for 67%. Marital status has an impact of 0.4% on quality of life with a significance level of 0.000. Spousal support plays a significant role for women; respondents with husbands who provide less support have poorer quality of life, at 60%, while conversely, husbands who receive support have a good quality of life, at 60.6%. Husbands are life partners who have emotional closeness, accept partner (wife) changes, and provide emotional, informational, or appreciation support that can make partners feel comfortable and improve their quality of life [20]. During the premenopausal and menopausal stages, women often experience various complaints, both physical and psychological. Social support received from caring individuals, such as husbands providing attention, encouragement, and assistance, can influence a woman's quality of life. Among the 77 respondents, data showed that low social support led to poor quality of life in menopausal women, at 31.2%, while high social support resulted in good quality of life, at 53.2% [21]. The research results indicate

that 72.8% of those who are married are aged ≥ 50 years, accounting for 71.8%, and they reported complaints based on the Menopause Rating Scale (MRS), with the majority experiencing mild to moderate symptoms, at 91%, and the majority have a fair quality of life, at 92.2%. A combination of symptoms experienced by menopausal women can affect individual quality of life categories, with none falling into the "good" category in this study [22].

The three demographic characteristic variables were interrelated and mutually influenced each other. The research results indicated that individuals aged 50-54 years had a good and very good quality of life compared to those aged 45-49 and 55-59 years. Higher education was associated with a better quality of life and was more prevalent than basic education. Education level was one of the factors that affected subjective quality of life, and quality of life increased with higher levels of individual education [23].

Knowledge and social support were factors that influenced the level of anxiety in menopausal women. Women with good knowledge and information about menopause tended to know how to reduce anxiety. The changes associated with menopause could make women anxious due to physical changes and facing situations they had never experienced before. Successful adjustment within the family, mutual support, and having a husband who could engage in discussions to solve problems resulted in lower levels of anxiety in women [24].

The research results on the characteristics of respondents in menopausal women (age, education, occupation, marital

status) regarding quality of life indicated that respondents with higher education had a good quality of life in three domains (psychological, physical, environmental), and married individuals had a good quality of life in one domain (social) [23].

LIMITATION

The limitations of this research include a limited number of independent variables. It is hoped that future studies can expand the number of independent variables, encompassing various internal and external factors that may influence a woman's characteristics in facing the pre and menopausal periods.

CONCLUSION

There are a total of 70 respondents, consisting of 35 premenopausal and 35 menopausal respondents. Overall, demographic characteristics (age, education, and marital status) significantly influence anxiety and quality of life in premenopausal and menopausal women, with a significant p-value <0.05 . Education has the most significant influence, with a Pseudo R Square value of 0.105 (10.5%) on anxiety and a Pseudo R Square value of 0.028 (2.8%) on quality of life. Future research recommendations include adding internal and external factors that affect women's characteristics. Health facilities are expected to provide education on women's preparation before menopause and husband support to wives in undergoing the period before, during and after menopause so that women can undergo without happiness so that they have

a good quality of life.

ACKNOWLEDGEMENT

We would like to express our gratitude to Widya Mandala Surabaya Catholic University in for all the financial support and facilities provided. We also extend our appreciation to Puskesmas Jagir for providing the research location, and to all the respondents who willingly dedicated their time to participate in this study.

CONFLICT OF INTEREST

The author states that there is no conflict of interest in writing this article.

REFERENCES

- [1] I. A. N. P. Diyu and C.-J. Wang, "Gambaran Karakteristik Wanita Postmenopause Yang Tinggal Di Wilayah Pedesaan Indonesia," *Jurnal Riset Kesehatan Nasional*, pp. 3(2), 46–50, 2019.
- [2] D. Juliana, D. Anggraini and N. Amalia, "Hubungan Antara Karakteristik Wanita Dengan Keluhan Pada Masa Menopause Di Wilayah Kerja Upk Puskesmas Perumnas II Pontianak,," *BORNEO NURSING JOURNAL (BNJ)*, p. Vol. 3 No. 1, 2021.
- [3] L. Maita, Nurlisis and R. Pitriani, "Karakteristik Wanita dengan Keluhan Masa Menopause di Wilayah Kerja Puskesmas Rejosari," *Jurnal Kesehatan Komunitas*, pp. vol 2 no 3 128-131, 2013.
- [4] nurlina, *Kualitas hidup wanita menopause*, Bandung: Media sains Indonesia, 2021.
- [5] F. A. N. Cory'ah and I. G. A. P. S. Wahyuni, "Hubungan Sindrom Menopause Dengan Tingkat Kecemasan Ibu Menopause Diwilayah Kerja Puskesmas Ubung Kabupaten Lombok Tengah Tahun 2018," *JKAKJ*, p. Volume 3 No. 1, 2018.
- [6] N. Sari and N. Istighosah, "Hubungan Olahraga, Kopi dan Merokok dengan Kualitas Hidup Wanita Menopause yang Tinggal Di Wilayah Pedesaan," *Jurnal Ners dan Kebidanan*, pp. Vol 6, No 3, 326–332, 2019.
- [7] P. Amalina and M. R. Kinanthi, "Hubungan antara Kepuasan Pernikahan dengan Kecemasan terhadap Menopause pada Individu yang Berada dalam Tahap Usia Menjelang Menopause," *Psikodimensia*, pp. vo 16 no 1 (31-39), 2017.
- [8] Indarwati and Maryatun, "Karakteristik Wanita Menopause Dan Perubahan Pola Seksualitas Di Desa Kedungan," *GASTER*, p. vol 17 no 1, 2019.
- [9] N. Subagya, W. Artanty and E. D. Hapsari, "Hubungan Harga Diri Dengan Kualitas Hidup Wanita Menopause," *Jurnal Persatuan Perawat Nasional Indonesia*, pp. 177-193, 2017.
- [10] S. Hidayah, M. Hadi and N. Atik, "Tingkat kecemasan wanita usia 40-45 tahun menghadapi masa pramenopause di desa Tumpang Krasak, kecamatan Jati, kabupaten Kudus," *Jurnal Kesehatan dan Kebidanan*, pp. 6(1), 54-64, 2016.
- [11] L. Pratiwi and y. liswanti, *Serba Serbi Menopause (sudut pandang teori dan penelitian)*, Sukabumi: CV Jejak, 2021.
- [12] J. Saimin, C. Hudfaizah and I. Hafizah, "Kecemasan Wanita Premenopause

- dalam Menghadapi Masa Menopause, sebuah studi Crosssectional,” JK UNILA, pp. 226-230, 2016.
- [13] B. S. Wahyuni and Ruswanti, “Pengetahuan tentang Menopause dengan Tingkat Kecemasan pada Wanita Premenopause di Rumah Sakit,” *Jurnal Ilmiah Ilmu Keperawatan Indonesia*, pp. 472- 478, 2018.
- [14] Tarigan, L. N. B. Sinuhaji and M. Sembiring, “Hubungan Pendidikan, Paritas, Pekerjaan dan Lama Menopause dengan Kualitas Hidup Perempuan Menopause di Puskesmas Kabanjahe Kabupaten Karo,” *Jurnal Mutiara Ners*, pp. 158 - 167, 2019.
- [15] B. Puspitasari, “Hubungan Pengetahuan dengan tingkat kecemasan Wanita Premenopause dalam menghadapi masa menopause,” *Jurnal Kebidanan*, pp. 115 - 119, 2020.
- [16] Sriwaty and S. Nuryoto, “Pengaruh Psikoedukasi Menopause dan relaksasi untuk menurunkan kecemasan wanita pre menopause,” *HUMANITAS*, pp. 29-38, 2015.
- [17] N. Subagya, W. Artanty and E. D. Hapsari, “Hubungan Harga Diri Dengan Kualitas Hidup Wanita Menopause,” *JPPNI*, p. vol 2 no 3, 2018.
- [18] P. Amalina, “Hubungan antara Kepuasan Pernikahan dengan Kecemasan terhadap Menopause pada Individu yang Berada dalam Tahap Usia Menjelang Menopause,” *Psikodimensia*, pp. 31-39, 2017.
- [19] E. H. Susanti, “Hubungan Dukungan Suami dengan Tingkat Kecemasan Istri dalam Menghadapi Menopause,” *Jurnal Biometrika dan Kependudukan*, pp. Vol. 3, No. 2: 114–119, 2014.
- [20] D. A. Wardani, Sumiati and Y. Waisong, “Hubungan Dukungan Suami dengan Kualitas Hidup Perempuan Menopause,” *Jurnal Medika Karya Ilmiah Kesehatan*, pp. 21-30, 2019.
- [21] S. Sari and D. Susilawati, “Hubungan Dukungan Sosial dengan Kualitas Hidup wanita Menopause di Kelurahan Wonosari Kecamatan Ngaliyan Semarang,” *Journal of Health Research* , pp. 13-20, 2021.
- [22] Dirgahayu, R. N. Rustikayanti and T. N. Jayanti, “Faktor Yang Memengaruhi Kualitas Hidup perempuan menjelang Menopause,” *Jurnal Keperawatan* , pp. 87-94, 2023.
- [23] D. I. Putri, D. M. Wati and Y. Ariyanto, “Kualitas Hidup Wanita Menopause,” *E-Journal Pustaka Kesehatan* , pp. 167-174, 2014.
- [24] S. Muniroh and Mahmudah, “Faktor yang berpengaruh terhadap skor kecemasan pada wanita Menopause,” *Jurnal Biometrika dan Kependudukan*, pp. 51-56, 2013.