

Conference Paper

The Impact of Applying Health Package towards the Understanding and the Ability of Dealing with Menopause in Bekasi

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Abstract

Background: Menopause is a condition which a woman has no longer experiences of menstruation that occurs in the range age from 50 to 59 years. Nowadays, menopausal women will experience changes in physical and sexual health that will affect their psychological health. Objectives: The purpose of research by providing Health Packages can improve the Understanding and Ability to Overcome Menopause Problems in Bekasi City. **Methods:** This study used a quasi experimental pre-post test with control group design. The sample was 132 respondents for one group using purposive sampling technique. With inclusion criteria: menopausal women, able to read and write, still have a partner (husband), no serious illness complications, were willing to be respondents, were present at the time of the study. The results of the study were analyzed using a median on univariate, paired sample t-test and t-independent test on bivariate. **Results:** The results showed there were differences before and after the health package intervention was given with an average of understanding and ability to overcome physical problems of -0.239, sexual -0.368, psychology -0.237 with p value 0.00 while in the control group it was averaged on understanding and ability to overcome physical problems -0.030 p value 0.218, sexual - 0.033 p value 0.123, and psychology -0.023 p value 0.426. **Conclusions:** From this study it could be concluded that after giving a health package to the intervention group and the control group that was not given a health package the same increased, but in the control group the increase occurred only in the sexual problem section only because this was due to the information received based on previous experience and also the information obtained by respondents is not in full so that there is some decline in the value of understanding and ability of respondents. health package interventions can be used as a standard procedure in improving the quality of independent nursing care services for menopausal women and for further researchers could use as a reference in exploring research on menopause by conducting qualitative research.

Keywords: health package, menopausal women, understanding and ability

1. Introduction

In 2030, the number of women worldwide entering menopause is estimated at 1.2 billion people. In Indonesia, by 2025 it is estimated that there will be 60 million menopausal

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Received: 22 September 2019
Accepted: 4 October 2019
Published: 10 October 2019

Publishing services provided by
Knowledge E

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Selection and Peer-review under the responsibility of the ICHT 2019 Conference Committee.



women. In 2016 currently in Indonesia only reached 14 million menopausal women or 7.4% of the total population. The life expectancy of women jumped from 40 years in 1930 to 67 years in 1998. While the estimated average age of menopausal women in Indonesia is 48 years. Increased life expectancy causes more and more women to experience menopause. According to the Bekasi City Health government, there are 427,619 women with 45-60 years old in 2017.

Menopause is a condition which a woman has no longer experiences of menstruation that occurs in the age range of 50 to 59 years [1] and according to WHO, the age range of menopause is between 45 to 55 years. Nowadays, it is very complex for women with menopause because it will experience changes in physical health that will affect psychological health. Therefore, many women think that menopause is a scary thing. This may come because a thought that she would grow old, not healthy, and not beautiful anymore. In addition, women in menopause experience major changes in their lives and adapts to changing roles in family and society, and must face changes in their bodies and hopes in life.

Menopause signifies that a woman's menstrual and reproductive periods have ended. This happens because the ovaries are aging. This aging of the ovaries causes the production of the hormone estrogen to decrease resulting in an increase in the hormones FSH and LH. This increase in the FSH hormone causes the follicular phase of the menstrual cycle to shorten until menstruation does not occur again.

Hormonal changes during the menopause transition in a woman's life. It usually occurs due to a number of physical, sexual and psychological symptoms. Symptoms that commonly occur in menopausal women are night sweats, irregular menstrual periods, loss of libido, dryness in the vagina, fatigue, hair loss, sleep disturbances, difficulty concentrating, frequent forgetting, dizziness, weight gain, incontinence, taste bloating, allergies, brittle nails, changes in body odor, irregular heartbeat, depression, anxiety, irritability, panic disorder, mood changes, breast pain, headaches, joint pain, burning tongue, electric shock, digestive problems, gum problems, muscle tension, itchy skin, tingling, osteoporosis. According to a survey conducted, in menopausal women in Europe 2005, 82%. Menopausal women in the UK reported vasomotor symptoms over the past five years showing that 87% [2]. Research conducted [3] that most menopausal women complain of joint and muscle pain (96.1%), mood changes (94.7%), anxiety (89.0%), and hot flushes & night sweats (80.7%). While the results of interviews of 20 postmenopausal women at Padurenan Public Health Center stated that most complained of joint pain (90%), frequent forgetfulness (80%), sleep disturbance (25%), headache & dizziness (20%), digestive disorders (20%), sexual problems (20%).

The importance of maintaining women's health according is the key to the interaction of dynamic relationships within the family because they are the ones who continuously interact with all family members in an effort to maintain, preserve and maintain family harmony.

The assistance of professional health care is needed for menopausal women in overcoming their problems, therefore the nursing profession has a great opportunity to provide health services in the form of actions and health education programs for menopausal women. In an effort to participate in providing solutions for menopausal women to overcome problems during menopause, the researchers created a package of nursing interventions on menopause called the "Health Package" that focuses on health education and actions related to knowledge, attitudes, and skills in postmenopausal women's self-care.

This health package is the result of integration of the concept of Self Care Orem theory. The concept of the self care model Orem views that the client has the ability and potential to care for herself to prosper by emphasizing the role of the client as a self care agent for herself where self care is a situation of clients who are able to take care of themselves and self care deficit is a situation of clients who are not able to perform self-care. Orem explains the three needs in self-care namely the need for universal self care, developmental self care and health deviation requisites.

2. Methods

This type of research was quantitative research and the design used was "Quasi Experimental Pre-Post Test with Control Group". Sample / participant In this study, using a purposive sampling type of sampling was with a total of 132 respondents for 1 group. With inclusion criteria: menopausal women who are able to read and write, still have a partner (husband), no serious illness complications, are willing to be respondents, were present at the time of the study. Samples were taken in the city of Bekasi.

Instrument In this study, data collection was done by distributing questionnaires. On the questionnaire, the questions of understanding and ability were the results of the integration of the theory of self care orem that had passed the test of validity and reliability using a ratio scale. The question items on understanding variables in menopausal women consisted of 10 questions with 4 alternatives, namely a, b, and c. Each question was answered correctly got a score of 1 and if wrong got a score of 0. In addition, the questionnaire on the ability variable consisted of 33 statements using a Likert scale.

2.1. Data collection procedure

Data collection procedures in this study were carried out in the following stages: The study was conducted after obtaining permission from the research ethics committee. Researchers applied for a research permit from the health department, after obtaining a research permit, the researcher conducted a permit to return to 15 community health centers (PUSKESMAS) in Bekasi City, after that the researcher and the person in charge of elderly program requested permission to the cadre for conducting the research, then the researcher conducted data collection for research

Before starting the research, the researcher explained to prospective respondents about the objectives, benefits, data collection procedures and asked the willingness of prospective respondents. Candidates who were willing to become respondents, researchers provided informed consent and the respondents were asked to sign it. In addition, the respondents were also asked to fill in their personal data as a description of the characteristics of the respondents.

Before giving treatment (health package intervention), researchers conducted the first measurement by distributing questionnaires to the respondents in the intervention and control groups who had met the inclusion and exclusion criteria, the results of respondents' answers would be made before and after data.

Next, the researcher intervened in a health package with an intervention group that was assembled with physical, sexual and psychological problems. After treatment, the respondents were given a questionnaire as data before again.

Whereas the control group was not given a health package intervention, but the intervention in the control group would be carried out after the research was carried out. After the data was collected, the researcher conducted the processing and analyzed the data that had been obtained.

2.2. Data analysis

The study used univariate analysis and bivariate analysis. Univariate analysis was performed to describe the characteristics and variables of the study, while the bivariate analysis used was paired sample t-test to see the difference between pre and post in the intervention and control groups and Independent sample t-test for comparison between the intervention and control groups.

3. Results

3.1. Analisis of univariate

Demographic characteristics of respondents

TABLE 1: The respondents characteristic in 15 Puskesmas of Bekasi City, 2018 (n=264).

Variable	Description	Intervension		Control	
		n=132		n=132	
		F	%	F	%
Age	Mean	54		53.46	
	Median	57		55	
Education	Deviation Std	4,61		5.59	
	Min – Max	45 – 60		45-60	
Variable	High	73	44.7	78	59.1
	Low	59	55.3	54	40.9
Work	Work	9	6.8	7	5.3
	No Work	123	93.2	125	94.7
Religion	Muslim	130	98.5	130	1.5
	Non muslim	2	1.5	2	98.5
Tribe	Java	121	91	119	90.2
	No java	11	8.3	13	9.8

Based on table.1, it showed that the respondents aged was 45-60 years old, There were 73 people with high education (44.7%), 123 mothers who did not work (93.2%), 130 Muslim religion people (98.5%), and 240 people of Javanese tribes (90.9%).

TABLE 2: The respondents who were good understanding and ability of prior to the intervention.

Variable	Description	Intervension				Control			
		n=132				n=132			
		Before		After		Before		After	
		f	%	f	%	f	%	f	%
Physical	Not good	69	52.3	28	21.2	75	58.8	79	59.8
	Good	63	47.7	104	78.8	57	4.32	53	40.2
Sexual	Not good	95	72	10	7.6	110	83.3	83	62.9
	Good	37	28	122	92.4	22	16.7	49	171
Psychoogy	Not good	61	46.2	18	13.6	80	60.6	82	62.1
	Good	71	53.8	114	86.4	52	39.4	50	37.9

The respondents who were good understanding and ability of prior to the intervention regarding physical problems were (47.7%) becoming (78.8%) after the intervention, sexual problems before the intervention were (28%) becoming (92.4%), psychological problems before intervention was carried out (53.8%) becoming (39.4%).

3.2. Analisis Of Bivariate

The impact of applying health package before and after towards the understanding and the ability of dealing with menopause in Bekasi

TABLE 3: The Impact Of Applying Health Package before and after Towards The Understanding And The Ability Of Dealing With Menopause In Bekasin = 132.

Variable	Type of Group	Paired Differences				
		N	Mean	SD	SE	p value
The understanding and ability to overcome the physical problems	Intervensionon	132	-0.239	0.211	0.018	0.00
	Control	132	-0.030	0.280	0.024	0.218
The understanding and ability to overcome the sexual problem	Intervensionon	132	-0.368	0.216	0.018	0.00
	Control	132	-0.033	0.246	0.021	0.123
The understanding and ability to overcome the psychological problem	Intervensionon	132	-0.237	0.237	0.020	0.00
	Control	132	-0.023	0.332	0.028	0.426

Based on table 3, it showed that the average understanding and ability to overcome physical, sexual, and psychological problems were changed in the intervention group. the highest understanding and ability were to overcome sexual problems in the mean intervention group -0.368 with SD 0.216 and p value 0.018 and in the control group, the mean -0.033 with SD 0.246 and p value 0.123.

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Based on table 4, I showed that the average mean value on understanding and ability to overcome physical, sexual, and psychological problems which was the most increased was psychological problems, the intervention group was conducted before being given a health package that was 1.388 and after being given a health package that was 1.626 while in the group controls were carried out that were not given health package results before 1.377 and after 1.353. The mean change in the intervention group was 0.238 and the control group was -0.922, which meant an increase in understanding and physical abilities in the intervention group and a decrease in understanding and physical ability in the control group.

TABLE 4: The impact of applying health package towards the understanding and the ability of dealing with menopause in Bekasi n=132.

Variable	Time	Group Types	N	Mean	SD	SE	p value
The Understanding and Ability of Physical	Before	Intervension	132	1.204	0.212	0.018	0.507
		Control	132	1.186	0.215	0.018	
	After	Intervension	132	1.443	0.209	0.018	0
		Control	132	1.216	0.177	0.015	
The Understanding and Ability of Sexual	Before	Intervension	132	1.204	0.165	0.014	0.101
		Control	132	1.174	0.129	0.011	
	After	Intervension	132	1.572	0.182	0.015	0
		Control	132	1.207	0.189	0.016	
The Understanding and Ability of Physicology	Before	Intervension	132	1.388	0.164	0.014	0.584
		Control	132	1.377	0.171	0.014	
	After	Intervension	132	1.626	0.203	0.018	0
		Control	132	1.353	0.249	0.021	

4. Discussion

The impact of applying health package before and after towards the understanding and the ability of dealing with menopause in Bekasi.

Based on the results of the study, it could be seen that understanding and ability to overcome physical, sexual and psychological problems in both groups experienced the same change because of the results of the learning process. This was stated by [4] which was "learning is a business process undertaken by a person to obtain a new behavior change as a whole as a result of one's own experience in interactions with the environment". In this activity, those changes always increase and are aimed at getting something better than before. In the intervention group showed an increase in understanding and ability to overcome physical, sexual, and psychological problems with a p value of 0.00. This was supported by expressions from various respondents that the problems faced during menopause could gradually be reduced. In the other word, This research also proved that interventions using health packages could improve the understanding and ability of menopausal women to overcome physical, sexual, and psychological problems.

This was supported by the theory of [5] which illustrates that the provision of health education was related to changes that could change a person's ability and helped achieve the desired goals, so that after giving a health package there was a significant difference before and after being given a health package in the intervention group while in the control group also experienced changes only in the increase in understanding and ability in the control group was not too significant, because respondents only learned from the experience of others and did not get full information from health workers. This was in accordance with the phases that occurred after getting a health package intervention where the objectives and expected outcomes of giving a health package in the form of additional knowledge, changing habits and the process of making others aware of menopause problems.

The impact of applying health package towards the understanding and the ability of dealing with menopause in Bekasi

Based on the results of the research on understanding and ability to overcome the problems of menopausal women, the intervention group and the control group both experienced changes. The control group increased only in part sexual problems this was because the information obtained was based on experience and also the information obtained by respondents was not as a whole so that there was some decline in value of understanding and ability of respondents.

This explanation was supported by the results of a study which stated that after being given health education the understanding and ability of mothers in the prevention of DHF in children increased while the understanding and ability of mothers did not show significant differences in the control group.

The targets achieved from the provision of health packages to postmenopausal women were understanding and ability to overcome physical, sexual, and psychological problems which were according to the results which stated that the act of providing health education could clarify information, so it could ultimately improve one's understanding and ability. The attitude of the mother in understanding menopausal problems was caused because after giving the intervention in the form of a health package, the understanding of physical, sexual and psychological problems would increase, this would also increase the ability of menopause to overcome physical, sexual, and psychological problems faced during menopause.

The explanations put forward by the experts were the basic concepts in the development of a "health package" oriented to cognitive-behavior therapy skills, which included the understanding and ability of menopausal women to overcome physical, sexual, and psychological problems by monitoring and identifying problems of menopause,

self controlling skills in the form of the ability to take control measures of problems during menopause with reference to self monitoring. It was responsible for changing to develop positive behaviors towards external and internal stimulation that could be at risk for ill conditions. Self reward skills in the form of the ability to evaluate and evaluate the success of self-achievement by referring to self-esteem achievement evaluation indicators.

The efforts to overcome problems in postmenopausal women could be done, among others: (1) Efforts to overcome physical problems, among others, by increasing the body to train bone muscles and the ability to understand the selection of balanced mutations by increasing the consumption of water, milk, vegetables and fruit -the fiber and ability; (2) Efforts to overcome sexual problems include the ability to train the pelvic muscles in the vagina to be more sensitive and sensitive to stimulate blood circulation to vital organs and facilitate the release of lubrication and reduce pain so that it can pass through the stages of the mechanism of sexual activity response properly; and (3) Efforts to overcome psychological problems include the ability to control emotions and the ability to recognize strengths and weaknesses. Efforts to overcome the problems of menopause by increasing the ability of menopausal women are supported by statements [6–10].

The integration of Orem's Self Care theory concepts fostered new perceptions in menopausal women due to stimuli from outside themselves through psychiatric experiences that were preceded by sensing. With that perception, the individual understood and know herself and her environment, perceptions were generated through the process of education and learning, so it fostered understanding and ability to overcome physical, sexual and psychological problems. Stated the ability of menopausal women to improve their abilities (self care agency). Positive things that were obtained after giving "health package" to menopausal women were (1). Menopausal women had the understanding and ability to prevent a condition that was at risk of illness (self care deficit) through health package interventions by identifying the changes in physical, sexual and psychological experienced during menopause. (2). "Health package" contained instructions for postmenopausal women to take actions if postmenopausal women felt something about themselves at risk for illness. (3). "Health packages" could be done independently at home, and were not dependent on the facilitator. (5). "Health packages" were safe, effective, and efficient by menopausal women to improve their health status. The sustainability of the "Health Package" was an important thing to do by involving the person in charge of the elderly program at the District Health Center level and cadres when implementing the "Health Package".

Acknowledgments

Thank you to all those who have supported this research, especially the STIKes Kharisma Karawang who have supported the research through funding, to the Bekasi City Service, which has given an opportunity to conduct research, the Puskesmas in Bekasi city is willing to help during the research process, menopausal women who are willing to become research respondents.

Conflict of Interest

The authors have no conflict of interest to declare.

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