

Research article

Relationship Between Husband's Support and Quality of Life Among Menopausal Women in Bandung City

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Abstract.

Menopause is a period of permanent cessation of menstruation which can cause the production of the hormones estrogen, progesterone and testosterone to stop. Quality of life is influenced by several factors including age, education, work and husband's support. The purpose of this study was to determine the relationship between husband's support and the quality of life of postmenopausal women in RW 11, the target area of the Babakan Sari Public Health Center in Kiaracandong District. A cross sectional study design was used. The sample consisted of 42 women aged 45-59 years with the criteria of normal menopausal women with husbands, recruited using accidental sampling. The WHOQOL-BREF (WHO Quality of Life - BREF) instrument was used to collect data on the quality of life, and husband's support was measured using the Azwar questionnaire. Analyses included univariate analysis using frequency distributions and bivariate analysis using Spearman's rank. 76.2% of respondents received high support from their husbands and 29 respondents (69.0%) had a good quality of life. A significant relationship was found ($p = 0.01$, with a correlation coefficient of 0.409, indicating a moderate relationship). This study therefore showed that there was a relationship between husband's support and the quality of life of menopausal women in Kiaracandong District. So, it is very important for postmenopausal women to have the support of their husbands to improve and maintain their quality of life.

Keywords: husband's support, quality of life, menopause

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Published: 3 June 2022

Publishing services provided by Knowledge E

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Selection and Peer-review under the responsibility of the ISGH4 Conference Committee.

1. INTRODUCTION

Reproductive health in a woman has special needs (menstruating, pregnancy, giving birth, breastfeeding to menopause), so women need more intensive care during their lives. Menopause is known as the end of menstruation or the cessation of menstruation, which is often considered a frightening event in a woman's life. This period generally occurs at the age of 50 years [1].

Information from World Health Organization [1] the number of women in the world entering the menopause phase is estimated at 1.94 billion people. According to WHO in 2025, the number of postmenopausal women in Asia is expected to increase to 373 million. The results of the BPS survey [2] in Indonesia as many as 30.3 million people

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enter menopause with an average age of 49 years. In West Java, women in the age range of 45 to 59 years are 490,640 people. In the city of Bandung, there were 232,100 women in the 45 to 59 year age range with the highest number of women in the 45 to 59 year age range in Kiaracondong Subdistrict, Babakan Sari Village as many as 7,780 people [3]. Based on data, Indonesian women who enter menopause are currently increasing every year. The increasing number is as a result of the increasing population of the elderly and the high life expectancy accompanied by improving public health degrees [4]. Menopausal can reduce women's quality of life. Factors that can affect the quality of life of postmenopausal women according to include age, education, marital status and husband's support [1]. A relationship between education level and quality of life for postmenopausal women [6]. Factors of age, marital status and husband's support stated that age had no relationship with the quality of life of postmenopausal women, while husband's support had a very significant relationship with the quality of life of menopausal women [5].

The findings which say that husband's support is related to the quality of life of postmenopausal women are also found in Annah and Mashar's [5] research which states that with high husband support, menopausal women's quality of life is in a good category. This is in line with the research by Wardani, Sumiati and Waisong [7] which states that husband's support can improve the quality of life in postmenopausal women. This is confirmed by research. However, Noorma's research [8] showed inconsistent results about husband's support to quality of life of woman menopausal. This study shows that husband's support does not affect the quality of life of postmenopausal women.

"The Relationship of Husband's Support With Quality of Life for Menopausal Women at Babakan Sari Health Center".

2. RESEARCH METHODS

2.1. Study design

2.2. Sample

2.3. Instruments

Data demographic use age and level of education, and profesion.The instrument used in this study was a questionnaire. The questionnaire used to measure the quality of life

was WHOQOL-BREF[9]. Meanwhile, the instrument used to measure husband's support was the Husband's Support questionnaire.

2.4. Data collection procedure

Preparation phase

1. Determine the title of the research. After determining the problem to be studied, namely the relationship between husband's support and the quality of life of post-menopausal women at the Babakan Sari Health Center, the researchers conducted guidance with the supervisor regarding the problem to be studied.

2. The researcher obtained a research permit from the Faculty of Nursing, Adhirajasa Reswara Sanjaya University (ARS University) to conduct research that begins with a preliminary study.

3. The researcher takes care of an application for a preliminary study permit from the Faculty of Nursing ARS University, then submitted to the National and Political Unity (KESBANGPOL) Bandung City, then submitted to the Bandung City Health Office (DINKES) to obtain a preliminary study permit to Babakan Sari RW. 11 working areas of the Babakan Sari Health Center, Kiaracondong District.

4. A preliminary study permit from the Faculty of Nursing ARS University and the Bandung City Health Office was then submitted to the head of the Babakan Sari Health Center and the head of Babakan Sari Village, Kiaracondong District to apply for a preliminary study permit at Babakan Sari RW. 11 working areas of the Babakan Sari Health Center.

Implementation Stage

1. Researchers will distribute questionnaires conducted door to door to the houses of RW residents. 11 accompanied by the RW Cadre's mother. 11.

2. Researchers explain in full about the aims, objectives, research procedures, and the rights of respondents in research.

3. If the respondent agrees and is willing, they will be asked to fill out and sign an informed consent form as a respondent or research subject.

4. After the respondents agreed and were willing, the researcher began to conduct interviews and observations with a questionnaire that had been determined in the study.

5. After the interviews and observations using questionnaires have been completed, the researcher will measure the quality of life and husband's support for the respondents.

6. The results of measuring the quality of life and husband's support for respondents will be collected for further processing according to the research objectives.

After the questionnaire data is collected, the data will be summed, analyzed, and presented in tabular form to make it easier for researchers.

Data Analysis

The univariate analysis in this study was to describe the variables including age, gender, occupation, population, quality of life and husband's support and produced a frequency and percentage distribution with the formula $P = \frac{F}{N} \times 100\%$ and interpreted using an accumulative scale of 0% (no respondents) , 1% - 25% (a small proportion of respondents), 26% - 49% (almost half of respondents), 50% (Half of respondents), 51% - 76% (most of respondents), 76% - 99% (almost all respondents), and 100% (all respondents).

Bivariate analysis was conducted to determine the relationship between two variables. The normality test was carried out with the Spearman rank statistical test because it was to find a relationship or to test the significance of the associative hypothesis of two ordinal variables. This statistical test was used to determine the difference in the average quality of life who received husband's support with alpha 95% confidence degree ($\alpha = 0.05$). Interpretation of value if the value of value 0.05 then there is a relationship between husband's support with the quality of life of menopausal women and the value of value > 0.05 then there is no relationship between husband's support and quality of life of menopausal women.

3. RESULTS

3.1. Overview of Respondent Characteristics

Table 1 of 42 respondents shows two data, namely data from wives (respondents) and data from husbands. The respondent data obtained results with the age of most of the respondents with 24 respondents (57.1%) being in the range of 50-54 years, the education level of most of the 28 respondents (66.7%) being high (senior high school, college school), almost all of the respondents' occupations with 32 respondents. (76.2%) did not work. Husband's data obtained results with almost all husbands' ages with 32 respondents' husbands (76.2%) being in the range of 55-59 years, almost all of respondents' husbands' education level with 36 respondents' husbands (85.7%) being high (senior high school, college school), and partly monthly income. large with 27 respondents (64.3%) < Regional minimum wage.

TABLE 1: Frequency Distribution of Respondents Characteristics (N =42).

Characteristics of	Total	
	Respondents Total	Respondents Percentage (%)
Wife's Age		
45-49 Years (Early Elderly)	3	7.1
50-54 Years (Early Elderly)	24	57.1
55-59 Years (Late Elderly)	15	35.7
Wife's Last Education		
Low (No School/Elementary/junior highschool)	14	33.3
High (senior high school, college school)	28	66.7
Wife's Job		
Work	10	23.8
Does not work	32	76.2
Husband's Age		
45-49 Years (Early Elderly)	1	2.4
50-54 Years (Early Elderly)	9	21.4
55-59 Years (Late Elderly)	32	76.2
Husband's Education		
Low (No School/Elementary/junior highschool)	6	14.3
High (senior high school, college school)	36	85.7
Monthly Income		
< Regional minimum wage	27	64.3
≥ Regional minimum wage	15	35.7
Total Sample	42	100

3.2. Husband's Support Picture

TABLE 2: Husband's Support to Menopausal Women (N = 42).

Husband Support	Total	
	N	%
Low	1	2.4
Currently	9	21.4
Tall	32	76.2
Total	42	100

In table 2 of 42 respondents, it was found that almost all of them with 32 respondents (76.2%) received high husband support. Husband's support is influenced by various factors, in this study the factors that influence husband's support.

TABLE 3: Distribution of Husband's Education Frequency and Monthly Income with Husband's Support for Menopausal Women.

Variable	Husband's support						Total	
	Low		Medium		High			
	N	%	N	%	N	%	N	%
Husband's Education								
Low (No School/Elementary/junior highschool)	1	2.4	1	2.4	4	9.5	6	14.3
High (senior high school, college school)	0	0.0	8	19.0	28	66.7	36	85.7
Total	1	2.4	9	21.4	32	76.2	42	100
Montly income								
< Regional minimum wage	1	2.4	8	19.0	18	42.0	27	64.3
≥ Regional minimum wage	0	0.0	1	2.4	14	33.3	15	100
Total	1	2.4	9	21.4	32	76.2	42	100

In table 3 of 42 respondents, it was found that almost all respondents said that a history of high husband's education provided high husband support as well as 28 respondents (77.8%) and an average monthly income < regional minimum wage provided high husband support as many as 18 respondents (42.0%) .

3.3. Quality of Life Overview

TABLE 4: Quality of Life for Menopausal Women (N = 42).

Quality of life	Total	
	N	%
Very bad	0	0
Bad	0	0
Currently	9	21.4
Well	29	69.0
Very good	4	9.5
Total	42	100

In table 4 of 42 respondents, the results show that almost most of them with 29 respondents (69.0%) have a good quality of life. In this study, the quality of life in postmenopausal women is influenced by several factors.

In table 5 of 42 respondents the results show that almost half of the respondents said that the age range of 50-54 years had a good quality of life as many as 15 respondents

TABLE 5: Frequency Distribution of Wife's Age, Wife's Education, Wife's Employment and Husband's Support with Menopausal Women's Quality of Life.

Variabel	Quality of life						Total	
	Currently		Good		Very Good			
	N	%	N	%	N	%	N	%
Wife's Age	0	0.0	2	4.8	1	2.4	3	7.1
45-49 Years (Early Elderly)	6	14.3	15	35.7	3	7.1	24	57.1
50-54 Years (Early Elderly)	3	7.1	12	28.6	0	0.0	15	35.7
55-59 Years (Late Elderly)	9	21.4	29	69.0	4	9.5	42	100
Wife's Last Education								
Low (No School/Elementary/junior highschool)	2	4.8	11	26.2	1	2.4	14	33.3
High (senior high school, college school)	7	16.7	18	42.9	3	7.1	28	66.7
Total	9	21.4	29	69.0	4	9.5	42	100
Wife's Job								
Work	0	0.0	10	23.8	0	0.0	10	23.8
Does not work	9	21.4	19	45.2	4	9.5	32	76.2
Total	9	21.4	29	69.0	4	9.5	42	100
Husband's Support								
Low	1	2.4	0	0.0	0	0.0	1	2.4
Currently	4	9.5	5	11.9	0	0.0	9	21.4
Tall	4	9.5	24	57.1	4	9.5	32	76.2
Total	9	21.4	29	69.0	4	9.5	42	100

(35.7%), higher education had a good quality of life as many as 18 respondents (42.9%), employment status not working have a good quality of life as many as 19 respondents (45.2%), and high husband support menopausal women have a good quality of life as many as 24 respondents (57.1%).

3.4. Relationship between husband's support and quality of life for menopausal women

Based on table 6 statistical calculations using SPSS22 software to determine the relationship between husband's support and quality of life for postmenopausal women. With calculations using spearman rank, the results obtained with a value of $\rho = 0.01$ ($\alpha < 0.05$) which means that H1 is accepted and H0 is rejected. So, in this study, it is stated that there is a significant relationship between husband's support and quality of life for

TABLE 6: Relationship between husband's support and quality of life for menopausal women.

Variable		Husband's Support	Quality of Life	p
Husband's Support	Koefisien Korelasi	1.000	0.409	0.01
	Sig. (2 tailed)	-	0.007	
	N	42	42	
Quality of Life	Koefisien Korelasi	0.409	1.000	
	Sig. (2 tailed)	0.007	-	
	N	42	42	

menopausal women in Babakan Sari RW. 11 working areas of the Babakan Sari Health Center, Kiaracodong District.

4. DISSCUSSION

4.1. Husband's Support

Husband's support is one source of support from the family that cannot be underestimated, because it has a positive effect on a wife[8]. Things that make husband's support important for postmenopausal women are because husbands have higher attachments than others, wives feel their husbands support so that when dealing with problems they can be more creative and open, and husbands have a higher number of meetings than others[10].The high husband's support given to menopausal women is due to the intimacy or closeness of the relationship, as well as acceptance from the partner. Closeness to a partner can have a positive impact so that it can create a relationship of mutual trust, respect and support for each other [11].

Husband's support that can be given to menopausal women there are four supports, the first is emotional support in the form of empathy, attention, love, trust, comfort and affection, the second is informational support about stressful situations such as providing advice, direction and feedback. feed back) in overcoming a problem, the third is instrumental support that provides assistance in the form of goods or services such as helping with household tasks and providing financial assistance, and the fourth is award support given through positive expressions to partners that serves to form trust. self and abilities and postmenopausal women feel valued when they are under pressure [12,13,14]. In this study, the husband's support obtained by menopausal women was found to be the largest in instrumental support of 23.4% with the statement "When

I was sick my husband didn't really pay attention to my needs. My needs have been arranged by other families" 52.4% said they did not agree.

In this study, husband's support was influenced by several factors, including higher education from 85.7% with 66.7% getting high husband support, average monthly income < regional minimum wage of 64.3% getting husband support with high category as much as 42.9%.

4.2. Quality Of Life

Quality of life according to WHOQOL[9] is a very broad concept that is influenced by the individual's physical condition, psychological, level of independence, as well as the individual's relationship with the environment to life in society in the context of the existing culture and value system, related to goals, expectations, and values. standards and attention. According to WHOQOL-BREF [9] and [15] the quality of life of postmenopausal women has several dimensions, including physical health (covering daily activities, health, medical drug assistance, energy & fatigue, mobilization, feeling comfortable with pain, need for rest sleep & ability to work), psychological health (includes body image & appearance, negative positive feelings, self-esteem, spirituality, thinking skills, learning, memory & concentration), social relationships (includes personal relationships, social support & sexual activity), and the environment (including financial resources, freedom, physical security, health and social services, opportunities to obtain information, recreation or leisure activities, environmental conditions & transportation) [16]. In this study, the most quality of life was obtained from the psychological dimension with the question "how often do you have negative feelings such as loneliness, hopelessness, anxiety and depression?" as much as 52.4% with rare choices.

In this study, the quality of life in postmenopausal women is influenced by several factors, including:

Age of 54.8% with an age range of 50-54 years as much as 33.3% have a good quality of life. Stated that the older the quality of life decreases [17]. But according to [18] stated that the quality of life seemed to increase at the age of 50-65 years.

Education of 66.7% with higher education as much as 42.9% have a good quality of life. It is stated that women with higher levels of education have a good quality of life[6,19]. This is different states that the level of education has no effect on the quality of life of postmenopausal women [20].

Employment of 76.2% with the status of not working as much as 45.2% have a good quality of life. In this study, although 76.2% of respondents did not work, for the

statement "My husband does not like it when I participate in activities (family welfare empowerment, recitation, social gathering & others)" as many as 52.4% said strongly disagree and 45.2% said disagree so that the husband of the respondent supports if the respondent participates in activities in the community. In this research, respondents have support from friends through activities in the community. On the question "How good are your social skills?" as many as 50% of respondents said good, on the question "how satisfied are you with your personal/social relationship?" 47.6% of respondents said they were satisfied, and on the question "How satisfied are you with the support you get from your friends?" as many as 42.9% of respondents said it was normal. that women who do not work have a good quality of life [6].

Husband's support of 76.2% who received husband's support in the high category as many as 57.1% had a good quality of life. The biggest support from my husband was instrumental support with the question "When I was sick my husband didn't really pay attention to my needs. My needs are regulated by other families" 52.4% said they did not agree.

4.3. Correlation of husband's support to Quality Of Life

Quality of life is influenced by husband's support. With high husband support, postmenopausal women have a high chance of having a good quality of life. Husband's support and quality of life have a strong degree of relationship [11]. The support given by husbands to menopausal women in the form of emotional support, instrumental support, informational support and appreciation support that they get in daily life after menopause.

This is in line with research according [11] who found that from 65 respondents, 28 respondents (43.1%) received high husband support and 30 respondents (46.2%) had good quality of life and obtained a value of $= 0.000$ ($\alpha < 0.05$).) which means that there is a relationship between husband's support and quality of life for menopausal women. This is in line with Arica's research (2019) which found a relationship between husband's support and quality of life of postmenopausal women with a value of $= 0.0001$ ($\alpha < 0.05$), which means that there is a relationship between husband's support and quality of life for menopausal women. This is also in line with the research [21] which states that menopausal women who marry and receive husband's support have an effect on quality of life with a value of < 0.05 which means that there is a close relationship between husband's support and quality of life for menopausal women.

5. Conclusion

The relationship between husband's support and quality of life of postmenopausal women was found to be $r = 0.409$ ($\alpha < 0.05$), which means that there is a very significant relationship between husband's support and quality of life of menopausal women. The correlation coefficient 0.409 its about moderate relationship.

6. Suggestion

The results show that there is a relationship between husband's support and quality of life for postmenopausal women. For the future researcher will research about correlation factors to quality of life of women postmenopause

References

- [1] WHO. Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: WHO; 2015.
- [2] BPS; 2020. Available from: shorturl.at/biEPT
- [3] Sari KB. Laporan kependudukan babakan sari tahun 2020 semester 2. Diakses pada tahun 2021. 2020.
- [4] Kumalasari I, Andhyantoro I. Kesehatan reproduksi untuk mahasiswa kebidanan dan keperawatan. Jakarta: Salemba Medika; 2012.
- [5] Annah I, Mashar HMI. Status pernikahan dan dukungan sosial suami terhadap kualitas hidup wanita menopause di kota palangka raya. Jurnal Surya Muda: Ilmu Keperawatan Dan Ilmu Kesehatan. 2020;2(1):9-17.
- [6] Tarigan I, Sinuhaji LNB, Sembiring M. Hubungan pendidikan, aritas, pekerjaan dan lama menopause dengan kualitas hidup perempuan menopause di puskesmas kabanjahe kabupaten karo. Jurnal Mutiara Ners. 2019;2(1):158-167.
- [7] Wardani DA. Hubungan dukungan suami dengan kualitas hidup perempuan menopause. Jurnal Medika: Karya Ilmiah Kesehatan. 2019;4(1):21-30.
- [8] Noorma N. Faktor yang berhubungan dengan kualitas hidup wanita menopause di klinik bank tabungan pensiunan nasional kota makassar. Husada Mahakam: Jurnal Kesehatan. 2017;4(4):240-254.
- [9] WHO. The World Health Organization quality of life (WHOQOL)-BREF. WHO; 2004.

- [10] Cohen S, Syme L. Social support and health. Cohen S, Syme SL, editors. San Francisco: Academic Press; 1985.
- [11] Ruspawan I, Rosiladewi GAK, Lestari NKY. Dukungan suami dengan kualitas hidup pada wanita menopause. *Jurnal Gema Keperawatan*. 2016;9(1):50-56.
- [12] Friedman MM. Buku ajar keperawatan keluarga: Riset, teori dan praktek. Jakarta: EGC; 2010.
- [13] Sarafino EP, Smith TW. Health psychology: Biopsychosocial interactions. John Wiley & Sons; 2014.
- [14] Taylor et al. Social psychology. Pearson Education; 2009.
- [15] Ekasari MF, Riasmini NM, Hartini T. Meningkatkan kualitas hidup lansia konsep dan berbagai intervensi. Malang: Wineka Media; 2018.
- [16] Laritmas PEE, Ambarwati KD. Perbedaan kualitas hidup pada wanita menopause yang bekerja dan tidak bekerja. *Jurnal Selaras: Kajian Bimbingan dan Konseling serta Psikologi Pendidikan*. 2020;3(1):11-26.
- [17] Kumar GS, Majumdar A, Pavithra G. Quality of life (QOL) and its associated factors using WHOQOL-BREF among elderly in urban Puducherry, India. *Journal of Clinical and Diagnostic Research: JCDR*. 2014;8(1):54.
- [18] Netuveli G, Wiggins RD, Hildon Z, Montgomery SM, Blane D. Quality of life at older ages: Evidence from the English longitudinal study of aging (wave 1). *Journal of Epidemiology & Community Health*, 2006;60(4):357-363.
- [19] Sari NIY, Adriani RB, Mudigdo A. Effect of menopause duration and biopsychosocial factors on quality of life of women In Kediri District, East Java. *Journal of Maternal and Child Health*. 2017;2(2):125-136
- [20] Runiari N, Santiningsih NW. Kualitas hidup wanita menopause. *Jurnal Gema Keperawatan*. 2016;9(1):70-78.
- [21] Jalambadani Z, Rezapour Z, Zadeh MS. Investigating the relationship between menopause specific quality of life and perceived social support among post-menopausal women in Iran. *Experimental Aging Research*. 2020:1–8.