

Differences in Anxiety Levels of Menopausal Women Before and After Given Psychoeducation and Relaxation

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ABSTRACT

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Menopause is a transitional period in a woman's life that shows that the ovaries have stopped producing eggs, menstrual activity decreases and finally stops. One of the treatments for this complaint is non-pharmacological therapy, namely psychoeducation and relaxation. The research objective was to determine the differences in the anxiety levels of menopausal women before and after psychoeducation and relaxation. This research is a quasi experiment with one group pretest and posttest design. The research was conducted at the Elderly Posyandu in the working area of the Dadok Tunggul Hitam Community Health Center to 54 menopausal women who were divided into a treatment group and a control group. The results showed that most respondents in the treatment and control groups prior to psychoeducation and relaxation were in the mild anxiety level category. After doing psychoeducation and relaxation, there was a decrease in anxiety levels in the treatment group. Based on the t test, the p-value is less than 0.05, it can be concluded that there are differences in the level of anxiety in menopausal women before and after psychoeducation and relaxation. ($p = 0.001$). The conclusion of this study is that there are differences in the decrease in anxiety levels after psychoeducation and relaxation.

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1. Introduction

Menopause is a transitional period in a woman's life which shows that the ovaries have stopped producing eggs, menstrual activity decreases and finally stops (Prayitno, 2014), and the formation of female hormones (estrogen and progesterone) is reduced (Utami, 2016). Actually, menopause occurs at the end of the last menstrual cycle, certainty can only be obtained if a woman has not experienced her cycle for at least 12 months (Utami, 2016). Psychoeducation is a form of education or training for someone who aims at the therapy and rehabilitation process. The goals include developing and increasing the client's acceptance of the disease or disorder being experienced, increasing the client's participation in therapy, as well as a coping mechanism when the client faces problems related to the disease (Bordbar & Faridhoseine, 2010). Apart from physical, psychological changes also greatly affect the quality of life of a woman during menopause. Psychological changes at menopause are very dependent on each woman's view of menopause, including her knowledge of menopause. Sufficient knowledge will help them understand and prepare themselves for menopause better (Kasdu, in Vildiana, 2018). Research shows the effect of health education on knowledge and anxiety in premenopausal women carried out in Wonogiri district, Selogiri district, it is found that there is a significant effect of health education both on knowledge and anxiety (Wijayanti &

Research on the effect of psychoeducation and relaxation (breathing relaxation, muscle relaxation and imagery relaxation) to reduce anxiety in perimenopausal women in Yogyakarta (Sriwaty, 2015). The subjects were women who experienced symptoms of perimenopause in the last six months or years. The subjects were divided into two groups, the control group and the treatment group. This study found that there was an effect of giving psychoeducation and relaxation to reduce anxiety in perimenopausal women in the treatment group, while the control group did not experience a decrease in anxiety scores (Sriwaty, 2015). However, psychoeducation and relaxation research needs to be carried out in West Sumatra (Minangkabau). Where the Minangkabau ethnicity has its own uniqueness in its traditions and culture (Sulastris et al, 2012).

2. Method

This research is a quasi experimental research with a design *two groups pretest-posttest* conducted at the elderly Posyandu in the Dadok Tunggul Hitam Health Center working area from January 2021 to February 2021. The results of the normality test showed that the data were

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normally distributed ($p > 0.05$), then statistical analysis was carried out using the t-test. The results of statistical tests using the t-test showed an effect differences in decreased levels of anxiety after psychoeducation and relaxation.

3. Result and Discussion

a. Postmenopausal women anxiety levels before psychoeducation and relaxation in the treatment and control groups

The level of anxiety in menopausal women before psychoeducation and relaxation in the treatment and control groups can be seen in table 5.2 below:

Table 1

Postmenopausal women anxiety levels before psychoeducation and relaxation in the treatment and control groups

Anxiety level	Treatment group		Control group	
	n	mean score \pm SD	n	mean score \pm SD
		44.63 \pm 5,471		49.48 \pm 8,011
Don't worry	10		9	
Light	17		15	
Moderate	0		3	
Weight				

Based on table 1, there are 17 respondents in the treatment group who have mild anxiety levels and 15 respondents in the control group who have mild anxiety levels, it can be concluded that most of the respondents are at a mild anxiety level.

b. The level of anxiety of menopausal women in the treatment group before and after psychoeducation and relaxation

The level of anxiety of menopausal women in the treatment group before and after psychoeducation and relaxation can be seen in table 2 below:

Table 2

The level of anxiety of menopausal women in the treatment group before and after psychoeducation and relaxation

Anxiety level	Before treatment	After treatment
	n	n
Don't worry	10	18
Light	17	9
Moderate		
Weight		

Based on table 2, there are 10 respondents in the treatment group before psychoeducation and relaxation who have anxiety levels without anxiety and 18 respondents in the treatment group after psychoeducation and relaxation who have anxiety levels are not anxious, it can be concluded that most respondents in the treatment group after psychoeducation and relaxation are in the not anxious category.

c. The difference in the scores of the average anxiety level of menopausal women in the treatment group before and after psychoeducation and relaxation

The following table shows the average anxiety level scores of menopausal women in the treatment group before and after psychoeducation and relaxation, namely:

Table 3

Differences in the scores of the average anxiety level of menopausal women in the treatment group before and after psychoeducation and relaxation were carried out

	Before intervention	After intervention	the p
	Mean \pm SD	Mean \pm SD	

Decreased anxiety	44.63 ± 5,471	42.63 ± 4.482	0.001
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Based on table 3, it can be seen that based on the t test, the p-value is 0.001. The p-value is smaller than 0.05, so it can be concluded that there are differences in the level of anxiety in menopausal women before and after psychoeducation and relaxation.

d. Postmenopausal women anxiety levels before psychoeducation and relaxation in the treatment and control groups

The results showed that most respondents in the treatment and control groups before psychoeducation and relaxation were at a mild anxiety level. There were 17 respondents in the treatment group who had mild anxiety levels and 15 respondents in the control group who had mild anxiety levels.

The menopause period is one of the phases that a woman must go through in her life and the anxiety they experience can make it very difficult for them to live this period (Bahiyatun, 2011). Anxiety at menopause is characterized by tensions and anger, as well as hot flashes and / or night sweats (Bromberger et al, 2013). Anxiety is also characterized by feelings of discomfort, and is characterized by physiological reactions, cognitive reactions, behavioral reactions and emotional reactions (Triastutik et al, 2017). This worry originates from the thought that he is not healthy, not fit and is no longer beautiful.

In line with previous research conducted by Febrina (2016) where the results of the study stated that most respondents in the treatment group were in the mild anxiety category (59.3%), as well as the control group where 66.7% of respondents were in the mild anxiety level category. In contrast to research conducted by Melaningtyas (2015) concerning the relationship between the level of knowledge of menopause and menopause anxiety in women before menopause, the results showed that most women experienced severe anxiety as many as 38 people (56.7%) in the face of menopause.

Research analysis shows that the majority of respondents before being given psychoeducation and relaxation were in the mild anxiety level category, only a small proportion of respondents were in the non-anxious and moderate level category. Changes that occur in the menopause phase with many factors that cause it, including environmental factors, lifestyle and heredity, affect the differences in anxiety levels of menopausal women.

e. The level of anxiety of menopausal women in the treatment group before and after psychoeducation and relaxation

The results showed that there was a decrease in the level of anxiety of the respondents, most of the respondents in the treatment group after psychoeducation and relaxation were in the not anxious category. There were 10 respondents in the treatment group before psychoeducation and relaxation who had a level of anxiety that was not anxious and 18 respondents in the treatment group after psychoeducation and relaxation who had anxiety levels were not anxious.

A decrease in anxiety levels is in line with the results of Febrina's (2016) study It shows that there is a decrease in the respondent's level of anxiety after hypnotherapy is done where 59.3% of respondents are in the not anxious category. The results of the statistical test showed that there was a significant difference in the level of anxiety of the respondents after hypnotherapy was carried out between the treatment group and the control group. In addition, Ida's (2015) study also showed that there was a decrease in anxiety levels in the treatment group after being given psychoeducation and relaxation interventions in perimenopausal women.

Anxiety is one of the common mental disorders with a lifetime prevalence of 16% -29% (Katz, 2013), a vague feeling of uneasiness due to discomfort or fear accompanied by a response (the source is often not specific or unknown to the individual.) (Nanda, 2009). The level of anxiety is influenced by several factors. The main factors that affect anxiety are the environment or the place around which affects the way you think about yourself and others. Anxiety can arise if you feel insecure about the environment. The second is emotions, emotions that are suppressed by anxiety can occur if you are unable to find a way out for feelings in personal relationships (Bomberger et al, 2013). The three are physical causes, because the mind and body are constantly interacting and can cause anxiety (Triastutik et al, 2017). Usually seen in conditions facing menopause, menstruation, pregnancy, and so on. As long as these fluctuating

conditions are common and this can cause anxiety. Next is heredity, where emotional disorders are found in certain families,

Research analysis shows that the decrease in the level of anxiety of menopausal women after being given psychoeducation in the treatment group is because respondents in the treatment group are given information about what, why and how to deal with menopause, both physical and psychological readiness in facing menopause. The provision of this information is very supportive because menopausal women understand that changes in estrogen hormones in menopausal women affect the physiology and psychology of menopausal women which make them tend to be uncomfortable with the changes that occur in their bodies, especially if someone does not understand if it is part of the changes experienced by his body at menopause.

f. The difference in the scores of the average anxiety level of menopausal women in the treatment group before and after psychoeducation and relaxation

The results showed that the mean reduction in the value of respondents' anxiety in the treatment group before treatment was 44.63 ± 5 and after the intervention was 42.63 ± 4.48 . The results of the independent t-test showed that there was a significant difference in the decrease in anxiety levels ($p = 0.001$).

The handling of anxiety can be done by pharmacological and non-pharmacological ways. Pharmacological therapy (Ravindran & Stein, 2010) uses antidepressant drugs such as selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs). Nonpharmacological therapy is useful in the treatment of anxiety disorders including supportive therapy, cognitive behavioral therapy, behavioral therapy and relaxation techniques therapy.

In order to overcome anxiety in this study, non-pharmacological therapy (picoeducation and relaxation) was carried out. Supportive therapy was a psychotherapy therapy aimed at clients either individually or in groups. The main goals of this therapy are to build relationships, facilitate the expression of affect / emotions (anger), reflection, clarification, calming by the therapist, facilitate the patient's understanding of his feelings and encourage problem solving behavior. While relaxation is based on the belief that the body responds to anxiety that stimulates the mind due to pain or disease conditions. Relaxation techniques can reduce physiological tension. This technique can be performed with the head propped up in a lying position or sitting in a chair. The main thing that is needed in implementing relaxation techniques is for the client to be in a comfortable position; clients with a resting mind, and a quiet environment.

Anxiety is not only emotionally painful but because there is a mistake in knowledge, the more knowledge one knows, the easier it will be to overcome anxiety. Women need timely and reliable information to find out what changes are happening in their bodies and their lives (Toral et al, 2013). Factors that influence knowledge include education, experience, age, occupation, income and information obtained from various sources (Notoatmodjo, 2012).

Psychoeducation is the provision of information which is to provide education to the community. When the subject experiences anxiety it is caused by a lack of understanding of the information, which causes anxiety. And when an individual experiences stress, the muscles of the body begin to tense up and it will have an impact on physical and even psychological. When individuals experience stress, the muscles of the body begin to tense up and it will affect both physically and even psychologically. So that the researchers combined two interventions, namely psychoeducation and relaxation. This study is in line with the research of Bromberger, et al (2014) which aims to reduce menopause symptoms by doing psychoeducation. Research conducted on White, African American, Chinese, Hispanic, and Japanese race among women with high initial anxiety, there is a linear decrease in the percentage at the menopause stage. Research on the effectiveness of relaxation on menopausal symptoms (Irvin et al, 2012), with a sample of 33 women using the Spielberger State Train Anxiety (STAI) and the Profile Mood Scale (POMS) showed a significant reduction in hot flash intensity, tension-anxiety and depression. .

The assumption of researchers is that the anxiety experienced by menopausal women can decrease in various ways. One of them is by doing psychoeducation and relaxation, which in

this study shows that psychoeducation and relaxation can significantly reduce the level of anxiety in menopausal women.

4. Conclusion

Based on the results of research on the differences in anxiety levels of menopausal women before and after being given psychoeducation and relaxation, it was found that there was a difference in the effect of decreasing anxiety levels after psychoeducation and relaxation.

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