Relationship of Knowledge, Support of Husband and Body Image with Health Anxiety Levels In Menopausal Women di Working Area Melak Public Health Centers

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Abstract

Introduction: Some women consider menopause frightening specter, causing anxiety. Menopausal women in working area Melak Health Center in November 2021-January 2022 are 73 people. Objective: This study aimed to determine the relationship knowledge, husband's support and body image with health anxiety levels in menopause women. Methods: This type of research is analytic survey with cross sectional design. Results and Discussion: Most of the respondents were aged 56-60 years (61.3%). high school education (41.9%), housewives (59.7%), poor knowledge about menopause (59.7%), husband's support is not supportive (58.1%), body image is not good (64, 5%), experiencing anxiety (62.9%). There is a relationship between knowledge (p value: 0.045), husband's support (p value: 0.003) and body image (p value: 0.036) with the level of health anxiety in postmenopausal women in the working area of the Melak Health Center. Husband's support is the most dominant factor. Anxiety in menopausal women can be related to husband's support, where husbands often pay less attention to menopausal wives and domestic violence can occur. Conclusion: Knowledge, husband's support and body image are factors related with health anxiety levels in menopause women.

Keywords: Knowledge; Husband's Support; Body Image; Anxiety; Menopause;

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Introduction

Menopause can occur in the elderly, based on population projections from the 2020 Inter-Census Population Survey, the number of elderly's in Indonesia is 10.65% of the total population or around 28 million people. The percentage of elderly women is 52.34%. This projection is also estimated that the percentage of the elderly population will continue to increase until 2045, from 9% in 2015 to 20% in 2045 (BPS, 2020).

Some women think that menopause that occurs during the elderly will cause anxiety and worry (Astuti et al., 2021). This will be stressful and even more burdensome if the woman thinks negatively and does not get the right support from the closest people. Anxiety is a manifestation of various mixed emotional processes, which occur when people are experiencing emotional pressure (frustration) and inner opposition or conflict (Redjeki & Tambunan, 2019). There are several factors related to women's anxiety in facing menopause including knowledge, husband support and perception of body image (Afiyanti & Pratiwi, 2016)

Premenopausal and menopausal syndrome are experienced by many women almost all over the world (Sasrawita, 2017). According to the World Health Organization (WHO, 2010) it is estimated that around 25 million women worldwide each year experience menopause. About 70-80% are European women, 60% in America, 57% in Malaysia, 18% in China and 10% in Japan and Indonesia. Based on the population and public health status of Indonesia in 2000, the total population in Indonesia reached 203.46 million people with 101.81 million female population, about 25% or about 15.5 million of Indonesia's female population will reach menopause age. That number increased to 11% in 2005. In 2008 about 5,320,000 women entered menopausal age. In 2015 it is estimated that this number will increase by 14%. In 2020 it is estimated that the number of women living in menopause is 30.3 million people (Yazia & Hamdayani, 2020)

For the East Kalimantan region in 2019 the number of menopausal women is 106,640 people, while in the West Kutai Regency area there are 19 Public Health Centerss with the number of menopausal women is 5,918 people (Dinkes Kaltim, 2019). The Working Area of the Melak Public Health Centers in 2021 there were 578 targeted menopausal women, while those recorded during the implementation of the Elderly Posyandu from November 2021 to January 2022 were 73 people in the Melak Public Health Centers work area (Melak Public Health Center Profile, 2021)

Many women who complain with the arrival of menopause they will become anxious. Anxiety that arises in menopausal women is often associated with the presence of worry in facing situations that were never previously worried (Proverawati & Sulistyawati, 2010)

Based on a preliminary study that has been carried out in the work area of the Melak Public Health Center in 2021, namely in Melak Ulu Village, there are 210 elderly people over the age of 60 years, with married women there are 2,032 people and living divorces there are 66 people.

Melak Ilir village has 176 elderly people, with 935 married women and 46 divorced lives. Empas village has 33 elderly people, with 185 married women and 10 divorced lives. Empakuq village has 15 elderly people, with 97 married women and 9 divorced lives. Muara Bunyut village has 42 elderly people, with 242 married women and 10 divorced lives. Benangaq village has 15 elderly people, with 102 married women and 2 divorced lives.

Through initial interviews with 10 women in the work area of the Melak Public Health Center who are starting to enter menopause, it is known that as many as 7 people said that they felt anxious about facing menopause and were afraid of a decline in health degrees and had a negative self-concept where they felt afraid of not being able to play the role of wife and mother in the family properly. While the other 3 people did not feel anxiety.

Judging from the incidence of domestic violence related to the anxiety of women who menopause in getting husband support in the work area of the Melak Public Health Center, there were domestic violence incidents in 2019 of 18.16%, in 2020 of 27% and in 2021 of 2.9%. The high incidence of Domestic Violence (DV) can cause menopausal women to experience anxiety, because they are anxious that they can experience Domestic Violence (DV) if they have entered menopause.

Method

This type of research is an *analytical survey* that tries to explore how and why health phenomena occur. This research was conducted using *a cross sectional* design. The population of this study was the menopausal elderly who participated in posyandu activities for the elderly in the working area of the Melak Public Health Center, there were 73 people. The number of samples based on the Slovin formula was obtained by 62 people. The sampling technique of this study is random *sampling* with *a proportional random sampling* method. After that, the samples obtained by each village / village are determined based on *simple random sampling.* The test used in this study was the Somers'd test.

Results and Discussion
Result
1. **Knowledge of Menopause**

Table 1

Distribution of knowledge about menopause

No	Knowledge	N	%
1	Good	25	40,3
2	Not Good Enough	37	59,7
	Total	**62**	**100**

Source: Processed primary data, 2022.

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The knowledge about menopause in menopausal women in the work area of the Melak Public Health Center was mostly unfavorable at 37 people (59.7%), while the good was 25 people (40.3%).

2. Husband Support

Table 2

Melak Public Health Center Husband Support Distribution in 2022

No	Husband Support	N	%
1	Support	26	41,9
2	Less Support	36	58,1
	Total	**62**	**100**

Source: Processed primary data, 2022.

Husband support for menopausal women in the Melak Public Health Center's work area was largely less supportive at 36 people (58.1%), while supporting was 26 people (41.9%).

3. Body Image

Table 3

Body Image Distribution

No	Body Image	N	%
1	Good	22	35,5
2	Not Good Enough	40	64,5
	Total	**62**	**100**

Source: Processed primary data, 2022

Body image in menopausal women in the work area of the Melak Public Health Center was mostly poor at 40 people (64.5%), while good at 22 people (35.5%).

4. Anxiety Levels

Table 4

Distribution of Health Anxiety Levels

No	Health Anxiety Levels	N	%
1	Not Anxious	23	37,1
2	Anxious	39	62,9
	Total	**62**	**100**

Source: Processed primary data, 2022

The level of health anxiety in menopausal women in the work area of the Melak Public Health Center was mostly anxious at 39 people (62.9%), while non-anxious was 23 people (37.1%).

5. The relationship of knowledge with the level of health anxiety

Table 5

The Relationship of Knowledge to Health Anxiety Levels

No	Knowledge	Anxiety Levels				p value / Somers'd
		Not Anxious		Anxious		
		n	%	n	%	
1	Good	13	21	12	19,4	*0,045 / 0,250
2	Not Good Enough	10	16,1	27	43,5	
	Total	**23**	**37,1**	**39**	**62,9**	

*Somers'd Test Analysis p<α α = 0.05

The results of the statistical test obtained *p value*: 0.045 <α: 0.05 so that Ho was rejected and Ha was accepted, namely there was a relationship of knowledge with the level of health anxiety in menopausal women in the work area of the Melak Public Health Center. The somers'd value of 0.250 means that the relationship is quite strong.

6. The Relationship of Husband Support with Health Anxiety Levels

Table 6

The Relationship of Husband Support with Health Anxiety Levels

No	Husband Support	Anxiety Levels				p value / Somers'd
		Not Anxious		Anxious		
		n	%	n	%	
1	Support	15	24,2	11	17,7	*0,003 / 0,355
2	Less Support	8	12,9	28	45,2	
	Total	**23**	**37,1**	**39**	**62,9**	

*Somers'd Test Analysis p<α α = 0.05

The results of the statistical test obtained *p value*: 0.003 <α: 0.05 so that Ho was rejected and Ha was accepted, namely there was a relationship of husband support with the level of health anxiety in menopausal women in the work area of the Melak Public Health Center. The somers'd value of 0.355 means that the relationship is quite strong

7. The Relationship of Body Image with Health Anxiety Levels

Table 7

The Relationship of Body Image with Health Anxiety Levels

No	Body Image	Anxiety Levels				p value / Somers'd
		Not Anxious		Anxious		
		n	%	n	%	
1	Good	12	19,4	10	16,1	*0,036 / 0,270
2	Not Good Enough	11	17,7	29	46,8	
	Total	**23**	**37,1**	**39**	**62,9**	

*Somers'd Test Analysis p<α α = 0.05

The results of the statistical test obtained *p value*: 0.036<α: 0.05 so that Ho was rejected and Ha was accepted, namely there was a relationship between body image and

the level of health anxiety in menopausal women in the work area of the Melak Public Health Center. The somers'd value of 0.270 means that the relationship is quite strong

8.   Multivariate Analysis

Table 8
Logistic Regression Equation Model I

No	Variable	Score	Sig
1	Knowledge	3,987	0,046
2	Husband Support	8,140	0,004
3	Body Image	4,449	0,035

*Logistic Regression Significance Result p<α α=0.05

Table 9
Logistic Regression Equation Model 2

No	Variable	Odd Ratio	Sig
1	Knowledge	2,743	0,137
2	Husband Support	4,771	0,011
3	Body Image	1,461	0,579

*Logistic Regression Significance Result p <α α = 0.05

From the results of the logistic regression equation model 2 in the multivariate analysis, it can be seen from the three variables of knowledge, husband support and body image, only the husband support variable has a significance value of 0.011 smaller than 0.05 while knowledge (0.137) and body image (0.579) are greater by 0.05. Then judging from the *odd ratio* value, it is known that husband support (4,771) is the highest compared to knowledge (2,743) and body image (1,461). Therefore, husband support is the most dominant variable related to the level of health anxiety in menopausal women in the work area of the Melak Public Health Center.

Discussion
1.   The Relationship of Knowledge with Health Anxiety Levels

Based on the results of the study, it is known that there is a fairly strong relationship between knowledge and the level of health anxiety in menopausal women in the work area of the Melak Public Health Center. The results of this study are in accordance with Teja's research (2019) showing that there is a relationship of knowledge with anxiety in perimenopausal women (Teja et al., 2019). Contrary to Agustina's research (2016) shows that there is no meaningful relationship between knowledge and anxiety (Agustina , 2016)

Knowledge is the result of knowing, and this happens after a person has done sensing of a certain object. Sensing occurs through the five human senses, namely sight, hearing, smell, taste and taste. Most of the human knowledge is obtained from the eyes and ears. Knowledge or cognitive is a very important factor in shaping a person's actions (*over behavior*) (Notoatmodjo, 2017).

Researchers asTotale that there is a link of knowledge to the level of health anxiety in menopausal women in the work area of the Melak Public Health Center. This has to do with a person's education. The level of education of individuals affects the ability to think. The higher the level of education, the easier it is for individuals to think rationally and capture new information. Analytical skills will make it easier for individuals to decipher new problems.

2. The Relationship of Husband Support with Health Anxiety Levels

Based on the results of the study, it is known that there is a fairly strong relationship between husband support and the level of health anxiety in menopausal women in the work area of the Melak Public Health Center. The results of this study are in accordance with Yazia's research (2020) showing that there is a relationship between husband support and anxiety levels in mothers in the face of menopause. Andora's research (2018) shows that there is a relationship between family instrumental social support and anxiety levels in mothers in the face of menopause.

Husband support is one of the sources of social support that comes from the family environment. The role of the family, especially the husband, is very necessary for the wife, the involvement and support that the husband gives to the wife will strengthen the relationship between the couple. The support obtained by the wife will make him calm and comfortable in every decision that has been taken (Suprajitno, 2016). Social and environmental support is a source of individual coping. Social support from the presence of others helps a person reduce anxiety whereas the environment affects the individual's thinking area (Stuart, 2017).

Researchers asTotale that there is a relationship of husband support with health anxiety levels in menopausal women in the work area of the Melak Public Health Center. With the support of the husband, the mother will feel more needed so that it no longer causes anxiety in the mother. Menopausal women's anxiety can be related to the support of the husband, where the husband often pays less attention to the wife who has menopause and domestic violence can occur.

3. Relationship of Body Image with Health Anxiety Levels

Based on the results of the study, it is known that there is a fairly strong relationship between body image and the level of health anxiety in menopausal women in the work area of the Melak Public Health Center. The results of this study are in accordance with Teja's research (2019) showing that there is a relationship between the perception of body image and anxiety in perimenopause women (Teja et al., 2019). Simbar's research (2020) shows that women's bodies can be effective against depression and anxiety in menopause (Simbar et al., 2020).

Longe in Husnah (2021) says body image is a person's mental opinion or own description of his physical appearance and involves the reaction of others to that person's body based on what the person feels. Perceptions of body image among people can range

from very negative to positive. A person who has a low body image sees his body as something that is not attractive to others, while a person with a good body image views his body as something interesting to others (Husnah, 2021).

Researchers asTotale that there is a relationship of body image with health anxiety levels in postmenopausal women in the work area of the Melak Public Health Center. Body image is an individual's attitude towards his body whether consciously or unconsciously including past or present perceptions of the size, shape, function, appearance and potential of the body. Negative assessments on body image can interfere with an individual's self-concept that will generate anxiety.

4.   Multivariate Analysis

Based on the results of the study on the significance value of knowledge about menopause (0.137), husband support (0.011) and body image (0.579), then only the husband support variable with a *p value* of $< α$: 0.05 means that there is a relationship and the value of the opportunity for support husband support is the highest at 108.7% then husband support the most dominant variable is related to the level of health anxiety in menopausal women in the work area of the Public Health Center Melak. So Ha was accepted and Ho was rejected, namely the husband's support, the most dominant variable related to the level of health anxiety in menopausal women in the work area of the Melak Public Health Center.

The results of the study according to Teja's research (2019) showed that the most dominant variable affecting anxiety in perimenopausal women was husband support. But contrary to research Andora (2018) shows that motivation as the dominant variable related to anxiety in menopausal women.

In the relationship of knowledge with the level of health anxiety in menopausal women in the work area of the Melak Public Health Center, it was known that respondents were not anxious (21%) and anxious (19.4%). The respondents were not good knowledge who were anxious (43.5%) and not anxious (16.1%). There is a knowledge relationship with the level of health anxiety in menopausal women in the working area of the Melak Public Health Center with a fairly strong level. Where there is a lack of knowledge, it will increase health anxiety in menopausal women in the work area of the Melak Public Health Center by 2,743 times. Notoadmodjo (2017) suggests that a person's knowledge is usually influenced from experiences that come from various sources, for example: mass media, posters, close relatives and so on. This knowledge can form certain beliefs so that a person behaves like that belief.

Judging from the relationship between husband support and the level of health anxiety in menopausal women in the work area of the Melak Public Health Center, there were respondents to her husband who were not anxious (24.2%) and anxious (17.7%). Meanwhile, her husband's respondents were less supportive of the anxious (45.2%) and non-anxious (12.9%). There is a relationship of husband support with the level of health anxiety in menopausal women in the work area of the Melak Public Health Center with a

fairly strong level. Where the lack of husband support, it will increase health anxiety in menopausal women in the work area of the Melak Public Health Center by 4,771 times. Support from the husband when the wife experiences menapause is very necessary because without the support of the husband, the wife will feel uncomfortable and feel guilty, causing anxiety (Ismiati, 2018).

In addition, the relationship of body image with health anxiety levels in menopausal women in the work area of the Melak Public Health Center was known to respondents of good body image who were not anxious (19.4%) and anxious (16.1%). The respondents had poor body image who were anxious (46.8%) and not anxious (17.7%). There is a relationship of body image with the level of health anxiety in postmenopausal women in the work area of the Melak Public Health Center with fairly strong levels. Where there is a lack of perception of body image, it will increase health anxiety in menopausal women in the work area of the Melak Public Health Center by 1,461 times. Husnah (2021) suggests that body image involves an approximation and evaluation of physical tools in relation to social norms and feedback from others. Body figure, appearance and size are the most important things in developing an understanding of the evolution of one's self-concept.

Seeing this, husband support is the most dominant variable related to the level of health anxiety in menopausal women. Some women who enter menopause with anxiety will feel very sensitive to emotional influences and hormonal fluctuations. Generally, they are not properly informed so what is imagined are the negative effects they will experience after entering menopause. They are anxious about the end of the reproductive period which means the cessation of sexual and physical appetite, this can take away the pride of being a woman. This situation is feared to affect the relationship with her husband and social environment. The appearance of excessive worry will affect her relationship with the husband and make it difficult for them to live this time. Anxiety in the face of this period often affects a woman's psychic state (Triana, 2020).

Husband support is the help that husbands give to mothers when facing the period leading up to menopause. The support and positive role of the husband as a life partner can provide a very great help in overcoming anxiety. With the support of the husband, the mother will feel more needed so that it no longer causes anxiety in the mother. Menopausal women's anxiety can be related to the support of the husband, where the husband often pays less attention to the wife who has menopause and domestic violence can occur. For this reason, there is a need for an institution that protects wives who experience domestic violence (Yazia, 2020).

Husband support is a medium that influences and determines the psychological impact on menopausal sufferers. A good relationship with family members becomes a great hope for balance in menopausal sufferers. The psychological impact of menopause does not only occur in women but also occurs in men so that a good relationship between husband and wife is needed. Basically, the support of the husband must be constantly developed. A husband who does not demand and accept women who are going through

menopause and assures that it is something normal will be more helpful for a woman who is experiencing anxiety during menopause. Self-adjustment is the most difficult thing for postmenopausal mothers. Especially changes in sexual function, namely many menopausal mothers who are depressed and worried about changes in their husband's attitude (Triana, 2020).

Researchers believe that the most dominant variable of husband support is related to the level of health anxiety in menopausal women in the work area of the Melak Public Health Center, because the supportive husband has an impact on her coping response. Coping mechanisms are used by a person when experiencing anxiety. The inability to constructively cope with anxiety is the cause of the occurrence of pathological behavior.

Conclusion

The characteristics of respondents were mostly aged 56-60 years totaling 38 people (61.3%). high school education totaled 26 people (41.9%) and housewives numbered 37 people (59.7%). Knowledge about menopause in menopausal women in the working area of the Melak Public Health Center was mostly poor at 37 people (59.7%), while good at 25 people (40.3%). Husband support for menopausal women in the Melak Public Health Center's work area was largely less supportive at 36 people (58.1%), while supporting was 26 people (41.9%).

Body image in menopausal women in the work area of the Melak Public Health Center was mostly poor at 40 people (64.5%), while good at 22 people (35.5%). The level of health anxiety in menopausal women in the work area of the Melak Public Health Center was mostly anxious at 39 people (62.9%), while non-anxious was 23 people (37.1%). There is a knowledge relationship with the level of health anxiety in menopausal women in the working area of the Melak Public Health Center (*p-value*: 0.045 <α: 0.05).

There is a relationship of husband support with the level of health anxiety in menopausal women in the work area of the Melak Public Health Center (*p value*: 0.003 <α: 0.05). There is a relationship of body image with the level of health anxiety in menopausal women in the work area of the Melak Public Health Center (*p value*: 0.036 <α: 0.05). Husband's support the most dominant factor is related to the level of health anxiety in menopausal women in the work area of the Melak Public Health Center.

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