Journal Educational of Nursing (JEN)

Vol. 6 No. 2 – July – December 2023; page 73-81 p-ISSN: 2655-2418; e-ISSN: 2655-7630

journal homepage: https://ejournal.akperrspadjakarta.ac.id

DOI: 10.37430/jen.v6i2.162

Article history:

Received: May 27th, 2023 Revised: June 22th, 2023 Accepted: July 29th, 2023

The Relationship of Self-Concept with The Level of Anxiety in Mothers during Menopause in The Ciceri District Health Center

Fathiyati

Department of Midwifery, Salsabila College of Health Sciences, Serang – Indonesia e-mail: fathiyati@gmail.com

Abstract

Menopause is a period when female reproduction ends due to a reduction in the hormones estrogen and progesterone which is marked by the cessation of menstruation. During menopause, physical and psychological changes occur which cause changes in self-image (body image). This change creates stress in itself for menopausal mothers. If the mother cannot adapt, this stressful condition will cause anxiety. This descriptive correlation research aims to identify the self-image of mothers during menopause, the level of anxiety of mothers during menopause, and the relationship between self-image and the level of anxiety of mothers during menopause. The respondents were 32 menopausal mothers who live in Ciceri Village. The data collection process was carried out by filling out a questionnaire using the interview method. The correlation test used is Pearson's product moment r. The results showed that there was a significant positive correlation between self-image and maternal anxiety levels during menopause (r = 0.39; p = 0.02) with the interpretation of a moderate relationship. From the results of this study it can be concluded that there is a significant relationship between self-image and the level of anxiety of mothers during menopause. Therefore, special attention is needed for menopausal mothers, not only on physical problems, but also psychological problems. Health education is needed for menopausal mothers, and so that mothers can accept gracefully that menopause is a natural process that all women will go through, adapting to all conditions that occur during menopause, so that anxiety can be avoided.

Keywords: Self Concept, Anxiety, Menopause, Mother, Reproduction

Introduction

Menopause is a natural thing that happens to every woman. Some people think that menopause is a happy thing, and some people think that menopause is sadness because they lose their productive period. The term menopause means the period when menstruation stops. This period is a normal stage of life that every woman will go through between the ages of 40 and 60 years. On average, menopause begins at age 52

years. Most women enter the perimenopause period three to five years earlier than actual menopause.

Menopause occurs when the ovaries stop responding to certain hormones from the brain, so that egg cell maturation stops regularly. This situation reduces levels of estrogen and progesterone (two female sex hormones produced by the ovaries). This decrease in hormone levels causes menopausal symptoms.

Psychological symptoms during menopause are: feelings of depression,

anxiety, irritability and changing feelings, emotional lability, feeling helpless, memory problems, reduced concentration, difficulty making decisions, feeling worthless.

Physical symptoms that can occur in menopause are: hot flushes and night sweats, fatigue, insomnia, dry skin and hair, aches and pains in the joints, headaches, palpitations (fast and irregular heartbeat).), and weight gain. These symptoms result in changes in self-image.

Stressors that can affect self-image are the loss of body parts, surgery, pathological disease processes, changes in body structure and function, growth and development processes, procedures and treatment.

Self-image is how a person views the size, appearance and function of the body and its parts. When a person is born until he dies, the individual lives with his body for 24 hours a day. So every change in the body will affect the individual's life. Changes in body appearance, such as amputations changes or in appearance are stressors that clearly affect self-image. A realistic view of yourself, accepting and liking your body parts will provide a sense of security, thereby avoiding anxiety and increasing self-esteem.

Anxiety is a reaction to the perception of danger, whether real or imagined. Feelings of worry, anxiety, fear, anxiety, unease, panic and so on are common symptoms of anxiety. Often anxiety causes physical complaints in the form of palpitations, sweating, headaches, even sexual dysfunction and so on.

Developmental stages are one of the psychological stressors. For example, adolescence, adulthood, menopause, old age; which will naturally be experienced by everyone. And, if these developmental stages cannot be passed properly (unable to adapt), anxiety will occur.

The aim of this study was to identify the self-image of mothers during menopause, the level of anxiety of mothers during menopause and the relationship between self-image and the level of anxiety of mothers during menopause.

Method

This study aims to identify the selfimage of mothers during menopause, identify the level of anxiety of mothers during menopause, and identify the relationship between self-image and the level of anxiety of mothers during menopause. The research design used in this research is descriptive correlation.

In this study, the population was mothers aged between 50 - 60 years and had entered menopause at the Ciceri District Health Center with a population of 90 people. The samples in this study were mothers aged between 50-60 years and had entered menopause at the Ciceri District Health Center.

sampling technique in this The research uses an accidental technique based on convenience, carried out by taking cases or respondents who happen to be present and available. The sample size was determined using a power table for the correlation analysis coefficient with a level of significance () of 0.05, power of test (1-B) of 0.80 and effect size () of 0.50. So we got a sample group of 32 people.

The criteria determined for research subjects are as follows: (1) Mothers aged between 50 - 60 years who have entered menopause and have not experienced dementia, (2) Willing to be respondents in this study, (3) Residing in the Kebayoran District Health Center Old, (4) Can speak Indonesian well.

The research instrument used was a questionnaire consisting of demographic data of respondents, self-image of mothers during menopause, and the level of anxiety of mothers during menopause. The demographic data questionnaire includes ethnicity, religion, age, education, employment, marital status and number of children. The self-image questionnaire for mothers menopause consists of several questions which aim to identify the attitudes of menopausal mothers towards the physical changes that occur, and whether these changes can be accepted or rejected.

The questionnaire was prepared by the researcher himself, guided by a literature review. The questionnaire about self-image of mothers during menopause consists of 8 questions divided into 4 positive questions (questions no. 1, 2, 3, 8), and 4 negative questions (questions no. 4, 5, 6, 7), with the answer being yes or not (dichotomy).

For positive questions, the value for a yes answer is 1 and for a no answer the value is 0. For negative questions, for a yes answer the value is 0 and for a no answer the value is 1. The lowest value is 0 and the highest value is 8. Categorized as rejecting if the score is 0 - 4 and accept if the score is 5 - 8.

The maternal anxiety level questionnaire during menopause was prepared based on the Hamilton Rating Scale for Anxiety (HRS – A) which the author modified and aims to identify the anxiety level of mothers during menopause. The maternal anxiety level questionnaire during menopause consists of 16 questions.

The modified questionnaire numbers 1 to 14 were made in the form of questions, then the author added 2 questions which were also based on HRS – A. Questions with answers never had a value of 0, sometimes had a value of 1, often had a value of 2, and continuously has a value of 3.

The lowest value is 0 and the highest is 48. A score of 0 indicates no anxiety. A

score of 1-12 indicates mild anxiety. A score of 13-24 indicates moderate anxiety. A score of 25-36 indicates severe anxiety. A score of 37-48 indicates a panic condition.

Processing of demographic data which includes age, ethnicity, religion, education, employment, marital status, number of children is carried out by describing frequency distributions and percentages in tabular form.

Data processing of self-image of mothers during menopause identified by describing frequency distributions and percentages in tabular form. So, to find out the tendency of women in menopause to reject or accept changes in self-image that occur, it can be seen from the highest percentage.

Data processing of maternal anxiety levels during menopause was identified by describing frequency distributions and percentages presented in tabular form. The tendency of menopausal mothers to be at a level of anxiety which can be seen from the highest percentage figures.

The correlation test used to identify the relationship between self-image and maternal anxiety levels during menopause in this study is Pearson's r product moment which compares two different variables to determine the degree of relationship between the two.

Result

1. Mother's self-image during menopause

Table-1 Self-description of mothers during menopause at the Ciceri District Health Center in September 2021

Self image	Frequency (n)	Percentage (%)		
Accept	29	90,6		
Reject	3	9,4		
Total	32	100		

The research results showed that the majority of respondents (n=29; 90.6%)

had a self-image of accepting while 3 respondents (9.4%) had a self-image of rejecting (Table-1).

2. Mother's anxiety level during menopause

Table-2 Anxiety levels of mothers during menopause at the Ciceri District Health Center in September 2021

Anxiety Level	Frequency (n)	Percentage (%)
No anxiety	9	28,1
Mild anxiety	18	56,3
Moderate anxiety	5	15.6

Total	32	100

Research results has found that more than 50% of respondents (n=18; 56.3%) had a mild level of anxiety followed by no anxiety (n=9; 28.1%) and moderate anxiety (n=5; 25.6%) (Table-2)

3. The relationship between self-image and the level of anxiety of mothers during menopause at the Ciceri District Health Center

Table-3 Results of the Pearson correlation test of self-image and anxiety levels of mothers during menopause at the Ciceri District Health Center in September 2021

	monopulate at the citeti Bistret Health Center in September 2021				
		Mother's Self-	Mother's Anxiety		
		Image During	Level During		
		Menopause	Menopause		
Mother's Self-Image	Pearson Correlation	1.000	.392		
Menopause Period	Sig. (2-tailed)		.026		
	N	32	32		
Mother's Anxiety Level	Pearson Correlation	.392	1.000		
Menopause Period	Sig. (2-tailed)	.026			
	N	32	32		

The Pearson test functions to determine the relationship between self-image and the level of anxiety of menopausal mothers. It shows that the p value in the 2-tailed sig column is 0.02, which is smaller than the level of significance (a), namely 0.05, which means there is a significant relationship between selfimage and the level of anxiety. anxiety of menopausal mothers. With a correlation coefficient value of 0.39, it means that the direction of correlation is positive with interpretation of a moderate relationship which means that if the selfimage has a low level of anxiety (no anxiety).

Discussion

1. Mother's self-image during menopause

Self-image is a person's attitude towards their body consciously and unconsciously which includes perceptions and feelings about the size, shape, appearance, potential and function of the body. From the research results, it was found that the majority of respondents (n=29; 90.6%) had an accepting selfimage while 3 respondents (9.4%) had a rejecting self-image.

Many factors can influence a person's self-image, such as the emergence of stressors which can disrupt the integrity of self-image. These stressors can be organizational, failure of bodily functions, delusions related to body form and function, dependence on machines, changes in the body. negative interpersonal feedback, and social and cultural standards. According to the author's assumption, the majority of respondents have a self-accepting image because most respondents have experienced menopause for more than 2 years.

Women who work have a tendency to interact more with their environment, can actualize themselves, and have good selfesteem. From this interaction, there is an exchange of various information, various knowledge, various problems, and mutual exchange of experiences in dealing with problems. This condition allows a woman to receive social support from people around her apart from family. Sufficient knowledge about a problem will encourage women to anticipate and seek more adaptive solutions.

Knowledge can also be obtained from education. In education, there is a process of delivering educational material from the target teacher (students) to achieve behavior change. Women with higher education adapt more quickly menopausal conditions. This situation is due to the way of thinking of highly educated women who are more rational, more open in receiving information, so that their insight and knowledge is broader and results in a more positive attitude in facing a problem. This is in accordance with Notoatmodjo's opinion which states that educational background has an influence on the maturity of a person's outlook on life.

Menopausal women's submission is related to the beliefs they hold. The maiority Acehnese of are strong adherents of the Islamic religion, and the teachings of this religion have a big influence on the daily lives of the people of Aceh. One of them is the formation of women's attitudes in facing menopause, which is the fate of all women. Islam teaches to be patient and sincere in accepting fate, always think positively, and be able to learn from it. Most Muslim women feel calmer during menopause, because they have more freedom to worship, so that religious activities increase in old age.

2. Anxiety level of menopausal mothers

Anxiety is a natural disturbance of feelings, deep and continuous fear or worry, there is no disturbance in

assessing reality, the personality is still intact, behavior can be disturbed but is still within normal limits (Hawari, 2006). From the research results, it was found that more than 50% of respondents (n=18; 56.3%) had a mild level of anxiety followed by no anxiety (n=9; 28.1%) and moderate anxiety (n=5; 25.6%).

Anxiety disorders are thought to originate from a self-defense mechanism chosen naturally by living creatures when something threatening dangerous. The anxiety experienced in such situations signals living creatures to take self-defense actions to avoid or reduce danger or threats. Being anxious to some degree can be considered part of a normal response to dealing with everyday problems. However, if this anxiety is excessive and disproportionate to the situation, it is considered an obstacle and is known as a clinical problem.

The level of mild anxiety experienced by respondents is related to the tension experienced in daily life as a result of the bodily functions during decline in menopause. This anxiety increases the field of perception, can motivate learning, and produces growth and creativity. From the data collected, 9 respondents (28.1%) did not experience anxiety, had a high school or university education, were married, had more than two children, and were working. It can be seen that respondents who do not experience anxiety have quite good education. With this level of education, women will have a mature outlook on life and have greater job opportunities. By working, women will be able to actualize themselves to increase their self-esteem, have the opportunity to interact with a wider environment, have many friends to share with each other, especially in facing problems, have sufficient social support from their environment so that the burden of life and stress will be reduced.

Life with a happy marriage and family is an important supporting factor for women in facing menopause. Satisfaction in carrying out the role as a wife and mother for her children is a strength in itself in facing menopause and its problems. Positive social support is very necessary to reduce stress and improve and improve health. So that women can adapt and face menopause wisely, as they get older and their religious life increases.

In women who enter old age, there is often a feeling of worry about the occurrence of diseases caused decreased organ function due to the aging process. This worry is caused by the fear of death. This can cause stress which results in anxiety if you are unable to adapt. Worry will also occur in women who only have 1 child. This worry occurs because of the thought of the possibility of losing your only child. Loss is defined as death from various causes. Or the child's condition does not match the parents' expectations, for example a disability. So the desire arises to have another child in the hope that it will be better than before, but the reproductive process has stopped.

Concern due to decreased sexual condition is also a cause of anxiety. Worried about losing her husband because she feels unable to provide sexual satisfaction, and feels like she is no longer valuable. Moderate anxiety that occurs is related to a low level of education, living alone, not having children, not working so that there is a lack of social support and not accepting the changes that occur during menopause (self-image of rejection). This feeling of dissatisfaction with one's self-image causes a decrease in self-esteem. Previous research showed that there was a relationship between women's satisfaction with self-image and self-esteem. Where the higher a woman's satisfaction with her self-image, the higher the woman's self-esteem.

Feelings of dissatisfaction with selfimage and low self-esteem indicate a disturbance in self-concept. The results of previous research show that there is a positive relationship between self-concept and the level of stress in menopausal women. Where if self-concept increases, the level of stress will decrease. Increasing the degree of stress will worsen the condition of anxiety.

The choice of living alone and being widowed is related to middle-aged women's anxiety in facing aging. As previous research shows, the changes that occur in the aging process, both physical and social, are worrying for middle-aged women who live alone and are widowed. For this reason, they make various efforts to overcome this anxiety. Social support is also needed to help the woman overcome her anxiety.

3. The relationship between self-image and anxiety levels of menopausal mothers

The use of the Pearson test to determine the relationship between self-image and the level of anxiety of menopausal mothers shows that the p value in the 2-tailed sig column is 0.02, which is smaller than the level of significance (a), namely 0.05, which means there is a significant relationship between self-image and the level of anxiety of menopausal mothers.

Thus, the alternative hypothesis in this study is accepted, namely that there is a relationship between self-image and the level of anxiety of menopausal mothers. A correlation coefficient value of 0.39 was obtained with a positive correlation direction and a moderate relationship interpretation, which means that the more you accept your self-image, the lower your anxiety level.

Anxiety is in the form of fear of losing the ability to reproduce, decreasing one's appearance as a woman due to wrinkles on the skin and, most unfavorably, when one feels old. Anxiety in menopausal women is generally relative, meaning that there are people who are anxious and can calm down again after receiving encouragement/support from the people around them who have provided support. there also However. are many who menopausal women do experience significant changes in their lives.

Summary

The majority of menopausal mothers at the Ciceri District Health Center have a self-accepting image. More than 50% of menopausal mothers at the Ciceri District Health Center have mild levels of anxiety. The alternative hypothesis in this study was accepted, namely that there was a significant relationship between self-image and the level of anxiety of menopausal mothers. A positive correlation coefficient value of 0.39 means that the self-image is accepting, so the level of anxiety is reduced (none).

References

- 1. Arikunto, S. (2002). Prosedur Penelitian : Suatu Pendekatan Praktek (Edisi Revisi V). Cet. Keduabelas. Jakarta : PT Rineka Cipta.
- 2. Aryasatiani, E. (2007). *Menopause*. (http://www.st-vohanesbosoo.org, diakses 25 Oktober 2007).
- 3. Anwar, M. (2007). *Membincangkan Menopause dan Andropause*. (http://www.ugm.ac.id, diakses 25 Oktober 2007).
- 4. Aditya, R. M. I., & Prabowo, A. S. (2006). *Menjaga Penampilan dan Kesehatan Perempuan : Kumpulan*

- *Tips-tips Jitu Kompas*. Jakarta : Penerbit Buku Kompas.
- 5. Abdullah, A. F. (2004). *Membangun Positive Thinking Secara Islam*. Jakarta: Gema Insani.
- 6. Achadiat. (2007). *Menopause*. (http://www.women's-health-concern.org, diakses 4 April 2007).
- 7. Anonim. (2007). *Menopause, Siapa Takut*.

 (http://indocostiamultiply.com/revie
 w/item/7, diakses 4 April 2007)
- 8. Anonim. (2007). *Menopause*. (http://www.all-about-life-challenges.org, diakses 4 April 2007).
- 9. Burn, N., & Grove, S. K. (1993). *The Practice of Nursing Research: Conduct, Critique, and Utilization* (2nd Edition). Philadelphia: W. B. Saunders Co.
- 10. Branden, N. (2005). *Kekuatan Harga Diri*. Batam: Interaksa.
- 11. Bobak, I. M., Lowdermilk, D. L., & Jensen, M. D. (2005). *Buku Ajar Keperawatan Maternitas (Edisi 4)*. Cet. Pertama. Jakarta: EGC.
- 12. Brunner & Suddarth. (1996). *Buku Ajar Keperawatan Medikal Bedah Vol. 2 (Edisi 8)*. Cet. Pertama. Jakarta: EGC.
- 13. Cooper, C. L., & Smith, M. J.(1985). *Job Stress and Blue Color Work*. New York: John Wiley & Sons.
- 14. Dempsey, P.A., & Dempsey, A. D. (2002). *Riset Keperawatan : Buku Ajar dan Latihan (Edisi 4)*. Cet. Pertama. Jakarta : Binarupa Aksara.
- 15. Dwiloka, B., & Riana, R. (2005). Teknik Menulis Karya Ilmiah: Skripsi, Tesis, Disertasi, Artikel, Makalah, dan Laporan Penelitian. Cet. Pertama. Jakarta: PT Rineka Cipta.
- 16. Dewi, Nila Sari. (2007). Hubungan antara Perubahan Fisik dengan Psikologis Perempuan pada Masa Menopause. (http://www.psikologi-

- <u>untar.com/psikologi/skripsi</u>, diakses 25 Oktober 2007).
- 17. Glasier, A., & Gebbie, A. (2006). Keluarga Berencana & Kesehatan Reproduksi (Edisi 4). Cet. Pertama. Jakarta: EGC.
- 18. Hutapea, R. (2005). Sehat dan Ceria di Usia Senja. Jakarta : PT Rineka Cipta.
- 19. Hawari, D. (2006). *Manajemen Stress, Cemas, dan Depresi (Edisi 2)*. Cet. Pertama. Jakarta : Gaya Baru.
- 20. Halim, J. (2003). Hubungan antara Religiusitas dan Harga Diri dengan Level Stress Individu pada Masa Menopause. (http://www.psikologiuntar.com/psikologi/skripsi, diakses 25 Oktober 2007).
- 21. Koentjoro, Z. (2002). *Menopause*, (http://www.e.psikologi.com/dewasa, diakses 4 April 2007)
- 22. Keontjaraningrat. (2002). *Manusia* dan Kebudayaan di Indonesia. Jakarta: Djambatan.
- 23. Keliat, B. A. (1992). *Gangguan Konsep Diri*. Cet. Pertama. Jakarta : EGC.
- 24. Keliat, B. A. (1998). *Gangguan Koping, Citra Tubuh, dan Seksual pada Klien Kanker*. Cet. Pertama. Jakarta: EGC.
- 25. Kasdu, D. (2004). *Kiat Sehat dan Bahagia di Usia Menopause*. Cet. Pertama. Jakarta : Puspa Swara.
- 26. Liewellyn. D. J. (1997). *Setiap Wanita*. Jakarta: Delapratasa.
- 27. Lindiyawati. (2003). Kecemasan Wanita Dewasa Madya yang Hidup Sendiri atau Menjanda dalam Menghadapi Masa Menopause. (http://www.psikologi-untar.com/psikologi/skripsi, diakses 25 Oktober 2007).
- 28. Mackenzie, R. (1996). *Menopause : Tuntutan Praktis untuk Wanita*. Jakarta : Arcan.

- 29. Manuaba, I. G. B. (1998). *Memahami Kesehatan Reproduksi Wanita*. Jakarta: Arcan.
- 30. Mulyadi, R. (2003). Kenalilah Rasa Cemas yang Tidak Rasional. Jakarta: Sinar Harapan.
- 31. Notoatmodjo, S. (2005). *Metodologi Penelitian Kesehatan (Edisi Revisi*). Cet. Ketiga. Jakarta: PT Rineka Cipta.
- 32. Notoatmodjo, S. (1993). Pengantar Pendidikan Kesehatan dan Ilmu Perilaku Kesehatan. Jakarta: Andi Offset.
- 33. Nursalam. (2002). Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan: Pedoman Skripsi, Tesis dan Instrumen Penelitian Keperawatan. Jakarta: Salemba Medika.
- 34. Prawirohardjo, S. (2005). *Ilmu Kandungan (Edisi 2)*. Jakarata : YBP SP
- 35. Prasetyo, B., & Jannah, L. M. (2005). Metode Penelitian Kuantitatif: Teori dan Aplikasi (Edisi 1). Jakarta: PT Raja Grafindo Persada.
- 36. Purwita, E. (2003). Hubungan Tingkat Pendidikan Ibu terhadap Keluhan-keluhan Psikologis pada saat Menopause di Lingkungan III Kelurahan Mesjid Kecamatan Medan Kota. Skripsi. Tidak dipublikasikan.
- 37. Pusdiknakes. (1992). Asuhan Kebidanan pada Sistem Reproduksi. Jakarta: Depkes RI.
- 38. Polit, D., & Hungler, B. P. (1997). Essentials of Nursing Research: Method, Appraisals, and Utilization (4th Edition). Philadelphia: Lippincott.
- 39. Potter & Perry. (1997). Buku Ajar Fundamental Keperawatan: Konsep, Proses, dan Praktik Vol. 1 (Edisi 4). Cet. Pertama. Jakarta: EGC.
- 40. Rini, J. F. (2004). *Empty-nest*. (http://www.e-psikologi.com, diakses 4 April 2007).

- 41. Soeyanto, R. (2003). Hubungan antara Kepuasan Citra Tubuh dan Harga Diri Perempuan pada Masa Dewasa Madya. (http://www.psikologi-untar.com/psikologi/skripsi, diakses 25 Oktober 2007).
- 42. Stuart, G. W. (2007). Buku Saku Keperawatan Jiwa (Edisi 5). Cet. Pertama. Jakarta: EGC.
- 43. Stuart, G. W., & Laraia, M. T. (2001). *Principles and Practice of Psychiatric Nursing* (7th Edition). Missouri: Mosby.
- 44. Sutanto, L. B., & Sutanto, D. B. (2005). *Menopause*. Jakarta: Balai Penerbit FK UI.
- 45. Shimp, L. A., & Smith, M. A. (2000). 20 Common Problems in Women's Health Care International Edition 2000. Singapore: McGraw Hill Book Co.