THE INFLUENCE OF COUNSELING ON MENOPAUSE SYMPTOMS IN PONCOKUSUMO DISTRICT, MALANG REGENCY, 2022

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Abstrack **Introduction:** Eighty percent (80%) of women complaint headache, sexual problem, tachycardia, hot flushes and insomnia, that are significantly decrease the quality of life.
Method: Objective of the research is to analyze how much the effect of menopause counseling from counselor midwife towards reduction of the symptoms menopause. The study is quasi experiment with pre and post design. The samples were 40 respondents that were divided into two groups. In each group counseling was given twice at intervals of 2 weeks, long counseling per client requirements. The instruments employed were MRS (Menopause Rating Scale) questionnaire. Non parametric and RR value were performed for statistical test.
Results: The result of study indicated that the While menopause mothers who did not receive counseling by a midwife counselor, 2.5 times the risk of having symptoms degree rise or stay when compared with mothers who received counseling by a midwife counselor (RR 2.5).
Conclusion: Based on the study, it was concluded that there was effect of counseling from counselor midwife towards the decrease of menopausal symptoms.

Keywords: menopause counseling; menopausal symptoms

Background

Increasing life expectancy has an impact on the number of dependants of productive age (15-64 years) on non-productive ages (<15 years and >65 years) and more and more women are living through a longer menopause period. During menopause there are drastic changes physically, psychologically and socio-culturally. Eighty percent of women report unpleasant complaints near menopause, such as headaches, sexual problems, tachycardia, hot flushes and insomnia, which significantly reduce their quality of life. Vasomotor symptoms can affect a woman's quality of life by interfering with quality of sleep, interfering with work and leisure activities, and exacerbating anxiety and depression [1]–[7].

Women in the menopause stage need more information about their physical and psychosocial needs. Empowerment during menopause can contribute to increasing perceptions of this stage and the importance of self-care. During counseling, counselors must build positive perceptions of menopausal mothers so that their understanding of menopause increases, they can accept this phase, increase their adaptation to menopausal symptoms, and ultimately improve their quality of life [8]–[10].

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A study proves, women who participate in health education will maintain their ideal body weight, reduce fat and increase intake of fruit, vegetables, and fiber, which can significantly reduce hot flushes. Women's participation in programs that combine the delivery of information and processing of experiences on cognitive, emotional, and social levels can improve women's attitudes towards menopause and alleviate the degree of symptoms experienced, thus improving quality of life. Counseling can assist menopausal women in making decisions about their health so as to facilitate menopausal women to live healthy, active and productive lives during menopause [6], [7], [11].

Method

This research is a Quasi Experiment with pre and post design. The research sample consisted of 40 respondents who were divided into two groups, namely 20 respondents in the intervention group, namely menopausal women who were given counseling by a midwife counselor and 20 respondents in the control group, namely menopausal women who were given counseling by a non-counselor midwife. Midwives who passed the training (counselor midwives) provided counseling to the intervention group and midwives who did not attend training (non-counselor midwives) provided counseling to the control group. In each group, counseling was given twice with an interval of 2 weeks, the length of counseling according to the client's needs. The posttest measurement of menopausal symptoms was carried out 4 weeks after the pretest. The instrument used was the MRS Questionnaire (Menopause Rating Scale) to measure menopausal women's symptoms. Statistical testing uses non-parametric analysis and RR values.

Result and Discussion

Table 1. Changes in menopausal symptoms scores before and after the intervention in both groups

Symptom score (scale 100)	Group		Value p*
	Intervention (n=20)	Control (n=20)	
1. Symptom before intervention			0,430
Average (SD)	22,6 (8,2)	24,6 (8,05)	
Range	6,82-38,64	6,82-38,64	
2. Symptom before intervention			<0,001
Average (SD)	12,0 (6,46)	24,0 (8,55)	
Range	2,27-22,73	4,55-38,64	
Comparison before and after intervention **	p < 0,001	p = 0,055	
% decrease in symptom score (mean)	49,5	4,22	< 0,001

Description: * Unpaired t-test; **T-test test

Table 2. Changes in the scores of the four symptom domains of menopausal women before and after the intervention in the two groups**.**

Symptom score (scale 100)	Group		Value p*
	Intervention (n=20)	Control (n=20)	
1. Before intervention			
a. Vasomotor symptom			0,301
Median	37,50	0	
Range	(0-50)	(0-50)	
b. Psychological symptom			0,253
Median	12,50	12,5	
Range	(0-37,50)	(0-50)	
c. Physique symptom			0,883
Median	33,33	29,16	
Range	(0-50)	(8,33-58,33)	
d. Urogenital symptom			0,758
Median	25,00	29,16	
Range	(0-66,67)	(0-58,33)	
2. After Intervention			
a. Vasomotor symptom			0,968
Median	25,00	0	
Range	(0-50)	(0-50)	
b. Psychological symptom			0,002
Median	6,25	12,5	
Range	(0-25)	(0-50)	
c. Physique symptom			0,004
Median	12,5	29,16	
Range	(0-41,67)	(0-58,33)	
d. Urogenital symptom			0,002
Median	8,33	29,16	
Range	(0-41,67)	(0-58,33)	

Description : *Mann-Whitney Test

Table 3. The effect of giving menopausal counseling on reducing symptoms of menopausal women

Group	Symptom after intervention		Total	P*	RR(IK)
	Up/stay	Down			
Control	15 (75%)	5 (25%)	20 (100%)	0,004	2,5 (1,22-5,11)
Intervention	6 (30%)	14 (70%)	20 (100%)		

Description : *Chi Kuadrat test, (IK 95%)

A total of 40 menopausal mothers participated as respondents in this study. The results showed that the symptom scores before the intervention did not show a significant difference between the control and intervention groups (p=0.430). After being given the intervention, there was a difference in the mean value of the intervention group, namely 12.0, while the mean value of the control group was 24.0 with a p value of <0.001. Furthermore, from the calculation of the percentage, in the intervention group there was a decrease in symptoms of 49.5%, while in the control group there was a decrease in symptoms of 4.22%, the percentage decrease was statistically very significant with a p value <0.001.

The characteristics of the respondents in the treatment group and the control group were not significantly different (homogeneous) so that they deserved to be compared. The characteristics of 6 counselor midwives according to age are 30-48 years, the education level of all counselor midwives is D-III Midwifery, with 6-24 years of service. While the characteristics of 6 non-counselor midwives according to age are 28-55 years, the education level of all non-counselor

midwives is D-III Midwifery, with 7-25 years of service.

The results of the study as shown in table 1 symptom scores before the intervention did not show a significant difference between the control and intervention groups (p=0.430). After being given the intervention, there was a difference in the mean value of the intervention group, namely 12.0, while the mean value of the control group was 24.0 with a p value of <0.001. Furthermore, from the percentage calculation, in the intervention group there was a 49.5% decrease in symptoms, while in the control group there was a 4.22% decrease in symptoms, the percentage decrease was statistically very significant with a p value <0.001.

This is consistent with the results of a study entitled Effect of Education through Support Group on Early Symptoms of Menopause showing a p value <0.001 so it can be concluded that there is a significant difference in symptom reduction between the intervention and control groups. The mean value of vasomotor, psychological, physical and urogenital symptoms in the intervention group was lower than the control group after 4 weeks of intervention. The intervention group was given information about menopause, could discuss, and learned stress management skills with a healthy lifestyle (activity, nutrition, and smoking cessation) so as to reduce the degree of menopausal symptoms [15].

In the control group, the average symptom score after being given counseling by non-counselor midwives also decreased slightly, this is because all non-counselor midwives in the control group had a DIII Midwifery education level with a length of work between 7 years to 25 years. Based on the journal Factors Affecting the Midwifery-Led Service that standard midwifery education can prove a competent midwife in midwifery services so that midwives are able to provide counseling according to the knowledge gained at the education level. The length of work enriches the experience with repeated activities so that non-counselor midwives are also able to provide counseling but are not yet effective. Therefore, training is needed to update knowledge and skills so that they are more competent in providing menopause counseling that is focused on improving the quality of daily clinical practice [16].

Table 2 shows the change in scores of the four symptom domains (vasomotor symptoms, psychological symptoms, physical symptoms and urogenital symptoms) before and after between the two groups. Initial symptom scores between the treatment and control groups did not show a significant difference with p>0.05. There was a significant difference in post symptom scores between the treatment and control groups with a p value of <0.05, except for vasomotor symptoms with a p value of 0.968. These results are in accordance with the research of Rostami et al and Arian S in the journal Effect of Education through Support Group on Early Symptoms of Menopause showing the effect of health education on reducing psychosocial, physical and urogenital symptoms, while this method has no significant effect on vasomotor symptoms. This is because guidelines for reducing vasomotor symptoms such as relaxation techniques and exercises are not followed by postmenopausal women. In most societies, women's problems of reproductive age are more important than menopausal women's problems, so menopausal women pay less attention to themselves [15]. The mechanism of hot flashes is due to the body's thermoregulator in the hypothalamus which results in an increase in body temperature, metabolism, and skin temperature, resulting in vasodilation of peripheral blood vessels and sweating, especially on the face, neck, chest and back, if it occurs at night it is called night sweats. Physiologically it is caused by a decrease in estrogen levels so that counseling cannot significantly reduce the degree of vasomotor symptoms.

Table 3 presents the results of calculating the effect of providing menopause counseling on reducing menopausal women's symptoms. It can be seen that the results of the calculation of the effect are statistically significant (p <0.05). The calculation results obtained RR = 2.5; This means that postmenopausal women who do not receive counseling by a counselor midwife have a 2.5 times risk of having the degree of symptoms increase or stay the same when compared to mothers who receive counseling by a counselor midwife.

Conclusion

Menopausal counseling by midwives counselors influences menopausal symptoms. Postmenopausal women who do not receive counseling by a midwife counselor have a 2.5 times risk of having the degree of symptoms increase or stay the same when compared to mothers who receive counseling by a midwife counselor. Further research requires measuring

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instruments that can measure objectively and requires an evaluation that menopausal women only carry out the results of counseling with midwives. Health education programs about menopause can be focused within the health care system as the population of postmenopausal women increases. The need for cooperation and support between agencies (Health Office and Community Health Centers) to carry out menopause counseling training so that midwives are able to provide care to menopausal women that is focused and carried out in all primary health care settings.

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