

Peer Group and Positive Affirmations Affect on Physical Changes and Psychological Consequences of Menopause

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ABSTRACT

Menopause is a woman's last menstrual period influenced by reproductive hormones, occurring in her fifties. Various efforts can be made to overcome the symptoms and complaints in menopausal women, including peer groups and positive affirmations. The purpose of the study was to determine the effect of the peer group model and positive affirmations on physical and psychological changes due to menopause in the work area of the Pondok Rangan Community Health Center, Cipayung District, East Jakarta. This type of research is a quasi-experiment with two group pre-test post-test. The sampling technique used the purposive sampling method with a total sample of 50 respondents. The results showed that the average age of the respondents was 53.36 years, with the majority of respondents (64%) having low education, not working (86%), and most of them being multiparous (70%). The intervention group results showed a significant difference before and after treatment, both in physical changes (p -value 0.001) and psychological (p -value 0.000). The control group found no significant difference in physical changes (p -value 0.085) and psychological changes (p -value 0.174). The study concludes a decrease in physical and psychological changes in the intervention group who received peer group treatment and positive affirmations compared to the control group who did not receive treatment. Menopausal women can use the peer group model and positive affirmations to overcome the complaints of menopausal women.

Keywords: *menopause; peer group; positive affirmation*

ABSTRAK

Menopause adalah haid terakhir seorang wanita yang dipengaruhi hormon reproduksi, terjadi pada usia menjelang lima puluhan. Berbagai upaya dapat dilakukan untuk mengatasi gejala dan keluhan yang terjadi pada perempuan menopause, antara lain dengan *peer group* dan afirmasi positif. Tujuan penelitian adalah untuk mengetahui pengaruh model *peer group* dan afirmasi positif terhadap perubahan fisik dan psikologis akibat menopause di wilayah kerja Puskesmas Kelurahan Pondok Rangan Kecamatan Cipayung Jakarta Timur. Jenis penelitian ini adalah *quasy experiment with two group pretest post-test*. Teknik pengambilan sampel menggunakan metode *purposive sampling* dengan jumlah sampel sebanyak 50 responden. Hasil penelitian menunjukkan umur responden rata-rata 53,36 tahun dengan mayoritas responden (64%) pendidikan rendah, tidak bekerja (86%) dan sebagian besar multipara

(70%). Hasil kelompok intervensi terdapat perbedaan yang signifikan sebelum dan sesudah perlakuan, baik pada perubahan fisik (nilai p 0,001) maupun psikologis (nilai p 0,000). Kelompok kontrol didapatkan hasil tidak terdapat perbedaan yang signifikan baik pada perubahan fisik (nilai p 0,085) maupun psikologis (nilai p 0,174). Kesimpulan penelitian adalah terdapat penurunan perubahan fisik dan perubahan psikologis pada kelompok intervensi yang mendapatkan perlakuan model *peer group* dan afirmasi positif dibandingkan kelompok kontrol yang tidak menerima perlakuan. Sehingga model *peer group* dan afirmasi positif dapat digunakan untuk mengatasi keluhan perempuan menopause.

Kata kunci: menopause; *peer group*; afirmasi positif

INTRODUCTION

Menopause is the natural end of the menstrual cycle, and reproductive hormones influence it. Menopause usually occurs at the age before or in the fifties. The average age of menopause usually occurs between the ages of 40-58 years. Midwives have an important influence in increasing women's participation in physical activities that can improve health at critical life stages to adapt to changes during menopause (Varney, Kriebs and Gegor, 2007). One of these physical activities is aerobic exercise which can provide several health benefits, including making sleep better (Kurnia, 2014). It happens because aerobic exercise can reduce stress levels with controlled movements, increase oxygen intake to the brain, increase cardiorespiratory work, coupled with the interaction between fellow participants, which can help reduce psychological problems (Yustiana, 2014). Menopausal women who do low impact aerobic exercise experience an increase in

their quality of life scores (Ina, Emilia and Kurniawati, 2017).

Various efforts can be made to overcome the complaints in menopausal women with non-pharmacological methods, including joining peer groups and giving positive affirmations. Peer groups are social interaction relationships that arise because individuals gather and form groups based on the same age, needs, interests, and social position, which will eventually form a friendly relationship.

Positive affirmations are positive sentences that are conveyed to program our subconscious mind by rewriting our bad past thoughts and replacing them with new and positive thoughts so that our lives will be better. From the results of a preliminary study at Posyandu RW 01 Pondok Ranggon Village, it was found that most menopausal women did not understand the problems and management in dealing with menopause. Referring to the results of Andari IA's research (2014), there is an effect of health education and peer group

models on maternal behavior in early detection of cervical cancer between the experimental group and the control group. The research results by Musyarofah, Masitoh and Siswanti (2013) showed differences in medication adherence before and after positive affirmations in patients with pulmonary tuberculosis at the Gribig Health Center Kudus Regency. However, the research in menopausal women is still rare, so researchers are interested in knowing how peer groups and positive affirmations influence physical and psychological changes due to menopause.

METHOD

The design of this study was quasi-experimental with Two Group Pretest Posttest. Data collection was carried out before and after the intervention in the experimental and control groups simultaneously, and only the experimental groups received treatment. The research subjects were all postmenopausal women in the work area of Pondok Ranggon Village Health Center who met the inclusion criteria. The inclusion criteria in this study were postmenopausal mothers who were at least 45 years old, could write and read and were willing to be respondents. Exclusion criteria were postmenopausal women who had physical

abnormalities that caused bed rest. Sampling was done by purposive sampling method with a sample of 50 people. The instrument used contains physical and psychological changes due to menopause, has been tested for validity and reliability. The validity test results show the value of r arithmetic $> r$ table (0.514), meaning that all questions are declared valid and can be used as data collection instruments. The reliability test was carried out by performing the Cronbach Alpha test. The result is $0.966 > 0.6$, so it can be ascertained that the instrument to be used is reliable. Furthermore, peer educator training and positive affirmations were carried out for 30-60 minutes, with one meeting a week and carried out for four weeks. This research has passed the Health Research Ethics Commission of Jakarta III Health Polytechnic's ethical clearance with the number KEPK-PKKJ3/206/IV/2019 on 29 April 2019. The research process is carried out by providing research information sheets, research approval sheets, including the rights of respondents in this study.

RESULTS AND DISCUSSION

This research was conducted in Posbindu RW 03 and RW 04 Pondok Ranggon Village to determine the influence of peer

educators and positive affirmations on menopause in 2019.
physical and psychological changes due to

Table 1. Respondents' Frequency Distribution by Age

| Group | Mean | Median | Standard deviation | Min-Max |
|--------------|-------------|---------------|---------------------------|----------------|
| Intervention | 53.92 | 53.00 | 3.16 | 47-62 |
| Control | 52.8 | 53.00 | 4.51 | 40-60 |

Based on table 1, the results showed that the average age of respondents in the intervention group was 53.92 years, with a standard deviation of 3.16. In contrast, in the control group, it was 52.8 years with a standard deviation of 4.51. Respondents were women who came to the Elderly Posbindu and experienced physical and psychological complaints/changes due to menopause. Rahayu *et al.* (2018) said that menopause is the last menstruation experienced by a woman influenced by reproductive hormones that occur before

or in her fifties. According to researchers, age affects physical and psychological changes due to menopause because the function of reproductive functional organ systems stops. Age is related to the structure of the reproductive organs and physiological functions, including a woman's hormonal system. Researchers assume that the younger the respondent's age when receiving peer treatment and positive affirmations, the fewer physical and psychological complaints due to menopause.

Table 2. Characteristics of Education, Occupation and Parity of Respondents

| Characteristics Respondents | Intervention | | Control | |
|------------------------------------|---------------------|----------|----------------|----------|
| | n | % | n | % |
| Education | | | | |
| Low | 17 | 68 | 15 | 60 |
| High | 8 | 32 | 10 | 40 |
| Occupation | | | | |
| Work | 3 | 12 | 4 | 16 |
| Does not work | 22 | 88 | 21 | 84 |
| Parity | | | | |
| Primiparous | 6 | 24 | 9 | 36 |
| Multiparous | 19 | 76 | 16 | 64 |

Based on table 2, the results showed that the respondents in the intervention group were 17 respondents (68%), had low education, while 15 respondents (60%) were in the control group. The majority of respondents (64%) in the intervention and control groups had low education (graduated from elementary school - junior high school). Education is an activity or learning process to develop or improve certain knowledge. The level of education affects knowledge about health and healthy living behavior (Notoatmodjo, 2012).

The results showed that the respondents in the intervention group who did not work were 22 people (88%), while in the control group, the respondents who did not work were 21 respondents (84%). The majority of respondents in the intervention and

control groups were mothers who did not work (86%). Work is a series of tasks or activities that must be carried out or completed by someone in accordance with their respective positions or professions. Job status often affects the level of knowledge. Someone with a low job status will have a low level of knowledge as well. Often people consider work as a symbol of social status. The public will view someone with respect if they work as a civil servant or government official. Parity is the number of children born to a woman, both alive and dead (Notoatmodjo, 2012). The results showed that the multiparous respondents in the intervention group were 19 people (76%), while 16 people (64%) were in the control group. Of most of the respondents in the intervention and control groups, 70% were multiparous.

Table 3. Value of Physical Changes Average Before and After Peer Group and Positive Affirmations in the intervention group and the control group

| Variable | Mean | Median | Standard deviation | Min | Max |
|---------------------------|-------|--------|--------------------|-----|-----|
| Intervention Group | | | | | |
| Physical Changes (pre) | 16.04 | 12.00 | 10.17 | 4 | 37 |
| Physical Changes (post) | 7.72 | 8.00 | 3.10 | 2 | 15 |
| Control Group | | | | | |
| Physical Changes (pre) | 15.88 | 15.00 | 7.34 | 2 | 32 |
| Physical Changes (post) | 13.80 | 10.00 | 8.04 | 1 | 30 |

From table 3, it is shown that the pre-test means the value of physical change is 16.04 in the Intervention group with a minimum value of 4.00 and a maximum of 37, while in the Control group, the average pre-test score is 15.88 with a minimum score of 2 and a maximum 32. The mean value of physical changes before peer group training and positive affirmation in the intervention group were higher than the control group. The post-test mean score of physical change in the intervention group was 7.72 with a minimum score of 2 and a maximum of 15, while in the control group, the average post-test score was

13.80 with a minimum value of 1 a maximum of 30. The menopausal transition was associated with loss of muscle mass at multiple anatomical levels, while physical activity was beneficial for maintaining skeletal muscle mass (Juppi *et al.*, 2020). Both early and late perimenopausal women show a decline in muscle strength and power during the transition to postmenopause. Physical activity seems to influence physical performance during the menopausal transition but understanding the benefits of physical activity requires interventional studies (Bondarev *et al.*, 2021).

Table 4. Psychological Change Average Score Before and After Peer Group and Positive Affirmations in the intervention group and the control group

| Variable | Mean | Median | Standard deviation | Min | Max |
|---------------------|-------|--------|--------------------|-----|-----|
| Intervention | | | | | |
| Psychology (pre) | 11.88 | 9.00 | 7.45 | 4 | 28 |
| Psychology (post) | 5.96 | 6.00 | 2.72 | 2 | 10 |
| Control | | | | | |
| Psychology (pre) | 9.76 | 9.00 | 5.03 | 0 | 18 |
| Psychology (post) | 10.84 | 13.00 | 6.11 | 0 | 20 |

From table 4, it is shown that the pre-test means a score of psychological change was 11.88 in the intervention group, while in the control group, the mean pre-test score was 9.76. The post-test mean score of the intervention group's psychological change was 5.96, while in the control group, the average post-test score was

10.84. Not only do physical changes that occur at menopause, but psychological changes also appear at this time. The problems that arise from these psychological changes cause anxiety in most women. The factors that affect anxiety at menopause are physical changes, education, age, knowledge,

family support, economic status, number of children, age of menarche, behavioral, cognitive and affective responses (Sari, Yunitasari and Putri, 2020). Psychological distress is widespread among menopausal women, and it is associated with

vasomotor symptoms, fatigue, and change of body composition (obesity). Psychological symptoms, along with vasomotor symptoms, express a key link to negative attitudes toward menopause (Ali, Ahmed and Smail, 2020).

Table 5. Difference Between Physical And Psychological Changes Before and After Treatment In The Intervention Group and Control Group

| Variable | Wilcoxon (z) | p-value |
|---------------------------|--------------|---------|
| Intervention Group | | |
| Physical Changes | | |
| Pre-test | -3.460 | 0.001 |
| Post-test | | |
| Psychology Changes | | |
| Pre-test | -3.778 | 0.000 |
| Post-test | | |
| Control Group | | |
| Physical Changes | | |
| Pre test | -1.723 | 0.085 |
| Post test | | |
| Psychology Changes | | |
| Pre-test | -0.361 | 0.174 |
| Post-test | | |

Table 5 shows a decrease in the average post-test value of physical changes in the intervention group with z -3.460 and p-value 0.001. It means that there is a significant difference in physical changes. While in the control group, there was a decrease z value -1.723 and p-value 0.085, which means there is no significant difference. Based on the test results, it can be proven that the intervention in the form of peer groups and positive affirmation models can reduce physical complaints

due to menopause in the treated group compared to the control group who did not receive treatment. There is a decrease average post-test value of psychological changes in the intervention group with a z value of -3.778 and a p-value of 0.000. It indicates a significant difference, while in the control group, there was an increase of z value -0.361 and p-value of 0.174, which means there is no significant difference. Based on the test results, it can be proven that the intervention in the form of a peer

group and positive affirmation model can reduce complaints due to psychological changes during menopause in the group given the treatment.

This research is supported by research by Hidayah and Nasution (2019) and Suriani (2015) that peer groups can increase knowledge and change behavior in respondents. Andari and Sulastri (2017) indicate an effect of health education with the peer group model on the behavior of mothers in early detection of cervical cancer on 86 women aged 30-60 years from the Aisyiyah branch association Pucangan Village, Kartasura District. The results of the post-test showed good behavior as many as 27 people (62.8%), enough five people (11.6%) and not good 11 people (25.6%). In comparison, research suggests that education, guidance, and self-management techniques are beneficial for improving menopausal women's health, longevity and quality of life (Warke, 2021). According to Notoatmodjo (2012), information obtained by a person can increase knowledge because most of the knowledge is obtained through the eyes (reading) and ears (listening). Good knowledge is obtained from competent sources. Competent sources of information in the health sector

are health workers such as midwives, nurses or doctors.

The results of Cholifah support the results of this study, Fahrída and Hartinah (2018) research conducted at the RA Kartini Hospital, Jepara Regency, that positive affirmation have a significant effect (p-value 0.000) on psychological changes in pregnant women with preeclampsia. This research is also supported by Anggriani (2017), conducted in Kweni Hamlet, Bantul. The results showed that women's attitudes to physical changes during menopause were mainly positive as many as 42 people (61.8%). Women's attitudes to psychological changes during menopause were mainly positive as many as 38 people (55.9%). Meanwhile, women's attitudes towards physical and psychological changes during menopause mainly were positive, as many as 40 people (58.8%). Physical and psychological changes due to menopause can be reduced, one of which is the peer group model and positive affirmations. According to Notoatmodjo (2012), education is a process. Therefore, the educational process has inputs and outputs. The output of the educational process is someone who has broad insights and ways of thinking.

Table 6. The difference between the mean value of Physical and Psychological Changes of Respondents between the intervention group and the control group After treatment

| Variable | Mann-Whitney Test | P-value |
|---------------------------------------|-------------------|---------|
| Physical Changes (pre-test) | | |
| Intervention | -0.670 | 0.503 |
| Control | | |
| Physical Changes (post-test) | | |
| Intervention | -3.037 | 0.002 |
| Control | | |
| Psychology Changes (pre-test) | | |
| Intervention | -0.312 | 0.755 |
| Control | | |
| Psychology Changes (post-test) | | |
| Intervention | -2.928 | 0.003 |
| Control | | |

Table 6 shows the physical changes on pre-test between intervention and control group (p-value 0,503), which means there is no significant difference. While post-test (p-value 0.002) means there is a significant difference. Based on the analysis results, it can be proven that there are differences in physical changes due to menopause in the intervention group that received treatment compared to the control group who did not receive the peer group and positive affirmation model. The results of pre-test psychological between intervention and control group (p-value 0.755), which means there is no significant difference. While post-test (p-value 0.002) means there is a significant difference. Based on the analysis results, it can be proven that there are differences in psychological changes due to menopause in the intervention group that received treatment

compared to the control group who did not receive the peer group and positive affirmation model.

Various impacts experienced by women due to menopause include feeling physical and psychological changes. Physical changes that can occur in menopause include hot flushes, night sweats, fatigue, insomnia, dry skin and hair, joint aches and pains, headaches, palpitations (rapid and irregular heartbeat), weight gain, changes in body shape. They were previously considered attractive until later, and they felt their body was no longer attractive (Proverawati and Sulistyawati, 2010). Health education is intended to enlighten and change society towards a better condition as aspired to. Various efforts were made to socialize new things about menopause, such as educating the

community, providing knowledge and information so that people are interested in applying it in daily life to form attitudes and behaviors that are in accordance with what should be (Notoatmodjo, 2012). A health-promoting lifestyle directly mediates the relationship between menopausal symptoms and depression (Park, 2020).

From the researchers' observations, in the group that was given peer group treatment and positive affirmations, respondents were more understanding. They are motivated to change their attitudes and behavior to reduce physical and psychological complaints due to changes in menopause. Hekhmawati (2016) showed that the most frequent physical changes experienced by postmenopausal women were hot flushes 81.3%, insomnia 65.3%, vaginal dryness 58.7%, rheumatic pain and joint pain 57.3%. The researcher assumes a positive and significant relationship between peer group training and positive affirmations on the decrease in complaints/physical and psychological changes due to menopause.

Based on the study results, after being given peer group training and positive affirmations, respondents in the intervention group showed a decrease in

complaints/psychological changes. Respondents in the peer group and positive affirmations are expected to practice in everyday life to reduce complaints/psychological changes due to menopause. In the control group, the increase in post-test scores on psychological changes occurred because respondents did not accept peer group learning and positive affirmations. It is supported by Hekhmawati (2016) from 75 respondents who stated that the most frequent psychological changes experienced by postmenopausal women were feelings of irritability 81.3%, anxiety 64%, memory decreased by 44%.

In accordance with Notoatmodjo (2012) theory on how to acquire more systematic, logical and scientific knowledge called the scientific method. Inductive thinking method in obtaining conclusions by making direct observations and recording all the facts related to the observed object. The material provided during mentoring can increase the knowledge and skills of respondents in line with Indrias, Maliya and Wati (2015) that there is a relationship between physical changes and the psychological influence of postmenopausal women in Pucang Sawit Village, Jebres District (p-value 0.036). Therefore, interventional strategies that target

psychological distress may promote coping with midlife transition and improve mental health among menopausal women (Ali, Ahmed and Smail, 2020). After postmenopausal women received peer group treatment/assistance and positive affirmations and their benefits, the researcher's observations became motivation to create positive attitudes to be practised in everyday life.

CONCLUSION

There are differences in the average value of physical and psychological changes before and after treatment in the intervention group. There was no difference in the mean value of physical and psychological changes before and after treatment in the control group. There is a significant effect of giving peer group treatment and positive affirmations on physical and psychological changes due to menopause in the intervention and control groups. The local health center can improve the development of Posbindu Elderly to improve health services to the elderly, especially to overcome complaints due to physical and psychological changes during menopause. It is hoped that the community can participate in peer groups and carry out positive affirmations regularly and correctly to reduce physical

and psychological changes due to menopause and disseminate this information to their families/environment.

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