

# THE EFFECT OF AUDIOVISUAL MEDIA COUNSELING ON MENOPAUSE ON THE LEVEL OF KNOWLEDGE IN PERIMENOPAUSE

1<sup>st</sup> Dera Sukmanawati

*Department of Midwifery, Faculty of  
Health Science  
Bhakti Husada Indonesia University  
Kuningan, Indonesia  
derasukmanawati@gmail.com*

2<sup>nd</sup> Khurairoh Isnaeni

*Department of Midwifery, Faculty of  
Health Science  
Bhakti Husada Indonesia University  
Kuningan, Indonesia  
khurairoh@gmail.com*

**Abstract**—Menopause is one of the stages of life that will inevitably be experienced by all women. Menopause begins with premenopause, during this period there is a decreased estrogen and progesterone hormones with demanding adjustments to physical and lifestyle changes that can cause health problems. Complaints during menopause both physical and psychological will be experienced by women during menopause, lack of information causes menopause women to be unable to overcome their complaints. Efforts to increase knowledge about menopause can be done with Audiovisual counseling. The purpose of research is to determine the effect of counseling on menopause on the knowledge of perimenopause. This research used a quantitative research method with one group pre test and post test design. The sample in this study was all women aged 50 years and over who came to Posbindu Cipasung Village, Darma District, Kuningan Regency as many as 47 respondents. This research instrument used a questionnaire. Data analysis was univariate and bivariate (Wilcoxon test). The results showed that the average level of knowledge of perimenopausal women before being given counseling was 63.40. The average level of knowledge of perimenopausal women after counseling was 90.21. The results of data analysis obtained  $p$ -value of 0.000 ( $<0.05$ ). There is an effect of counseling on knowledge about menopause in perimenopausal women at Posbindu Cipasung Village, Darma District, Kuningan Regency. Audiovisual counseling is expected to be sustainable and can be used as a reference or reference material to further improve counseling about menopause.

**Keywords**— *menopause; counseling; knowledge; audiovisual*

## I. INTRODUCTION

Menopause is one of the stages of life that all women will inevitably experience. Menopause is a transitional period from fertility to old age. Menopause can occur naturally (spontaneously) or be surgically induced (hysterectomy with or without bilateral oophorectomy)[1]. Menopause signifies the permanent cessation of menstruation and the end of reproductive potential. Biologically, menopause is defined as the permanent cessation of ovulation, characterised by the cessation of menstruation.[2] A woman is said to have reached menopause when she has experienced amenorrhoea for 12 consecutive months and there is evidence of biochemical changes such as increased follicle stimulating hormone (FSH) and luteinizing hormone (LH) levels and decreased estradiol levels[3].

The age at which menopause occurs in women varies. Based on cross-sectional research, the average age of menopause is estimated to be between 50-52 years.[4] The age of menopause in Indonesia is 49.98 years.[5] According to the World Health Organization (WHO) in 2019 there was an increase in Life Expectancy (UHH) in women in the world from 65 years in 1999, increasing to 72 years in 2019 and in Indonesia life expectancy from 52.7 years in 1999 to 71 years in 2019[6].

The increase in life expectancy in women is getting higher while the age of menopause is accelerating, so 1/3 of women's lives are in menopause, which is living a life with increasingly long physical and psychological complaints. Physical complaints experienced such as hot flushes, cold sweats at night, vaginal dryness, weight gain, sleep disturbances at night, bone and joint pain while psychological complaints felt are decreased memory, irritability, stress and depression.[7] Menopause syndrome is experienced by women all over the world. It is estimated that 70-80% of women in Europe experience this syndrome, followed by America 60%, 57% in Malaysia, 18% in China and 10% in

Japan and Indonesia experience the syndrome. Symptoms include hot flashes 38%, difficulty sleeping 37%, fatigue at work 35%, forgetfulness 33%, irritability 26%, joint pain and excessive headaches. This period is very complex because it is related to the physical and mental state.[8]

The lack of readiness of women in facing menopause is one of the factors that will affect behaviour in facing menopause. Women can prepare themselves by increasing knowledge about health and controlling the changes that will occur during menopause [7]. Conditions related to menopause are very diverse related to health problems and social problems so that requires identification and screening[9]. Identification of risk factors should be carried out in primary health care facilities [10]. Primary health care providers should be knowledgeable in identifying and screening for menopausal health and social problems.

The level of community knowledge related to menopausal problems is still very low and the impact of a lack of knowledge or information about menopause can cause anxiety in dealing with menopause.[11] Research on the relationship between knowledge, attitudes about menopause with readiness to face menopause. The results of the study found that there was a significant relationship between knowledge and attitudes about menopause with readiness to face menopause.[12]

Efforts to increase knowledge about menopause can be done with health education. Health education is any effort that is planned to influence others, whether individuals, groups or communities, so that they do what is expected by the perpetrators of education. Health education through videos (Audiovisual) is an appropriate and more effective in increasing the knowledge of menopausal mothers at this time compared to modules, leaflets or lectures compared to modules, leaflets or lectures. This audiovisual media is able to display an object that makes the target more interested because of the elements of audio and visual elements and the memory of the lesson is longer. [13]

The related study found that in the intervention group the mean knowledge was 6.09 points higher, mean self-efficacy was 3.05 points higher, and the mean stress decreased by 1.23 points compared to the control group. The use of audio-visual and booklets as educational media is associated with increasing knowledge about premenopause and self-efficacy, as well as effectively reducing the stress of premenopausal women in Bandung City ( $p < 0.05$ ).[27] The results of other study obtained data on the effect of audio-visual educational media and booklets on premenopausal women with a p value for knowledge of 0.000 and p value for self-efficacy = 0.000 and p value for stress = 0.000. Audio-visual and booklets about premenopause can be used as educational media as an effort to increase knowledge of premenopausal women about the physiological and psychological changes that occur during premenopausal period, so that premenopausal women become confident and able to face the changes that occur. In the end, premenopausal women will be able to prevent and cope with stress.[14]

Another related study found using a quantitative study and a quasy-experimental method with a nonequivalent control group design. The research sample was divided into two groups, namely the Lecture Group and the experimental group, each consisting of 24 mothers. The research instrument is a questionnaire. Data analysis techniques apply univariate and bivariate analysis. The results showed that there is an effect of education with video media on knowledge about menopause in the Posyandu Cadre Association Group in Jombor Village.[25].

## II. METHOD

This research was a quantitative study using a pre-experimental design with a one group pre-test post-test approach. The research was conducted at Posbindu Cipasung Village, Darma District, Kuningan Regency in July 2024. The research subjects were perimenopausal mothers aged 50 years and over who came to as many as 47 people with sampling techniques using accidental sampling. The instrument used was a questionnaire, to measure knowledge using 20 questions in the form of statements using alternative answers right and wrong. Data analysis using the Wilcoxon Test.

The knowledge questionnaire uses Suyastini's (2021) questionnaire which was conducted at Puskesmas Banjar I obtained the value of  $r$  count (0.710)  $>$   $r$  table (0.361) and Agustina's questionnaire (2016) conducted in Kaligentong Village and Agustina's questionnaire (2016) which was conducted in Kaligentong Village, Ampel District, Boyolali Regency with  $r$  count (0.931)  $>$   $r$  table (0.443), so the results are valid and reliable so the results are valid and reliable. The activity began with the opening and distribution of pre-test questionnaires, then the provision of material is carried out by Audiovisual Media Counseling, then discussion accompanied by questions and answers, then at the end of the activity phase activities, an evaluation was carried out to determine the impact of activities on knowledge about menopause by refilling the questionnaire (post-test). Data analysis using the Wilcoxon Test.

## III. RESULTS AND DISCUSSION

This study was attended by 47 participants, the activity began with filling out the attendance list for participants, as well as giving questionnaires that had been adjusted to the counselling material to be given. The pre-test questionnaire was given before giving the material to find out the participants' level of knowledge about menopause.

TABLE I. FREQUENCY DISTRIBUTION OF KNOWLEDGE LEVEL BEFORE AND AFTER AUDIOVISUAL MEDIA COUNSELLING

Pengetahuan	N	Mean	SD	Min	Max
Pre-Test	47	63,40	15,67	30	90
Post-Test	47	90,21	9,83	75	100

The results of the pre-test obtained the smallest value is 30, while the largest value is 90. After the counselling, the post-test was given, the results were obtained by the lowest value is 75 and the highest value is 100. The average pre-test score was 63.40, which shows the lack of knowledge of mothers about menopause before listening to counselling. After counselling, a

post-test was conducted and the results showed an average post-test score of 90.21.

At the time of the pre-test, the most incorrect items were in the aspects of factors affecting menopause and how to overcome menopausal complaints. In addition, in other aspects of knowledge such as symptoms or disorders of menopause in pre-test answers, respondents still answered incorrectly. Respondents have insufficient knowledge due to several things such as lack of interest, respondents' curiosity about menopause and the lack of information obtained by respondents both from the health centre and other information media. In addition, environmental factors also cause respondents' lack of knowledge about menopause. Factors that influence a person's knowledge include experience and information. In general, the more experience a person has, the more knowledge they get. Someone who has more sources of information will have broader knowledge, the easier it is to obtain information the faster someone will acquire new knowledge.[16]

During the post-test, most respondents corrected their answers to be correct. This can explain that health education with counselling methods is one of the learning processes that can improve knowledge. The success of health education is influenced by several factors, including the method used, the media and the target to be addressed. Increased knowledge in mothers undergoing menopause is inseparable from intrinsic factors that influence the respondents so that high curiosity arises. Some influencing factors such as powerpoint and video or audiovisual media used can display material about menopause through a combination of images and sound so as to make mothers with age 50 years and over interested in menopause mothers aged 50 years and over are interested.[13]

Women who know about menopause and can think reasonably about menopause, can accept things related to menopause reasonably. The woman can certainly accept the fact that with increasing age, every woman will experience various events in her life, such as menstruation, pregnancy, childbirth and menopause. If he experiences disturbances or changes, whether physical, psychological or changes in physical, psychological or sexual behaviour that commonly occur in the period leading up to menopause, the individual will try to neutralise the disturbances that arise with productive things.[17].

TABLE II. THE EFFECT OF AUDIOVISUAL MEDIA COUNSELLING ON MENOPAUSE ON KNOWLEDGE LEVELS ON PERIMENOPAUSAL

Pengetahuan	N	Uji Normalitas (Saphiro-Wilk)	Mean	Selisih Mean	SD	p-value
Pre-Test	47	0,005	63,40	26,81	15,67	0,000
Post-Test	47	0,000	90,21		9,83	

The normality test was carried out on the pre-test and post-test data, because the number of data  $\leq 50$  samples, the authors used the Shapiro-Wilk test. The results showed that the pre-test and post-test data were not normally distributed. Based on the results of the normality test, to test for an increase in respondents' knowledge about menopause, the Wilcoxon test was conducted to assess the significance of the increase in

respondents' knowledge. The results of data analysis before and after being given counselling about menopause have a mean difference of 26.81 with a  $p$ -value  $< \alpha$  (0.05) which is 0.000 at the 95% confidence level. The results showed that there was a significant increase in the mean value of counselling participants after counselling on menopause ( $p < 0.000$ ).

These results are in line which shows that the average knowledge before (pre-test) providing education is 54.11 with a standard deviation of 19.460. In the measurement after (post-test) providing education, the average knowledge was 86.64 with a standard deviation of 9.791. It can be seen that the mean value of the difference between the pre-test and post-test is 32.534 with a standard deviation of 18.089.[18] The results of this study are in line with research which states that health education with attractive media affects knowledge about menopause.[19] In the research was found that there was an increase in knowledge in health cadres after being given counselling on menopause through the formation of a subject monitoring group with menopause.[20]

Knowledge can influence a person's health behaviour, but knowledge is not the only factor that supports health behaviour change.[21] A person's motivation to act or make decisions based on their knowledge is a factor that causes changes in health behaviour. So it can be concluded that not everyone with good or bad knowledge will change their health behaviour, but depends on their own motivation and awareness to change health behaviour that can change health behaviour.[22]

Knowledge is influenced by various factors, not only from the information obtained during counselling but also other factors such as the environment and others so that from this level of knowledge there are several differences in community conditions and community beliefs about health, which ultimately change people's attitudes about menopause, the high flow of information received by the community, the low level of local and community knowledge about menopause is caused by a lack of information about what menopause is, symptoms, signs of changes that occur, so that if you do not know, every change that occurs in your body will be perceived as a disease so that it can cause anxiety.[23]

Counselling is a process that aims to influence the knowledge, attitudes and behaviour of a person or group on the knowledge, attitudes and behaviour of a person or group. The increase in knowledge of participants is due to the results of this extension activity using extension techniques followed by lectures, questions and answers and demonstrations. The use of media is the most important component in an extension activity.[24] The increase in knowledge that occurs after being given health counselling is one aspect of the ability achieved by target students as a result of the learning process. So it can be concluded that there is a significant influence between health counselling on maternal knowledge about menopause. This research results show that although knowledge about menopause is good, anxiety is still felt by women approaching menopause. It is considered necessary to carry out appropriate interventions to psychologically prepare premenopausal women.[18]

The function of health education using audiovisual media is to enable targets to receive learning messages through hearing and enable the creation of learning messages through vision. Stimulate or be able to seize the channel of entry of messages or information into the human soul through the eyes and ears and be able to make people generally remember what they see and hear from the broadcast programme. Audiovisual media can also make it easier for people to convey and receive information, encourage people's desire to know more information from what is shown, and can introduce the understanding gained.[13]

The advantages of video media include the ability to convey complex things with simple images and animations that are easy to understand. Audiovisual media in extension activities will make extension participants remember the material longer, the images displayed will make it clearer to understand the material.[11] This is also in accordance with the research that the combination of audio and visual can provide meaningful results on maternal knowledge in undergoing menopause. This study can be said to be successful based on indicators, namely an increase in the knowledge of participants related to the topic of counselling provided, namely knowledge about menopause.[25]

The findings in this study showed that counseling using audiovisual media significantly improved participants' knowledge about menopause, which directly relates to the phenomenon highlighted in the introduction. Before counseling, participants had a low level of knowledge, with an average pre-test score of 63.40. After counseling with audiovisual media, there was a significant increase in knowledge, indicated by an average post-test score of 90.21. This is in line with the theory that lack of experience and information is a major factor in a person's low knowledge.[16] Participants had difficulty in understanding the factors that affect menopause and how to overcome their complaints before being given counseling. After counseling, most of the participants' answers improved, indicating that audiovisual media is effective in conveying information with a combination of images and sound.[25] The results showed a p-value <0.000, which means there was a significant increase in participants' knowledge after receiving audiovisual counseling. This result is consistent with previous research which states that attractive educational media can increase understanding of menopause.[25][9]

Although an increase in knowledge occurred, not all participants immediately experienced changes in attitudes and behaviors related to menopause. This is in accordance with the theory that knowledge is not the only factor that changes health behavior, but is also influenced by motivation and personal awareness.[22] Despite increased knowledge, anxiety is still felt by some women approaching menopause. This suggests that additional interventions such as psychological support are still needed to help women cope better with menopause.[18] Overall, this study proved that audiovisual is an effective medium in increasing knowledge about menopause, in line with the phenomenon highlighted in the introduction. However, increased knowledge does not necessarily directly change behavior, so further interventions are needed to reduce anxiety and help women better cope with menopause.

#### IV. CONCLUSIONS

This study showed that the use of Audiovisual Media Counseling in the form of counselling has a positive and significant effect on increasing the knowledge of women in the perimenopausal stage regarding menopause. Based on data analysis using the Wilcoxon Test, the pre-test and post-test results showed a significant difference in the respondents' knowledge level, indicating that the audiovisual intervention was effective in improving their understanding of the symptoms, physical and psychological changes, and ways to manage menopause.

Audiovisuals as counselling tools have proven to be an engaging and effective means of conveying important medical information to perimenopausal women. It is easier to understand and more engaging than conventional teaching methods such as lectures or readings, as it combines visual and audio elements that reinforce understanding.

Based on the problems obtained, many mothers who have experienced menopause but do not know that they are in that phase and do not know how to deal with menopause properly. We provide education about the meaning of menopause, the division of menopause and how to deal with menopause well.

menopause well. This activity has a very good effect on community knowledge about menopause and how to deal with menopause well. The extension activities have been achieved, it is known from the evaluation that there is an increase in knowledge before and after the extension.

This research is expected to be sustainable and can be used as a reference or reference material so that more socialisation is improved about menopause and about healthy lifestyles that can be applied to reduce problems and complaints in menopausal women, either through counselling or health education.

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