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THE EFFECTIVENESS OF EDUCATIONAL VIDEOS IN MENOPAUSE PREPARATION: A STUDY OF PREMENOPAUSAL WOMEN IN FAMILY WELFARE PROGRAM (PKK) SWAN GRESIK

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Abstract

Background: Menopause is a natural transitional phase characterized by the cessation of the menstrual cycle and various physical, psychological, and social changes. Many women experience anxiety due to a lack of understanding, which can affect their readiness to face this phase. Health education is expected to improve premenopausal women's readiness to deal with these changes.

Objective: This study was to determine the effectiveness of educational videos in menopause preparation at the Family Welfare Program (PKK) Swan Gresik.

Methods: This study used a pre-experimental design with a one-group pretest–posttest and cross-sectional approach. The respondents consisted of 36 premenopausal women who were members of PKK Swan, Menganti Mas, Gresik, selected using purposive sampling. The instrument used was a menopause readiness questionnaire, and the data were analyzed using the Wilcoxon Signed Ranks Test.

Results: The statistical test showed a significant difference in readiness scores before and after the health education intervention delivered through an educational video ($p < 0.001$), indicating an increase in women's readiness to face menopause after receiving the education.

Conclusion: Providing health education through educational video media proved effective in increasing the readiness of premenopausal women to face menopause, particularly in terms of physical, hormonal, and psychological understanding. This intervention was also able to reduce anxiety and improve negative perceptions of menopause.

INTRODUCTION

Pre-menopause is a transitional phase experienced by women from their fertile years to the absence of conception (anovulatory or menopause). Pre-menopause is part of the climacteric period preceding menopause. The climacteric period is 4-5 years before menopause, characterized by the onset of complaints related to irregular menstrual cycles, prolonged menstrual bleeding, and heavier menstrual flow. This period begins at the age of 40 (Hanifah et al., 2021). Menopause itself is the physiological cessation of the menstrual cycle associated with female aging (Yulizawati & Yulika,

2022). During menopause, a woman will experience physical, sexual, social, and psychological disturbances. Therefore, during the menopausal phase, preparedness is needed, which is defined as a woman's state of preparing herself to face menopause, physically, psychologically, and spiritually. Menopause is normal, while its acceptance may vary among women (Taulikar, 2022). It is hoped that women can take preventive measures as early as possible so that they are ready to enter menopause without experiencing severe complaints. Misconceptions or unpreparedness for menopause can cause several psychological problems, such as anxiety and depression, which can lead to mental disorders (Wulan, 2020). Women's lack of preparedness for menopause is one of the factors that will influence their behavior in facing menopause. Women who are not prepared to face menopause may experience excessive anxiety, irritability, sadness, and may even withdraw from their environment. The risk of complaints can be reduced if you prepare yourself physically and psychologically well in advance. If complaints persist, better self-protection means that all the changes you will experience can be accepted more easily (Alblooshi et al., 2023; Northrup, 2021). Based on the initial interviews conducted by researchers with women at PKK Swan Menganti Mas, Gresik, six (6) mothers admitted that they would face menopause but were not ready to face it because they were afraid of experiencing emotional instability, often in a bad mood so that their anger was unclear, which affected their housework, difficulty sleeping, irritability, and lack of concentration, which made them unable to focus on their housework. Fear of dry skin and wrinkles, obesity that makes it difficult to lose weight even though they are already overweight, fear that if they no longer menstruate, they will experience sexual dysfunction and lack of desire when having contact with their husbands, so they think that their husbands will leave them if they cannot satisfy them, which makes them even more stressed and anxious. However, two women said they don't care much if menopause happens to them, every woman should be like that, and two other women already know about menopause, so they prepare themselves for it by exercising regularly, eating nutritious food, getting enough rest, and avoiding stress, so that the signs and symptoms they experience are not too severe.

The World Health Organization (WHO) says there will be 1.2 billion women aged 50 and above by 2030. The population of women experiencing menopause will account for about 3%, but 80% of them will be people living in developing countries. Based on WHO 2020 data, the number of Indonesian women experiencing menopause is around 30.3 million and will continue to increase every year (Zhu et al., 2020). The Central Statistics Agency (2020) states that currently, Indonesia has 14 million women who have experienced menopause, or 9.2% of the total population aged 46 years. Sixty percent of women experience moderate symptoms, and 20% experience symptoms severe enough to affect their quality of life, with a total female population of 130.32 million in Indonesia (Ratnaningsih, 2021). According to data from the East Java Provincial Statistics Agency, in 2020, the number of women entering premenopause was 1.57 million. Menopause readiness was obtained from research showing that more than 50% of women were not ready to face menopause (Lase et al., 2024). From an initial survey conducted in Swan Menganti Mas, Gresik, on 10 women who had never experienced menopause,

it was found that six women were unaware of menopause and had no preparation for it. Two women did not care about menopause because they considered it their destiny, and two women knew about menopause

Menopause is generally accompanied by various changes, such as vasomotor, urogenital, somatic, and psychological complaints, even before menstruation becomes irregular (premenopausal phase) (Timmerman et al., 2021). Complaints associated with menopause syndrome include mood swings, hot flashes, palpitations, difficulty sleeping, anxiety and depression, weight gain, decreased muscle mass, decreased bone mass, fatigue, and decreased sexual desire (Santoro et al., 2021). The negative psychological impact on women who are not prepared for menopause will experience depression and physical will occur in physical dysfunction, and an increased risk of developing osteoporosis, cardiovascular disease, cancer, obesity, gout, diabetes mellitus, and dementia. This is due to a reduction in the hormone estrogen. The hormone estrogen is responsible for protecting several systems, such as the brain, skin, vagina, bones, and heart (Aubert, 2021). One effort to improve women's readiness for menopause is health education. Health education is any planned effort to influence others, whether individuals, groups, or communities, so that they do what is expected of them by the educators. Health education that provides information through leaflets, lectures, and videos can increase mothers' knowledge about menopause. Video media has advantages over other media as a source of information. Video media can convey information more engagingly and diversely. Videos can also include more information than leaflets, such as case studies and simulations, and can be accessed anywhere and anytime. This audiovisual media can display objects that make the target audience more interested through its audio and visual elements and longer memory retention (Nisa, 2023). Referring to the background and phenomena described earlier, the research question in this study is: "Does the provision of educational videos about menopause influence the readiness level of premenopausal women in PKK SWAN Menganti Mas, Gresik?"

METHODS

Study Design

This study uses a quasi-experimental design with a pretest-posttest one-group design.

Settings

This study was conducted on May 8, 2024, at PKK Swan Menganti Mas, Gresik City.

Research Subject

The subjects consisted of premenopausal women given an intervention in the form of an educational video about menopause. The number of respondents were 36 premenopausal women, members of PKK Swan, Menganti Mas, Gresik, selected through purposive sampling.

Instruments

The research instrument used a questionnaire to measure the level of readiness to face menopause before and after the intervention.

Data collection

Respondents involved before the intervention were gathered and given a questionnaire used to measure their pre-test knowledge. After completing the questionnaire, the women were given a 5-minute educational video about menopause as an intervention, which was shown once. Then, a post-test was conducted by giving them a questionnaire to measure their readiness for menopause. Explain the data collection process in conducting the research. If the research is an experimental study, briefly describe the intervention process, settings, and those who carried out the intervention. If you have a control group, please explain the type of intervention provided for them. After the measurement results were collected, the researchers analysed the data through editing, coding, tabulation, and analysis.

Data Analysis

Data analysis uses the Wilcoxon statistical test with P Values = (0.05).

Ethical Consideration

This study has received ethical approval from the STIKES William Booth Ethics Committee with number: 65/STIKES-WB/ETIK-RPL3/IX/2024.

RESULTS**Table 1.** Frequency Distribution of General Data of Respondents at PKK Swan Menganti Mas (n=36).

Characteristics	Frequency n	Percentage %
Respondent Age		
40-45 years	20	55
46-50 years old	16	44.5
Mother's occupation		
Housewife	17	47
Private employee	14	39
Self-employed	5	14
Other	0	0
Husband's occupation		
Private Employee	13	36
Self-employed	17	47.3
Other	2	5.5
No husband	4	11.2
Mother's education		
Elementary	0	0
Junior High School	1	2.7
High School	27	75
D3	3	8.2
Bachelor's Degree	5	13.8
Number of Children		
1 Child	9	25
2 Children	13	36
3 Children	10	28
> 3 Children	2	5.5
No children	2	5.5
Motherhood status		
Not married	2	5.5

Married	32	89
Widow	2	5.5

This study involved 36 premenopausal women who were members of the PKK Swan, Menganti Mas, Gresik. The majority of respondents were aged 40-45 years (55.5%), and the rest were aged 46-50 years (44.5%). Most worked as housewives (47%), followed by private employees (39%) and entrepreneurs (14%). The respondents' husbands generally worked as entrepreneurs (47.3%) or private employees (36%), and 11.2% of respondents did not have husbands. In terms of education, the majority were high school graduates (75%), followed by bachelor's degree holders (13.8%), diploma holders (8.2%), and junior high school graduates (2.7%). Most had 1-3 children, while 5.5% had more than three children or no children. Marital status showed that 89% of respondents were married, while the rest were unmarried or widowed.

Table 2. Frequency Distribution of Respondents based on the Readiness of Premenopausal Women Before Being Given A Menopause Education Video (n=36).

No	Readiness	F	%
1.	Not ready	32	89
2.	Preparing	4	11
	All	36	100

Based on Table 2, before being given the menopause education video, most (89%) menopausal women were not prepared for menopause, and a small number (11%) were ready for menopause.

Table 3. Frequency Distribution of Respondents based on the Readiness of Premenopausal Women After Being Given A Menopause Education Video at PKK Swan (n=36).

No	Readiness	F	%
1.	Not ready	2	5,5
2.	Preparing	34	94,5
	All	36	100

Table 3 shows that most (94.5%) respondents were given educational videos about menopause, and a small percentage (5.5%) of women were not prepared for menopause.

Table 4. Frequency Distribution of Pre-Test and Post-Test Results when Providing Menopause Education Videos on the Readiness of Premenopausal Mothers at PKK Swan (n=36).

No	Group	Pre		Pillar	
		F	%	F	%
1.	Preparing	4	11	34	94.5
2.	Not ready	32	89	2	5.5
Total		36	100	36	100
Meaning		9,502,118		18.25	
Std				2,477	
Wilcoxon signed-rank test $p<0.001$					

Based on Table 4, it can be seen that before being given the menopause education video, 89% of respondents were not prepared for menopause, while after being given the menopause education video, 94.5% of women prepared themselves for menopause. The results of the Wilcoxon signed-rank test obtained a value of $p < 0.001$, indicating that there was a significant effect of the health education video on women's readiness for menopause, thus showing that H_0 was rejected, meaning that there was an effect of video-based health education on the readiness of premenopausal women.

DISCUSSION

Women's Readiness Before Providing Educational Videos About Menopause at PKK Swan Menganti Mas Gresik

The results of the study before the menopause education video showed that most women were not ready to face menopause. Women's readiness to face menopause greatly affects the menopausal experience. A person's readiness to face a condition can be influenced by several factors, such as age, occupation, education, knowledge, health history, and culture or environment (Ulya & Andanawarih, 2021). Education plays a crucial role in a woman's readiness to face menopause, as women with higher education tend to have a better understanding (Gebretatyos et al., 2020). Knowledge is gained through experience and information received by an individual. Good education will help women understand menopause, accept physical and psychological changes, and reduce fear of the aging process (Yuningsih & Widaningsih, 2024). According to facts and theory, there is no gap; the level of secondary education among women is still insufficient in obtaining information about menopause, causing unpreparedness for menopause, unlike women with higher education, where good knowledge is based on good education. Adequate education will make it easier for someone to gain a better understanding of menopause. A good understanding of menopause will support women's readiness to face menopause.

Based on the work of respondents who are housewives whose environment and activities are limited. Mothers who have housework are often not formally recognized as having invisible work, and the never-ending workload can cause prolonged stress. Stress from housework can contribute to mental health problems, such as anxiety and depression (Twenge & Martin, 2020). Women who feel trapped in household routines are more vulnerable to mood disorders, especially during menopause. Housewives often do not receive adequate support, and adequate support makes women better prepared for menopause (Refaei et al., 2022). According to facts and theories, there is no gap where physical and mental burdens are high, and endless household chores such as cooking, cleaning the house, and caring for children cause stress and fatigue. This condition leads to a lack of time to take care of themselves, increases stress, and reduces awareness of changes in their bodies. As a result, mothers are not prepared to face menopause physically, emotionally, or psychologically. They are more vulnerable to health problems and mood swings.

Preparedness of Women after Providing Educational Videos about Menopause at PKK Swan Menganti Mas, Gresik.

The results of the study in Table 3 show that after being given video-based health education about women's readiness for menopause, they indicated that before being given the menopause euthanasia video, some women were not ready to face menopause. This may be influenced by several factors such as age, mother's occupation, education, knowledge, health history, and culture or environment (Ulya & Andanawarih, 2021). Most women who are not ready for menopause are aged 40-45 years. A person's mindset will influence the knowledge they acquire in facing menopause. As they age, they must be able to add a wide range of information to their mindset (Asifah & Daryanti, 2021). According to Ulya (2021), it is hoped that women will have sufficient knowledge to prepare themselves better so that they can take steps to prevent the complaints they will experience later on. At the respondents' age, it is easier to accept new information provided through menopause education videos. According to facts and theories, there is a gap where the maturity level of women affects their readiness to face menopause, with other factors such as knowledge level, social support, workload, and family responsibilities also playing a role. Women aged 40-46 are often in a difficult position, where they have to manage the responsibilities of childcare and economic guidance. This double burden reduces the time and attention they can give to their own health. Families need to provide greater support to women of this age so that they can have time to take care of themselves and prepare for menopause. When women are given access to appropriate educational media, such as videos, they can more easily overcome anxiety and face positive physical and psychological changes, thereby increasing mothers' readiness to face the transition phase when menopause occurs (Asifah & Daryanti, 2021).

Analyzing the effect of educational videos on mothers' readiness to face menopause at PKK Swan Mas Gresik

The study's result indicates that providing educational videos on menopause significantly increases the readiness of premenopausal women. This is also supported by the results of the Wilcoxon signed-rank test, which produced a p of 0.001, indicating the significant effect of educational videos on mothers' readiness. According to research conducted by Rahmawati et al. (2021), audiovisual educational media such as videos are very effective in increasing individual knowledge and readiness because they involve more than one sense, namely sight and hearing (Mansyah & Rahmawati, 2021). Educational videos allow complex information to be conveyed in a simpler and more engaging way. In addition. According to facts and theories, there is no gap; with a good understanding, women can be better prepared to face the challenges of menopause, such as hormonal, emotional, and social changes, which often trigger stress and anxiety. Providing relevant and timely education can increase women's confidence and mental readiness in facing this transition period. Educational videos play an important role in increasing mothers' understanding of the physical, hormonal, and psychological changes that occur during menopause, as well as reducing anxiety and stigma that previously hindered mothers'

preparedness. Educational videos also provide easier and clearer access to information, so that mothers are more confident and prepared to face menopause. With adequate understanding, mothers can be more mentally, emotionally, and socially prepared to face menopause, so that they can go through this transition period without excessive fear or worry.

LIMITATION

The limitation of this study is that it did not use interventions with different media. In this study, the researchers used video media with audio and visual elements that engage the senses of sight and hearing, which makes memories last longer.

CONCLUSION

This study shows that before video media was given, most premenopausal women in PKK Swan Menganti Mas, Gresik, were not ready to face menopause. After the intervention, there was a noticeable increase in readiness in physical, emotional, and psychological aspects. Providing education through audiovisual media has been proven to improve women's understanding of the changes that occur during menopause, as well as helping to reduce their previous anxiety and negative perceptions. With a better understanding, premenopausal women are better prepared to face the transition to menopause healthily and positively.

AUTHOR CONTRIBUTION

Retty Nirmala Santiasari: Conceptualization, methodology, original draft writing, supervision.

Shinta Wurdiana Rhomadona: Reviewing, editing, and proofreading.

Lina Mahayaty: Writing specific sections, editing, and proofreading.

Nurul Imam: Formal analysis, investigation, resources, and data duration.

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CONFLICT OF INTEREST

The authors have agreed, and there are no conflicting interests.

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