

Original article

Development of Social Support Model to Reduce Menopause Women's Anxiety

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ABSTRACT

Background: Menopause is a natural phase of a woman's life when menstrual periods stop permanently and cause psychological symptoms such as anxiety. anxiety can be reduced when women get social support.

Objective: The purpose of this study is to develop a social support model to reduce anxiety in menopausal women.

Method: This study applied explanatory research design with a Cross-sectional approach. The study population was selected 197 menopausal women who were in 11 clusters in Diwek - Jombang Regency. The participants were selected using Cluster Random sampling. The data analyzed by using the Partial Least Square test. The inclusion criteria of this research are 1) Women Menopause Age 45-55 years old experiencing anxiety, 2) Registered in couples of childbearing age records 2017 of Diwek District Health Center, while the exclusion criteria of this research are 1) Menopausal women single/ virgin, 2) Using tranquilizers, 3) Using hormone replacement therapy (TSH).

Results: The results showed that (1) individual factors significantly influenced the evaluation of stress (path coefficient of -0.056, $t = 3.74$); (2) social networking significantly influences stress evaluation (path coefficient -0.147, $t = 2.13$); (3) social support significantly influences stress evaluation (path coefficient -0.117, $t = 2.02$); (4) social support significantly influences anxiety (path coefficient -0.326, $t = 5.25$); and (5) stress evaluation significantly influences anxiety (path coefficient 0.196, $t = 9.07$).

Conclusion: The development of social support models to reduce postmenopausal anxiety has a significant direct effect. The development of the model consists of stress assessment consisting of experience, trust, coping resources, informative support and award support. The development of social support is highly recommended to reduce anxiety among menopausal women by promoting stress evaluation and social support from close relationships.

Desarrollo del modelo de apoyo social para reducir la ansiedad de la menopausia femenina

RESUMEN

Palabras clave:

Ansiedad
Menopausia
Apoyo social
Evaluación del estrés

Antecedentes: la menopausia es una fase natural de la vida de una mujer en la que los períodos menstruales se detienen de forma permanente y provocan síntomas psicológicos como la ansiedad. la ansiedad se puede reducir cuando las mujeres obtienen apoyo social.

Objetivo: El propósito de este estudio es desarrollar un modelo de apoyo social para reducir la ansiedad en mujeres menopáusicas.

Método: Este estudio aplicó un diseño de investigación explicativa con un enfoque transversal. La población del estudio fue seleccionada 197 mujeres menopáusicas que estaban en 11 grupos en Diwek - Jombang Regency. Los participantes fueron seleccionados mediante muestreo aleatorio por conglomerados. Los datos analizados mediante la prueba de mínimos cuadrados parciales. Los criterios de inclusión de esta investigación son 1) Mujeres con menopausia de 45 a 55 años que experimentan ansiedad, 2) Registradas en parejas en edad fértil en 2017 del Diwek District Health Center, mientras que los criterios de exclusión de esta investigación son 1) Mujeres menopáusicas solteras / virgen, 2) Usar tranquilizantes, 3) Usar terapia de reemplazo hormonal (TSH).

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Resultados: Los resultados mostraron que (1) los factores individuales influyeron significativamente en la evaluación del estrés (coeficiente de trayectoria de $-0,056$, $t = 3,74$); (2) las redes sociales influyen significativamente en la evaluación del estrés (coeficiente de trayectoria $-0,147$, $t = 2,13$); (3) el apoyo social influye significativamente en la evaluación del estrés (coeficiente de trayectoria $-0,117$, $t = 2,02$); (4) el apoyo social influye significativamente en la ansiedad (coeficiente de trayectoria $-0,326$, $t = 5,25$); y (5) la evaluación del estrés influye significativamente en la ansiedad (coeficiente de trayectoria $0,196$, $t = 9,07$).

Conclusión: El desarrollo de modelos de apoyo social para reducir la ansiedad posmenopáusica tiene un efecto directo significativo. El desarrollo del modelo consiste en una evaluación del estrés que consta de experiencia, confianza, recursos de afrontamiento, apoyo informativo y apoyo de premios. El desarrollo del apoyo social es muy recomendable para reducir la ansiedad entre las mujeres menopáusicas al promover la evaluación del estrés y el apoyo social de las relaciones cercanas.

Introduction

Menopause is an important and normal developmental process in a woman's life which is characterized by the cessation of permanent menstruation due to loss of ovarian follicular activity. Most people think menopause is a scary thing that affects psychological disorders. This condition is influenced by changes in hormone waves and the need to adapt to new ways that make menopause very difficult (L. M. Miller et al., 2017).

11 Countries in Latin America state that menopausal women experience anxiety disorders (61.9%), severe disorders that affect quality of life (13.7%), urogenital (25.5%), psychological (18.5%), and somatic (4.5%). Anxiety that occurs in postmenopausal women in Latin America is related to Quality of Life (QoL) disorders (Kling et al., 2019).

Menopausal women have changed physically, psychologically, and socially. The menopause transition that occurs in women is seen as a complex bio-psycho-social construction with many factors influencing women's experiences in their life phases (K. L. Miller, 2018). These factors are social demographics, attitudes, beliefs, knowledge, comorbidities, and mental health problems. These factors affect the vasomotor, mood, and stress during the menopause transition which affects the physical and emotional health of women (Yin et al., 2019). Negative emotions that occur continuously can affect psychological health which affects anxiety disorders. Anxiety experienced by menopausal women encourages women to solve problems through how to seek help and support from family and friends. The existence of such assistance will make women feel more relaxed and relieved so that it will reduce their anxiety.

Stress assessment is an evaluative process that determines why or under what circumstances an interaction between humans and their environment can cause stress (Lazarus & Folkman, 1984). Environmental factors in the form of social support will have an influence on women's stress. Social support in the form of support from family and the surrounding environment in the form of health services.

One of the efforts that can be done to reduce anxiety in women during menopause is social support. Social support referred to in this case is real assistance or action in the form of emotional support, appreciation, instrumental and informative which will provide emotional benefits or behavioral effects for women during menopause so that anxiety that can actually be avoided becomes completely imperceptible (Suparni & Astutik, 2016).

Social support received can make individuals feel calm, cared for, and develop self-confidence and competence. The availability of social support will make individuals feel loved, valued and part of the group. The results of the research by Uly Artha (2016) stated that social support can reduce the anxiety level of menopausal women in Cikalang Village, Tawang District. So that the need for knowledge of menopause is not only for women, but involves the participation of husbands in facing menopause.

One effort that can be done to reduce anxiety is social support. Social support given to menopausal women, in this case, is assistance or concrete actions in the form of emotional support, appreciation, instrumental, and informative that will provide emotional benefits or behavioral effects for women during menopause (Krychman, Symons, & Portman, 2016).

Social support has undergone many developments. One model that will be developed by researchers is a social support model to reduce women's menopausal anxiety based on Sheldon Cohen's Social Support theory with the integration of Lazarus & Folkman's Adaptation theory. So the purpose of this research is to develop a social support model to reduce anxiety in menopausal women.

Postmenopausal women experience physical, psychological and social changes. The menopausal transition that occurs in women is seen as a complex bio-psycho-social construct with many factors affecting women's experiences at this phase of life. These factors are social demographics, attitudes, beliefs, knowledge, comorbidities and mental health problems. These factors affect vasomotor, mood and stress during the menopausal transition which impacts on women's physical and emotional health. Negative emotions that occur continuously can have an influence on psychological health which has an impact on anxiety disorders (R. Sood et al. 2016).

The anxiety experienced by menopausal women encourages women to solve problems through seeking help and support from family and friends. The existence of this assistance will make women feel more at ease and relieved so that it will reduce their anxiety. Rook in Sarafino defines social support as a social relationship function that describes the general level and quality of interpersonal relationships that will protect individuals from the consequences of anxiety and even stress (Uly Artha, 2016).

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The concept of social support by Cohen & Syme, 1985 consists of three classes. The main concepts of support proposed are social networks, perceived social support, and support behavior. Social network refers to the social-relationship structure, number, and type of relationships. Perceived social support refers to the perceived function of social-relationships that social relationships

will (if necessary) provide resources such as emotional support or information. Finally, supportive behavior refers to the mobilization and acceptance of behaviors intended to assist a person in dealing with stressful events (Cohen & Syme, 1985).

Perceptions of social support by Cohen & Syme, 1985 are influenced by an assessment of stress, namely a person's values, experiences, beliefs and sources of coping. When faced with a situation that can cause stress, each individual's reaction is different. Some of these responses are unconscious reactions, while others are realized by individuals to immediately do coping. Lazarus (1984) divides these reactions into 4 categories, namely cognitive reactions, emotional reactions, physiological reactions and behavioral reactions. The reactions that occur affect a person's anxiety.

Anxiety is a response to certain threatening situations and is a normal thing that occurs along with developments, changes, new or unheard experiences, as well as in finding one's own identity and meaning in life. Anxiety measures are carried out to measure the process of assessing subjective feelings about disturbing mental tension as a general reaction to the inability to solve a problem or a lack of security.

Method

The design of this research using a survey explanative research design with a cross-sectional time approach. This study passed the ethical test at the Health Research Ethics Commission (KEPK) of the Faculty of Nursing, Airlangga University, Surabaya on February 21, 2018 with No: 658-KEPK. Independent variables of this study are Individual Factor, Social Network, Stress Genesis, Social Support, and Stress Assessment and the Dependent variable of this study is Anxiety.

Participant recruitment procedure

The population of this study as many as 402 with a large sample of 197 menopausal women in Diwek, Jombang Regency. The sampling technique of this research using cluster random sampling. The inclusion criteria of this research are 1) Women Menopause Age 45-55 years old experiencing anxiety, 2) Registered in couples of childbearing age records 2017 of Diwek District Health Center, while the exclusion criteria of this research are 1) Menopausal women single/ virgin, 2) Using tranquilizers, 3) Using hormone replacement therapy (TSH).

Data Collection and Collection Procedure

Researchers used cluster random sampling techniques to collect data of 197 respondents in 11 villages located in the District of Diwek. Data was collected door-to-door by researchers and accompanied by village midwives each with an average data collection of 7-10 respondents each day. Data transfer using a questionnaire about the characteristics of the client namely social networks, stress events, social support and stress assessment. Explanation of the research process and requests for approval from respondents were carried out before data collection and signing of consent letters (Inform Consent) provided by researchers.

The next step is to analyze and connect between variables, to find strategic issues and solutions as a basis for recommendations in developing a social support model for anxiety disorders in menopausal women. The results of data analysis obtained from the calculation of the questionnaire scores are described in terms of frequency and percentage.

Table 1.4
Blueprint of Social Networking Variables

No	Aspect	Information	
		Favorable	Unfavorable
1	Social Rules	1,2,3,7,9,11,13	12
2	Information	10	
3	Social Conflict	5,6,8	4
Total		11	2

Table 1.5
Stress Event Variable Blueprint

No	Aspect	Information	
		Favorable	Unfavorable
1	Types of Menopause	4,6	1,2,5,7
2	Menopause timeframe	3	
Total		3	4

Table 1.6
Blueprint of Social Support Variables

No	Aspect	Information	
		Favorable	Unfavorable
1	Emotional Support	1,2,3,4,5,7,8	6,11,12,13,14,
2	Award Support	9,15,16,17,18	10,19,20,21
3	Instrumental Support	23,24,26	22,27
4	Informative Support	25, 29	28
Total		17	12

Table 1.7
Blueprint of Stress Assessment Variables

No	Aspect	Information	
		Favorable	Unfavorable
1	Value	3,6,7	5
2	Experience	2,	1,4
3	Trust	14	15
4	Coping Sources	8,9,11,12,13	10
Total		10	5

The research procedure begins by identifying the factors that influence the social support of menopausal women who experience anxiety disorders in Diwek Jombang District, then analyzing the data to determine strategic issues. This strategic issue is used as a reference in formulating a Social Support Model for Reducing Anxiety of Menopausal Women in Diwek Jombang District based on Sheldon Cohen's Social Support theory with the integration of Lazarus & Folkman adaptation theory in menopausal women.

The next stage is to compile a model and recommend a Social Support Model for Menopausal Women With Anxiety Disorders based on Sheldon Cohen's Social Support theory with the integration of Lazarus & Folkman adaptation theory to menopausal women in Diwek Jombang District.

Data statistical analyzes

The first is to do a description analysis to find out the frequency distribution of each variable in the form of categories and produce data in the form of a whole presentation of respondents. After that, an inferential analysis is used to test the hypotheses that fit the research objectives. The test used was Partial Least Square (PLS). Evaluate the measurement model

(outer model) with reflective indicators. The model is evaluated based on the results of the validity and reliability of the indicators. Next, an inner model evaluation is conducted to find out the magnitude of the influence or causal relationship between the variables in the study, namely by getting an R square or coefficient of determination which is a value that explains the size of the model goodness. The following are the steps for the Partial Least Square (PLS) test, namely: (1). Designing Structural Models (inner models). (2) Designing a Measurement Model (outer model). (3) Constructing the Path Diagram. (4) Converting Path Chart to Equation System. (5) Estimation: Coe. Path, loading and Weight. (6) Evaluate the Goodness of Fit. (7) Hypothesis Testing (Resampling Bootstrapping).

Results

Partial Least Square (PLS) test showed that (1) individual factor did not significantly influence social network (path coefficient of 0.054, $t=0.75$); (2) social network did not significantly influence stress (path coefficient of -0.161 , $t=2.28$); (3) stress did not significantly influence social support (path coefficient of -0.026 , $t=0.37$); (4) individual factor significantly influenced stress evaluation (path coefficient of -0.056 , $t=3.74$); (5) social network significantly influenced stress evaluation (path coefficient of -0.147 , $t=2.13$); (6) stress did not significantly influence stress evaluation (path coefficient of 0.022 , $t=0.32$); (7) social support significantly influenced stress evaluation (path coefficient of -0.117 , $t=2.02$); (8) social support significantly influenced anxiety (path coefficient of

-0.326 , $t=5.25$); and (9) stress evaluation significantly influenced anxiety (path coefficient of 0.196 , $t=9.07$).

Inferential Analysis of social support Model

1. Testing measurement (outer) model

This stage displays the PLS result testing of the measurement model stage (outer model) on social support model to decrease anxiety among female factors these are individual factors, social networking, stressful events, social support, stress evaluation, and anxiety. individual factors variable consist of job and education, social networking variable consist of social rules, information and social conflict, stressful events variable consist of a type of menopause and menopausal period, social support variable consist of emotional support, awards support, informative support and instrumental support, stress evaluation variable consist of beliefs, values, experiences and coping sources, anxiety variable consist of emotional reactions, behavioral reactions, physiological reactions, and cognitive reactions.

The results show that some sub-variables have a loading factor of <0.5 . Sub variable with loading factor value <0.5 are: value, behavioral reactions, emotional support, and instrumental support.

The figure above shows the final model and the outer value loading model of social support to decrease the anxiety of menopausal women. The value of outer loading for all indicators both from indicators for latent variables such as individual factors, social networks, stress events, social support, stress, and anxiety assessment can be seen in the following table 1:

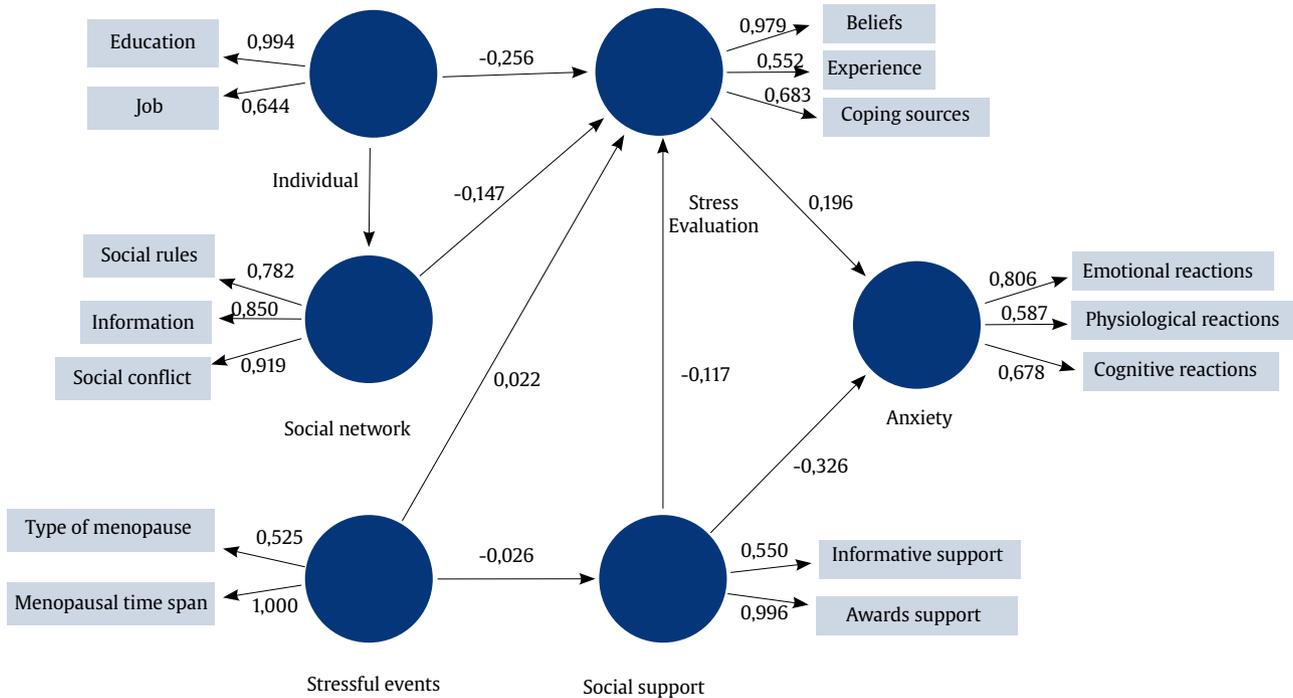


Figure 1. Path model and outer loading value in social support models to reduce the anxiety of menopausal women

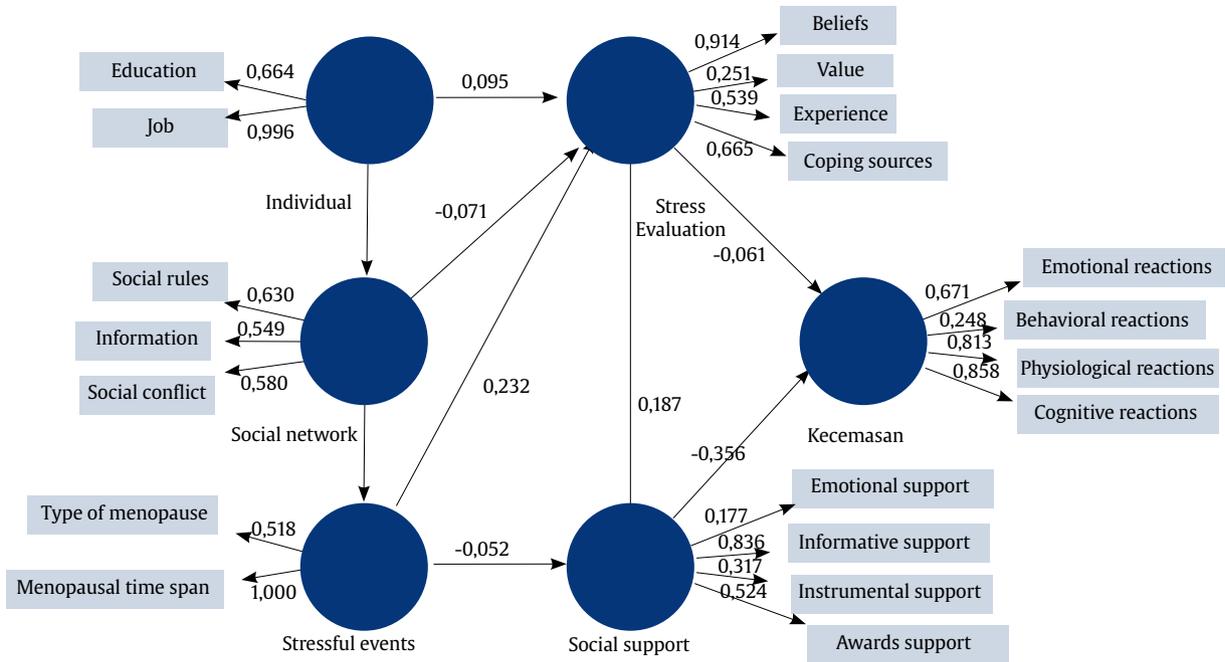


Figure 2. Final model and outer loading value of social support models to reduce anxiety of menopausal women

Table 1. Results of Convergent Validity Measurement of Social Support Models to Reduce Menopausal Anxiety

Individual Factors		
Indicator	Loading factor	Description
Education	0,664	Valid
Job	0,996	Valid
Social network		
Indicator	Loading factor	Description
Social rules	0,630	Valid
Information	0,549	Valid
Social conflict	0,580	Valid
Stressful events		
Indicator	Loading factor	Description
Type of menopause	0,518	Valid
Menopausal time span	1,000	Valid
Social support		
Indicator	Loading factor	Description
Emotional support	0,177	Invalid
Awards support	0,836	Valid
Instrumental support	0,317	Invalid
Informative support	0,524	Valid
Stress Evaluation		
Indicator	Loading factor	Description
Value	0,251	Invalid
Experience	0,539	Valid
Beliefs	0,914	Valid
Coping sources	0,665	Valid
Anxiety		
Indikator	Loading factor	Description
Cognitive reactions	0,858	Valid
Physiological reactions	0,813	Valid
Emotional reactions	0,671	Valid
Behavioral reactions	0,248	Invalid

Based on the above table it can be seen some invalid indicators are emotional support, instrumental support, values, and behavior-

ral reactions. The invalid indicator can be reduced because the loading factor value is <0.5. An indicator with a loading factor value > 0.5 indicates that the indicator inside the structural has satisfied the validity test.

Next is to see the value of Composite reliability to test the value of the indicator reliability in a construct. A constructor latent variable is said to satisfy the reliability test if it has a composite reliability value and a Cronbach alpha value > 0.7. Reliability test results can be presented in the following **table 2**:

Based on the above table, the value of composite reliability and Cronbach alpha are latent variables > 0.7. It can be concluded that all latent variables (individual factors, social networks, stress events, social support, stress evaluation, and anxiety have met the reliability test). The next examination of convergent validity is the average variance extracted (AVE) value of AVE on each latent variable above > 0.5, so it can be said to be highly recommended.

Table 2. Results of Convergent Validity Measurement of Social Support Models to Reduce Menopausal Anxiety

No	Variable	AVE	Composite Reliability	Cronbach Alpha	Description
1.	Individual Factors (X1)	0,709	0,869	0,729	Reliabel
2.	Social network (X2)	0,605	0,743	0,745	Reliabel
3.	Stressful events (X3)	0,713	0,888	0,802	Reliabel
4.	Social support (X4)	0,712	0,817	0,766	Reliabel
5.	StressEvaluation (X5)	0,582	0,711	0,721	Reliabel
6.	Anxiety (Y1)	0,585	0,712	0,721	Reliabel

Evaluation of discriminant validity begins by looking at cross-loading. The value of cross-loading indicates the magnitude of the correlation between each construct or latent variable with its indicator and indicator of another block construct. A measurement model has good discriminant validity when the correlation between constructs and indicators is higher than the correlation with indicators of other block contracts.

2. Testing of structural (inner) model

The inner model evaluation aims to determine the magnitude of influence or causality relationship between variables in the study or test the research hypothesis. The research hypothesis can be accepted if the value of t arithmetic > t table with 5% indicated by the value of t statistics > 1.96. Next, do a R Square test or the coefficient of determination which is a value that describes the size of the goodness of the model or the amount of influence of independent variables on the dependent variable. The value of path coefficient and t value on the inner model the following conclusions can be drawn:

1. Individual factors (t statistics 0.75 < 1.96) have no significant effect on social networks.
2. Social networks (t statistics 2.28 > 1.96) have a significant effect on stressful events.
3. Stress events (t statistics 0.37 < 1.96) did not have a significant effect on social support.
4. Individual factors (t statistics 3,74 > 1,96) have a significant effect on stress evaluation.
5. Social networks (t statistics 2.13 > 1.96) have a significant effect on stress evaluation.
6. Stressful events (t statistics 0.32 < 1.96) did not have a significant effect on stress evaluation.
7. Social support (t statistics 2.02 > 1.96) has a significant effect on stress evaluation.
8. Social support (t statistics 5,25 > 1,96) has a significant effect on anxiety.
9. Stress evaluation (t statistics 9.07 > 1.96) has a significant effect there is anxiety.

Next is to look at the value of R square (R²) for constraints or latent variables of social support to decrease anxiety. Based on the above table, it can be seen the value of Q² or goodness of fit (GoF) generated on the SEM-PLS model in this study amounted to 0.890. This shows that the anxiety of respondents influenced by the latent variables used in this study by 89%, the remaining 11% influenced by other factors outside this research variable. If it refers to this value belongs to the high category. The value of the goodness of fit (GoF) model of social support for reducing anxiety in menopausal women above is 0.890 which means that the model found is a good model as it approaches the value of 1.

Table 3.
Results of Convergent Validity Measurement of Social Support Models to Reduce Menopausal Anxiety

Variable	R square
Individual factor	0,615
Social network	0,745
Stressful events	0,672
Social support	0,851
Stress evaluation	0,710
Anxiety	0,600
Goodness of Fit (Q ²)	0,890

3. Research Findings

Based on the [Table 3](#). above shows the results of research in the form of recommendation model of Social Support to Reduce Anxiety of Women Menopause, based on the results of this study, stress evaluation has a direct significance (direct influence), evidenced by the largest T Statistic on the anxiety of menopausal women. Researchers recommend an improved model of positive stress assessment of menopausal women and adequate social

support to bring a positive mindset to the changes that occur during menopause.

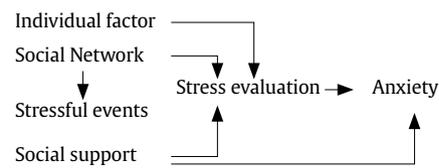


Figure 3. Social Assistance Model to Reduce Menopause Anxiety

The stress evaluation in this study consisted of the experiences, beliefs, and sources of coping of menopausal women. The experience of menopausal women in this study is to refer to knowledge and skills about menopause obtained from peers, the environment, and electronic media during a certain period. The belief in this study is an attitude shown by menopausal women when she feels quite know and concludes that she has reached the truth of understanding menopause. Sources of coping in this study are the way that women do menopause in solving problems, adjust to changes, and response to menopause.

Social support in this research consists of informative support and award support. Informative support is giving advice, advice, knowledge, and information about menopause. The award support in this study is through the expression of respect or positive appreciation for menopausal women, an impulse to move forward or agree with individual ideas or feelings and a positive comparison of menopausal women with others

So the implications of nursing based on the findings of research results of social support models to reduce anxiety menopause have a good predictive relevance in reducing anxiety so it can be applied in the order of community nursing services through promotive measures such as health education menopausal women.

Discussion

1. Individual Factors

The results showed that most respondents of postmenopausal women who experienced anxiety were in the late menopause group within the age range of more than 52 years. According to several factors cause late menopause. These factors are constitutional, uterine fibromyomas, and ovarian tumors that produce estrogen ([Ceppi et al., 2019](#)). One of the factors that allow a woman to experience menopause delay is when they are overweight. Most estrogens are made in the ovaries, but a small amount of estrogen is also made in other parts of the body, including in fat cells ([Lambrinouadaki, 2019](#)).

Education is one factor that increases the risk of anxiety. Statistics show that most of the menopausal women have low education. States the higher the level of education it will be easier for someone to accept something new and will easily adjust. Stating the higher the education of someone the easier it also receives information, and eventually the more knowledge it has ([Hickey, 2019](#)).

Another characteristic of menopausal women that affects anxiety is occupation. The work of most respondents is housewives (IRT). Accordingly, a woman who has social activities outside the home will get more information either from friends or friends in social activities ([Goetsch, 2019](#)). They are easier to exchange experiences with each other, so the status of women working or not working affects the anxiety in the face of menopause. Women's daily activities can affect the quality of life they have ([Maki, 2019](#)).

2. Social Networking

The results showed that the social network owned by the respondents is quite low. Social networking factors that include strong social rules, information received by respondents are good but not balanced with low social conflict. This is estimated as one of the factors that influence the occurrence of the anxiety of menopausal women. Research conducted by mentioned the factors related to knowledge information has a positive relationship with anxiety. The information needed is insufficient knowledge about the problem of menopause and its solution.

Women who know about menopause can think naturally and can accept changes in him. The woman can certainly accept the reality with increasing age, every woman will experience various events in his life, such as menstruation, pregnancy, childbirth, and menopause. If he is experiencing a disorder or physical changes, psychological and sexual behavior changes usually occur before menopause, then the individual is trying to neutralize the disruption that arises with productive things (Lambrinouadaki, 2017). Also supported by said that the need for information on how to slow the process of menopause through the efforts of health, psychological, and beauty approach (Cucinella, Nappi, & Ceausu, 2019). Such efforts include attending seminars about menopause, consult a doctor, or find out for yourself information from print and electronic media (Subramanya et al., 2019).

3. Stressful event

The results showed that most respondents experienced menopause spontaneously and were in the late menopause phase (Aparicio-García, Fernández-Castilla, Giménez-Páez, Piris-Cava, & Fernández-Quijano, 2018). Stages of the menopausal phase consist of pre-menopause, menopause, and post-menopause. The changes that women perceive at each stage of the menopausal phase vary (Sánchez-Anguita Muñoz, Pulido López, & Conde Vieitez, 2018). At the beginning of menopause, women will experience severe anxiety one of them in sexual intercourse (Hamoda, 2020). However, over time the anxiety tends to diminish even virtually non-existent due to the achievement of a new hormonal balance in the female body (Prochaska, Taylor, & Curhan, 2018). Research conducted showed a type of medical menopause (ovariectomy) having a significant interaction between ovariectomy to anxiety (Bromberger et al., 2013). This happens because the ovaries stop the production of estrogen resulting in hormonal imbalance that can cause anxiety (Blümel et al., 2018).

4. Social support

Based on the results of the study can be seen most menopausal women get emotional support in the good category, which is as many as 115 people (58.4%) of 197 people. This can be known from the questionnaire that the majority of husbands or family members of menopausal women provide support in the form of entertainment and attention to complaints from the wife (Gottlieb, 2014). Besides, the support of the husband to a wife who experienced menopause include the husband is aware that one day the wife will stop menstruating and can not get pregnant again. When the physical appearance of the wife decreases due to menopause, for example, the skin becomes more rough and wrinkled, the husband must help the wife so as not to lose confidence. The husband must convince his wife that she will still love her, so she feels accepted (Heinrichs, Baumgartner, Kirschbaum, & Ehlert, 2003).

5. Stress evaluation

Based on the result of the research shows that most of the menopausal women have a less good value that is 89 people (45,2%) and 7 people (3,6%) have very good value. This means they have a negative view of menopause. Adults who have good value due to good social culture and lifestyle that is still traditional or rural (Tristiana, Yusuf, Fitriyasaki, Wahyuni, & Nihayati, 2017). While the value is not good enough because of the urban lifestyle and has eliminated its traditional value (Yusuf, 2018). Besides, According, environmental factors around the dwelling can affect the way a person thinks, either about himself or others. Anxiety will arise if a person feels insecure about his environment (Yunita, Yusuf, Nihayati, & Hilfida, 2020).

6. Anxiety

The results showed that most of the menopausal women experienced anxiety in the light category. This happens because most of the menopausal women experience late menopause. Menopause is a natural process experienced by every woman, but for some women, the menopause is the saddest time in her life (Fauzi, Yusuf, & Mundakir, 2020). Many concerns envelop women's minds when entering menopause especially women with early menopause. Psychic problems are often experienced is anxiety (Aditya, Ningrum, Fahrany, Kodriyah, & Mayasari, 2020). Anxious because the feelings of old age, unattractive, irritable, worried sexual desire decreased, felt useless, and did not produce anything (De Jager et al., 2019).

Conclusion

The development of social support models to reduce post-menopausal anxiety has a significant direct effect. The development of the model consists of stress assessment consisting of experience, trust, coping resources, informative support and award support. The development of social support is highly recommended to reduce anxiety among menopausal women by promoting stress evaluation and social support from close relationships. The results of this study can be used as a basis for other studies in assessing the effectiveness of social support models to reduce anxiety of menopausal women based on Sheldon Cohen's social support theory with the integration of Lazarus & Folkman's Adaptation theory in a nursing intervention with comprehensive observation.

Author contributions

SK contributes to the conception of the work, conducts research, revises drafts, approves the final version of the manuscript, and agrees with all aspects of the work AH and PM agree with all aspects of the work. RS and FK compilation of articles, improvement and assistance during publication

Authors conflict

No declared.

Declaration of interest

The authors have no conflicts to declare.

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