

KNOWLEDGE AND READINESS FOR MENOPAUSE: INSIGHTS FROM PREMENOPAUSAL WOMEN IN REJOMULYO MUANG DALAM SAMARINDA CITY, INDONESIA

ABSTRACT

Menopause is an event that is quite important and must be faced in a woman's life span. Some women feel afraid, while other women wait for the arrival of menopause because it can give them a new chance in life physically, emotionally, sexually, and spiritually. Knowledge about menopause is very necessary for women because many women are afraid of reaching menopause. With increasing knowledge of premenopausal women about menopause, it is hoped that premenopausal women's attitudes about menopause will improve. The research aimed to determine the relationship between knowledge and readiness for menopause in premenopausal mothers in the Rejomulyo area, RT 32 Muang Dalam, Samarinda City. The research used a quantitative analytical research design which was carried out from January 2024 to March 2024 at Rejomulyo RT 32 Muang Dalam, Samarinda City, East Kalimantan Province. Sampling was taken using a total sampling technique, namely a sampling technique that uses all members of the population as samples, namely 31 respondents. The research results showed that: (1) based on the level of knowledge of women about menopause, 23 people (74.19%) were classified as poor and 8 people (25.81%) had a good level of knowledge; (2) based on readiness to face menopause, the results of the study showed that 16 people (51.61%) were classified as ready, and 15 people (48.39%) were classified as not ready, and (3) the results of statistical tests using chi-square obtained a p value=0.023 ($p<0.05$) which shows that there is a significant relationship between the level of knowledge and the readiness of premenopausal women to face menopause.

Keywords: Knowledge, Readiness, Premenopause, Menopause

1. INTRODUCTION

The life cycle process is by the provisions of God Almighty, starting from birth, children, teenagers, adults, to the elderly (twilight), after which death will be experienced by every human being. Lalla et al (2022) stated that the aging process is a process experienced by individuals, which can be physiological or pathological. Aging or the aging process is a process where the body's ability to replace cells is slowly lost, unable to repair damage, and the immune system declines. As we age, the function of the body's organs decreases.

According to Dwi (2010), the word menopause comes from Greek which means "month" and "temporary cessation" which linguistically is more correctly called "menocease". Medically, the term menopause means the cessation of menstruation due to a decrease in the function of a woman's female organs. Farisah (2016) further stated that menopause is a physiological process that will be experienced by every elderly woman due to the loss of ovarian follicular activity.

Women experience menopause when their fertility declines, characterized by the loss of menstrual cycles, which signals the end of their ability to reproduce. Menopause, a normal physiological process in older women, is a rapid decline in the number of primary ovarian follicles, leading to insufficient numbers for ovulation, which stops menstruation. A woman will enter menopause at the age of between 45-58 years with the average age of menopause being 51 years. A woman will be said to have entered menopause when she no longer experiences menstruation for 12 consecutive months (Prima, Rufaimadah, Nurfadjirah, & et al, 2017).

Premenopause is the period in which these signs first appear and end one year after the last menstrual period. It can last for several years and can impact a person's physical, emotional, mental, and social health (WHO, 2022) quoted by Syahriawati & Idealistiana, 2024). It is estimated that by 2030 there will be around 1.2 billion women aged over 50 years, and 80% of them will live in developing countries, and the population of menopausal women will increase by 3% every year. The life expectancy of women in the world will increase every year until it reaches 74.2 years (World Health Organization in Sartika et al., 2023)

The Indonesian Demographic and Health Survey (SDKI) shows that there are 27.695.731 women in Indonesia in the 41-55 year age group who are experiencing menopause, with the total population of Indonesia reaching 262.6 million people in 2020, with an average age of 49 years.

In premenopausal women, a lack of knowledge about the menopause period can cause negative attitudes. For this reason, it is very important to get information about complaints during menopause, how to overcome them, and efforts to deal with them. It is important to help women prepare for menopause. If a woman knows what menopause is, it will be easier for them to deal with the physical changes or body conditions that occur during menopause, menopause is normal and natural. This will happen to every woman. Not always, every woman experiences a different experience regarding menopause. This is influenced by differences in conditions, knowledge, interpretation, and self-acceptance.

If a woman knows what menopause is, it will be easier for them to deal with the physical changes or body conditions that occur during menopause. From the research results reported by Kusumawati (2019), women's readiness to face menopause greatly influences the process of menopause that women will face. A woman who is ready to face menopause will help her experience menopause better. One of the factors that influences readiness is knowledge. The higher a woman's knowledge, the more prepared she will be to face the menopause process.

Based on a preliminary study conducted by researchers, three out of four women interviewed did not know what menopause was, so researchers needed to research women's knowledge in dealing with menopause in the Bananga Station Area.

The research aimed to determine the relationship between knowledge and readiness for menopause in premenopausal mothers in the Rejomulyo area, RT 32 Muang Dalam, Samarinda City.

2. METHODOLOGY

2.1. Research Design

This research uses a quantitative analytical research design. This research uses a cross-sectional approach. Nursalam (2017) stated that the cross-sectional approach is a research method that emphasizes measuring and observing data for dependent and independent variables.

2.2. Time and Location

Field research was conducted from January 2024 to March 2024 at Rejomulyo RT 32 Muang Dalam, Samarinda City, East Kalimantan Province.

2.3. Population and Sample

The population of this study was 31 women in Rejomulyo RT 32 Muang Dalam. Sampling was taken using a total sampling technique, namely a sampling technique that uses all members of the population as samples (Sugiyono, 2007).

2.4. Data Collection Tools/Instruments

The data collection technique was carried out using interview techniques with respondents who were guided by a structured questionnaire that had been prepared in the form of personal data/characteristics of respondents with questions about menopause knowledge. Several instruments were used in the research, namely:

(a) Questionnaire A

Questionnaire A is to collect knowledge about menopause. The knowledge questionnaire consists of twenty closed questions with one correct answer. The reliability test results of the questionnaire on women's knowledge level about menopause were 0.8020, with the highest score being 20 and the lowest score being 0.

(b) Questionnaire B

Questionnaire B is to collect premenopausal women's readiness for menopause. The readiness questionnaire consists of twenty closed-ended questions with one correct answer. The reliability test results of the questionnaire on women's knowledge level about menopause were 0.8020, with the highest score being 20 and the lowest score being 0.

2.5. Data Processing

The data processing process consists of several stages, namely:

2.5.1. Editing is an effort to re-check the correctness of the data collected.

2.5.2. Coding is the process of giving numerical codes or numbers to data consisting of various categories. This code is very important for processing and analyzing data using computers.

1) On Code: knowledge

0 = lack of knowledge <56%

- 1 = sufficient knowledge 56-75%
- 2 = good knowledge $\geq 76-100\%$
- 2) On Code: Age of menarche
 - 0 was <13 years
 - 1 was ≥ 13 years
- 3) On Code: Education
 - 0 was Elementary, MI, SMP, and MTs.
 - 1 was Secondary Education if SMA/SMK/MAN
 - 2 was Higher Education if Diploma, Bachelor
- 4) On Code: Jobs
 - 0 = Not Working
 - 1 = Work
- 5) On Code: Source of information
 - 0 = Family
 - 1 = Health Officer
 - 2 = Social Media/Print
- 2.5.3. Scoring is a question that is answered and given a score or value according to what has been determined in operational services.
 - 1) For scoring the knowledge variable as follows:
 - 0 = less : <12 (<55%)
 - 1 = sufficient: 12-15 (56-75%)
 - 2 = good: 16-20 (76-100%)
 - 2) For scoring the family support variable as follows:
 - 0 = negative, that is, if <10 questions are correct (<67%)
 - 1 = positive, namely if ≥ 10 questions correct ($\geq 67\%$)
- 2.5.4. Data entry is entering data that has been collected into a master table or computer database, creating a simple frequency distribution, or even creating a contingency t

2.6. Data Analysis

2.6.1. Univariate analysis

Univariate analysis is used to analyze existing variables descriptively using computer tools and displayed in the form of frequency distributions and proportions. The variables studied were women's knowledge in dealing with menopause including knowledge, mother's education, mother's age, and mother's occupation. According to Notoadmodjo (2012), to obtain a proportion value, divide the frequency of occurrence (f) by the population (N) multiplied by 100% with the following formula: $P = f / N \times 100\%$

Note: P = distribution proportion, f = frequency of occurrence, and N = research population

2.6.2. Bivariate analysis

Bivariate analysis is used to analyze the relationship between two variables, namely the dependent variable and the independent variable. The variables used are independent, namely level of knowledge; and the dependent variable is a readiness to face menopause. Research data were analyzed using the chi-square test. If the p-value is <0.05, then the hypothesis in this study is accepted, which means there is a relationship between a woman's level of knowledge about menopause and her readiness to face menopause. If the p-value is >0.05 then this research hypothesis is rejected, which means there is no relationship between a woman's level of knowledge about menopause and readiness for physical and psychological changes.

3. RESULTS AND DISCUSSION

3.1. Respondent Characteristics

3.1.1. Level of education

The situation of respondents based on education level is presented in Table 1.

Table 1. Condition of Respondents Based on Education Level

No	Last Education	Frequency (f)	Percentage (%)
1	Elementary School	4	12.90

2	Junior High School	4	12.90
3	High school	18	58.10
4	College	5	16.10
Amount		31	100.00

Source: Processed Primary Data

Based on Table 1, shows that the majority of respondents had a high school education level of 18 people (58.10%), 5 people from college (16.10%), and 4 people each from elementary school and middle school (12.90). %).

3.1.2. Work

The situation of respondents based on work is presented in Table 2.

Table 2. Condition of Respondents Based on Work

No	Work	Frequency (f)	Percentage (%)
1	Work	13	41.90
2	Doesn't work	18	58.10
Amount		31	100.00

Source: Processed Primary Data

Based on Table 2, shows that the majority of respondents had jobs as many as 18 people (58.10%), and those who did not work were 13 people (41.90%).

3.1.3. Age of Menarce

The situation of respondents based on work is presented in Table 3.

Table 3. Condition of Respondents Based on Age of Menarce

No	Age of Menarce	Frequency (f)	Percentage (%)
1	<13 Years	11	35.50
2	> 13 Years	20	64.50
Amount		31	100.00

Source: Processed Primary Data

Based on Table 3, shows that the majority of respondents experienced their first menarce at the age of over 13 years, as many as 20 people (64.5%) and 11 people (35.50%) of respondents experienced their first menarce at the age of less than 13 years.

3.1.4. Resources of Information

The situation of respondents based on how to obtain information (source of information) is presented in Table 4.

Table 4. Condition of Respondents Based on How to Obtain Information Sources

No	Resources of Infomation	Frequency (f)	Percentage (%)
1	Health workers	2	6.50%

2	Media	27	87.00%
3	Family	2	6.50%
	Amount	31	100.00

Source: Processed Primary Data

Based on Table 4, shows that the majority of respondents obtained information from the media, 27 people (87.00%), and 2 people each (6.5%) from health workers and families.

3.1.5. Level of Knowledge about Menopause

The situation of respondents based on their level of knowledge about menopause is presented in Table 5.

Table 5. Condition of Respondents Based on Level of Knowledge Regarding Menopause

No	Knowledge Level	Frequency (f)	Percentage (%)
1	Not enough	23	74.20
2	Good	8	25.80
	Amount	31	100.00

Source: Processed Primary Data

Based on Table 5, shows that the majority of respondents had a poor level of knowledge about menopause as many as 23 people (74.20%), and only 8 people (25.80%) had good knowledge about menopause. The results of this research are not in line with research by Afriani and Fatmawati (2020) in which the majority of respondents have very good knowledge, and some have poor knowledge. The low level of knowledge of respondents is because there are still many respondents who do not have enough information about menopause, besides that there are still many respondents who have not experienced these complaints, so respondents do not have experience and lack extensive information. Most respondents only got information about menopause from the media (print and electronic). Misrina and Nuzula (2021) stated that the knowledge women have before menopause can influence how they prepare themselves to face the menopause phase. Ignorance or lack of information provided directly or indirectly by health workers, factors such as age, occupation, and women's education level can influence how women prepare for menopause.

3.1.6. Premenopausal Women's Readiness

The condition of respondents based on their level of readiness to face menopause is presented in Table 6.

Table 6. Condition of Respondents Based on Premenopausal Women's Readiness

No	Readiness	Frequency (f)	Percentage (%)
1	Ready	16	51.60
2	Not Ready	15	48.40
	Amount	31	100.00

Source: Processed Primary Data

Based on Table 6, it shows that 16 people (51.60%) of respondents were ready to face menopause and 15 people (48.40%) were not ready to experience menopause. According to

Meilan and Huda (2022), readiness is a process that premenopausal women will experience before facing menopause, and can be influenced by several factors, such as knowledge, education, socio-economics, environmental culture, health history, and age. Furthermore, Ristiani, et al (2024) stated that women's readiness to face menopause greatly influences the way they experience menopause. One factor that can help a woman in facing menopause is having sufficient knowledge about the menopause process, its causes, signs, and factors that influence a woman's readiness to face menopause such as information, psychology, family, and social roles and culture. Preparing yourself for menopause can include physical, mental, and spiritual readiness. According to Elkordy and Farahat (2019) quoted by Jusuf et al. (2023) one effort to increase mothers' readiness to face menopause both socially and health-wise is by increasing knowledge about menopause. Public education can improve the physical and mental symptoms that occur in menopausal women.

4.2. Variable Analysis

The results of the analysis regarding the relationship between the variable level of knowledge and readiness of premenopausal women are presented in Table 7.

Table 7. Results of Analysis of the Variable Level of Knowledge And Readiness of Pre-Menopausal Women

		Premenopausal Maternal Readiness		P Value
		Ready	Not Ready	
Knowledge Level	Not Good	9 orang (29.03%)	14 orang (45.16%)	0.023
	Good	7 orang (22.58%)	1 orang (3.22%)	
	Amount	16 orang (51.61%)	15 orang (48.39%)	

Source: Processed Primary Data

Based on Table 7, based on the level of knowledge of respondents, the results of the research show that (a) respondents who have a relatively low level of knowledge are 23 people (74.19%) consisting of respondents who have a low level of knowledge and are ready to face menopause as many as 9 people (29.03 %) and respondents who were not ready to face menopause were 14 people (45.16%), (b) respondents who had a relatively good level of knowledge were 8 people (25.81%) consisting of respondents who had good knowledge and were ready to face it. 7 people (22.58%) experienced menopause and 1 person (3.22%) was not ready to face menopause. Meanwhile, based on respondents' readiness to face menopause, the research results showed that 16 people (51.61%) were classified as ready, and 15 people (48.39%) were classified as not ready. Premenopausal mothers' readiness to face menopause is related to the level of knowledge they have. Good knowledge of physiological and psychological changes can influence positive behavior and help a woman feel better. Apart from that, the knowledge they have can help them react and respond appropriately to the stimuli that arise. A woman who has acquired knowledge about menopause will be better prepared and there will be a decrease in anxiety in pre-menopausal women because they more or less understand that every woman will experience menopause, and when experiencing menopause, they will experience physiological and psychological changes (Siyamti, 2024).

Menopause often causes anxiety in women, and weight gain becomes a significant problem. Obesity and health problems such as metabolic syndrome occur three times more often in women during menopause than before. The results of the research reported by Abdelmola., et al (2024) show that when women experience menopause, the most obvious changes are in their self-image, skin, and facial shape, which decrease as they get older. So this condition is often associated with physical and mental decline, loss of independence, and feelings of worthlessness/burden. Knowledge of the possible health risks associated with menopause helps them to take preventive measures and make informed decisions about their health care.

Knowledge is the initial phase in developing positive behavior and improving the quality of life of menopausal women. When women's knowledge about menopause increases, their level of awareness will also increase, which can be shown by increasing their positive attitudes, health behavior, and health habits, which ultimately leads to an increase in their quality of life. Therefore, knowledge about menopause is very important in improving the ability to manage menopause. As reported by Tariq et al (2023), most women have limited knowledge and negative attitudes toward menopause, making them unprepared to face the physical and psychological changes associated with this stage of life. Increased menopause education is needed to improve the

quality of life during the menopausal transition and the most positive postmenopausal life narratives.

Premenopausal women equip themselves with enough knowledge to survive menopause naturally by preventing unnecessary medications and the undesirable effects that accompany them and adopting a balanced diet, exercise, and related behaviors that not only respond to bodily changes but also Social roles of menopausal women who are in transition. These attitudes and behaviors can help women overcome the fear of the unknown related to the menopausal transition and barriers to discussing problems and solutions as individuals and socially.

The level of knowledge of premenopausal women is an important factor in the size and extent of their readiness towards their menopause. Premenopausal women who have better early knowledge about menopause will be better prepared to face menopause so that positive changes occur. Good knowledge helps premenopausal women understand and prepare themselves for menopause. Several efforts that can be made to increase the knowledge of premenopausal women in dealing with menopause are by providing education and counseling, namely by providing information about menopause, including the causal factors, signs and symptoms, and treatment; information about how to maintain physical health during menopause, and information about how to maintain psychosocial health during menopause. Sydora et al (2021) stated that increasing knowledge about menopause can be done through community members developing informative pamphlets in response to women's concerns about the lack of understanding of menopause symptoms among families. This simple solution has been widely accepted by community members, opening the possibility of a wider discussion about menopause. Wulandari (2019) reported that another solution that can be taken to increase women's knowledge in dealing with menopause is by providing health education such as consulting with a doctor or competent medical officer. Providing health education has an effect on menopause on women's readiness to face menopause in women.

Based on the results of statistical tests using chi-square, the p-value = 0.023 ($p < 0.05$), indicates that there is a significant relationship between the level of knowledge and the readiness of premenopausal women to face menopause. The results of this study are in line with those reported by Simanjuntak et al (2022) that there is a significant relationship between knowledge about menopause and readiness to face late menopause in women in South Tambun, Bekasi. A woman who has good knowledge will be better prepared to face menopause. Sisi Mardiyanti and Dian Eka Januriwasti (2022) there is a relationship between lack of knowledge about menopause and the readiness of premenopausal mothers to face the symptoms of menopause. Ariyani et al (2023) reported that there was a relationship between maternal knowledge and the mother's readiness to face menopause in the Jatibarang Community Health Center Work Area, and Wilutama and Barkah (2025) reported that there was a significant relationship between the level of knowledge and the readiness of premenopausal women to face menopause. Good knowledge is very important for women because good knowledge makes women better prepared to face menopause by starting to prepare themselves early before facing menopause.

4. CONCLUSIONS AND RECOMMENDATIONS

4.1. Conclusion

Based on the results of the research and discussion, it is concluded as follows:

1. Based on the level of knowledge of women about menopause, there were 23 people (74.19%) who had a poor level of knowledge and 8 people (25.81%) had a good level of knowledge.
2. Based on readiness to face menopause, the research results showed that 16 people (51.61%) were classified as ready, and 15 people (48.39%) were classified as not ready.
3. The results of statistical tests using chi-square obtained a p value=0.023 ($p < 0.05$) which shows that there is a significant relationship between the level of knowledge and the readiness of premenopausal women to face menopause.

4.2. RECOMMENDATIONS

Based on the conclusions from the research results above, the following are recommended:

1. Reproductive health service providers need to provide early information and education services about menopause to women aged 45 years and over so that they can better prepare themselves to face menopause.
2. Increase access to sexual and reproductive health services, especially for premenopausal-menopausal women so that they can still productively manage their potential for healthy living

during the premenopausal-menopausal transition period which will cause their physiological and psychological changes.

Consent

As per international standards or university standards, Participants' written consent has been collected and preserved by the author(s).

Disclaimer (Artificial intelligence)

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

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