

The Effect of Positive Affirmation Therapy on Anxiety Levels in Mothers Facing Menopause in the South City Community Health Center Work Area

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ABSTRACT

Menopause is a natural phase in a woman's life that is often accompanied by physical and psychological changes, one of which is anxiety. Anxiety that is not managed properly can negatively impact the quality of life of menopausal women. One non-pharmacological effort that can be done to reduce anxiety is positive affirmation therapy. This study aims to determine the effect of positive affirmation therapy on maternal anxiety levels in facing menopause in the South Kota Community Health Center area. This study used a quantitative method with a quasi-experimental design through a pretest–posttest control group design approach. The study population amounted to 83 people with a sample of 36 respondents consisting of 18 respondents in the intervention group and 18 respondents in the control group, selected using a purposive sampling technique. The instrument used was the Hamilton Anxiety Rating Scale (HARS). Data analysis was performed using the Wilcoxon test to determine the effect of anxiety levels before and after the administration of positive affirmation therapy. The results showed a significant decrease in anxiety levels in the intervention group after being given positive affirmation therapy compared to the control group. The statistical test results showed a p-value <0.05, indicating that positive affirmation therapy significantly reduced maternal anxiety levels during menopause. The study concluded that positive affirmation therapy significantly reduced anxiety levels in menopausal mothers. This therapy is recommended as a simple, safe, and effective non-pharmacological intervention to help mothers cope with menopause.

INTRODUCTION

According to the World Health Organization (WHO), menopause is defined as a condition in which a woman has not menstruated for 12 consecutive months, resulting from a progressive decline in ovarian function in producing the hormone estrogen. Ovarian follicle activity gradually declines, permanently stopping the menstrual cycle. Menopause occurs naturally and generally affects women between the ages of 45 and 55 (Rahayu, 2020).

According to WHO data (2022), an estimated 25 million women worldwide enter menopause each year: approximately 70-80% in Europe, 60% in the Americas, 57% in Malaysia, 18% in China, and 10% in Japan and Indonesia. According to WHO data, the number of menopausal women in Asia will increase from 107 million to 373 million by 2025. Based on the latest projections, Indonesia's population is estimated to reach approximately 285.7 million by 2025, with the average age of menopause occurring at 50. It is estimated that between 15 and 20 million women in Indonesia are in menopause or perimenopause, covering the 45–55 age group (Ministry of Health, 2024).

According to the Gorontalo Provincial Health Office, in 2023, there were 70,645 women in the 45–55 age group. The highest menopause rate was in Gorontalo Regency with 23,933 women, followed by Gorontalo City with 12,751 women, and Bone Bolango Regency with 9,843 women. Furthermore, preliminary data obtained from the Gorontalo City Health Office in 2025 indicated that in 2024, there were 18,722 menopausal

women, with 15% experiencing anxiety. The highest number of menopausal women is found in South Kota District (2,529), followed by East Kota District (2,467), Dungingi (2,434), West Kota (2,284), North Kota (1,984), Dumbo Raya (1,871), Sipatana (1,807), Central Kota (1,805), and Hulonthalangi (1,541). Furthermore, data from the South Kota Community Health Center (Puskesmas) showed that in 2025, 83 women between the ages of 40 and 45 would enter menopause.

Women experience various symptoms approaching menopause. Physically, common symptoms include hot flashes, sleep disturbances, headaches, and osteoporosis. Biologically, decreased estrogen levels can cause vaginal dryness and decreased sexual desire. Meanwhile, psychological changes such as irritability, stress, memory loss, and anxiety are often major concerns (Santoso, 2020).

Anxiety is defined as a subjective emotional experience characterized by feelings of restlessness and mental tension, typically arising when a person feels unable to cope with a difficult situation or feels insecure. This state not only causes discomfort but can also trigger changes in the body and mind. In a health context, anxiety is often associated with threats to well-being and safety, one of which is due to hormonal changes leading up to menopause (Annisa, 2017).

According to the World Health Organization (2022), approximately 4.4% of the global population, equivalent to 359 million people, experience anxiety disorders in postmenopausal women. Furthermore, data from the 2023 Indonesian Health Survey (SKI) indicated a prevalence of emotional mental disorders, including anxiety, among 107,000 people aged 45-54. Furthermore, according to data from Gorontalo Province in 2024, the prevalence of emotional disorders was 1.6%. Data collected from the Gorontalo City Health Office in 2024 indicated that 15% of the 18,722 postmenopausal women experienced anxiety.

According to Hamilton (1959) in Utami (2025), anxiety often arises in women entering menopause due to a combination of physical and hormonal changes they experience. External factors include age, social environment, and family support. Symptoms of anxiety that can occur include feelings of anxiety, tension, fear, sleep disturbances, intellectual impairment, depression, somatic (muscle) symptoms, somatic (sensory) symptoms, cardiovascular symptoms, respiratory symptoms, gastrointestinal symptoms, urogenital symptoms, autonomic symptoms, and interview behavior.

Another anxiety symptom that often appears in women approaching menopause is anxiety related to their role as wives in maintaining marital relationships. This is supported by Selvia's research in Ardinata (2023) on the Relationship between Psychological Changes and Quality of Life in Menopausal Women. The results showed that 83% of menopausal women experienced irritability, 44% experienced decreased memory, and 64% experienced anxiety, fear, and worry (Ardinata, 2023).

Anxiety in menopausal women can have serious short- and long-term impacts. Short-term disturbances include chronic insomnia, decreased productivity, and physical complaints such as headaches and muscle aches. Meanwhile, in the long term, uncontrolled anxiety can trigger depression, dependence on tranquilizers or alcohol, and a significantly reduced quality of life (Sugiarti, 2021).

To prevent these impacts, anxiety management can be carried out through two approaches: pharmacological and non-pharmacological. Pharmacological therapy generally involves the use of antidepressants, benzodiazepines, or beta-blockers. However, long-term use carries the risk of side effects. Therefore, non-pharmacological therapies such as positive affirmations, psychoeducation, cognitive-behavioral therapy, relaxation, mindfulness, and family support are considered safer and more effective because they can improve coping mechanisms without drug dependence (Gerliandi, 2021).

Of these various forms of non-pharmacological therapy, positive affirmations were chosen due to their practical and efficient advantages. This therapy is more suitable for menopausal women because it can increase self-confidence, provide emotional calm, and is proven effective in reducing anxiety.

This aligns with Sherman's (2018) research, which showed a significant difference in anxiety levels before and after positive affirmation therapy. The average anxiety score of 52 respondents before the intervention was 75.12 and decreased to 72.22 after therapy.

Positive affirmations involve repeating constructive statements to replace negative thoughts with more adaptive beliefs. Examples of simple affirmations include statements like, "I am strong in facing the changes in my life" or "I am calm and confident." This therapy is easy to perform independently, requires no cost or special equipment, and is safe from the risk of side effects (Sari, 2021).

Based on previous research, the effect of positive affirmation therapy on the anxiety levels of premenopausal mothers has been proven by research from Putri Anugrah (2018), which showed a significant difference in anxiety levels before and after being given positive affirmation therapy, where from 60 respondents the average anxiety decreased from 23.00 to 16.08.

From a preliminary study conducted in the South Kota Community Health Center (Puskesmas) working area on July 3, 2025, researchers interviewed 10 respondents. Results revealed that four respondents experienced anxiety related to their concerns about the aging process, two respondents felt they had lost their ability to have children because their in-laws wanted more grandchildren, and four respondents feared abandonment or being treated differently by their husbands as they entered menopause. Based on the preliminary study, the researchers concluded that they needed to conduct the study "The Effect of Positive

METHOD

This study used a quasi-experimental design with a pre-test and post-test control group design. The sample consisted of 36 respondents (18 intervention and 18 control) selected through purposive sampling. The instrument used was the HARS (Hamilton Anxiety Rating Scale) questionnaire. Data analysis used the Wilcoxon test to determine differences before and after the intervention.

RESULTS**Frequency Distribution of Respondent Characteristics by Age**

Table 1. Frequency Distribution of Respondent Characteristics by Age

No	Usia	Frekuensi (n)	Persentase (%)
1	40 Tahun (Dewasa Akhir)	4	11.1
2	41 Tahun (Dewasa Akhir)	5	13.8
3	42 Tahun (Dewasa Akhir)	5	13.8
4	43 Tahun (Dewasa Akhir)	5	13.8
5	44 Tahun (Dewasa Akhir)	8	22.2
6	45 Tahun (Dewasa Akhir)	9	25.3
Total		36	100,0

Table 1 shows that the majority of respondents in this study were 45 years old (9 respondents (25.0%), and a small minority were 40 years old (4 respondents (11.1%).

Frequency Distribution of Respondent Characteristics by Education

Table 2. Frequency Distribution of Respondent Characteristics by Education

No	Pendidikan	Frekuensi (n)	Persentase (%)
1	SD	18	50.0
2	SMP	10	27.8
3	SMA	7	19.4
4	S1	1	2.8
Total		36	100,0

Source: Primary Data (2025)

Based on Table 2, it can be seen that the majority of respondents had an elementary school education (18 respondents (50.0%), and a small proportion had a bachelor's degree (1 respondent (2.8%).

Frequency Distribution of Respondent Characteristics by Occupation

Table 3. Frequency Distribution of Respondent Characteristics by Occupation

No	Pekerjaan	Frekuensi (n)	Persentase (%)
1	Honorer	1	2.8
2	IRT	28	77.8
3	Wiraswasta	7	19.4
Total		36	100,0

Source: Primary data (2025)

Table 3 shows that the majority of respondents work as housewives (28 respondents (77.8%), and a small proportion work as honorary employees (1 respondent (2.8%).

Frequency Distribution of Respondent Characteristics by Number of Children

Table 4. Frequency Distribution of Respondent Characteristics by Number of Children

No	Jumlah Anak	Frekuensi (n)	Persentase (%)
1	1 Orang	12	33.3
2	2 Orang	19	52.8
3	3 Orang	5	13.9
Total		36	100,0

Source: Primary Data (2025)

Table 4 shows that the majority of respondents (19 respondents) had two children, and a small minority (5 respondents) had three children.

Maternal Anxiety Levels in Facing Menopause Before Receiving Positive Affirmation in the Intervention and Control Groups

Table 5: Maternal Anxiety Levels in Facing Menopause Before Receiving Positive Affirmation in the Intervention and Control Groups

No	Tingkat Kecemasan	Kelompok Intervensi		Kelompok Kontrol	
		Frekuensi (n)	Persentase (%)	Frekuensi (n)	Persentase (%)
1	Ringan	1	5.6	0	0.0
2	Sedang	13	72.2	15	83.3
3	Berat	4	22.2	3	16.7
Total		18	100.0	18	100.0

Source: Primary Data (2025)

Based on Table 5, it can be seen that in the intervention group, before receiving positive affirmations, the majority of respondents experienced moderate anxiety (13 respondents (72.2%)), followed by severe anxiety (4 respondents (22.2%)), and a small proportion experienced mild anxiety (1 respondent (5.6%)). Meanwhile, in the control group before the intervention, the majority of respondents also experienced moderate anxiety (15 respondents (83.3%)), and a small proportion experienced severe anxiety (3 respondents (16.7%)).

Maternal Anxiety Levels in Facing Menopause After Receiving Positive Affirmations in the Intervention and Control Groups

Table 6: Maternal Anxiety Levels in Facing Menopause After Receiving Positive Affirmations in the Intervention and Control Groups

No	Tingkat Kecemasan	Kelompok Intervensi		Kelompok Kontrol	
		Frekuensi (n)	Persentase (%)	Frekuensi (n)	Persentase (%)
1	Tidak Ada Gejala	6	33.3	0	0.0
2	Ringan	10	55.6	0	0.0
3	Sedang	2	11.1	15	83.3
4	Berat	0	0.0	3	16.7
Total		18	100.0	18	100.0

Source: Primary Data (2025)

Based on Table 6, it can be seen that in the intervention group, after receiving positive affirmations, the majority of respondents experienced mild anxiety (10 respondents (55.6%)), followed by no symptoms (6 respondents (33.3%)), and a small proportion of respondents experienced moderate anxiety (2 respondents (11.1%)). Meanwhile, in the control group, without intervention, the majority of respondents experienced moderate anxiety (15 respondents (83.3%)), and a small proportion experienced severe anxiety (3 respondents (16.7%)).

The Effect of Positive Affirmations on Anxiety Levels in the Intervention Group: Mothers Facing Menopause

Table 7: The Effect of Positive Affirmations on Anxiety Levels in the Intervention Group: Mothers Facing Menopause

		N	Mean Rank	Sum of Rank	Sig (2 tailed)
Sebelum Setelah	Negatif ranks	18	9.50	171.00	0.000
	Positive Ranks	0	.00	.00	
	Ties	0			
Total		18			

Sumber : Data Primer (2025)

Based on Table 7, the analysis of the effect of positive affirmation therapy on maternal anxiety levels in the intervention group was analyzed using the non-parametric Wilcoxon test because the data were not normally distributed. The test results show that all respondents experienced a decrease in anxiety levels after receiving positive affirmation therapy, as indicated by the negative ranks of 18 respondents with a mean rank of 9.50 and a sum of ranks of 171.00. Meanwhile, positive ranks were 0, indicating no respondents experienced an increase in anxiety levels after the intervention, and ties were 0, indicating no respondents had anxiety levels that remained the same before and after the intervention. The statistical test results also showed a significance value of Sig. (2-tailed) = 0.000, meaning a p-value <0.05, thus concluding that H0 is rejected and H1 is accepted, indicating that there is an effect on anxiety levels before and after receiving positive affirmation.

DISCUSSION

Maternal Anxiety Levels Before Receiving Positive Affirmation Therapy in the Intervention and Control Groups

Based on the results of a study conducted on 15 respondents diagnosed with hypertension in the intervention group, before receiving positive affirmations, the level of maternal anxiety in facing menopause was categorized as moderate anxiety for 13 respondents (72.2%), severe anxiety for 4 respondents (22.2%), and mild anxiety for 1 respondent (5.6%). These results indicate that the majority of respondents experienced moderate anxiety.

Based on observations, the 13 respondents (72.2%) with moderate anxiety in the intervention group most frequently answered the questionnaire on aspects of anxiety and intellectual impairment. The dominance of anxiety and intellectual impairment among respondents with moderate anxiety indicates that mothers in the transition phase towards menopause experience psychological stress that begins to affect cognitive functions, such as concentration and memory. This condition indicates that the anxiety experienced has impacted their comfort and daily activities. In addition, this situation is influenced by work factors where the average respondent works as a housewife who handles various domestic tasks without optimal support, so that the space to gain new experiences and access to information about physical and psychological changes during menopause is limited.

This aligns with Widiarta's (2022) theory, which explains that women's daily activities influence their quality of life. Women who solely serve as housewives generally have a relatively static level of knowledge due to limited interaction and access to information. Conversely, women who engage in social activities outside the home tend to acquire more information, thus gaining more diverse and expansive experiences. Stuart's (2021) theory also states that moderate anxiety is characterized by increased emotional tension accompanied by impaired concentration and thinking ability, but individuals are still able to carry out activities and social roles with limitations.

This finding aligns with research by Putri (2018) entitled "The Effect of Positive Affirmation Therapy on the Anxiety Levels of Premenopausal Mothers in Pingit Village." The results of the study showed that 17 (56.6%) respondents experienced moderate anxiety, 8 (26.6%) respondents experienced mild anxiety, and 5 (16.6%) respondents experienced severe anxiety. Based on research by Wulandari (2020) conducted in Sleman Regency, titled "Research on the Relationship between Psychological and Quality of Life in Menopausal Women," 13.33% experienced cognitive impairment, such as decreased memory and concentration.

Furthermore, observations of four respondents (22.2%) with severe anxiety in the intervention group identified the most common responses to depression. The predominance of depression among respondents with severe anxiety indicates that the anxiety experienced by women during the transition to menopause is influenced by hormonal changes and psychosocial stressors that accompany aging. Decreased estrogen levels, changes in reproductive roles, and concerns about self-image, relationships with partners, and family

functioning can trigger feelings of sadness, loss of interest, and helplessness. These conditions cause anxiety to develop into deeper and more persistent emotional disorders, significantly impacting respondents' emotional stability, motivation, and ability to carry out daily activities. This aligns with the theory of Keliat et al. (2022) stated that severe anxiety is often accompanied by affective symptoms such as depression, loss of motivation, and impaired emotional regulation, which can reduce an individual's ability to carry out daily activities and social roles. This aligns with Lestari's (2021) study, "Anxiety Levels in Menopausal Women in Semarang City," which showed that 18.6% of respondents with severe anxiety were accompanied by depressive symptoms, characterized by feelings of sadness, decreased interest, and mood swings.

Meanwhile, observations of one respondent (5.6%) with mild anxiety in the intervention group identified feelings of restlessness, mild tension, intermittent sleep disturbances, and occasional heavy breathing. These symptoms did not significantly interfere with daily functioning, allowing the respondents to still carry out activities and social roles relatively well. This is influenced by one factor, namely family support (from their husbands), where respondents received support from their husbands, resulting in mild anxiety.

Muchlis (2018) stated that spousal support is one of the most effective external factors in helping women navigate menopause without experiencing excessive anxiety. A husband who doesn't demand physical perfection and who is able to reassure his wife through words and actions will provide a sense of security, so women feel less anxious when entering menopause. According to Hawari (2022), mild anxiety is generally characterized by mild psychological tension, restlessness, and minimal physical symptoms that don't interfere with daily activities. Individuals with mild anxiety are still able to adapt and fulfill social roles effectively.

This is consistent with Nurhayati's (2022) study, "Mothers' Anxiety Levels in Menopausal Disorders," which showed that 58.1% of menopausal women experienced mild anxiety, characterized by symptoms such as mild anxiety, restlessness, and mild or intermittent sleep disturbances before receiving education.

Based on the results of the study in the control group, before receiving positive affirmations, 15 respondents (83.3%) had moderate anxiety and 3 respondents (16.7%) had severe anxiety. These results indicate that most respondents in the control group experienced moderate anxiety.

Observations revealed that the 15 respondents (83.3%) with moderate anxiety in the control group were identified as having the most anxiety and tension. Respondents' anxiety was influenced by negative views regarding the end of their fertile period and fear of old age. This tension is also a physiological impact of hormonal imbalances, which lowers the mother's stress threshold, characterized by feelings of being easily startled, anxious, tense, crying easily, and difficulty resting peacefully. According to Townsend's (2020) theory, decreased estrogen levels significantly affect the sensitivity of serotonin receptors in the brain, which leads to a lower individual stress threshold. This physiological phenomenon underlies the emergence of complaints manifested through symptoms of tension, emotional lability such as a tendency to cry easily, and disturbed sleep patterns that hinder calm.

This is consistent with Heni's (2022) study, titled "The Relationship Between Estrogen Decline and Anxiety Levels in Menopausal Women," which showed that 72.2% of menopausal women experienced moderate anxiety, characterized by symptoms such as anxiety, tension, restlessness, tearfulness, lethargy, and trembling. Handayani's (2020) study, titled "Psychosocial Factors Associated with Anxiety in Premenopausal Women," found that approximately 30–40% of respondents experienced moderate anxiety upon entering premenopause. This anxiety was primarily triggered by negative perceptions of aging, fear of abandonment by their partner, and concerns about changing family roles.

Based on observations of three respondents (16.7%) with severe anxiety in the control group, respondents' responses were identified as related to intellectual impairment and feelings of depression. The respondents' intellectual impairments, such as decreased concentration and thinking power, have the potential to trigger feelings of depression. This condition is exacerbated by the stress that arises before menopause, including concerns about physical changes and the end of the fertile period. The cognitive inability to cope with this stress makes respondents more easily feel sad, lose interest in daily activities, and become emotionally unstable, resulting in depressive symptoms as a manifestation of unpreparedness to face the psychophysiological changes during menopause. In addition, this is also influenced by age and number of children, where the average respondent with severe anxiety is 45 years old and has only one child.

From a psychosocial development perspective, Erikson (2020) explains that individuals between the ages of 40 and 60 are in the stage of generativity versus stagnation. During this time, some women entering menopause often experience a decline in self-worth and perceive themselves as less than perfect as women. This negative perception can trigger psychological distress, especially when the physical and emotional changes that occur are perceived as threatening. According to Gorka, the more frequently a woman becomes pregnant and gives birth, the later she enters menopause because pregnancy and childbirth slow down the functioning of the reproductive organs and the aging process. Women with more than one child tend to experience menopausal symptoms later, while women with few or no children are at risk of experiencing menopause earlier. This mechanism is related to increased AMH receptor expression due to high progesterone levels in late pregnancy and after childbirth, which inhibits the initial follicle recruitment process, thus delaying the onset of menopause. Keliat et al.'s (2022) theory also states that hormonal and physiological

changes during menopause increase vulnerability to psychological stress. Continuous stress can reduce cognitive abilities, cause concentration problems, and affect mood, potentially leading to symptoms of depression. This is in line with Norhayati's (2025) study, entitled "The Relationship Between Anxiety, Depression, and Cognitive Impairment in Perimenopausal and Menopausal Women." Of 105 perimenopausal and menopausal women, approximately 13.33% experienced mild cognitive impairment, 24.76% experienced clinical depression, and 21.9% experienced moderate anxiety during this transitional phase. This study demonstrated that psychosocial stress and menopausal factors significantly impact depression, anxiety, and cognitive function in women transitioning through menopause.

Systolic and Diastolic Blood Pressure in the Control Group Before and After Treatment at Kabila Community Health Center

Based on the results of the study, systolic and diastolic blood pressure measurements were taken twice on 15 hypertensive patients at Kabila Community Health Center in the control group: the first (pre-test) after a 5-minute rest, and the second (post-test) after waiting 20 minutes while sitting quietly without any additional activity or stimuli. The results showed that the average systolic blood pressure at the initial measurement was 155.93 mmHg and at the final measurement was 156.26 mmHg, while the average diastolic blood pressure at the initial measurement was 90.66 mmHg and at the final measurement was 90.26 mmHg. The changes that occurred were very small and not clinically significant. The Wilcoxon statistical test showed a p-value = 0.096 for systolic and p-value = 0.230 for diastolic, which means there was no statistically significant difference between the two measurements. This confirms that blood pressure fluctuations under observation conditions without intervention are stable and influenced by normal physiological variations.

These findings align with research by Novtariansyah (2025), which explains that patients' blood pressure in clinical settings is indeed prone to fluctuations due to psychological responses to the presence of healthcare professionals or the medical setting. This phenomenon is commonly known as white coat hypertension (WCH), where blood pressure temporarily increases upon first arriving at a healthcare facility, then tends to decrease as anxiety subsides as the patient adapts. However, in this study, the initial measurements (pre-test) were taken after respondents were given a five-minute rest period in a quiet sitting position, thus most likely ensuring that the acute stressors of the clinical environment had subsided before data recording began. Consequently, during the 20-minute observation period without intervention, there were no statistically or clinically significant changes in blood pressure in the control group. This stability reflects that the recorded blood pressure values represent the individual's physiological baseline, not a transient response to situational stress. Physiologically, this can be understood through short-term autonomic regulatory mechanisms, in which the sympathetic and parasympathetic nervous systems work dynamically to maintain cardiovascular homeostasis in the absence of significant external stimuli (Andrianto, 2022).

Respondent characteristics also explain the stability of blood pressure in the control group. A total of 10 respondents (66.7%) were female. At this stage, most women were still premenopausal or early perimenopausal, so estrogen levels were still relatively sufficient to provide a protective effect on the vascular system. Blood pressure can increase in women with age, particularly systolic blood pressure. However, before the age of 55, women are generally protected from hypertension by the hormone estrogen, which can increase HDL (high-density lipoprotein) levels, an important factor in preventing atherosclerosis. This hormonal protection explains why, despite no intervention, blood pressure in the control group in this study showed very minimal fluctuations. This stability reflects a calmer physiological response to neutral observation conditions such as sitting quietly for 20 minutes. This finding aligns with a study by Susanti et al. (2024), which reported a significant association between gender and the incidence of hypertension ($p < 0.05$), noting that the risk in women increases sharply after the loss of estrogen's effects post-menopause, a condition not yet experienced by the majority of respondents in the control group of this study.

Maternal Anxiety Levels After Receiving Positive Affirmation Therapy in the Intervention and Control Groups

Based on the results of the study, after receiving positive affirmations twice, respondents' anxiety levels were remeasured in the intervention group. The results showed that 6 respondents (33.3%) were in the no-anxiety category, 10 respondents (55.6%) were in the mild anxiety category, and 2 respondents (11.1%) were still experiencing moderate anxiety.

The results showed that after receiving positive affirmations twice, the majority of respondents (55.6%) were in the mild anxiety category. After receiving positive affirmations, 8 respondents shifted from moderate to mild anxiety, and 2 respondents shifted from severe to mild anxiety. The shift in respondents from moderate and severe anxiety to mild anxiety after receiving positive affirmations indicates that the positive affirmation intervention was effective in reducing anxiety intensity. This occurs because positive affirmations help respondents shift negative thought patterns to more adaptive ones, reduce emotional tension, and increase self-confidence in dealing with the psychophysiological changes during menopause.

According to Affandi (2021), positive affirmations can stimulate the parasympathetic nervous system, which plays a role in reducing tension and stabilizing physiological conditions. When positive sentences are repeated in a relaxed state, the brain accepts the suggestion as a new truth and replaces it with an adaptive mindset. This aligns with the researcher's observation that respondents appeared calmer, more accepting of their bodies, and felt more confident. These results align with Putri's (2018) study, entitled "The Effect of Positive Affirmation Therapy on Anxiety Levels in Premenopausal Mothers in Pingit Village." The study found a significant decrease in maternal anxiety levels after positive affirmation intervention: 11 (36.6%) respondents experienced no anxiety, 15 (50%) respondents experienced mild anxiety, and 4 (13.3%) respondents experienced moderate anxiety.

Furthermore, the study found that 6 (33.3%) respondents were not anxious after receiving positive affirmations. After receiving positive affirmations, 5 respondents fell into the moderate to no anxiety category, and 1 respondent fell into the mild to no anxiety category. The shift in respondents from the moderate and mild anxiety categories to the non-anxious category indicates that positive affirmations can produce significant relaxation and emotional stabilization effects. Respondents who previously experienced anxiety began to feel calmer, more accepting of their bodies, and better able to control their emotional responses, resulting in anxiety levels decreasing to undetectable levels in post-intervention measurements. Furthermore, knowledge played a role, with respondents in the non-anxious category dominated by mothers with a high school education. This level of education is thought to facilitate respondents' understanding, acceptance, and application of positive affirmations, enabling the intervention to have an optimal impact on reducing anxiety.

According to Lusiana (2021), knowledge is a crucial factor influencing anxiety in menopausal women. Lack of exposure to information about menopause can increase the risk of anxiety. Conversely, a higher level of education allows individuals to better understand health information and receive optimal education, thus contributing to reduced anxiety levels. This aligns with research by Tari (2022), which shows that knowledge levels are associated with anxiety levels in menopausal women. Mothers with good knowledge about the physical and psychological changes during menopause tend to have lower anxiety than those with limited knowledge.

The study found that 2 respondents (11.1%) were in the moderate anxiety category after receiving positive affirmations, while 2 respondents were in the severe to moderate anxiety category after receiving positive affirmations. Although most respondents experienced a decrease in anxiety levels, there were still some who had not fully achieved a state of mild or no anxiety. Respondents in this category still showed symptoms of anxiety in the form of feelings of anxiety and restlessness, irritability, decreased memory and concentration, and fluctuating emotional changes, such as feelings of sadness alternating with feelings of happiness. This condition is caused by a negative perception of menopause, where respondents view menopause as a disturbing condition and are not ready to face it. According to Wantania (2022), there are various factors associated with the occurrence of menopause, one of which is the age of first menstruation (menarche). Women who experience menarche at an earlier age tend to enter menopause later, while menarche occurring at an older age is associated with an earlier onset of menopause.

Based on the research results, the majority of respondents with moderate anxiety experienced menarche at age 16, which is considered late menarche. This is consistent with Wiknjastro's (2021) opinion, which states that early menarche occurs at ages 10–11, normal menarche at ages 11–15, and late menarche at ages above 15. Furthermore, respondents with moderate anxiety were mostly aged 45, indicating the possibility of entering menopause earlier due to late menarche. This condition is thought to reinforce respondents' negative perceptions of menopause, as they feel unprepared for the changes that occur relatively quickly.

These results align with research conducted in Sidomulyo, Batu City, which reported that 32.18% of women entering menopause experienced moderate anxiety. Theoretically, the anxiety experienced by women during menopause is often influenced by negative perceptions of menopause, where menopause is viewed as a frightening event and is sought to be avoided. This perception causes stress that is difficult to avoid and leads to feelings of loss of feminine characteristics, leading women to face menopause with anxiety and fear.

Based on the results of the study on the control group, after the study, the mothers' anxiety levels remained the same: 15 respondents (83.3%) had moderate anxiety and 3 respondents (16.7%) had severe anxiety. There was no change in the anxiety category in the control group.

Observations in the control group did not reveal a decrease in anxiety levels. The distribution of anxiety showed that no respondents experienced a shift to the mild or no anxiety category. Respondents in the control group still exhibited relatively similar anxiety symptoms as before the measurement, characterized by persistent feelings of anxiety. Freud, in his book Swarjana (2022), stated that anxiety will not decrease optimally without targeted intervention. The psychological adaptation process requires positive stimuli and cognitive reinforcement so that individuals can develop healthy coping mechanisms. These results align with Putri's (2018) study, "The Effect of Positive Affirmation Therapy on Anxiety Levels in Premenopausal Mothers in Pingit Village," which showed that the control group that did not receive positive affirmations did not experience a significant decrease in anxiety.

The results of the study in the control group without being given positive affirmations were still the same, namely in the moderate and severe anxiety levels, with respondents identifying that they still felt anxious, tense, had intellectual impairments and felt depressed.

This is supported by Videbeck's (2021) theory, which explains that moderate anxiety is characterized by increased mental stress, rapid pulse, increased respiration, facial tension, decreased or increased eating patterns, and sleep disturbances. Meanwhile, severe anxiety can be characterized by agitation, rapid speech, aimless actions, and poor social interactions. This aligns with Hawari's (2022) theory, which states that stress and anxiety increase when individuals are in environments that do not provide emotional support or adequate explanations of their circumstances. Rahmawati's (2022) research on anxiety responses in individuals facing new environments indicates that unpreparedness for adaptation and a lack of information can increase anxiety. This is relevant for mothers facing menopause who lack appropriate coping strategies.

CONCLUSION

Based on the results of the study in South Kota, positive affirmation therapy has an effect on maternal anxiety levels in facing menopause, as shown by the non-parametric Wilcoxon test in the intervention group, showing a significance value of $p = 0.000 < 0.05$.

SUGGESTION

This research is expected to be useful as a basis for implementing non-pharmacological therapy in management. This research is expected to increase insight for mothers experiencing anxiety in facing menopause. This will allow mothers to know the steps they can take independently, namely by implementing positive affirmation therapy as an effort to manage their anxiety if anxiety arises in the future.

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