

THE RELATIONSHIP OF DISTANCE TO HEALTH FACILITIES AND PHYSICAL ACTIVITIES IN RELATION TO THE QUALITY OF LIFE OF POSTMENOPAUSAL WOMEN

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A B S T R A C T

Background: Quality of menopausal women's life is influenced by several factors such as age, education level, occupation, and physical activity. Quality of life has concepts such as physical well-being, functional ability, and emotional or social well-being which ultimately lead to changes in individuals. **Objective:** to analyze factors related to the quality of postmenopausal women's life. **Methods:** This observational analytic study used a cross sectional design. The population was all postmenopausal women who filled out online questionnaires using google forms distributed through social media with a sampling technique of convenience sampling with a total of 56 respondents. The instruments used in this study were the MENQoL (*Menopause Specific Quality of Life*) questionnaire and the husband's support questionnaire. Data were analyzed by using Chi Square Test. **Results:** This study showed that there was a relationship of physical activity which had a significant value of ($p= 0.001$) and the distance to health facilities ($p= 0.043$) to the quality of life of postmenopausal women. **Conclusion:** Physical activity and distance to health facilities affect the quality of life of postmenopausal women.

INTRODUCTION

Indonesia reached a population of 24.7 million (9.6%) in 2016 and will increase in 2030 by 30.3 million (11.5%) (Didik Budijanto et al., 2016). This causes life expectancy in menopausal women to increase every year which causes it to become a serious problem to be considered.

When women enter the menopausal phase, many changes occur such as physical and psychosocial which causes women not to be ready to face this which will have an impact on decreasing the quality of life of menopausal women (Noorma, 2017). 75% of women are unprepared to face the menopause phase who complain about their quality of life (Amalina & Kinanthi, 2017). In this study, complaints experienced by menopausal women can be in the form of physical and psychological complaints. Physical complaints experienced by postmenopausal women are irregular menstruation (45%), vaginal dryness (33%), urine is not good (24%) and hot flushes (14%) while the psychological symptoms experienced are easily tired (77%), irritability (61%), decreased sex drive (18%), lack of confidence (14%), forgetfulness (30%), trouble sleeping (22%), and mood swings (33%)

According to (Krajewska et al., 2007), the quality of life at menopause is influenced by several factors such as age, education level, and occupation. In addition to these factors, physical activity contributes a positive impact on the quality of life of postmenopausal women (Elavsky & McAuley, 2007). Menopause can be influenced by several external factors such as lifestyle, socio-economic and cultural factors (Gallicchio et al., 2007).

Menopause causes biopsychological changes such as physical, psychological and sexual problems that can affect the quality of women's life. Most menopausal women are not aware of and are not ready to face the changes that occur and experience menopause symptoms that are quite severe which result in

disruption of physical activity and decreased quality of life (Rahman et al., 2010). According to Lawrence Green's theory in (Nursalam, 2015), the quality of life is influenced by 3 factors, i.e., predisposing factors such as education, knowledge, attitudes, traditions and others, supporting factors (enabling factors) such as facilities and infrastructure for example funds, transportation, facilities, and government policies, as well as reinforcing factors such as support from the surrounding environment (husband, family, friends, community leaders). The government provides facilities to maintain the quality of life of menopausal women by providing a shelter for the elderly, i.e., nursing home. It is a government program in which menopausal women receive biopsychosocial support in improving the quality of life (National Committee for Elderly, 2010). The elderly poly can be accessed at several puskesmas and also every puskesmas in charge of the posyandu for the elderly. The elderly poly and the elderly posyandu aim to achieve healthy, independent, active and productive elderly for the benefit of families and communities. Activities at the elderly polyclinic can be in the form of physical examinations, conducting continuous of care (COC) services and doing physical activities together (Kementerian Kesehatan RI, 2016)

Based on these problems, further research is needed on factors related to the quality of life of menopausal women. Therefore, this study aims to determine the relationship between physical activity and distance to health facilities with the quality of life of postmenopausal women.

METHOD

This study uses an observational analytic research type with a cross sectional research design, namely knowing the relationship between the dependent variable and the independent variable. The dependent variable of this study was the quality of life of postmenopausal women which means Individual perception that is influenced by a social and cultural that forms a concern in the

individual (World Health Organization., 1996), while the independent variable of this study consisted of 3 factors, namely Predisposing factor (age, education, occupation, income, physical activity), Enabling factor (distance to health facilities, availability of transportation, JKN / health insurance). others), Reinforcing factor (husband's support). Physical activity can be interpreted as an activity to move the muscles of the body that will release energy (P2PTM Kemenkes RI, 2019) and the distance to a health facility is the respondent's estimate of the distance that must be traveled to reach the puskesmas

The population of this study were all postmenopausal women who filled out online questionnaires using google forms distributed through social media. The study sample was postmenopausal women who met the inclusion and exclusion criteria. The sample size obtained is 56 respondents. The inclusion criteria in the study were still having a husband, ≥ 2 years of menopause, and being able to read and communicate well. While the exclusion criteria are drug free, have chronic diseases: osteoporosis, stroke, heart disease, and have mental disorders.

The research instrument used was the MENQoL (Menopause Specific Quality of Life) questionnaire and the husband's support questionnaire. The sampling technique was done by using convenience sampling technique. This research was conducted by distributing online questionnaires using google forms which were distributed through social media. The research was carried out from September 2019 until the research report in July 2020. Bivariate analysis was carried out using the Chi-Square test and with the help of Excel software and the SPSS Statistics 25 application for windows. Chi-Square test is a type of non-parametric comparative test that is performed on two variables, where the data scale of the two variables is nominal.

RESULT AND DISCUSSION

Table 1 The characteristics of respondents

Variable	n	Percentage (%)
Age		
- 45-55 years old	18	32.1
- 56-60 years old	19	33.9
- 61-65 years old	19	33.9
Educational background	14	25.0
- Elementary school	24	42.9
- Junior high school	18	32.1
- Senior high school		
Occupation		
- Yes	18	32.1
- No	38	67.9
Family income		
- <1 million rupiah	14	25.0
- 1-2 million rupiah	13	23.2
- 2-3 million rupiah	9	16.1
- 3-4 million rupiah	10	17.9
- >4 million rupiah	10	17.9
Physical activity		
- Never	14	25.0
- 1-2 times a week	18	32.1
- ≥ 3 times a week	24	42.9
Distance to health facilities		
- <1 km	17	30.4
- >1 km	39	69.6
Transportation		
- Yes	39	69.6
- No	17	30.4
JKN/other health insurance		
- Yes	37	66.1
- No	19	33.9
Husband's support		
- High	24	42.9
- Moderate	17	30.4
- Low	15	26.8
Total	56	100

Based on table 1, the results of this study were the most menopausal women at the age of 56-60 years and 61-65 years with the same results, namely 19 (33.9%). The highest educational history of postmenopausal women is junior high school, namely 24 (42.9%) and the lowest is elementary school as much as 14 (25.0%). Women who have work are 18 (32.1%) and those who do not have work are 38 (67.9%).

The highest income earned by postmenopausal women was in the category <1 million rupiah as much as 14 (25.0%) and the lowest was in the category 2-3 million rupiah as much as 9 (16.1%). Physical activity in menopausal women is mostly done every 3 times a week as much as 24 (42.9%) and not doing any physical activity as much as 14 (25.0%). The most distance from home to health facilities is in the >1 km category as much as 39 (69.6%)

and the lowest is in the <1 km category as much as 17 (30.4%). Menopausal women who have the most private vehicles are 39 (69.6%) and those who do not have are 17 (30.4%). Menopausal women who have JKN/other health insurance are 37 (66.1%) and 19 (33.9%). Husband's support in the high category for postmenopausal women was 24 (42.9%) and the lowest in the low category was 15 (26.8%).

Table 2 Frequency distribution of menopausal women's quality of life

Independent Variable	Criteria	f	%
Quality of life for menopausal women	Disturbed	21	37,5
	Undisturbed	35	62,5
TOTAL		56	100

Based on table 2 shows that of 56 postmenopausal women, 21 respondent (37.5%) had a disturbed quality of life and 35 respondent (62.5%) had an undisturbed quality of life.

Table 3 Relationship between physical activity and quality of life for postmenopausal women

Variable	Quality of life				Total		P-value
	Undisturbed		Disturbed		n	%	
	n	%	n	%	n	%	
Physical Activities							
Never							
1-2 times a week	3	25.0	11	78.6	14	100	0,001
≥3 times a week	13	32.1	5	27.8	18	100	
Total	35	62.5	21	37.5	56	100	

The statistical results showed that menopausal women who did physical activity 3x a week and had an undisturbed quality of life were 19 people (42.9%) while menopausal women never doing physical activity and had a disturbed quality of life were 13 people (34, 2%). Never doing physical activity means never in a week doing activities such as exercise to stretch the muscles that can release energy. Physical activity is one of the factors that affect the quality of life of menopause

because physical activity carried out every day can prevent or reduce the risk of diseases such as cardiovascular, diabetes, breast cancer, osteoporosis, anxiety to depression (Putri et al., 2014) According to research conducted by (Putri et al., 2014) that postmenopausal women who have never done physical activity, exercise 1-2 times a week or 3 times a week have the same answers to physical complaints that experienced and does not help physically but psychologically helps reduce stress and improve mental health.

According to (Noorma, 2017) research, this research is contradictory because there is no relationship between physical activity and the quality of life of postmenopausal women. According to her, the physical activity carried out by menopausal women will only affect their busy lives. However, this is not in line with the theory of (Villaverde-Gutiérrez et al., 2006) which states that doing regular physical activity for 60 minutes will reduce symptoms at the time of menopause so that it will improve the quality of life in postmenopausal women.

Based on the results of statistical analysis and theory above, it can be concluded that physical activity affects the quality of life of postmenopausal women. Statistical analysis shows that postmenopausal women who do physical activity with a frequency of 3x a week or more have an uninterrupted quality of life.

Table 4 Relationship between distance distanced to health facilities and quality of life for postmenopausal women

Variable	Quality of life				Total		P-value
	Undisturbed		Disturbed		n	%	
	n	%	n	%	n	%	
Distance d to health facilities							
<1 km	14	82.4	3	17.6	17	100	0,001
>1 km	21	53.8	18	46.2	39	100	
Total	35	62.5	21	37.5	56	100	

The statistical results show that postmenopausal women who had traveled >1 km and had an uninterrupted quality of life were 21 people (53.8%) while postmenopausal women who had traveled >1 km and had a disturbed quality of life were 18 people (46.2%).

The distance traveled to health facilities is related to the interest of postmenopausal women or elderly women to have their complaints or illnesses checked at a health facility. Menopausal women who actively check their health at health facilities will increase the standard of living of these menopausal women. This study is not in line with the results of research by (Arfan, 2017) that the interest of the elderly who come to health facilities is the elderly who have a closer distance.

Mileage is one of the factors that influence the intention of the elderly to check their health at a health facility which changes the elderly perception about the distance or proximity of a health facility. According to (Notoatmodjo Soekidjo, 2005), the shorter distance traveled affects the elderly to be more active in checking their health at health facilities.

Access to health is one indicator of health facilities that can measure a population's ability to reach these health facilities. The distance traveled by a health facility can be measured from the village/kelurahan to where the health facility is located (Bappenas, 2018). The (Depkes, 2008) data states that the distance to health services is divided into 3 categories, namely 1 km, 1-5 km, and >5 km. This is also supported by oma's research which states that the distance from home to health facilities such as health centers has a strong correlation (0.877). In this study, the results showed that the distance from home to health facilities had an average distance of <1 km to 3 km (Rosa, 2014).

This is contrary to research by (Wahyuni, Indah Dwi; Ainy, Asmaripa; Rahhmiwati, 2016) that most of those who take part in the coaching of the elderly are the elderly whose

distance is further from health facilities. This study is in line with Rusmin's research which states that there is a relationship between service mileage and the activity of the elderly to health facilities with a significant value of $p = 0.011 < (\alpha 0.05)$. The activeness of the elderly or postmenopausal women in checking their health at health facilities will increase their quality of life.

This study is in line with research by (Henriwati, 2008) that there is a relationship between the distance traveled and the activity of the elderly to health facilities. It can be concluded that long or close distance does not affect the elderly to check themselves in health facilities. Based on the results of statistical analysis and theory above, it can be concluded that the distance traveled to health facilities affects the quality of life of postmenopausal women. Statistical analysis shows that postmenopausal women who have traveled >1 km greater have an undisturbed quality of life. This can be supported by other factors such as husband's support, health cadres, means of transportation and so on.

CONCLUSION

In this study, it can be concluded that the physical activity factor has a relationship with the quality of life of postmenopausal women. The majority of menopausal women do physical activity with a frequency of 3 times a week so that they have an uninterrupted quality of life. On the mileage factor to health facilities, it can be concluded that there is a relationship between the mileage factor for the community and the quality of life of postmenopausal women. Menopausal women who have an undisturbed quality of life are menopausal women who have traveled >1 km to health facilities.

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