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THE IMPACT OF ANXIETY OF THE PREMENOPAUSAL FEMALE AND SOCIAL SUPPORT ON SELF CONFIDENCE

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ABSTRACT

The purpose of this study is to analyze and discover the influenced of premenopausal women's anxiety and social support on self-confidence. This research conducted in Ililai-Laivai, Lautem District. All the couple women aged 40 - 45 in Ililai become population. The sample is 54 premenopausal women. Furthermore, this is a quantitative study analyzed with multiple regression linear descriptive research. The researcher established an instrument through expert and field tests and used exploratory and factor analysis to test validity and reliability for getting valid instruments. The values of Alpha Cronbach are 68 and KMO > 76. The Scale Likert used the instrument of data collection. The collected data was analyzed with multiple linear regressions. The result shows the minimum value of anxiety = 28, maximum = 63, a mean = 45.74 and a standard deviation of 8.085. The minimal value of social support =29, maximum =63, mean 46.00 standard deviations = 7.709. The minimum value self-confidence = 29, the maximum = 64, the mean = 50.07 and the standard deviation = 8,43. The partial influence of anxiety on self-confidence women pro menopause is 80%. Simultaneous influence is 71.0%.and the dominant 62.3. So the women in the period of pre-menopause need social support to feel confident.

INTRODUCTION

Biologically a normal woman will experience several phases which is a natural process. After birth, a woman grows and develops until she reaches her first menstrual period. This means the biologically the woman is entering reproductive age which continues until menopause. After the age of 40 years, a woman enters the climacteric phase. It takes place from the time of pre-menopause that is during the

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ovary gradually decreases its function and ends around the age of 55 years called menopause. Menopause is one phase of a woman's normal life. At menopause a woman's reproductive capacity stops and the ovaries no longer function, where the production of steroid hormones and peptides gradually disappears. Many women experience symptoms and complaints due to these changes. These symptoms and complaints usually disappear gradually, although they do not cause death, they cause discomfort and sometimes disrupt daily work.

One of the most common psychological problems that women faced is menopausal anxiety. Physical change is relating to the reproduction of the hormone estrogen. It begins to decline due to reduced ovarian function under the effects of anxiety for a woman. Apart from physical changes, anxiety is also caused by the appearance of psychological disorders in the form of disappointment, depression, somatic fatigue and feelings of guilt. Besides, there are also changes in mood, decreased memory, and decreased libido. The menopause has a lot to do with loss, losing a child, losing a parent, losing an opportunity, losing an easy period and losing physical attractiveness. A woman becomes often gripped by anxiety, such as fear of aging, loss of beauty, facing life without sexual satisfaction again, and this will complicate the situation of the woman herself.

Women face menopause with a variety of emotions, some are calm and some of them are nervous. So, wives facing menopause become more anxious. If a wife gets the attention of her husband in facing this pre-menopausal period, he will become less anxious or at least reduce his anxiety. Generally, if a woman has a husband who understands and gives attention to her in entering the pre-menopausal period, then the woman will not be very anxious in facing the pre-menopausal period. Conversely, if the husband does not support and does not have understanding, it will make women's anxiety in entering pre-menopausal increase.

Anxious is overwhelmed by feelings of insecurity, inadequacy and low self-esteem because that person has confidence that he will fail in overcoming his own problems. Anxiety occurs due to changes that accompany the arrival of middle age including menopause. Anxiety is painful because it attacks, threatens and destroys her condition, but anxiety can be overcome if a person has strong self-awareness by respecting himself. Self-confidence is a positive attitude of an individual that enables him to develop a positive assessment both of oneself and the environment or situation he faces.

LITERATURE REVIEW

Bromwich (2001) argues that menopause originates from Greek, namely, meno means moon and pause means stop. Literally, menopause is defined as a phase of a woman's life which marked by the cessation of menstruation. It causes the aging process. Meanwhile, menopause is interpreted as the final period of a woman's menstrual period. Menopause not only means the end of menstruation but also in general use menopause has a transition period before permanent menopause.

Menopause is the end of menstruation, the process of ovulation of the egg also stops. Then all the glandular apparatus experience the process of atrophy. It becomes thin and retires. Its function in all other parts of the body gradually displays the symptoms of aging. This phase referred to as permanent menopause (Kartono, 2000).

In addition, Hurlock (1994) states that the cessation of menstruation only one aspect of menopause. Other aspects that support menopause relate to changes in the body and emotions in general.

So, it can be interpreted that menopause is the cessation of menstruation definitively or the end of menstruation, which is marked by the cessation of ovulation or fertilization of the egg and the appearance of various bodily and emotional changes in general such as hot flushes, flat curves, breast breasts not tight, depressed, insomnia or insomnia, irritability and so forth.

Symptoms - Menopause Symptoms

Kartono (20002) explained the symptoms of menopause are: Menstruation becomes irregular and irregular; usually comes in slower time intervals or earlier than usual. Menstruation comes out a lot or very little named dirt. Vasomotor disturbances appear in the form of narrowing or dilation of blood vessels. Feeling dizzy; accompanied by persistent headaches, persistent sweating, neuralgia or disorders or neurological pain, etc.

Physical discomfort experienced during menopause is irregular and shorter menstrual cycles with heavy thirst, tension and sudden rheumatic pain throughout the body accompanied by tension accompanied by a burning sensation, symptoms of tension felt throughout the body, reed in the body the face becomes rougher, arising bulging and pain in the joints, especially in the fingers, dizziness, and fatigue. Psychotic symptoms that appear before menopause include feeling depressed, irritable, irritated, palpitating and restless (Hurlock, 1994).

Coleman (2000) states that menopausal symptoms can be grouped into two, namely vasomotor and psychological symptoms: (1) vasomotor: hot flushes, sweating, palpitations, headaches, urethral complaints, dry skin and hair, brittle nails and painful intercourse. (2) Psychological: irritability, lethargy, unstable emotions, forgetfulness, and decreased libido Coleman also mentions menopausal symptoms: Anxiety, depression, irritability, and fatigue. Decreased sexual desire and feel pain during sexual intercourse. Frequent headaches and joints, hair and skin changes become an indication that menopause is happing. Not being able to remember something and focus attention. Mouth feels burning.

The frequency of fractures increases

Long-term effects of reduced estrogen, namely dryness of the vagina that causes pain during intercourse, loss of bone (osteoporosis), loss of libido or sexual desire, symptoms of urinary tract deficiency, as well as changes in the skin due to loss of collagen tissue from the bottom of the skin, (Bromwich 2001). Tukan (2001) describes menopausal symptoms into three parts: (1) Physical symptoms: headaches and pain in the entire body, cannot have more children, feel tired more quickly, feel irritable because of hormonal changes, hot flushes, which are red on the face, neck and around the head. (2) Psychological Symptoms: difficulty sleeping due to feelings of depression, feeling useless, feeling disrespectful again, easily offended, feeling old. (3) Social symptoms: feeling lonely, feeling imperfect because of the end of reproductive function, feeling bored because usually aged 50 years and over.

Pre-menopause is a condition in which a woman before experiencing a menstrual period or the time ends, which is characterized by various symptoms, such as anxiety, cold sweat, hormonal disorders and so on. The age of women entering pre-menopause is 40 to 50 years, (Anonymous, 2007). Factors that Affect Pre-Menopausal Woman Anxiety According to Dardjat (2000) that anxiety arises due to not fulfilling sexual desires, the influence of education at a small-time or frustration because of the achievement of what he wants both materially and socially. While Lewin in Irwanto et al., (2001) states that anxiety is caused by conflicts in individuals. It has types, namely: (a) Approach conflict such as whether two needs or more arise together, and both have positive values for individuals, (b) avoidance conflict such as whether a need that arises has both positive and negative values for an individual. (c) Approach -avoidance conflict such as if two or more needs that arise simultaneously all have negative values for the individual. (d) Multiple -Avoidance Conflict, that is, if there arises more than needs at the same time both of which have positive and negative values for the individual. Those four steps provoked anxiety.

Anxiety can be caused by internal and external experience. internal dan external problems can increase if something unacceptable, such as thoughts, feelings, and desires, so that between reality and desires in a person can experience opposition. This will cause anxiety unless the individual is fully aware of the reality, for reducing the anxiety that existed in him (Gunarsa, 2004).

So, it can be explained that the factors that cause anxiety are the contradiction of the desires of the individual, namely the internal conflict and external conflict. From within can be caused by one's self-confidence, because someone with a low level of self-confidence will usually be easier to feel anxious than people with high levels of self-confidence. While external factors can be caused by the surrounding people, such as social support from their husbands.

2. Anxiety

Kartono (2000) defines the anxiety is feeling guilty, sinful, and contrary to conscience. Meanwhile, Corey (2002) argues that anxiety is not always negative, that tension when anxious can mesmerize someone to do something. The function of anxiety is to warn of the threat of danger. It becomes a signal of ego to continue to increase if appropriate actions are needed to overcome the threat of danger. In addition, anxiety is the thing most often faced by every human being. Anxiety is a manifestation of various mixed emotional processes. It occurs when under the pressure of feelings and inner conflict (Darajad, 2000). Samudra (2004) states that anxiety is a universal human experience, and antipathy reaction, fear that is not expressed and not directed because a source of threat is becoming unclear and not identified. Anxiety is based on fear, surprise, guilt or sin and is threatened.

So, it explained that anxiety is an experience of every human being as a manifestation of feelings. The feelings consisted of depression, uncomfortable or in a state of insecurity. Furthermore, Ellis said there was an ABC anxiety cycle such as activating experiences including family problems, work satisfaction, childhood traumatic experiences and all things that make one unhappy. Belief is like

uncertainty in happiness. The consequences are the result of the trust that must be borne. Next, it will appear neurotic symptoms and negative emotions (Gregh, 2001).

Anxiety is the physiological condition of heart palpitations and cold sweat (Kartono, 2000). Anxiousness expressed in unable to sleep, restlessness, resting and eating irregularly, cannot concentrate, does not dare to make decisions, sensitive. It is easy to sweat continuously. Samudra (2004) states that sufferers of anxiety generally indicate the following conditions: (a) always covered by tension, anxiety and anxious nature, (b) more sensitive in relationships, and often feel inadequate, lack of confidence, depression and awry, (c) difficulty in concentrating and in decision making, (d) tense makes the person concerned always tense, slow, overreact to stimuli that come suddenly or can be expected, conduct a ertain neurotic movements, such as breaking fingernails, coughing and so on, (e) often complain that tense muscles, especially in the neck and around the shoulder, have mild diarrhea, which is chronic in the form of frequent urination, and suffer from sleep disorders such as insomnia and nightmares, (f) expense a lot of sweat and the palms are often wet, (g) frequent respiratory problems and palpitations without apparent cause, and (h) often experience anxiety attack or suddenly anxious without obvious triggers with symptoms including palpitations, difficulty breathing, cold sweats, fainting, urinating or stomach pain.

So, it confirmed that the anxiety of women facing pre-menopause is a condition in which a woman feels insecure, depressed, and uncomfortable because of facing periods before the cessation of menstruation in her life naturally.

3. Social Support

a. Definition of Social Support

Burlesson, Albercht & Sarason (2000) stated that support is a feeling of belonging and being accepted and needs that direct to someone. Social support becomes the most important source of support for the couple. IT because the couple already had a companion to create a situation that makes the couple feel comfortable or vice versa. Social support consisted of information obtained from others so someone feels loved, cared, valued and become part of the family. When an individual experiences a problem that creates pressure. One needs social support to identify the sources of pressure (Taylor, 1999). It means One trusts in social support to deal with a problem. Furthermore, one sure that the problem will not cause pressure. Pressure on individuals who have high social support is felt easier to overcome the individual concerned (Taylor, 2000).

The social support consists of verbal and nonverbal advice. It becomes tangible assistance and provided social intimacy. Moreover, it has emotional benefits and behavioral effects for the recipient because of the presence (Gotlieb, 2000). For a woman entering menopause, support from the husband is important because it will reduce her anxiety. The wife feels anxious if the husband's support decreased.

Based on the above explanation, researchers concluded that social support to a wife from the husband becomes an essential factor for a wife. The husband encourages his wife by conveying information about family life and the stages of women's biological life, including menopause. This verbal and non-verbal information helped women to determine they're trusting to social support.

b. Form of Social Support

Rini (2001) identifies four aspects of social support, including (a) Informative support, in this case, the husband gives support to his wife in entering menopause. The information associated with anxiety. (b) Emotional support is associated with giving attention to family relationships. (c) Award support is appreciation support relates to actions that assess one's ability to get along with others and actions to value each person's skills and social environment, (d) instrumental support related to trusted ties usually comes from family members or close friends who can assist when needed.

Furthermore, there are four aspects of social support, namely: (a) Clinging means an emotional feeling that promotes a sense of security. It is usually obtained from a partner or loved one. (b) Social integration means attitudes of the conjunction of people interacting in a group including recreational activities. (c) Appreciation from others such as recognition from coworkers. (d) A trustworthy bond means a guarantee that someone expects from a variety of circumstances from family members.

METHOD

This researcher conducted this research in Ililai, Lautem District. The population of this study is all the couples in the mentioning village. The samples in this study are fifty-four women aged 40 to 50 years, have a husband and menopause category. They were willing to answer the questioner. The purposive sampling becomes the method to determine the total sample. The type of data of this researches is primary and secondary data. The research used questionnaires to collect the data, meanwhile to complete researcher also observed and interviewed.

Data Analysis Method is multiple linear regression and descriptive. To discover partial correlation, simultaneous correlation and dominant. Product Moment Collaboration Technique from Pearson used to analyze minor hypotheses, namely the relationship between Pre-Menopausal Women's Anxiety, social support, and self-confidence.

The formula used is

$$\mathbf{r}^{\mathbf{x}\mathbf{y}} = \frac{\mathbf{N}(\mathbf{\Sigma}\mathbf{Y}) - (\mathbf{\Sigma}\mathbf{X})(\mathbf{\Sigma}\mathbf{Y})}{\sqrt{\{\mathbf{N}(\mathbf{\Sigma}\mathbf{Y})^2 - (\mathbf{\Sigma}\mathbf{X})^2\}\{\mathbf{N}(\mathbf{\Sigma}\mathbf{Y})^2 - (\mathbf{\Sigma}\mathbf{Y})^2\}}}$$

b. Multiple correlation techniques the multiple correlation techniques of Karl Pearson is used to analyze minor hypotheses, namely the relationship between X (Pre-Menopausal Women's Anxiety and husband's social support) and Y (Confidence). The formula used is

1) Counting correlation values X1 on Y

$$\mathrm{rX1Y} = \frac{N(\Sigma X \mathbf{1} \mathbf{Y}) - (\Sigma X \mathbf{1})(\Sigma \mathbf{Y})}{\sqrt{\{N(\Sigma X \mathbf{1}^2) - (\Sigma X \mathbf{1})^2\}\{N(\Sigma \mathbf{Y})^2 - (\Sigma \mathbf{Y})^2\}}}$$

2) Counting correlation values X2 on Y

$${}_{rX1Y} = \frac{N(\Sigma X2Y) - (\Sigma X2)(\Sigma Y)}{\sqrt{\{N(\Sigma X2^2) - (\Sigma X2)^2\}\{N(\Sigma Y)^2 - (\Sigma Y)^2\}}}$$

3) Counting correlation values X1 on X2

$$\frac{N(\Sigma X 1 X 2) - (\Sigma X 1)(\Sigma X 2)}{\sqrt{\{N(\Sigma X 1^2) - (\Sigma X 1)^2\}\{N(\Sigma X 2)^2 - (\Sigma X 2)^2\}}}$$

Answering Steps

Step I consist of Ha and Ho in Sentences: Ha: There is a significant relationship between pre-menopausal woman's anxiety level with her husband's social support and self-confidence. • Ho: There is no significant relationship between premenopausal women's anxiety levels with self-confidence. Step II consists of Ha and Ho in the statistical form: Ha: r = 0 • Ho: r = 0.

Step III constructs a Calculating Double Correlations: • Calculate the correlation value X1 with Y. • Calculate the correlation value X2 with Y. • Calculate the correlation value X1 with X2. Step IV Look for r count by entering statistical steps from the helper table. Steps V. Test the significance with the calculated R formula. Step VI Conclusion. Furthermore, to state the size of the contribution of variable X to Y can be determined by the formula of the coefficient of determination that is $Kp = r^2 \times 100\%$.

RESULTS AND DISCUSSION

Results

Based on the results of a descriptive statistical analysis using the SPSS version 21.0 for windows program clearly as below:

Table 1 Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation	
anxiety	54	28	63	45.74	8.085	
social support	54	29	63	46.00	7.709	
self-confidance	54	29	64	50.07	8.431	
valid n (listwise)	54					

Based on the results of SPSS output version 21.0 for windows in the table above, it shows that the anxiety variable (X1) is a minimum value of 28, a maximum of 63, a mean of 45.74 and a standard deviation of 8.085; social support variable (X2) minimal value 29, maximum 63, mean 46.00 standard deviation 7,709; and confidence variable (Y) value of at least 29, maximum 64, mean 50.07 and standard deviation 8,431. Simultaneous hypothesis testing to prove this hypothesis the F test is used to test the significance of the regression coefficients together / simultaneously. Based on the F test results following the calculation of SPSS for windows version 21.00. It shows in the following table.

Table 2 Hypothesis Simultant Test

ANOVAa

	Model	Sum of Squares	df	Mean Square	F	Sig.
	Regression	2673.794	2	1336.897	62.328	.000b
1	Residual	1093.910	51	21.449		
	Total	3767.704	53			

- a. Dependent Variable: self-confidence
- b. Predictors: (Constant), social support, anxiety

Testing steps: H0: b1 = b2 = 0; The hypothesis states that the pre-menopausal female anxiety variable, social support (husband), has no significant effect on self-confidence. Ha: b1 1 b2 1 0. The alternative hypothesis says that the pre-menopausal female anxiety variable, social support (husband), has a significant effect on self-confidence. F table (df numerator = k; df denominator = n - 2 - 1) Table = 4.03 Criteria for acceptance or rejection of the hypothesis are: a. If F count 3 4.03, then H0 is rejected, accept Ha b. If F count <4.03, then H0 is accepted, reject Ha Based on the description in the table above, it shows that the F count value is 62,328 with a significant level of 0,000. From F table, it is obtained 4.03 smaller than F count (62.328> 4.03) and significant value of 0.000 <0.05, it can be concluded that the two independent variables namely X1 and X2 (pre-menopausal women's anxiety and social support) simultaneously have a significant effect simultaneously on variables bound (self-confidence). Meanwhile, the acceptance area curve is as follows:

Thus, it showed F count = 62,328 > F-table = 4.03 then Ho is rejected at the 95%. The confidence level is with the numerator df 3 and the denominator df 51. It shows a significant F test value of 0,000 < 5%. It means Ho is rejected and H1 is accepted. Then, partial testing is to test the influence of each variable such as the independent on the dependent. The partial test looks at the results of the t-test. It proved the truth of the second hypothesis (H2). It shows that the pre-menopausal and social support anxiety variables of women are partially influential on self-confidence. Furthermore, the part of each variable indicates the t-value obtained from the t-test in the following table.

Ttest

Table 3 T_{test}

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	В	Std. Error	Beta		
(Constant)	6.861	3.929		1.746	.087
1 Anxiety	713	.452	684	-1.578	.121
Social support	1.649	.474	1.508	3.479	.001

a. Dependent Variable: self-confidence

The steps for testing this partial hypothesis are as follows:

1) Partial test between pre-menopausal female anxiety variables on self-confidence

H0: b1 = 0, meaning that the pre-menopausal female anxiety variable ni impacts on self-confidence.

H2: b1 1 0, meaning that the pre-menopausal female anxiety variable (X1) influences self- confidence (Y). a = 0.05 / 2 with df (n - 2 - 1) = 51, t table = 1.675, t count = -1.578

Based on the calculation, the t-test is -1.576 < t-table 1.675, H2 is accepted at a significance level of 95%, or the t-test significant value of 0.121 > 0.05 so H2 is rejected and H0 is accepted, so it can be concluded that partially the anxiety variable pre-menopausal women had no significant effect on the variable confidence.

2) Partial test between social support variables on self-confidence.

H0: b1 = 0, that is to say, the social support variable no influence self-confidence.

H1: b1 ¹ 0, meaning, social support variable influences self-confidence.

a = 0.05 / 2 with df (n - 2 - 1) = 51, ttabel = 1.675, tcount = 3.479.

Based on the calculation obtained t count = 3.479 > t table =1.675 then H2 is accepted at a significance level of 95%, or the t-test significance value of 0.001 < 5% so H2 is accepted and H0 is rejected. So it can be concluded that partially social support (X2) affects self-confidence (Y). From the description above, it can be concluded that the second hypothesis which states that the pre-menopausal female anxiety variable (X1) partially has no effect on self-confidence (Y) but social support (X2) influences self-confidence.

c. Dominant Influence

At this stage the analysis of the relationship between the two variables X1 (pre-menopausal female anxiety) and Variable X2 (social support) to the Y variable (self-confidence) in order to find out how much the relationship of each independent variable (X1 and X2) to self-confidence (Y) menopausal women. The details can be seen in the following table

Table 4 Correlation X1 and X2 on Y

Correlations

		Self-confidence	anxiety	social support
D	self-confidence	1.000	.800	.834
Pearson Correlation	Anxiety	.800	1.000	.985
Correlation	Social support	.834	.985	1.000
	self-confidence		.000	.000
Sig. (1-tailed)	Anxiety	.000	•	.000
	Social support	.000	.000	
	self-confidence	54	54	54
N	Anxiety	54	54	54
	Social support	54	54	54

Based on the description in the table above, it shows that premenopausal women's anxiety and social support have a significant and direct impact on self-confidence. Where the pre-menopausal female anxiety variable towards self-confidence of 0800 at a significance level is 0.000 is a direct and strong

influence. Meanwhile, the social support on self-confidence is 0.985 by 0.000 significant level such as a direct and very strong relationship. The third hypothesis shows that of the two variables of the pre-menopausal female anxiety variable and the social support variable the most dominant influence on self-confidence (Y) is social support (X2) in this case is husband support.

d. Multiple Linear Regression Analysis

Multiple linear regression analysis used to determine the relationship and effect of two or more independent variables X1 and X2 on the dependent variable Y (self-confidence). Multiple linear regression analysis in this study to determine the relationship model between independent variables consisting of pre-menopausal women's anxiety (X1) and social support (X2) on self-confidence (Y). The following results and models of the relationship between independent variables and dependent variables based on the results of the analysis using SPSS software version 21.00 for windows:

Table 5Results of Multiple Linear Regression Analysis

ſ		Model	Unstandardized		Standardized Coefficients	Т	Sig.
		1,100,01	Coefficients		CWARGINI CHILDON CO CHIROTOTTIC	-	516.
			В	Std. Error	Beta		
Γ		(Constant)	6.861	3.929		1.746	.087
	1	Anxiety	713	.452	684	-1.578	.121
	1	Social	1.649	.474	1.508	3.479	.001
L		support					

a. Dependent Variable: self-confidence

Based on the results of the multiple linear regression calculations above, the interpretations of the model are:

- 1. The constant value = 6,861 shows if the value of the independent variable consisting of pre-menopausal woman anxiety and social support is zero, then the amount of self-confidence = 6.861.
- 2. The pre-menopausal female anxiety coefficient value is -0.713. Where the coefficient is negative, it explains that the influence of pre-menopausal women's anxiety on self-confidence is reversed, meaning that the higher the pre-menopausal women's anxiety, the self-confidence of the women goes down or low. The magnitude of this coefficient can be concluded that if the anxiety of pre-menopausal women is increased by one unit, the amount of self-confidence will decrease by 0.713 units.
- 3. The coefficient of social support (X2) is 1,649. It can be explained that the influence of social support on self-anxiety is unidirectional, meaning that the higher the social support, in this case, the husband, the greater the confidence of the premenopausal women in the Laivai tribe. The coefficient value in the model above explains that if family support rises by one unit, self-confidence will also increase by 1,649 units

The following is the calculation of the adjusted R square value or the coefficient of pre-menopausal female anxiety determination and social support for anxiety as follows:

Table 6 Goodness of Fit Model Summarvb

	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
ı	1	.842a	.710	.698	4.631	1.499

- a. Predictors: (Constant), Social Support, Anxiety
- b. Dependent Variable: Self Confidence

Table 6 shows that the value of R (correlation coefficient) = 0.710. It indicates a very close correlation between the independent variables and the dependent variable R square value = 71%. It indicates that pre-menopausal women's anxiety and social support influence on self-confidence.

DISCUSSION

The calculation results show that the impacts of X1 on Y are 0.800. It proved that there are impacts of anxiety on self-confidence. It means that strong relationship there was no significant relationship between premenopausal women's anxiety levels on self-confidence. However, social support, in this case, the husband's influence on self-confidence is very strong. Because the value of t count is greater than t- table or 3.479> 1.675, then rejects H0 and accepts H1, there is a significant relationship between social support (husband) on self-confidence.

The relationship of pre-menopausal anxiety levels and social support (husband) simultaneously to self-confidence, in Ililai Village, is strong. Because the contribution simultaneously R2 x $100\% = 0.8422 \times 100\% = 71.0\%$. After calculating shows that F count = 62,328), F table (4.03) then reject Ho and accept Ha means that there is a significant relationship between the pre-menopausal woman's anxiety level and her husband's social support simultaneously to self-confidence in Ililai Village Lautem District. Then the value of the pre-menopausal female anxiety relationship = 1, and the husband's social support value = 0.985, while the confidence value is 0.800. Then the value of the husband's social support and self-confidence are more dominant than the pre-menopausal woman's anxiety values, so the husband's social support and confidence to face menopause are very strong.

So, the higher the husband's social support the lower the anxiety of women in dealing with pre-menopause. This means that the higher the husband's social support, the lower the anxiety of women in dealing with pre-menopause. Self-confidence is a positive attitude of a person that enables him to develop positive assessments both against oneself and the environment/situation it faces. This does not mean that the individual is capable and competent to do everything alone. High self-confidence only refers to the existence of several aspects of the individual's life where he feels he has competence, that is, capable and believes that he can because it is supported by experience, actual potential, achievements and realistic expectations of oneself, (Nukew, 2005).

The results of the analysis proved no significant influence of self-confidence and anxiety. It means that women have the highest confidence and have lower

anxiety. It shows the description above can be seen that the higher the husband's social support and the higher the self-confidence, the lower the woman will face premenopause. Therefore, women should increase their self-confidence so that they are stronger in facing anxiety before menopause. It showed positive suggestions that everything will okay and maintain the appearance of the body so as not to worry about pre-menopause. Besides, the husband should be able to provide support to his wife so that they do not feel anxious in the face of pre-menopause, this can be done for example by giving more attention to his wife, providing information about menopause.

CONCLUSION

Based on the results of research conducted it can be concluded that:

- 1. The partially significant relationship between anxiety levels of premenopausal women with self-confidence. Then the calculation results show that the relationship between X1 and Y is 0.800, it is stated that the relationship of premenopausal women's anxiety levels with self-confidence is having a very strong relationship. It turns out that tcount -1.578 > t table 2.007 then rejecting H0 in, there is no significant relationship between the level of anxiety of pre-menopausal women on self-confidence.
- 2. The simultaneously significant relationship between husband's social support and self-confidence. Then the calculation results show that the relationship between X2 and Y is 0.834, it is stated that the husband's social support for self-confidence is to have a very strong relationship. Because the value of tcount 3,479 > ttable 1,675 then rejecting H0 there is a significant relationship between husband's social supports to self-confidence.
- 3. The dominant significant relationship between pre-menopausal woman anxiety levels with husband's social support. Then the relationship of pre-menopausal anxiety levels and husband's social support simultaneously to self-confidence, in the village of Ililai is very strong. Because the contribution is simultaneously 71.0% and the remaining 29% is determined by other variables. After calculating it turns out that Fcount (62,328) and Ftable (4.03) then reject Ho and accept Ha means that there is a significant relationship between the pre-menopausal women's anxiety level and husband's social support simultaneously to self-confidence in Ililai Village Lautem District. Then the value of the husband's social support and self-confidence are more dominant than the pre-menopausal woman's anxiety values, so the husband's social support and confidence to face menopause are very strong.

REFERENCES

Azwar, S. (2000). Penyusunan Skala Psikologi. Yogyakarta: Pustaka Belajar.

Bernis, Christina, David Sven Reher. 2007. Konteks Lingkungan yang Mempengaruhi Menopause di Spanyol: Hasil-Hasil Penelitian dari Studi Terkini. *The Journal of the North American Menopause Society*.

Bromberger, John T, et.al. (2001). Penderitaan Psikologis, Dukungan Sosial dan Menopause Alamiah: Suatu Study pada Komunitas Multibuya. *American Journal of Public Health*.

- Bromwitch, P. (1991). Menopause (Terjemahan Meitasari Tjandrasa). Jakarta: Arcan.
- Retnowati, C. S., dan Purnamaningshi, E.H. (2000). Hubungan Persepsi Tentang Menopause dengan Tingkat Kecemasan Pada Wanita yang Menghadapi Menopause. *Journal Psikologi* 100.
- Collings, Kerrie. (2000). Apakah Kamu Masih Mencintaiku Pada Saat Aku Berusia 64 Tahun? – Menopause, Paruh Baya, dan Harga Diri, Vol. 46, No. 4, pp 502 – 514. *International Journal of Phsycoanalysis*
- Darajat, Z. (1990). Kesehatan Mental. Jakarta: CV. Haji. Masagung.
- S.M.D. (1991). Menopause Secara Alami, Persiapan Menghadapi Paruh Hidup Kedua. Jakarta: PT. BPK Gunung Mulia.
- Gunarsa, S. (1980). Psikologi Anak. Jakarta: PT. BPK Gunung Mulia.
- Hadi. S. (2001). *Metodology Research: Untuk Penulisan Paper, Skripsi, Thesis dan Disertasi*. Jilid 1. Yogyakarta: Andi Offset.
- Hurlock. (1994). *Psikologi Perkembangan, Suatu Pendekatan Sepanjang Rentang Kehidupan,* Edisi Kelima. Jakarta: Erlangga.
- Kartono, K. (1977). *Psychology Wanita, Wanita Sebagai Ibu dan Nenek.* Jilid 2. Bandung: Mandar Maju.
- Kartono.(1992). *Psikologi Wanita: Mengenal Wanita Sebagia Ibu dan Nenek.* Jilid 2. Bandung: Mandar Maju.
- Kuntjoro, Zainuddin Sri. (2002). Menopause. Jakarta: Erlangga.
- Pramono, Noor. (1998). *Upaya Meningkatkan Kualitas Hidup Wanita Lanjut Usia.* Semarang: Badan Penerbit Universitas Diponegoro.
- Rasimis, Nuryati A. (2000). Ada Apa dengan Menopause. Buletin Psikologi, Tahun VIII, No. 1 Juni 2000.
- Ruduala dan H. Sunarto. (2009). *Pengantar statistik. Untuk penelitian: Pendidikan, Social, Ekonomi, Komunikasi dan Bisnis.* Bandung:
- Suryabrata, S. 1982. *Metodologi Penelitian Analisis Kuantitatif.* Yogyakarta: Lembaga Pendidikan Boktor UGM.
- Tukan. (2001). Gejala Menopause Pada Wanita. Jakarta: Arcan.