THE EFFECTIVENESS OF DHIKR THERAPY AND THE HAPPY MENOPAUSE BOOKLET ON SLEEP QUALITY OF PREMENOPAUSAL WOMEN

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ABSTRACT

Premenopause occurs due to decreasing levels of the hormones estrogen and progesterone produced by the ovaries, this decrease causes changes in a woman both psychologically and physiologically. During the transition from premenopause to menopause, women will experience disturbances and sleep disturbances, causing a decrease in sleep quality. This study aims to see the effect of dhikr therapy and the happy menopause booklet on the sleep quality of premenopausal women. This study used a quasi-experimental design with a pre and posttest with a control group with a sample of 100 women. This research was carried out for eight weeks with a frequency of three times per week (Tuesday, Thursday, Saturday) with a duration of 15-20 minutes before going to bed at night. The intervention given was that respondents read the book on happy menopause then continued reading the dhikr Al-Fatihah, Al-Ikhlas, Al-Falaq, dhikr repeated 3 times for each letter, reading tasbih, tahmid, takbir repeated 33 times. Researchers used data collection tools to measure sleep quality with the Pittsburgh Sleep Quality Index (PSQI). The results showed that dhikr therapy and the happy menopause booklet could improve sleep quality in premenopausal women with an p value of 0.000. Premenopausal women are advised to do it regularly to improve sleep quality.

Keywords: dhikr therapy; menopause booklet; premenopause; sleep quality

INTRODUCTION

The premenopausal period is defined as a period of decreased estrogen and increased gonadotropin hormones as well as hormonal balance disorders (Atsma et all., 2006). Premenopause is an important phenomenon in women's lives, and is associated with loss of fertility. The average age of premenopause is 40-45 years. WHO estimates that the population of menopausal women will reach 1.2 billion in 2030 with 47 million new cases of menopause each year (World Health Organization, 2022) Based on the Central Statistics Agency, the female population in Central Java in 2022 will be 19,867,787 people, with the number of women aged 40 years who have entered the premenopausal period of 3,970,991 people (BPS Jateng, 2022) In Kendal Regency, the number of premenopausal women in 2022 will be 20,341 people and there are 197 premenopausal women in Purwokerto village Brangsong subdistrict (BPS, 2022).

The decrease in body hormones during premenopause results in various changes including fever, night sweats, heart palpitations, headaches, confusion, fatigue, sleep disturbances.

Insomnia or sleep disturbances will be experienced by some premenopausal women (Baziad, 2019) Apart from that, premenopausal women will wake up at night and find it difficult to go back to sleep. The results of the study showed that 63% of premenopausal women complained of sleep disorders such as difficulty falling asleep, waking up too early with a frequency of rarely, sometimes and often (Allah, 2018)

Sleep problems are also caused by decreased serotonin levels as a result of decreased estrogen levels. Serotonin affects a person's mood, if serotonin levels in the body decrease, this will cause depression and difficulty sleeping (Şahin & Dayapoğlu, 2018) Based on research conducted by Kravitz, the influence of menopause and disturbed sleep patterns on the aging process, women who experience symptoms of restlessness during sleep, waking up at night, difficulty sleeping have an older biological age [8]. Poor sleep quality that is often experienced by premenopausal women can be treated using pharmacological and non-pharmacological methods. Pharmacological treatment has a fast response to overcome sleep disorders in premenopausal women, but is not recommended for long-term consumption and must be combined with daily behavior. Meanwhile, non-pharmacological treatments such as education about happy menopause, lifestyle changes and psychotherapy can be carried out in the long term and are safer even though they must be done regularly. Moreover, you can also relax by meditating. Meditation is defined as a way to calm yourself before sleeping by listening to music, saying good sentences (dhikr) (Kravitz et al., 2008)

Based on research by Asykhari (Akhsyari, 2016) it shows that the sleep quality of the elderly has increased from very poor quality to quite bad and quite bad to quite good. According to Herod (Saferi, 2013) Dhikr relaxation and education are relaxation techniques that require imagination, perseverance, or suggestions based on the belief that the human body responds to anxiety and events that stimulate the mind with dhikr. Based on the results of a preliminary study conducted by researchers, in conducting interviews with 10 premenopausal women in Purwokerto Village, it was found that 8 out of 10 premenopausal women experienced problems with sleep duration, sleep latency, the desire to urinate at night, and the absence of dhikr therapy. and the happy menopause booklet Researchers will conduct research on the effect of Dhikr Therapy and the Happy Menopause Booklet on the Sleep Quality of Premenopausal Women

METHOD
This research design is quasi-experimental with a pre and post test approach with control group. This research design aims to determine sleep quality in premenopausal women who were given dhikr therapy and the Happy menopause booklet. This study took a population of all premenopausal women in Purwokerto village Brangsong subdistrict. The sample in this study was premenopausal women with the following inclusion criteria: age 40-45 years, Muslim, cooperative, and able to read fluently. The sample size was 50 premenopausal women in the intervention group and 50 premenopausal women in the control group. The sampling technique used in this research is probability sampling. This research was carried out for eight weeks with a frequency of three times per week (Tuesday, Thursday, Saturday) with a duration of 15-20 minutes before going to bed at night. The intervention given was that respondents read the happy menopause booklet then continued reading the dhikr Al-Fatihah, Al-Ikhlas, Al-Falaq repeated 3 times, reading tasbih, tahmid repeated 33 times and takbir repeated 33 times. Researchers used data collection tools to measure sleep quality with the Pittsburgh Sleep Quality Index (PSQI). The Chi Square test is used for categorical data (age, education, and age of first menstruation). The independence test is carried out to identify the relationship between the independent and dependent variables. To differentiate sleep quality

between the control and intervention groups, statistical tests used the Man-Whitney test with a significance level of 95% (α 0.05).

RESULTS

Table 1.
Characteristics and Homogeneity Test of Respondents in the Intervention Group and Control Group

Respondent Characteristics	Intervention Group		Control Group		Total		P Value
	f	%	f	%	f	%	
Age							
40-42	22	44	29	58	51	51	0.141
43-45	28	56	21	42	49	49	
Education							
Not Completed in Primary School	4	6.7	0	0	3	3.3	0.230
Elementary School	6	13.3	6	13.3	12	12.2	
Junior High School	6	13.3	5	11.1	11	12.2	
Senior High School	25	50	35	70	60	60.0	
Higher Education	7	14	6	13.3	13	12	
Age of First Menstruation							
9-10 Years	9	20.0	10	22.2	19	21.1	0.143
11-12 Years	27	54	33	66	60	60	
13-14 Years	12	26.7	7	15.6	19	21.1	
15-16 Years	2	4.4	0	0	2	2.2	

Table 1 shows that the homogeneity test results for all data are homogeneous, this is shown by the results of a p value >0.05, the characteristics of respondents based on age with a p value of 0.141, based on education level a p value of 0.230 and based on age at menarche with a p value of 0.143. Based on age, the average age of the intervention group was 40-42 years (56%) while the average age of the control group was 43-45 years (58%). Based on the highest level of education, there were 25 women (50%) with high school (high school) graduates, while the control group had a high school education with 35 women (70%). Based on the average age of first menarche in the intervention and control groups, it was 11-12 years old with a figure of 54% for the intervention group and 66% for the control group.

Table 2.
Sleep quality in premenopausal women before and after being given dhikr therapy and the Happy

Variable	Intervention					Control					
	Pre		Post		Δ	Pre		Post		Δ	
	Mean elementary school	± 1	Mean SD	± 1	Mean	Mean SD	± 1	Mean SD	± 1	Mean	
Sleep Quality	2.00	0.700	0.68	0.653	-1.32	2.00	0.700	2.38	0.602	0.38	
Sleep Latency	2.22	1,148	0.60	0.700	-1.62	2.24	1,117	2.96	0.755	0.72	
Long Sleep	0.80	0.800	0.42	0.575	-0.38	0.80	0.808	1.18	0.941	0.38	
Efficiency	1.64	0.875	0.62	0.67	-1.02	1.64	0.875	1.88	0.824	0.24	
Sleep Disorders	1.12	0.835	0.48	0.554	-0.64	1.12	0.385	1.24	0.517	0.12	
Drug Use	0.08	0.395	0.08	0.340	0.00	0.08	0.396	0.08	0.340	0.00	
Disruption of Activities	2.42	0.609	1.40	0.881	-1.02	2.24	0.609	2.42	0.609	0.18	

Table 2 shows that there was a decrease in the average quality of sleep in the intervention group before and after being given dhikr therapy and the happy menopause booklet, namely in sleep latency the lowest range value before treatment was 1.148 while the value after treatment was 0.700 and the highest range value before treatment was 2.22 while the value after treatment was 0.60. The lowest value range for sleep quality before treatment was 0.700, while the value range after treatment was 0.653 and the highest value range before treatment was 2.00, while the value range after treatment was 0.68. The control group did not experience a decrease in sleep quality. Regarding drug use, the lowest range of values before treatment was 0.395, while the value after treatment was 0.340 and the highest range of values before and after treatment was 0.08. The lowest value for sleep disorders before treatment was 0.385 and after treatment was 0.517, while the highest value before treatment was 1.12 and the value after treatment was 1.24. There was a decrease in the average value of 6 dimensions of sleep quality in the intervention group and an increase in 4 dimensions in the control group, so it can be concluded that there is a difference between sleep quality with dhikr therapy and the Happy menopause booklet.

Table 3.
Differences in sleep quality in premenopausal women before and after being given dhikr therapy and the Happy menopause booklet in the intervention group

Sleep Quality	Negative Ranks		Positive Ranks			
	Mean rank	Sum of ranks	Mean rank	Sum of ranks	Z	P value
Sleep Quality	25.20	1134.00	14.00	42.00	-5.763a	0,000
Sleep Latency	22.86	983.00	7.00	7.00	-5.862a	0,000
Long Sleep	10.86	195.50	11.83	35.50	-2.938a	0.003
Efficiency	20.00	780.00	0.00	0.00	-5.715a	0,000
Sleep Disorders	16.05	481.50	14.50	14.50	-5.040a	0,000
Drug Use	3.00	3.00	1.50	3.00	0.000a	1,000
Disruption of activities	19.86	715.00	13.00	26.00	-5.186a	0,000

Table 3 shows the differences in mean sleep quality scores (sleep quality, sleep latency, efficiency, sleep disturbance, and activity disruption) in the intervention group before and after being given dhikr therapy and the happy menopause booklet with a p value <0.05. This shows the influence of dhikr therapy and the happy menopause booklet on sleep quality in the intervention group.

Table 4.
Differences in sleep quality in premenopausal women before and after being given dhikr therapy and the Happy menopause booklet in the control group

Sleep Quality	Negative Ranks		Positive Ranks			
	Mean rank	Sum of ranks	Mean rank	Sum of ranks	Z	P value
Sleep Quality	0.00	0.00	10.00	190.00	-4.359b	0.200
Sleep Latency	13.50	13.50	16.60	514.50	-5.020b	0.210
Long Sleep	0.00	0.00	8.00	120.00	-3.578b	0.003
Efficiency	0.00	0.00	6.50	78.00	-3.464b	0.001
Sleep Disorders	4.50	4.50	4.50	31.50	-2.121b	0.34
Drug Use	3.00	3.00	1.50	3.00	0.000a	1,000
Disruption of activities	0.00	0.00	0.00	0.00	0.000a	1,000

Table 4 shows that there is no difference in the mean score of sleep quality in the control group before and after being given dhikr relaxation and the happy menopause booklet, as evidenced by the p value >0.05. This shows that there is no influence on sleep quality in menopausal women using education.

Table 5.
Differences in sleep quality in premenopausal women before and after being given dhikr therapy and the Happy menopause booklet in the intervention and control groups

Sleep Quality	Group				Z	P value
	Intervention		Control			
	Mean rank	Sum of ranks	Mean rank	Sum of ranks		
Sleep Quality	27.7	1388.50	73.23	3661.50	-8.109	0,000
Sleep Latency	27.15	1357.50	73.85	3692.50	-8,389	0,000
Long Sleep	39.15	1957.50	61.85	3092.50	-4,207	0,000
Efficiency	32.40	1620.00	68.60	3430.00	-6,537	0,000
Sleep Disorders	35.26	1763.00	65.74	3287.00	-5,885	0,000
Drug Use	50.50	2525.00	50.50	2525.00	0,000	1,000
Disruption of activities	36.17	1758.50	65.83	3291.50	-5,790	0,000

Table 5 shows the difference in mean values between the intervention group and the control group. It can be concluded that there is an influence of dhikr therapy and the happy menopause booklet on sleep quality in premenopausal women. The results of the difference test between groups showed a p value <0.05 in the dimensions of sleep quality, sleep latency, sleep duration, efficiency, sleep disturbance and activity disruption with a p value of 0.000, while in the dimension of drug use there were no differences in either the intervention group or the control group with p value 1,000.

DISCUSSION
Based on the results of the descriptive analysis of respondents' ages, the intervention group was dominated by those aged 40-42 years (56%) while the control group was dominated by those aged 43-45 years (58%). This shows that the average age of premenopause is 40-45 years. This is in line with the results of a survey by the Central Java Central Statistics Agency that it is estimated that there will be an increase in life expectancy, causing the number of women experiencing menopause to increase. Descriptive analysis of the characteristics of respondents' educational levels showed that the average educational level of menopausal women, namely high school, was 24 (53.3%) in the intervention group and 30 (66.7%) in the control group, while the remaining 3.3% did not attend school and 12.2% had elementary school education, Middle School, and College. Education is synonymous with high levels of knowledge, although education is not a variable that directly influences management in dealing with sleep quality. Education is an important component in the process of receiving information related to dhikr relaxation interventions and happy menopause booklets, because this has an impact on forming attitudes in accepting new information (Suparni, 2016). Notoatmojo states that higher education will make it easier for someone to receive information, perspective and way of thinking (Notoatmodjo, 2010)

Descriptive analysis of the average age of first menstruation occurred at the age of 11-12 years in both the intervention group and the control group. The number in the intervention group was 22 women (48.9%), while in the control group there were 28 women (62.2%). The age of menarche is 10-16 years, but currently the average age of menarche is 12.5 years (Fauziah, 2012). Putra's research (Yani, 2011) related to factors that influence menarche factors, namely nutritional status, birth weight, maternal age at menarche, maternal age at birth, and parental education. The most significant of these factors is nutritional status with a p value <0.001. It is estimated that in the last 100 years the age of menarche has shifted to a younger age, this is due to increased nutritional status (Irma Fitria et al., 2023). In this study, several aspects of sleep quality were measured, namely high and low sleep quality, sleep duration, sleep latency, sleep efficiency, sleep disorders, drug use and activity disorders in premenopausal women (Retno Yuli, 2019). Based on the research results, it was concluded

that the sleep quality of premenopausal women before the dhikr therapy intervention and the happy menopause booklet were not significantly different (p>0.05), whereas after the dhikr therapy intervention and the happy menopause booklet the test results were different, the value was p<0.05. It can be interpreted that after the intervention the quality of sleep is significantly different.

The effect of reciting dhikr and reading the happy menopause booklet can stimulate the hypothalamus to influence the pineal gland to improve immune function and produce melatonin (Jihan, 2023). Optimal melatonin secretion is mediated by the relaxation response elicited from the experience of reading booklets and reciting dhikr. In this condition, the organs, cells and all substances in the body move and function in a balanced state, resulting in a feeling of calm in the body (Maimunah et all., 2011). A feeling of calm will give rise to positive emotions which will be transmitted to the limbic system and cerebral cortex with a complex level of connectivity between the brain stem-hypothalamus-left prefrontal and right hippocampus-amygdala. This transmission causes a balance between the synthesis and secretion of neurotransmitters such as GABA (Gamma Amino Butyric Acid) and GABA antagonists by the hippocampus and amygdala (Khaled, 2018). Dopamine, serotonin and norepinephrine are produced by the prefrontal. Acetylcholine, endorphins (natural properties in the body calming effect) by the hypothalamus. ACTH (Adrenocortico Releasing Hormone) is also balanced, thus affecting the balance of the adrenal cortex in secreting cortisol. Normal cortisol levels are able to act as a stimulator of the body's immune response, both specific and nonspecific. A calm mental state can create balance in the body which can increase immunity and improve sleep quality (Hastuti et al., 2019).

Research conducted by Riyadi (Riyadi et al., 2020) assessed the sleep quality of the elderly using dhikr therapy before bed which was carried out for 14 consecutive days using a control group and an intervention group, the dhikr intervention used in the research was reading the dhikr Al-Fatihah, Al-Ikhlas , Al-Falaq was repeated 3 times, reading tasbih, tahmid was repeated 33 times and takbir was repeated 33 times and the results of the study showed that there was a difference in sleep quality scores between the intervention group (4.00) which was lower which means they had higher sleep quality than the control group (8.40). Another study (Hidayat & Mumpuningtias, 2018) explained that dhikr therapy and education were carried out for 12 days with a duration of 10-15 minutes. The results obtained were that before the intervention 8.59 after receiving the intervention the patient's sleep quality increased by 4.35.

In line with Qoys research, 2014, it shows that there is a significant difference in mean sleep quality scores (p=0.000) between the intervention group and the control group. That there is an influence between dhikr before bed on the difference in the mean sleep quality scores of the intervention group and the control group. This difference is evidenced by the fact that there is a mean difference of 4.40 between the control and intervention groups (Qoys, 2014). Likewise, Gushai's research, 2016, stated that there was a difference in the average quality of sleep before and after in the intervention group and the control group for the elderly at the Nirwana Nursing Home in Puri Samarinda in 2016. The results of the analysis showed that the intervention group p-value = 0.000 (p< 0.05) then it is concluded that Ho is rejected. In the control group, there is also a difference in the average which can be seen from the results which show that the control group p-value = 0.011 (p<0.05) (Gushai, 2016).

The combination of the happy menopause booklet and dhikr is very effective in dealing with problems in premenopausal women. In line with research by Ridwan, 2020, which states that providing education using audio-visuals and booklets can effectively increase pre-menopausal

knowledge about menopause (Ridwan, 2020). Yulianti's research, 2021, shows that there is a significant difference between the level of insomnia in the elderly before and after the combination therapy of dhikr and progressive muscle relaxation with p-value = 0.001 (Yulianti, 2021). The consistency of regularly reciting dhikr and reading the happy menopause booklet for eight weeks proves that it has good results for improving sleep quality in premenopausal women. The decrease in sleep quality scores is caused by discipline in the time spent sleeping, a conducive environment, and avoiding eating shortly before bed, avoiding sleeping during the day. From the results of this study it can be seen that there is a decrease in the score for each value after implementing reciting dhikr and based on the test. statistics. Thus, it can be concluded that there is an influence of reciting dhikr on changes in sleep quality in premenopausal women in Purwokerto Village.

CONCLUSION
Based on the results of research conducted regarding the influence of dhikr therapy and happy menopause booklets on sleep quality in premenopausal women, the results showed that there was an influence with a p value of 0.000.

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