



Research Article



The Correlation between Islamic Mindfulness with Anxiety, Stress and Depression Among Women in the Menopausal period

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Abstract

Menopause is a natural phase in a woman's life marked by the cessation of ovarian function and hormonal changes in estrogen and progesterone, often accompanied by physical and psychological symptoms such as anxiety, stress, and depression. One possible way to deal with these changes is to practice mindfulness, especially Islamic mindfulness, which is in line with Islamic values. This study aims to examine the correlation between Islamic mindfulness and levels of anxiety, stress, and depression among menopausal women. This study employed a quantitative method with a cross-sectional design. The sample consisted of 82 menopausal women selected using accidental sampling. The Islamic Mindfulness Questionnaire-16 was used to measure Islamic mindfulness, and the DASS-21 questionnaires were used to measure depression, anxiety, and stress. Data were analyzed using univariate and bivariate analyses with the Spearman rank correlation test. The results indicated that the women were aged 45–59 years, with a mean age of 54 years. Most respondents had been menopausal for 3–4 years and were married (52.4%). The average Islamic mindfulness score was 37 points. Respondents experienced very severe anxiety (12.2%), very severe stress (18.3%), and very severe depression (8.5%). There was a weak but significant negative correlation between Islamic mindfulness and stress ($r = -0.244$; $p = 0.027$) and between Islamic mindfulness and depression ($r = -0.327$; $p = 0.003$). While there is a very weak and non-significant negative correlation between Islamic mindfulness and anxiety ($r = -0.156$; $p = 0.151$). Higher levels of Islamic mindfulness were associated with lower levels of stress and depression. We recommended that menopausal women enhance Islamic mindfulness to reduce stress and depression.

INTRODUCTION

Menopause is a natural phase in every woman's life characterized by a decrease in the hormones estrogen and progesterone until the cessation of ovarian function [1]. The World Health Organization (WHO)

specifies that menopause occurs after 12 months of amenorrhea, with a global prevalence of 26% [2]. In Indonesia, women aged 45-59 years account for 8.52% [3], while in Jakarta, Indonesia it reaches 9.86% [4], reflecting the age group entering the reproductive transition phase. The age of

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menopause differs between countries; in Southeast Asia, it occurs at an average age of 51.09 years [5]. Based on STRAW+10, menopause is divided into three main phases: reproductive, transitional, and postmenopausal, each of which is characterized by significant hormonal changes [6].

These hormonal changes trigger various physical, vascular, and psychological symptoms such as hot flashes, insomnia, joint pain, and mood changes [7,8]. Frequent psychological symptoms include anxiety, stress, and depression [1,9,10]. The impact can reduce the quality of life and self-esteem of menopausal women, even affecting social relationships and roles in the family [11]. The prevalence of depression reaches 35.6% globally [12] and 20% in Indonesia [13].

Recent studies have consistently shown that menopausal women are at increased risk of experiencing psychological symptoms, particularly depression, anxiety, and stress. A 2024 global meta-analysis involving over 76,000 women revealed that approximately 35.6% of menopausal women experience depression, with the prevalence rates slightly varying between perimenopausal (33.9%) and postmenopausal women (34.9%). These findings highlight the psychological vulnerability associated with the hormonal and psychosocial transitions during this life stage [8,14,15]. Another large-scale analysis published in 2024, which included over 385,000 postmenopausal women, reported that 28% of participants showed symptoms of depression, reinforcing the global scale of this concern [16]. Similarly, a 2021 cross-sectional study conducted in Iran found that 65.2% of menopausal women reported depressive symptoms, and 52.0% experienced anxiety, indicating that these psychological conditions are not only prevalent but also often co-occurring during menopause [17].

These symptoms are largely attributed to fluctuating levels of estrogen and progesterone, which can disrupt the balance of neurotransmitters such as serotonin and dopamine. Such hormonal changes are believed to trigger neuroinflammation, oxidative stress, and mood dysregulation. In addition to biological factors, psychological stressors—such as role transitions, caregiving responsibilities, and perceived aging—further contribute to emotional distress during menopause [18]. The menopausal transition itself, especially perimenopause, is independently associated with a significantly higher risk of developing anxiety and depression, even in women without a prior mental health history [19]. This suggests that menopause is not merely a biological milestone but also a critical period for mental health vulnerability. Given the substantial burden of psychological symptoms in this population, there is a clear need for preventive strategies, early detection, and culturally sensitive mental health interventions aimed specifically at menopausal women.

In dealing with these psychological symptoms, coping strategies are important, whether they focus on problems, emotions, or social support. For religious people, one of the adaptive strategies is Islamic mindfulness. Islamic mindfulness differs from general (secular) mindfulness primary in its foundation, purpose and meaning. General mindfulness emphasizes a present-moment awareness and non-judgmental observation of thoughts as a psychological technique to reduce stress and improve cognition [20]. In contrast, Islamic mindfulness is theocentric, grounded in awareness of God (*muraqabah*), intentionality (*niyyah*), which is the awareness of the presence of Allah SWT in every activity [20]. An Islamic mindfulness structured acts of worship such as prayer and *dhikr* [22]. A common form of Islamic mindfulness practice among middle-aged women in Indonesia is the regular recitation of *dhikr* (remembrance of

Allah) and Qur'anic verses. This practice is not only a form of worship but also serves as a means of spiritual grounding and emotional regulation. Through the repetition of sacred phrases such as *subhanallah* (Glory be to Allah), *alhamdulillah* (All praise is due to Allah), and *la ilaha illallah* (There is no God but Allah), individuals cultivate present-moment awareness while anchoring their thoughts in divine consciousness.

For many women in this demographic, particularly those entering or experiencing menopause, regular recitation becomes a coping mechanism for psychological and emotional challenges such as anxiety, mood fluctuations, and stress. It provides a structured spiritual routine that reinforces a sense of peace, purpose, and connection to God. Additionally, this practice fosters spiritual resilience by helping individuals internalize values such as patience (*sabr*), gratitude (*shukr*), and trust in God's plan (*tawakkul*).

In the Indonesian cultural context, where religious practices are deeply integrated into daily life, these mindfulness activities are often performed after the five daily prayers (*shalat*), during quiet morning or evening hours, or as part of communal religious gatherings. This spiritual discipline contributes not only to enhanced mindfulness and emotional well-being but also to the strengthening of religious identity and social support networks [23]

The incorporation of Islamic mindfulness into nursing care represents a holistic and culturally responsive approach to addressing the psychological and emotional challenges experienced by women undergoing menopause. Recent studies highlights that mindfulness based intervention in nursing can significantly improve emotional regulation, reduce stress and enhance overall weel-being when adapted to patients' belief systems [24,25]. Furthermore, spiritual care and self-care practices are essential elements in

improving patient outcomes and should be embedded into routine nursing interventions [26]. Therefore, in clinical settings, nurses can integrate Islamic mindfulness by recognizing spirituality as a core component of holistic care. However, for menopausal women, who often face mood instability and anxiety, these practices provide not only symptom relief but also a sense of meaning and connection to God.

In previous research, Islamic mindfulness has a significant effect in reducing anxiety [27], stress [28] and depression [29] in college students. In addition, research by Ardinata et al. [30] found that Islamic mindfulness has an effect in increasing drug consumption compliance in schizophrenia patients. There are still few previous studies on Islamic mindfulness that focus on menopausal women who have psychological symptoms such as anxiety, stress, and depression. Therefore, research on Islamic mindfulness, and its correlation with anxiety, stress, and depression in menopausal women still needs to be done. The study aimed to analyze the correlation between Islamic mindfulness and anxiety, stress, and depression among menopausal women.

METHODS

This study employed a quantitative design with a cross-sectional design. The study population comprised menopausal women aged 45 to 59 years residing in West Jakarta, Indonesia. The inclusion criteria were: women within the specified age range, currently experiencing menopause, and able to read and communicate in Bahasa Indonesia.

Using G*Power analysis to detect a mild correlation ($r = 0.30$), with a significance level (α) of 0.05 and statistical power ($1-\beta$) of 0.80, the minimum required sample size was calculated to be 84 respondents. Although the required minimum sample size was 84 respondents, a total of 82

respondents completed the study after two participants withdrew. This slight shortfall is unlikely to meaningfully affect the study's statistical power, which remains close to the desired level of 0.80. Therefore, the final sample size is still considered adequate to detect a moderate correlation. Sampling was conducted using an accidental sampling technique, based on the inclusion criteria. Data collection took place from May to Juni, 2025.

The research instruments included a respondent characteristics, the Islamic Mindfulness Questionnaire (IMQ-16) to assess Islamic mindfulness, and the Depression Anxiety Stress Scales-21 (DASS-21) to measure levels of depression, anxiety, and stress.

The IMQ-16 is developed by [23] to assess mindfulness within an Islamic framework. The IMQ-16 consists of 16 statements that measure aspects of Islamic mindfulness. Each item is rated on a 4-point Likert scale (Never=0 to Always = 3). Total scores are calculated by summing the item responses, yielding a minimum possible score of 0 and a maximum of 48. The IMC had conducted validity and reliability tests. The item-level Content Validity Index (I-CVI) is 0.91, and the scale-level Content Validity Index (S-CVI) is 0.83, indicating strong content validity. Validity testing conducted among 30 menopausal women with a correlation value of $r \geq 0.361$ and and reliability testing by Cronbach's Alpha was 0.824.

The DASS-21 is a short-form version of the original 42-item DASS, developed to measure three related negative emotional states: depression, anxiety, and stress. DASS-21 is widely recognized as a multidimensional assessment tool and has been extensively used by researchers both in Indonesia and internationally. The Indonesian adaptation of DASS-21 has demonstrated strong internal consistency, as well as validity and reliability in measuring levels of depression, anxiety, and stress, with Cronbach's alpha values

ranging from 0.85 to 0.91 [31–33]. The DASS-21 consists of 21 statements, divided into three subscales: Anxiety: Items number 2, 4, 7, 9, 15, 19, 20; Stress: Items number 1, 6, 8, 11, 12, 14,18, and Depression: Items number 3, 5, 10, 13, 16, 17, 21. Likewise, the DASS-21 questionnaire had a correlation value of $r \geq 0.361$ and a Cronbach's Alpha of 0.894.

Data were collected using a paper-based method, in which respondents completed all questionnaires manually. Participants who agreed to take part in the study provided informed consent and completed the questionnaire within approximately 15 minutes.

Data analysis was performed using a univariate test for frequency distribution and a bivariate test using the Spearman Rank test. The strength of the correlation between variables can be interpreted as follows: a coefficient of 0.00= no correlation; 0.01 - 0.19 = a very weak; 0.20 to 0.39 = a weak correlation; 0.40 -0.59 = moderate, and 0.60 to 0.75= strong, 0.76-0.99= very strong, A coefficient of 1.00 reflects a perfect correlation.

This study has obtained ethical approval from the Health Research Ethics Committee of the Faculty of Health Sciences, UIN Syarif Hidayatullah Jakarta, with ethics letter number Un. 01/F.10/KP.01.1/KE.SP/04.08.021/2025. All respondents gave their consent after receiving an explanation.

RESULTS

Table 1 shows that 82 respondents are menopausal women aged 45-59 years with an average age of 54 years. Most respondents have experienced menopause for 3-4 years, and respondents with married and widowed status are almost balanced.

Table 1
Characteristics of Respondents (N=82)

Indicators	n	%
Marital Status		
Married	43	52,4
Widowed	39	47,6

Of the total 82 respondents, the average *Islamic Mindfulness* score of the

respondents was 37 points. Most respondents did not experience anxiety (57.3%), stress (37.8%), nor depression (72.0%). While respondents who experienced very severe anxiety were 10 respondents (12.2%), very severe stress was 15 people (18.3%), and very severe depression was 7 people (8.5%).

Table 2
Score of Islamic Mindfulness and Level of Anxiety, Stress, and Depression

Variable	Min	Max	Mean	SD	Median
<i>Islamic Mindfulness</i> Score	6	48	37,65	7,58	39,00
Anxiety Score	0	42	9.2	10.5	6.0
Stress Score	0	42	14.8	12.0	11.9
Depression Score	0	42	7.4	4.0	10.4

Table 3
Level of Islamic Mindfulness and Level of Anxiety, Stress, and Depression

Indicators	n	%
Anxiety Level		
Not Anxious	47	57.3
Mild Anxiety	14	17.1
Moderate Anxiety	11	13.4
Very Severe Anxiety	10	12.2
Stress Level		
Not Stressed	31	37.8
Mild Stress	14	17.1
Moderate Stress	10	12.2
Severe Stress	12	14.6
Very Severe Stress	15	18.3
Depression Level		
Not Depressed	59	72.0
Mild Depression	5	6.1
Moderate Depression	7	8.5
Severe Depression	4	4.9
Very Severe Depression	7	8.5

The analysis was conducted using the Spearman correlation test, which revealed a weak negative and non significant correlation between *Islamic mindfulness* and anxiety ($r = -0.156$; $p = 0.151$). This indicates that lower levels of *Islamic mindfulness* tend to be associated with higher levels of anxiety, although the correlation was not statistically significant.

The correlation between *Islamic mindfulness* and stress levels showed a weak negative and significant correlation with a coefficient of $r = -0.244$ and a p -value of 0.027. This indicates that higher levels of

Islamic mindfulness are correlated with lower levels of stress. Although the strength of the correlation is weak, the relationship is statistically significant, suggesting that *Islamic mindfulness* may play a role in reducing stress among the respondents.

The correlation between *Islamic mindfulness* and depression levels yielded a weak negative and significant correlation coefficient of $r = -0.327$ with a p -value of 0.003. This indicates that higher levels of *Islamic mindfulness* are significantly associated with lower levels of depression. Based on the results, the correlation

between Islamic mindfulness and depression can be categorized as weak in strength and is statistically significant, suggesting that Islamic mindfulness may play a meaningful role in reducing depressive symptoms (Table 4).

Table2
The Correlation between *Islamic Mindfulness* with Anxiety, Stress, and Depression

Variable	Correlation Coefficient	p
Anxiety	-0,156	0,161
Stress	-0,244	0,027
Depression	-0,327	0,003

DISCUSSION

The findings of this study showed that the respondents were aged between 45 and 59 years, with the highest proportion aged 55 years, totaling 14 individuals (17.1%). This finding aligns with data from the World Health Organization (WHO), which states that menopause typically occurs between the ages of 45 and 55 globally [34]. It also supports the view of Harlow in 2012 [6], who noted that the menopausal transition phase generally begins around age 40 and extends into the late 50s, characterized by rising follicle-stimulating hormone (FSH) levels, which can trigger vasomotor and psychological symptoms.

Similarly, a study by Essa and Mahmoud in Egypt [35] found that women aged 50–55 years experienced more severe menopausal symptoms (46.3%) compared to those aged 55–60 years (26.8%). These findings suggest that age may be a significant factor influencing the severity of menopausal symptoms. Women entering menopause at a relatively younger age may experience a more abrupt decline in estrogen levels, and as their bodies have not yet fully adapted to these hormonal changes, they are more likely to suffer from intense physical and psychological symptoms.

The findings of this study consisted of 43 people (52.4%) who were married and 39

people (47.6%) who were widowed. Natural menopause is generally experienced by married women, except in cases of bilateral oophorectomy. Positive support from spouses, especially husbands, can help relieve the psychological symptoms of menopause and maintain spiritual stability and Islamic awareness [36]. Women who still have a husband also tend to be more psychologically stable [37]. However, the stresses of home life can also disrupt mental health and spiritual balance [38]. Conversely, widowed women are at risk of experiencing more severe psychological symptoms such as anxiety, stress, and depression due to social pressures and lack of emotional support [37,39]. This condition also affects the decline in spirituality and the level of Islamic awareness in menopausal women.

Based on the results, most respondents have experienced menopause for 3 years (29.3%). WHO states that menopause is characterized by the absence of menstrual cycles for 12 consecutive months [2]. According to STRAW+10, the menopausal transition phase lasts 1-3 years before the last menstrual period, followed by the postmenopausal phase, which begins after 12 months of amenorrhea and continues until the end of life. The advanced postmenopausal phase begins 3-6 years after the last menstrual period, with vasomotor symptoms and FSH levels that require 5-8 years to achieve hormonal stability [6]. This finding is in line with Essa & Mahmoud's study [35], which showed that women who were in the range of 5 to less than 10 years post menopause (90.2%) experienced more severe symptoms compared to those who had passed 10 years post menopause. This indicates that the duration of menopause plays an important role in determining symptom severity, with the early postmenopausal period tending to be more severe than the later period when hormones begin to stabilize.

The average Islamic mindfulness score in this study was 37, with the highest score

being 39. These findings indicate that most menopausal women in this study demonstrated a relatively high level of Islamic mindfulness. This high score is most likely influenced by active involvement in religious activities such as regular recitation and deepening of fiqh knowledge in taklim assemblies, which strengthens the spiritual connection with *Allah SWT* and forms a complete self-awareness.

High Islamic mindfulness has the potential to have a positive impact on psychological conditions, especially in reducing anxiety, stress, and depression. Islamic mindfulness includes awareness, a relationship with Allah, and a healing process that is reflected in worship practices such as prayer, dhikr, and muraqabah [40]. Muraqabah itself is a form of spiritual self-awareness that includes cognitive, emotional, and spiritual dimensions, and has therapeutic benefits for mental health [41]. In addition, consistent and solemn prayer practices improve emotional well-being and inner calm [42], while strengthening faith and reducing psychological symptoms. A study by Thomas [43] also emphasized that Islamic values such as patience, sincerity, and submission have continuity with the principles of mindfulness. Thus, these findings corroborate that high levels of Islamic mindfulness can act as a protective factor against psychological disorders in menopausal women and emphasize the importance of Islamic approaches in mental health promotion and prevention efforts.

This findings showed that 57.3% respondents did not experience anxiety, 17.1% experienced mild anxiety, 13.4% experienced moderate anxiety, and 12.2% experienced very severe anxiety. This is in line with the previous study [1] that stated mood swings to anxiety disorders experienced by menopausal women. In addition, menopause women' anxiety arises because of worries about facing situations that they had never previously worried about [11].

A total of 31 people (37.8%) did not experience stress, 14 people (17.1%) experienced mild stress, 10 people (12.2%) experienced moderate stress, 12 people (14.6%) experienced severe stress, and 15 people (18.3%) experienced very severe stress. This is in line with previous study [44] that found women experience more stressful events and have a more negative impact on women, especially middle-aged women during the menopausal transition. In that phase, there are changes and fluctuations in ovarian hormones such as estrogen and progesterone which become very unstable and have a major impact on psychological conditions [45].

Respondents who were not depressed were 59 people (72.0%), mild depression were 5 people (6.1%), moderate depression were 7 people (8.5%), severe depression were 4 people (4.9%), and very severe depression were 7 people (8.5%). This supported by study conducted in 2023 that stated hormonal and neurosteroid changes that occur in the menopausal transition phase increase susceptibility to depression. During the perimenopausal phase, fluctuations in estrogen and progesterone levels have an impact on the stability of neuro steroids that play a role in regulating the GABA system in the brain. Disruption of this system leads to a decreased inhibitory effect on the hypothalamic-pituitary-adrenal axis (HPA axis), thus increasing the body's stress response. This dysregulation of the HPA axis makes women more susceptible to psychological symptoms such as anxiety, stress and depression. This condition especially occurs in individuals who are sensitive to hormonal changes [45].

Relationship between Islamic Mindfulness and Anxiety

The finding showed that there is a very weak and no significant correlation between the level of Islamic Mindfulness and the level of anxiety in menopausal women ($r = -0.156$; $p = 0.151$). Although the direction of the correlation is negative, the

level of mindfulness is not statistically significantly related to the level of anxiety experienced by menopausal women. This suggests that in the context of anxiety, Islamic mindfulness has yet to be proven as a significant protective factor.

This finding aligns with a comprehensive review published as part of *The Lancet Menopause Series*, which concluded that there is no robust, consistent evidence indicating that the menopausal transition universally increases the risk of anxiety disorders. Instead, only certain subgroups, specifically women with severe vasomotor symptoms, chronic sleep disturbance, or a history of preexisting anxiety disorders, demonstrated elevated anxiety during menopause [31]. This suggests that menopausal transition by itself is not a universal trigger for clinical anxiety, but may exacerbate symptoms in vulnerable women. Furthermore, according to Miharti & Ayu's study in 2021 [46], anxiety in menopausal women is more closely related to external factors such as lack of partner support ($p = 0.012$; $OR = 7.333$), low levels of knowledge about body changes ($p = 0.024$; $OR = 3.6$), and certain cultural values that make women feel embarrassed or afraid to talk about menopausal conditions. This reinforces the idea that anxiety cannot always be addressed through spiritual or internal approaches alone.

Therefore, while Islamic mindfulness has great potential in aiding emotional management through increased spiritual awareness and self-acceptance, its association with the severity of menopausal anxiety symptoms has not been consistently proven. The interacting influences of biological changes, external stressors and social support seem to have more influence on these symptoms.

Relationship between Islamic Mindfulness and Stress

The results found that there is a weak and significant correlation between the level of

Islamic mindfulness and the level of stress ($r = -0.244$; $p = 0.027$), which means that the higher the level of mindfulness of a person, the lower the level of stress experienced. Despite being in the very weak category, this relationship is still statistically significant, which means that increasing Islamic mindfulness contributes to a decrease in stress levels.

This finding is supported by the meta-analysis conducted by Liu [14] that mindfulness-based interventions can significantly reduce stress in menopausal women ($SMD = -0.84$, $p = 0.04$). In an Islamic perspective, mindfulness is reflected in the practice of *muraqabah* in routine recitation, which focuses on *tafakur*, which encourages self-awareness and closeness to Allah SWT in accordance with research by Isgandarova [47] which states that the practice of *muraqabah* can be used as an alternative to the application of MSBR to MCBT. *Muraqabah* also has a therapeutic function, which is in line with the statement of Stute & Lozza-Fiacco [10] that argue managing stress from internal aspects such as irrational expectations and negative thoughts about personal changes during menopause tend to have a negative influence to the women.

Women with high levels of Islamic mindfulness tend to accept the menopause process as part of divine destiny and see it as a process of learning and improving themselves, so that they can manage their emotions better and adaptively. Therefore, Islamic mindfulness can relate to the level of stress suffered by women during menopause.

Relationship between Islamic Mindfulness and Depression

This study found that there is a weak and significant correlation with a negative direction between the level of Islamic mindfulness and the level of depression ($r = -0.327$; $p = 0.003$), which means that the higher the level of mindfulness, the lower

the level of depression experienced by a person. This finding is in line with previous studies. A study conducted by Alblooshi [1] showed that mindfulness has the potential to reduce depression scores in menopausal women and showed a consistent direction of association with a decrease in depressive symptoms. If gather with Islamic spiritual values such as *muraqabah* involving dimensions of acceptance of fate, gratitude, and spiritual serenity, its effectiveness may increase. These values can provide a strong spiritual foundation in dealing with psychophysiological changes during menopause, so that women not only manage their thoughts cognitively, but also calm their minds through a religious approach.

This finding supported previous study by Octavani [13] revealed that although not all menopausal women experience depression, those with low economic levels and less social engagement tend to be more vulnerable. In this context, Islamic mindfulness can be both psychologically and socially protective, as practices such as dhikr, prayer, and *tafakur* (contemplation) are often done communally at *Majelis Taklim* and provide considerable emotional support. Women with high levels of Islamic mindfulness tend to be more accepting of the menopause process as part of divine destiny and see it as a process to learn and improve themselves, thus being able to manage their emotions better and adaptively. Therefore, Islamic mindfulness can be related to the level of depression suffered by menopausal women.

Implication in Nursing

The integration of Islamic mindfulness into nursing practice can be operationalized through patient centered care, culturally sensitive interventions across clinical, counseling, and community settings, particularly among menopausal women. Nurses can begin by incorporating spiritual assessments into routine care to identify patients' preferences, beliefs, and openness

to faith-based coping strategies. This ensures that interventions such as dhikr (remembrance), prayer, or Qur'anic recitation are offered respectfully and tailored to individual needs rather than assumed.

In nursing practice, nurses can reinforce positive coping by introducing concepts such as *sabr* (patience), *shukr* (gratitude), and *tawakkul* (trust in God) during patient interactions, helping women reinterpret menopausal experiences in a more meaningful and accepting way. In counseling contexts, nurses can adopt culturally sensitive communication approaches that integrate psychological support with spiritual perspectives. This includes active listening, validating emotional experiences, and gently incorporating faith-based reframing when appropriate. Importantly, nurses must maintain cultural competence by avoiding assumptions about levels of religiosity and adapting interventions to each individual's background, ensuring inclusivity and respect. Furthermore, at the community and primary care levels, nurses can extend these practices by participating in or organizing health education programs that combine menopause awareness with spiritual coping strategies. Collaborations with community leaders or religious figures can enhance the reach and acceptability of such programs. Additionally, incorporating routine screening for psychological and spiritual well-being in primary care settings can help normalize discussions around menopause and mental health. Overall, integrating Islamic mindfulness into nursing practice provides a feasible and evidence-informed approach to enhancing coping, resilience, and well-being among menopausal women.

Limitation of the study

This study has several limitations. First, a cross-sectional design does not adequately capture the dynamic nature of anxiety and stress. Second, the slight shortfall in the

achieved sample size compared to the initially planned target. Although this difference is minimal and the statistical power remains close to the desired level of 0.80, it may have marginally reduced the study's sensitivity to detect a moderate correlation. Nonetheless, the final sample size is still considered broadly adequate for the intended analysis. Next, the research was limited to a single *Majelis Taklim*, restricting the generalizability of the findings.

CONCLUSION

There is a very weak negative and no significant correlation between Islamic Mindfulness and anxiety ($r = -0.156$; $p = 0.151$). While Islamic Mindfulness and stress ($r = -0.244$; $p = 0.027$), and depression ($r = -0.327$; $p = 0.003$) had a weak negative and significant correlation. The psychological symptoms of anxiety, stress, and depression have a negative relationship direction with Islamic mindfulness. It means that if someone has a good level of mindfulness, they tend to have low levels of anxiety, stress, and depression. The practice of Islamic mindfulness can be a coping mechanism that is under Islamic teachings to help women to undergo menopause more easily and reduce menopausal symptoms such as anxiety, stress, and depression. Future studies may conduct a longitudinal studies, intervention-based research, and comparison with non-religious mindfulness approach.

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