

ENHANCING TEENAGERS' KNOWLEDGE ABOUT MENARCHE CARE IN ELEMENTARY SCHOOL AGE THROUGH AUDIO VISUAL MEDIA

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Abstract

Teenagers are defined as the transition period from childhood to adulthood. In Indonesia, according to population projection data (2014), the number of teenagers reaches around 65 million or 25 per cent over the 255 million population (Ministry of Health, 2015). In the 2014-2019 health development target, teenager reproductive problems are one of the biggest issues that must be a concern, one of which is the understanding of menarche or menstruation experienced. Data shows that a quarter of teens never talks about menstruation before experiencing menarche. Insufficient knowledge about menarche causes anxiety problems in adolescents, unpreparedness in dealing with menarche, and poor personal hygiene during menstruation which can have an impact on reproductive health. Based on this analysis, it is considered important to carry out community service to improve understanding and knowledge of menarche care at elementary school age. Audiovisual teaching media was used as material and method. The sample size for community services was 50 participants, from 4 to 6-grade students. A self-administered questionnaire was used for pre and post-test data collection. The results showed differences between pre and post-test about knowledge of menarche care. Before applying the community service, there were 18% of girls were aware of menarche and menstrual hygiene. Meanwhile, the post-test result showed an improvement to 64%. Significant differences were observed among girls in terms of knowledge and perception related to menarche care. The promotion of health through education is expected to be able to increase the knowledge of young girls, so they can achieve both physical and psychological care and health.

Keywords: Teenagers, Menarche, Care, Knowledge.

Abstrak

Remaja adalah masa transisi dari masa kanak-kanak menuju dewasa. Di Indonesia (2014), jumlah remaja mencapai sekitar 65 juta atau 25 persen dari 255 juta penduduk. Masalah reproduksi remaja merupakan salah satu isu terbesar yang harus menjadi perhatian, salah satunya adalah pemahaman tentang menarche. Data menunjukkan bahwa seperempat remaja tidak pernah membicarakan menstruasi sebelum mengalami menarche. Kurangnya pengetahuan tentang menarche menyebabkan masalah kecemasan pada remaja, ketidaksiapan menghadapi menarche, dan personal hygiene yang buruk saat menstruasi yang berdampak pada kesehatan reproduksi. Berdasarkan analisis tersebut, pemberdayaan sangat penting untuk meningkatkan pemahaman dan pengetahuan tentang asuhan menarche pada usia sekolah dasar. Media pengajaran audiovisual digunakan sebagai bahan dan metode. Besar sampel untuk pengabdian masyarakat adalah 50 peserta, dari siswa kelas 4 sampai kelas 6. Kuesioner perawatan menarke digunakan untuk pengumpulan data pre dan post-test. Hasil menunjukkan perbedaan antara pre dan post-test tentang pengetahuan perawatan menarche. Sebelum pendidikan kesehatan, terdapat 18% anak perempuan yang mengetahui tentang menarche dan higiene menstruasi. Sedangkan hasil post-test menunjukkan peningkatan menjadi 64%. Perbedaan yang signifikan diperoleh pada anak remaja putri dalam hal pengetahuan dan persepsi tentang perawatan menarche. Promosi kesehatan melalui audio visual diharapkan dapat meningkatkan pengetahuan remaja putri, sehingga dapat mencapai perawatan dan kesehatan baik fisik maupun psikis.

Kata kunci: Remaja, Menarche, Perawatan, Pengetahuan.

PENDAHULUAN

Teenagers are defined as a transition period from childhood to adulthood (Proverawati & Misaroh, 2017), while WHO defines adolescents as those who are in the transition stage between childhood and adulthood when they reach the age of 10 to 19. Based on the data taken from UNICEF (2016), the current population of adolescents aged 10-19 is 1.2 billion or 16% of the world's population. While the population of adolescents aged 10-24 years in ASIA was 802 million in 2013. In addition, in Indonesia, according to population projection data (2014), the number of adolescents reached around 65 million or 25 per cent from 255 million populations. Specifically, the number of 10-19 year age groups according to the 2010 Population Census is 43.5 million or around 18% of the population (Kementerian Kesehatan, 2015). This data shows that the population of adolescents is quite large and influencing. The target of health development, adolescent reproductive problems is one of the important aspects that must be a concern. The scope of reproductive health is various, one of which is the understanding of puberty, which is characterized by various kinds of changes in both physically and psychologically.

Puberty is one phase that will be experienced by every teenager. Teenagers will experience a variety of new changes in their lives, both physical and physiological changes also various psychological turmoil in their lives. One of the physiological changes that adolescents face is sexual maturity. (Moersintowati, Sularyo, Soetjningsih, & Ranuh, 2008) The characteristic of sexual maturity is Menarche. Menarche is the first menstruation that will be experienced by young women as one of

the signs of puberty (Proverawati & Misaroh, 2017). Menstruation is the release of the endometrium or uterine wall accompanied by bleeding containing unfertilized eggs. It occurs periodically (at certain times) and cyclic (repetitive). Puberty usually occurs at the age of 9-18. Women experience puberty earlier than men, so women need to urge attention especially related to health reproduction.

The age of menarche occurs more and more early. It is proven by 2012 IDHS (Indonesian demographic health survey) that stated as many as 23% of menarche occurred when women reach 12 years old, 7% at 10-11 years old, and adolescents are in 89% when they reach 12-15 years old. (SDKI, 2013). However, the results of the field survey on exposure to information about health reproduction are still limited. The data shows that a quarter of teens never talk about menstruation before experiencing menarche. Hence, women who acknowledge about their fertile period are very low, at 16%. Furthermore, it is exacerbated by the perception of consent to premarital sexual relations as worse as 7% (SDKI, 2013). This data provides information that efforts to promote adolescent reproductive health or the provision of reproductive health information are still not optimal and are still far from the target of achieving national strategic planning.

Having lacks information about menarche as a disease may cause anxiety. Moreover, anxiety can affect the pattern of their daily activities. This issue may have an impact on their academic performance. In order to avoid misinformation or other impacts of menarche, comprehensive information is needed. This information can be obtained from various sources including during school. The

information should have been obtained since elementary school, but in reality, it is still rare for elementary schools to provide additional lessons about menstruation. While in their daily-engaged environments like homes and neighborhoods, less information about comprehensive reproductive health is obtained. Most parents still think that menstruation is a taboo that does not need to be discussed with children. As a consequence, the students get less information about menstruation (Proverawati & Misaroh, 2017).

Inaccurate information and knowledge can cause wrong perceptions. Teenagers may assume that menarche is disgusting, and some people feel very uncomfortable during the first menstruation, so they feel embarrassed, hide it. This issue makes young women unprepared for menarche. According to Sulistioningsih (2014) the impact of unpreparedness to experience menarche makes young women fragile to a risk of 4,079 times get worse vulva hygiene compared to young women who are ready to experience menarche (Sulistioningsih, 2014).

Based on information obtained from the principal and one of the female students at SDN Citimun I, there are no specific subjects teaching reproductive health, especially menarche, menstruation and treating menarche. Science subjects in grade VI only discussed reproductive organs, not about menstruation. As a record, SDN Citimun I had never become a research site or counseling related to menstruation. Knowledge of young women aged 10-12 about menarche and treatment at menstruation is still lacking, and students tend to be shy and confused when they are asked about menstruation. Based on this background, we are interested in

providing promotion efforts for adolescent reproductive health through increasing the knowledge of young women about menarche care.

METHODE

Based on the description of the problem above, the community service activities carried out were in the form of a counseling about menarche care. It was given to elementary female students in SDN Citimun I Sumedang. This community service activity was carried out in one day, July 2019. Activities begin with identifying the level of knowledge of SDN Citimun 1 students regarding the menarche care by doing fifteen questions written pretest. Moreover, that health education through audiovisual media is applied. The final result of this community service is seen through the posttest score. It is expected that there will be an increase in the number of students who have good knowledge of menarche care. The pretest and posttest scores are then categorized into three, namely good, enough, and lacking. Moreover, the outreach results were assessed by looking at the increase in the number of female students who have good scores at the posttest. The data is displayed descriptively in regularity distribution table.

RESULT AND DISCUSSION

The activity of community services to the students of SDN Citimun 1 run well. Teachers, students and staff showed good responses and cooperation. The network community service activity is shown as follow:

Opening by community service committee

The target of this community service activity was the elementary

students of SDN Citimun 1. The program was opened by the leader.

Applying Pre-test

The pretest had been employed by 50 students of grade 4, 5, and 6 SDN Citimun 1. The pretest was done in writing, by working on fifteen questionnaire question items. The questionnaire given includes the definition of puberty, the characteristics of puberty, the definition of menarche and menstruation, menstrual physiology, menstrual care, and how to treated vulva hygiene. The pretest was assessed according to the references. The questions were composed by the expertise, and then it is converted into categories according to the score range.



Figure 1 Pretest Implementation

The pretest results are then processed and presented in table 1 :

Table 1 Overview Of Knowledge Levels Before Implementing Community Service

Knowledge level	Total [N]	Per cent [%]
Well	9	18
Enough	31	62
Less	10	20
Total [N]	50	100.0

Based on the results of the pretest, it is known that only 18% of female students have a good level of understanding.

Applying community service and counselling

The Counseling had been done through audiovisual media. The material given was related to puberty, female reproduction, menstruation, and menstrual care, as it is explained below:

- a. Puberty is a process of maturity and growth that occurs when the reproductive organs begin to function and secondary sex characteristics begin to appear. There are two changes in physical characteristics during women puberty: primary changes (menstruation) and secondary changes (height increase, hair growth around the pubic and armpit, the elevation of the tone of voice, breast enlargement, and "feminization" body shape at the hips, waist and thighs).
- b. Menstruation is a periodic symptom of blood-realising symptom and mucous tissue from the inner lining of the uterus through the vagina. Normally, menstruation occurs every month during the reproductive period, which starts at puberty (menarche) and ends at menopause.
- c. Personal Hygiene
Menstruation is a women's personal hygiene during menstruation which aims to prevent disease and to increase comfort.
- d. Menarche care is a treatment that must be considered during menstruation: menarche includes skin and facial

care, hair hygiene, body hygiene, genital hygiene, cleanliness of clothing and underwear.



Figure 2 Applying The Community Service And Counselling

After giving the material, the event was continued with a discussion session. The enthusiasm of the participants was quite good that was indicated by the existence of feedback in the form of questions.



Figure 3 The Enthusiasm Of The Counselling Participants Giving Questions

Post-test implementation

The posttest was carried out with the same questions immediately after administering the material (Fig.4).



Figure 4 Posttest Implementation

The questions given at the post-test are the same as the pretest. The posttest results are summarized in table 2.

Table 2 Overview of Knowledge Levels after the treatment

Knowledge level	Total [N]	Per cent [%]
Well	32	64
Enough	16	32
Less	2	4
Total [N]	50	100.0

Based on the post-test results in table 2, it is proven that the number of students who have good knowledge of menarche care increases to 64%. This data shows that health education can affect one's health knowledge.

Puberty is a change or development period in both physically and psychologically from childhood to adolescence. The growth of puberty varies between one child and another. Puberty in women begins at the age of 8-13 years, while in men, between 10-15 years old. One sign of puberty in women is the occurrence of sexual maturity which is marked by the existence of the first menstrual process (menarche) (Wardhani, 2012)

During puberty, various experiences will arise, such hormonal

reactions, biological reactions and psychological reactions (Agoes, 2004). The impact of hormonal reactions and physical changes in adolescent girls is characterized by the existence of the first menstruation or known as menarche. Menstruation is the release of the endometrium or uterine wall accompanied by bleeding and containing unfertilized eggs. It occurs periodically (at certain times) and cyclic (repetitive). During menstruation, women can experience various emotional turmoil called with premenstrual syndrome (PMS) (Alfarizki, Purwoko, & Pratiwi, 2017). From an adolescent psychologist, it was stated that during puberty, children and adults will experience various things in their emotions and feelings called storm and stress so that the puberty period makes teenagers easily get angry and easily offended (Alfarizki et al., 2017)

For an adult, all psychological turmoil proceeds in a normal mood, sometimes it runs smoothly, and sometimes does not. It can also cause various psychosomatic problems called psychological aberrations and disorders that cause disruption to physical health. Psychosomatic problems can cause psychological symptoms that are very striking in the first menstrual event. It may cause anxiety or fear by the desire to reject physiological processes (Mohamadirizi & Kordi, 2013), so it creates the wrong assumption that menarche is a symptom of a disease.

Adolescence readiness in dealing with menarche is very important to note. The comprehensive information and knowledge are needed so that they are better prepared to experience menarche. When teenagers are ready to experience menarche, they will feel happy and proud when the menarche comes because it is a sign that they are at the stage of becoming biologically

mature(Suryansyah, 2017). While adolescents who are not ready to face menarche will feel insecure especially if the menarche occurs earlier. The study found that adolescents had a negative response to the menarche they experienced, such as feeling afraid, surprised, sad, disappointed, embarrassed, worried, and confused. (MarieLeePh.D.b, 2003)

Health education to increase knowledge about menarche is intended to reduce the level of impurity in young women who have just had their first menstruation(Proverawati & Misaroh, 2017). Health education also aims to make teenagers know and ready that the transition process from children to adults is characterized by the occurrence of menarche itself. Health education through counseling will bring changes in the level of knowledge, attitudes, and behaviour, for both individuals, families and communities because the counselling instils healthy principles in daily life to achieve optimal health status (Muninjaya, 2004)

The advantages of implementing health education activities that use the method of counseling with audiovisual media are that participants can use both senses: their eyes and ears. The maximum use of senses gives good results such as the increasing percentage of participants who have good knowledge and understanding. However, the narrow space makes participants have to sit close together. This can cause disruption of concentration when listening to counseling so that it affects the post-test score. The results of the study also showed that even though counseling had been carried out, 4% of participants did not get comprehensive information about the material.

The implementation of this community service activity is

categorized as easy because the school is very cooperative. They give permission to carry out activities. The school also provides a room for conducting activities and provides time between school schedules so that students can attend counseling.

CONCLUSION

This community service activity has an impact on the increasing level of knowledge of students about menarche care that is very closely related to a woman's daily life. The form of delivery of health education through counseling with audiovisual media is considered effective and efficient to solve the existing problems. Pre-test and post-test were conducted to assess the ability of their menarche care knowledge. These community service results can be a recommendation for clinicians and academicians in providing women's reproductive health education. In addition, based on the results of the implementation of the activity, it is known that the counseling method for some extent, may help to improve the knowledge of the students about the issues better. Thus, this activity is expected to help government programs in implementing the achievement targets of adolescent health development.

ACKNOWLEDGEMENT

We are grateful to thank the Headmaster of SDN Citimun I Cimalaka Sumedang with staff, UPI Kampus Sumedang research unit for their contributions in this community services. Thank you to the honorable Director of UPI Kampus Sumedang.

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