

Improving Menarche Readiness Through Health Education for Young Women

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ARTICLE INFORMATION

Received: May, 18, 2021 Revised: May, 30, 2021 Available online: May 2021

KEYWORDS

Menarche Readiness, Health Education, Young Women

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INTRODUCTION

ABSTRACT

Many young women had poor knowledge about female health. Therefore, they are unprepared to face menarche. Providing information to young women about menarche as health education, could be a problem solving to reduce anxiety. Health education program intended for young women (aged 9-13 years) who have not experienced menarche. The community service program was followed by 10 young women and conducted in Neighborhood No. 10, Hamlet No. 4, Latsari Village, Banjar Sub-District, Tuban District, East Java Province. The health education program was conducted online using zoom meetings, a leaflet as educational media, and a questionnaire to evaluate the level of understanding participants along with the health education program. The results of the evaluation program showed that 80% of participants were not ready to face menarche before the community service program begins. However, the participants' readiness increases which reached 70%. Therefore, health education could be implemented to improve readiness towards menarche for young women. In addition, age and health information sources could also affect the readiness of young women to face menarche.

Youth as the future asset of the nation must be prepared in various aspects. The quality of adolescents in education, health and economic involvement must be improved early (BPS, 2013). Young women who have entered puberty will experience menarche (Lutfiya, 2017). Menarche (first menstruation) becomes a thrilling moment for young women because of the first to experience it (Gunarsa, 2001) quoted by (Yusuf et al., 2014) and many young women are not ready to it (Lutfiya, 2017). Young women need information about the menstrual process and health during menstruation. Young women will have difficulty dealing with menstruation for the first time if they have never known or discussed it with their peers or their mother. Generally, young women learn about menstruation from their mothers. However, not all mothers provide information that speaks openly to anyone until their daughter has her first period (Jones, 2005) quoted by (Hastuti et al., 2014). Young women who have not gained the correct information about menstruation have incorrect information about menstruation, even tend to associate menstruation with something negative. A child's ignorance of menstruation can make it difficult for a child to receive menarche (Budiati & Apriastuti, 2012).

In East Java in 2013, teenagers accounted for 16.13% of the total population of East Java. According to the age group, early adolescents (11-15 years old) are the most significant of 53.59% of all adolescents.

Furthermore, the middle adolescent age group (16-18 years) as much as 29.10%, followed by the late adolescent age group (18-19 years) as much as 17.32% (BPS, 2013). In Indonesia, menarche age in young women has decreased in recent years. The decline in menarche age must be balanced with readiness in prepubescent young women, both physically and psychologically (Lutfiya, 2017). Menarche age tendencies to decrease or menarche earlier. Early menarche occurs at the age of fewer than 11.9 years (Sholeha, 2016). Gunarsa (2001) argues that menarche occurs around the age of 11 years, while (Sarwono, 2010) quoted by (Jayanti & Purwanti, 2012), stated that menarche occurs in girls aged 9 years, 10 years, even some aged 17 years.

Factors affecting young women's readiness to menarche, according to (Lutfiya, 2017) is knowledge. Young women who have good knowledge have the opportunity to be better prepared in the face of menarche. According to (Novitasari et al., 2018), good knowledge of menstruation is indispensable for young women in the face of menarche so that they are ready for menarche. Otherwise, it will lead to false assumptions related to menarche, such as considering that the coming of menarche is a disease, thus causing anxiety. In addition, according to Suryani and Widyasih (2008) quoted by (Jayanti & Purwanti, 2012), factors that affect the children readiness in the face of menarche are age, source of information and attitude. In addition, parental support (Prasetyo, 2016) and communication between mother and child also has a significant relationship with the readiness to face the first menstruation (menarche) (Fajri & Khairani, 2011). Young women's unpreparedness in menarche's face will impact poor vulva hygiene behaviour and risk contracting sexually transmitted diseases (Lutfiya, 2017). In addition, unpreparedness in the face of menarche causes feelings of anxiety (Retnaningsih et al., 2018). The early age of menarche, which is not in line with psychological development (mental and emotional), will cause anxiety in students. When students experience menarche, they fear getting pregnant because of blood out, shame admits to others, worry, restless, sad because they cannot play with male friends, angry and shocked because of their unpreparedness. (Sholeha, 2016).

Readiness improvement to face menarche can be done by providing information and attention to young women. Thus women will become relax and ready to welcome the arrival of menarche (Fajri & Khairani, 2011). Providing health education can also reduce anxiety in young women (Nofia, 2016). Based on the description above, health education efforts are needed to improve the readiness to face menarche for young women.

METHOD

Health education was intended for young women (women aged 9-13 years) who had no experienced yet menarche in Neighborhood No. 10 Hamlet No. 4 Latsari Village, Banjar Sub-District, Tuban District. 10

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young women participated the community service program about menarche readiness. The preparation stage of the community service program was material discussion about Menarche Readiness for Young Woman, leaflets for educational media, and a questionnaire for evaluating the level of understanding participants in 10 questions distributed before and after the health education program. Health counselling was held for 1 day on September 30, 2020.

RESULT AND DISCUSSION

The health education program for the young woman was participated by about 50% of adolescents aged 10 years old, and 70% of them had never known about menarche. Further detailed information could be seen in Table 1.

Table 1. Characteristics of Young Women in RT 10 RW 4 Kel. Latsari Kec. Banjar Tuban On September 30, 2020

Characteristics of Young Women	Frequency	Percentage
Age (year) :		
10 11	5	50%
12	3	30%
Total	2	20%
	10	100%
Menarche resources:		
No	7	70%
Family	3	30%
Total	10	100%

The evaluation program results showed that 80% of participants were not ready to face menarche before the community service program started. However, the participants' readiness increases to a ready state which reached 70%. The detailed information could be seen in table 2.

Table 2. Menarche Readiness in Young Women at Neighborhood No. 10 Hamlet No. 4 Latsari Village,Banjar Sub-District, Tuban District on September 30, 2020

Danjar Sub District, Tuban District on September 30, 2020					
Menarche Readiness	Before Health	education	After Health Education		
	Frequency	Percentage	Frequency	Percentage	
Ready	2	20%	7	70%	
Not Ready	8	80%	3	30%	
Total	10	100%	10	100%	

According to Suryani and Widyasih (2008), the factors affecting teenagers' readiness to face menarche including age, health information, and attitudes (Jayanti & Purwanti, 2012). Menarche is regarded as a shock distraction for young women. The younger age of a woman, the less menarche readiness accepted. In addition, the young women could not maintain self-discipline in terms of body hygiene, such as taking

a bath when their parents or friends asked, but it very important for themselves. Therefore, menarche is an unpleasant problem that had to be faced by them (Jayanti & Purwanti, 2012).

The menarche readiness of young women is also affected by the health information source coming from family, friends, and school environments (Jayanti & Purwanti, 2012). The menarche information must be based on reliable empirical evidence. Therefore, young women can build readiness to face menstruation confidently. Attitude could affect the readiness of menarche to young women based on response or reaction feeling to face menarche (Jayanti & Purwanti, 2012).

Based on Subekti Wulandari and Wisnu Kanita (2020), the readiness of menarche could be improved by providing health education and information. Health education could affect knowledge change (Sihite et al., 2017). The lack of education program will impact knowledge and cause unpreparedness (Syahwal, 2020). Before being given health education, students do not know about menarche. After being given health education, the students become more aware of menarche to feel less anxious when experiencing menarche (Nofia, 2016).

Age factors and sources of information can influence the unpreparedness of respondents before health education. Most of the respondents were 10 years old and had never been informed about menarche. Respondents who are 10 years old said they were not ready compared to 12 years old. The more she is not ready to receive menstrual events, so menarche is considered a surprising disorder. Respondents who have been informed had better prepared than respondents who have not been informed because they will get an idea of how and what will happen when menarche so that it will be ready to face menarche.

After conducting health education on how to deal with menarche obtained, respondents' readiness in the face of menarche increased from 20% to 70%. This improvement can be caused by the information about menarche so that respondents get an appropriate description and not scary will menarche so that respondents are not anxious and afraid. They were better prepared in the face of menarche.

CONCLUSION

Age and health information sources as factors to improve the readiness of menarche for young women and health education could be considered the program to implement to reduce the anxiety of young woman toward menarche.

ACKNOWLEDGEMENTS

Thanks to all participants who participated the community service program and Neighborhood Chairman who has facilitated health education activities.

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