

Effectiveness of Health Education Toward Personal Hygiene During Menstruation Among Adolescent Girls

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Received :

Revised :

Accepted :

Online :

Published :

Abstract

Aims: knowing the effectiveness of providing health education about personal hygiene to adolescent girls who are menstruating.

Method: quasi-experimental with one group pretest-posttest design. The sample in this study were some 10th grade students of SMAN I Jatisari in July 2023 as many as 75 people. The sampling technique was random sampling.

Results: The knowledge of adolescent girls about personal hygiene before being given health is mostly poor knowledge (78.7%) and after being given health education is mostly good knowledge (56%). Health education can effectively improve the knowledge of adolescent girls about personal hygiene (p value 0.000).

Conclusions: Health education can effectively improve the knowledge of adolescent girls about personal hygiene. It is hoped that health workers will be more active in conducting counseling on personal hygiene during menstruation so that young women get knowledge related to this and apply good and correct personal hygiene behaviour.

Keywords :

Adolescent, Health education, Menstruation, Personal hygiene,

INTRODUCTION

The World Health Organization (1) says adolescents are the population in the age range of 10-19 years, according to the Indonesian Minister of Health Regulation Number 25 of 2014, adolescents are the population in the age range of 10-18 years and according to the Population and Family Planning Agency (BKKBN) the age range of adolescents is 10-24 years and unmarried. The number of people aged 10-19 years in Indonesia according to the 2010 Population Census was 43.5 million or around 18% of the total population (2),(3).

The highest incidence of reproductive tract infections (RTIs) in the world is in adolescence (35% - 42%) and young adulthood (27% - 33%). The prevalence of poor personal hygiene behaviour during menstruation is 83%. The prevalence of UTIs

in adolescents in the world in 2012 was candidiasis (25%-50%), bacterial vaginosis (20%-40%) and trichomoniasis (5%-15%) (1).

It is a phase of transition from childhood to maturity, during which there is fast growth, including reproductive functions, which effect developmental changes, including changes in physical, mental, and social roles. Adolescence is a period that occurs between childhood and adulthood. Biological changes are the first to manifest themselves in the individual. The beginning of menstruation is one of the indicators that are associated with biological youthfulness. Puberty and the reproductive period, often known as the period in which a woman is able to bear children, are the times when menstruation begins. The onset of menstruation typically occurs between the ages of 10 and 16 years old, although this can vary based on a

number of factors such as the woman's health, nutritional state, and body weight in relation to her height. In spite of this, the fact remains that a significant number of women struggle with menstrual issues, including lack of personal cleanliness during menstruation (4).

Personal hygiene is an effort in maintaining and caring for the cleanliness of all members of the body including reproductive organs. During menstruation, the blood vessels in the uterus are easily injured, therefore personal hygiene is very important to be carried out in order to be free from reproductive organ dysfunction. Adolescents must have the ability to live clean and healthy behaviours, healthy living skills and good social skills so that adolescents can grow and develop harmoniously and optimally into quality adolescents (5)

Inappropriate personal hygiene practices can lead to infections of the reproductive tract, as well as fungal and bacterial diseases. Laziness in changing pads is a behavior that falls short of proper menstrual hygiene care. as you're menstruating, it's important to practice good personal hygiene by following these guidelines: use a sanitary napkin no more than six hours at a time, and change it periodically as it becomes full. Another risk factor for cervical cancer is inadequate personal cleanliness, particularly in the vaginal region (6).

Hygiene behaviours during menstruation such as using sanitary pads and washing the genitalia during menstruation can have a positive effect on the health of adolescent girls. Awareness about the need for information about healthy menstrual behaviour is very important in order to avoid reproductive organ diseases (7). The impact that occurs when not maintaining hygiene during menstruation will be susceptible to urinary tract infections, vaginal discharge, reproductive tract infections, and skin irritation (8)

Clean personal hygiene behaviour during menstruation needs to be emphasised, this

can be done in a promotive way, namely with health education. Health education about maintaining personal hygiene needs to be done in order to prevent various reproductive health problems. This health education can be done directly individually or in groups using audiovisualmedia, print media such as leaflets, posters, or banners and mass media which can be in the form of print media such as newspapers, magazines, and electronic media such as radio and television (9)

Education with the lecture method can increase adolescents' knowledge about how to care for personal hygiene properly and correctly. By providing education in the form of health promotion provided, adolescents begin to become aware of a stimulus so that it causes interest in the stimulus and then results in attention from the teenager and if the stimulus has received attention, the teenager begins to weigh whether or not the stimulus is good for him after that there will be a willingness in the teenager to try new behaviours and finally with new behaviours according to their knowledge, attitudes and awareness as well as support, facilities and encouragement from the environment, adolescents change their behaviour in caring for personal hygiene (10)

Based on the results of preliminary studies conducted at SMAN I Jatisari, information from the principal said that there had been no health counselling on hygiene during menstruation, and at SMAN I the method used during the learning process was lecture without using other media such as power point or other media. Students receive material about adolescent reproduction only in general in class, reproductive material is included in science lessons, while ways to care for or clean female organs have not been given.

In a study involving 10 female students, researchers found that menstruation was generally smooth, lasted about 7 days, shed blood mostly on the first, second, and third days, necessitated changing underwear twice a day, and was accompanied by itching

and a lot of smelly, yellowish vaginal discharge. This discharge typically occurred before and after menstruation. According to seven female students, they changed their pads twice a day—in the morning and the evening—or when they were full. They claimed to be too lazy to change them at school, and they also mentioned that they would clean their genitalia with soap or feminine cleansing liquid to alleviate itching and vaginal discharge. On the other hand, three female students reported changing their pads three to four times a day, or whenever they felt uncomfortable.

Health education is crucial in an attempt to raise awareness among teenagers regarding menstrual hygiene, according to the available data and occurrences. Researchers

at SMAN I Jatisari in 2023 are interested in studying "The effectiveness of providing health education on personal hygiene for adolescent girls who are menstruating" because to the fact that modern adolescents have a lot of information gaps.

METHODS

Design with one group conducting a pretest and then a posttest; it's quasi-experimental. Roughly 75 individuals, selected at random from the 10th grade at SMAN I Jatisari in July 2023, made up the sample for this research. A random sampling procedure was used for the sampling. Both one- and two-variate analyses, including paired simple t-tests, are employed in the study.

RESULTS

Table 1. Frequency Distribution of Adolescent Girls' Knowledge of Personal Hygiene Before and After Provided Health Education at SMAN I Jatisari in 2023

No.	Knowledge	Pre test		Post test	
		F	%	F	%
1.	Good	2	2.7	42	56.0
2.	Simply	14	18.7	33	44.0
3.	Less	59	78.7	0	0,0
Total		75	100,0	75	100,0

The data in the table show that out of 75 participants who were asked about their health knowledge before receiving health education, a large majority (59, or 78.7%) had insufficient knowledge, while 14.7% had adequate knowledge, and 2.7% had excellent knowledge. Following health education, the majority of the 75 respondents had high knowledge (56.0%), some had sufficient understanding (44.0%), and there was no one with bad knowledge (0%).

Table 2. Effectiveness of Providing Health Education on Menstrual Personal Hygiene Towards Increasing the Knowledge of Adolescent Girls at SMAN I Jatisari Year 2023

Variables	Knowledge - Category	Frequency		Mean		Mean Difference	SD Difference	P value
		Pre	The post	Pre	The post			
Health Education	Good	2	42	46.07	79.27	33,2	5,048	0,000
	Simply	14	33					
	Less	59	0					

The data in the table show that out of 75 participants, 59 had lower levels of knowledge about personal hygiene before receiving health education, and 42 had higher levels of knowledge after receiving the same training. The average level of knowledge of teenage females before and after health education is 79.27, with a difference of 33.2 and a standard deviation of 5.048. Both values indicate a significant improvement. Given the statistically significant difference between the levels of knowledge of adolescent girls before and after health education, with a p value of 0.000, it can be concluded that there is an increase in knowledge about personal hygiene in adolescent girls who receive health education.

DISCUSSION

Frequency Distribution of Adolescent Girls' Knowledge of Personal Hygiene Before and After Providing Health Education

Among the 75 participants who participated in the study prior to receiving health education, 59 (or 78.7%) had insufficient knowledge, 14 (18.7%) had adequate knowledge, and 2 (or 2.7% of the total) had excellent knowledge. Following health education, the majority of the 75 respondents had high knowledge (56.0%), some had sufficient understanding (44.0%), and there was no one with bad knowledge (0%).

This study's findings corroborate the theory of (11) that states that the act of "knowing" an object through one's senses is the source of knowledge. The five senses—sight, sound, smell, taste, and touch—are responsible for the sensing process in humans. A person's actions (or lack thereof) are mostly shaped by their knowledge, or cognitive abilities. When comparing knowledge levels before and after health education, this study's findings corroborate those of Dolang's (12) research, which found that knowledge levels ranged from quite low to quite high. The researcher assumes that some adolescents

do not know how to perform personal hygiene during menstruation properly, when to change pads and how to wash pads, due to the lack of information that adolescents get. Low knowledge about reproductive health will allow women not to behave hygienically during menstruation which can endanger their own reproductive health (13).

The Effectiveness of Providing Health Education About Menstrual Personal Hygiene on Increasing Knowledge of Adolescent Girls

According to the study's findings, the majority of the 75 respondents had a limited understanding of personal hygiene prior to receiving health education, with 59 individuals exhibiting a lack of knowledge. However, 42 respondents exhibited a high level of knowledge regarding personal hygiene after receiving health education. The average level of knowledge of adolescent girls prior to receiving health education is 46.07, while the average level of knowledge of adolescent girls after receiving health education is 79.27. The deviation between the two values is 33.2, with a standard deviation difference of 5.048. Based on the statistical test results, which yielded a p value of 0.000, it can be inferred that adolescent girls have a greater understanding of personal hygiene after receiving health education. This is due to the substantial disparity between their knowledge levels prior to and following the health education.

Knowledge comes from the word know (know) which means remembering / knowing a material that has been previously learned and understanding (comprehension) is an ability to understand so that it can explain correctly about a known object and can interpret correctly. Knowledge is influenced by education, age, interest, experience, culture of the surrounding environment, as well as information and methods used (11)

One method of enhancing knowledge is to offer health education in the form of

modules, leaflets, or counseling. Health education, whether in the form of lectures or counseling, has the potential to enhance knowledge and attitudes, as well as to alter individuals' behaviors. Health counseling is fundamentally an endeavor or activity that aims to communicate health messages to the community, groups, or individuals. It is anticipated that health education will enable individuals to acquire knowledge that will transform them from previously unknown to known, from previously misunderstood to understood, and can influence changes in knowledge (14).

One method of delivering two-way information to respondents is through health education. Information is one of the factors that affect knowledge. Acquiring new knowledge can be facilitated and expedited by information. The primary goal of health education is to enable individuals to apply their own problems and needs, comprehend the actions they take to address these problems, and determine the most suitable activities to enhance the quality of life and the well-being of the community (15).

The results of this study are consistent with the findings of Yuni Astuti's (16) research, which indicates that health education has an impact on the knowledge and personal hygiene behavior of junior high school students during menstruation (p value 0.001). The results of this study are also corroborated by the findings of Prasetyo's research (17), which indicates that the provision of health education has a significant impact on the knowledge of female students at SMP Negeri 1 Masohi (18) regarding menstrual hygiene ($p = 0.000$).

The results of this study indicate that there are differences in the knowledge of adolescent girls between before and after health education about personal hygiene. Increased knowledge can occur due to the process of transforming personal hygiene information during menstruation to research respondents through health education (19). The respondents' knowledge was sufficient because the respondents did

not read enough books about personal hygiene, did not get enough information about personal hygiene or counselling from health workers. This is consistent with the theory that health counseling is fundamentally an endeavor or activity that aims to communicate health messages to the community, groups, or individuals. In other words, it is anticipated that the counseling will result in a shift in knowledge (20). Many adolescents who are currently experiencing the initial period of menstruation are unaware of the importance of personal hygiene during this time. Adolescents who possess a comprehensive understanding of personal hygiene during menstruation are at a reduced risk of developing biological ISR in comparison to women who possess less knowledge. Raising awareness of personal hygiene during menstruation from a young age can contribute to the reduction of reproductive tract infections.

CONCLUSIONS

The knowledge of adolescent girls about personal hygiene before being given health education is mostly poor knowledge (78.7%) and after being given health education is mostly good knowledge (56%). Health education can effectively improve the knowledge of adolescent girls about personal hygiene (p value 0.000).

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