



PREPARATION FACING MENARCHE FOR YOUNG WOMEN AT CIPAGERAN MANDIRI ELEMENTARY SCHOOL IN 2017

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Abstract Background : Teenagers are a period of transition from children to adults, and in that age range experience various changes including changes in body shape, changes in social status, changes in appearance, changes in attitudes, changes in sex and changes in reproductive organs specifically marked by menstruation (menstruation)) the first is called menarche. In dealing with menarche, young women need to have optimal readiness to avoid reproductive infections in the future. The biggest problem now is the lack of information for young women about the readiness to face menarche. so far the school has not included reproductive health material in the learning curriculum specifically. information can only be obtained from the mother, peers and the environment. This of course will result in a lack of readiness of adolescents to face menarche.

Method: Establishment of ambassadors for menarche for peers in their school aged 10-14 years, both those who have and who have not menstruated are 14-20 students both in partner 1 (classes 5 A and B) and partners 2 (C and D). The method includes the provision of material, peer review, peer group strategy, micro teaching, and mentoring and consultation of participants during the IBM process. On giving peer counselors using the "Diary menstruation" booklet

Result: Increased knowledge of young women about readiness to face menarche, increasing hygienic behavior in adolescent reproductive health, reducing the risk of infectious diseases in women's reproductive tracts, and increasing clean and healthy lifestyle behaviors (PHBS).

Conclusion: Dokcil training in young women who have not menstruate yet increases the readiness of girls in facing menarches, and counselors in micro teaching activities for their peers.

INTRODUCTION

Teenagers are period of transition from children to be adults, and in that age range experience various changes including changes in body shape, changes in social status, changes in appearance, changes in attitudes, changes in sex and changes in reproductive organs specifically characterized by menstruation (menstruation) first called with menarche (Rumini and Sundari, 2004). Young women and menstruation have connection very closely due to menstruation, teens who have experienced menarche show that they have entered puberty. Current age of menarche according to Kartono is 11 to 16 years, based on menarche research the average happen at age of 11 years. In America about 95% of girls have puberty marks at the age of 10-15 years (COPING Ners Journal).

In dealing with menarche, adolescents need to know the body and reproductive organs,

physical and psychological changes, in order to protect themselves from risks that threaten the health and safety of reproductive organ functions, so that reproductive diseases can be avoided that harm themselves or others people in the future . To achieve healthy reproduction, an understanding of aspects that affect reproductive organs needs to be identified. reproductive health that is less able to increase the risk of reproductive tract infections and infertility or infertility.

One risk factor for infection reproductive tract is knowledge about hygiene during menstruation. Hygiene during menstruation is personal hygiene in adolescents that need to be socialized as early as possible so that young women avoid infectious diseases that require hygiene during menstruation. The habit of maintaining cleanliness and hygienic behavior, including cleaning sexy organs or being returned, is the beginning of an effort to

maintain health. However, cleanliness during menstruation will not just happen, but occurs in the process that is estimated because individuals understand about positive or negative associated with menstruation (Saifudin, 2002).

The biggest problem now is the lack of information to young women the readiness to face menarche. During this school did not include health material in the learning curriculum. Information can only be obtained from mothers, sisters, peers and the environment. This of course will result in the lack of readiness of adolescents in dealing with menarche. Readiness to face menarche is very necessary. Readiness in question is the readiness of adolescent knowledge about menstruation, menstrual cycle, physiological changes and self-care during menstruation. The level of readiness of young women will reduce anxiety, fear and confusion when facing menarche and during the next menstruation.

The results of the study in Jakarta in 2013 and in Semarang Hidayah Vocational School was found 72% of low adolescent knowledge about menstruation due to adolescence, maternal education and exposure to information from schools which were limited to biology subjects only. Mother's role is very important in providing information. mother is the first source of information about menstruation, so avoid the wrong understanding of cleanliness menstruation and reproductive health. Teenagers need to be given good and positive information through parents, peers, school teachers, and also health workers. But the public considers reproductive health is still taboo discussed by teenagers. This matter can give the limitation of communication between parents and adolescents about menstrual hygiene. As a result, adolescents lack understanding, lack of understanding and sometimes make wrong decisions regarding reproductive health. Even teenagers and parents will be reluctant to consult with health workers considering their status is still a girl, this is caused because usually those who consult with health workers are married women.

The results of the study by Astuti (2003) state that education around menstruation affects the readiness of girls before adolescents to deal with it. Furthermore, if individuals know what things should be done when experiencing the same condition, for example how to overcome the discharge of menstrual blood that can occur at any time, how to use sanitary napkins, how to self-care during menstruation, and maintain the cleanliness of the vulva, with thus it is expected

that teenagers behave hygienically when experiencing menstruation (Indriastuti, 2009).

Menarche is often considered an illness, so menarche triggers anxiety (Dariyo, 2004). Anxiety that is often experienced by young women is anxiety when they face menarche. In the United States in 2003 prevalence was obtained from research on adolescent problems in dealing with puberty, results obtained 5-50% of adolescents experience premenarche anxiety (Ghozally, 2007). Premenarche anxiety can be bad if the frequency of occurrence often occurs, this certainly requires serious treatment and other solutions to reduce the anxiety experienced by young women. Providing health education is a solution that is considered the most appropriate to overcome this.

Health education is an effort to increase knowledge so that individuals are aware of or know how to maintain health, prevent things that are detrimental to the health of individuals and others, as well as patterns of disbursement of treatment if sick. (Notoatmodjo, 2007: 12). Health education can improve the knowledge of a person's attitude and behavior (Benjamin Bloom, 1908). Health education methods can be done individually, in groups, and in mass (public). (Notoatmodjo, 2003: 104). Group health education can be done by considering the right number of targets and methods, because the effectiveness of a method will also depend on the size of the educational goals.

Health education in large groups with a target of more than 15 people, lecture extension methods is one of the right methods of providing information. counseling is an effort to increase knowledge by providing information to become aware, and changing behavior towards a better direction so that the concerned person applies a healthy way of life as part of his daily life. (Budioro B, 2000: 17) Research in the City of Aceh shows the influence of counseling on the level of knowledge.

Peers or peer groups have an influence on teenagers' lives, including women's reproductive health during menstruation. The influence of peer groups varies from information, advice, experience, examples, and encouragement to behave healthy in the maintenance of reproductive organs. (Rohmah. Ulfi, 2013).

METHODS

The lbM program was conducted on 2 groups of young women partners at Cipageran Mandiri 2 Elementary School in Cimahi City. Partner 1 is a group of small doctors (dokcil) of women aged

10-14 years, both those who have and who have not menstruated are 14-20 participants. Partner 2 is a group of young women aged 10-14 years who have not experienced menstruation and numbered 14-20 participants. The activity was to provide material to the women's doctrine group with activities covering practicum, peer review strategies, micro teaching and mentoring. Peer Ambassador Menarch uses the booklet "Diary menstruation". This activity was carried out to form a women's doctrine group to become ambassadors for peer menstruation.

RESULTS AND DISCUSSION

The implementation of the activities was carried out by each partner 14 x meetings covering the provision of material, practicum with phantom, peer review strategies, micro teaching and mentoring. Activities that have been carried out in the second semester are the provision of as many as 7 meetings and practicum and microteaching Menarch Ambassador to peers using the booklet "Diary menstruation".

During this process of IbM Community Service activities, each meeting is attended by 14-20 students during IbM. In the process of giving material, the participants were very enthusiastic in participating in the activity. This can be seen from the number of questions the participants submitted to the facilitator team.

Monitoring and evaluation activities are carried out in 1 meeting according to the planned schedule, which is November 6, 2017, students who have been trained are conducting counseling on how to deal with Menarch and maintenance in the face of menstruation, Results of monitoring the IbM team, this activity is in accordance with the planned schedule and objectives. All training participants can take part in the training well, although some participants cannot participate in the activity in full due to various reasons.

The results of the evaluation when mentoring students were seen by each leader to return the material that had been given well and in accordance with the objectives of each material.

CONCLUSION

The establishment of Menarch ambassadors for peers increases the readiness of young women in dealing with menarches, so that young women have knowledge of how to deal with first menstruation and how to maintain

cleanliness during menstruation using the "Diary" booklet.

Menstruasian "Ambassador menarch to peers increase knowledge, skills comprehensively to all teenage girls, especially those who have not menstruated. This activity needs to be carried out continuously so that peer peer ambassadors increase, so that it can increase the knowledge of young women. The established ambassadors must continue to be monitored as an effort to sustain the readiness of girls in facing the menarch.

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