



EMPOWERING ADOLESCENTS FOR EDUCATION ON DYSMENORRHEA MANAGEMENT AND REPRODUCTIVE HEALTH

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Abstract

Introduction: Dysmenorrhea is a physical disorder experienced by many women during their menstrual cycle, especially teenagers. While some teenagers can manage the condition well, others face discomfort and disruption in their daily activities. The treatment of dysmenorrhea varies from person to person and requires individualized care. Therefore, education and awareness are crucial to help teenagers manage dysmenorrhea during their menstrual cycle better.

Objectives: The aim of the activity was to form youth dysmenorrhea caring ambassadors in each PMR/Scout organization in partner schools. Result: The activity was attended by 23 students from Partner 1 and 40 students from partner 2.

Method: In this community service, education was provided to two groups of teenagers from two different schools as educational partners. Partner 1 was an extracurricular member of PMR SMP in Bandung, and partner 2 was a scout member of MTs in Bandung. The community service activities were conducted over fourteen meetings.

Result: The activity was attended by 23 students from partner 1 and 40 students from partner 2. The pretest results showed an average knowledge score of 82 for partner 1 and 69 for partner 2, while the posttest results were 84 for partner 1 and 74 for partner 2.

Conclusion: The study revealed that educating teenagers about dysmenorrhea and adolescent reproductive health can significantly increase their knowledge and empower them to become ambassadors of dysmenorrhea care.

Keywords: Ambassador, Dysmenorrhea, Reproductive Health, Youth Empowerment

INTRODUCTION

Dian et al (2021) showed that the dysmenorrhea pain scale measured using the Walidd score averaged 6.53 (moderate pain)(2) The results of research at PGRI Pekanbaru Middle School showed that 86.9% of female students experienced dysmenorrhea.(3) Dian et al (2021) showed that the dysmenorrhea pain scale measured using the Walidd score averaged 6.53 (moderate pain).(4) Latthe et al (2006) stated that the estimated prevalence of women experiencing dysmenorrhea is between 16.8% and 81%.(5) The prevalence of dysmenorrhea varies in the range from 25% of menstruating women to 90% of adolescent women or 45% to 95% of all ages. Dysmenorrhea is the most common gynecological condition in women, regardless of age, race, or ethnicity.(6,7) A preliminary survey conducted in 2019 at an SMP in Bandung found that 6 out of 10 female students had experienced menstrual pain (dysmenorrhea) while menstruating. They felt discomfort during activities due to the pain in the stomach radiating down the pelvis, even causing incontinence. This condition affected their enthusiasm for learning at school.(4,8,9) Dysmenorrhoea is a physical disorder in menstruating women, the symptoms of which are pain/cramps in the abdomen. Based

on the cause, dysmenorrhea is divided into two types, namely primary dysmenorrhea, which is menstrual pain without any obvious abnormalities in the genital organs, occurring sometime after menarche, usually after 12 months or more, this is caused by the menstrual cycle in the first months after menarche, it is generally an anovulatory type which is not accompanied by pain. Symptoms include soreness, pain in the breasts, erratic flatulence, bra feeling too tight, headache, backache, sore thighs, feeling tired or difficult to understand, irritability, loss of balance, becoming sloppy, disturbed sleep, or appearing bruises on thighs and upper arms.(10–12) Secondary dysmenorrhoea is menstrual pain accompanied by anatomical abnormalities of the genitals.

Symptoms are not limited to menstruation, are less related to the first day of menstruation, occur in older women (30-40 years) and may be accompanied by other symptoms (dyspareunia, infertility and abnormal bleeding)(13) The cause of dysmenorrhoea is an imbalance of the hormone progesterone in the blood. Women with dysmenorrhoea produce 10 times more prostaglandins than women without dysmenorrhoea. Prostaglandins cause increased uterine contractions and, in excess, activate the colon. Other causes of dysmenorrhoea include certain medical conditions such as endometriosis, pelvic infections, uterine tumours, appendicitis, digestive disorders and even kidney disease. (14) Banikarim et al. (2000) stated that dysmenorrhea can cause disruption of activities and be a cause of women's absence from school and work.(14)

Dysmenorrhea is a critical global health problem in women of reproductive age, because it causes school absenteeism, poor academic performance, lost work time, and has a significant negative impact on daily activities.(6) Babil et al (2016) factors that can influence dysmenorrhea include lifestyle, diet, self-care, high levels of social relationships, stress levels and daily physical activity.(5) SMP in Bandung as partner 1 is one of the state junior high schools in Bandung City with urban student characteristics. It has approximately 1,500 female students. Meanwhile, partner 2 is MTs in Bandung with the characteristics of urban private secondary school students with a number of approximately 50 female students. Middle school students are the adolescent age group who are just starting to experience menstruation and are at risk of experiencing dysmenorrhoea.

The results of previous research conducted by Dian and Ferina at SMP in Bandung showed significant differences in the reduction of dysmenorrhoea pain in students who received yoga intervention compared to the control group.(4) To date, adolescent reproductive health education activities have been carried out by community health centre midwives who visit schools. The midwives provide regular counselling on adolescent health and sexuality.

However, the problem of dysmenorrhea and adolescent reproductive health is still an important problem that needs attention to this day. Therefore, a community service program based on research results is implemented to help empower teenagers and educate their peers to manage dysmenorrhea and reproductive health.

METHODS

Partner 1 is SMP in Bandung and Partner 2 is MTs in Bandung. Peer coaching was carried out in extracurricular student groups at SMP and MTs in Bandung for 6 meetings each and booklets were given as information media and educational materials for educational ambassadors. Knowledge of the management of dysmenorrhoea and reproductive health was measured before the educational ambassadors received the training materials. After 6 debriefing sessions, knowledge was measured again and the Educational Ambassadors were given the

opportunity to conduct a simulation of providing information or counselling to the team of Educational Ambassadors in each out-of-school group.

RESULTS AND DISCUSSION

The respondents involved in this activity were 23 middle school students in Bandung and 40 students from Madrasah Tsanawiyah in Bandung. The total number of respondents was 63 students. The following are the results of measuring the level of knowledge of youth ambassadors regarding the management of dysmenorrhea and reproductive health before and after the educational ambassador debriefing activities during 6 debriefing meetings in each school.

Table 1. Description of the mean of knowledge of youth ambassadors regarding the management of dysmenorrhea and reproductive health

Knowledge of youth ambassadors	n	Mean		% Difference
		Before activity	After activity	
Junior High School	23	82	84	4
Madrasah Tsanawiyah	40	69	74	8

There was an increase in knowledge for both a group of ambassadors who care about dysmenorrhea education and adolescent reproductive health. Questions asked about the management of dysmenorrhea and reproductive health are as follows:

Table 2. Description Of The Percentage Of Correct Answers For Youth Ambassadors Regarding The Management Of Dysmenorrhea And Reproductive Health

Item Questioner	% Correct answer before activity		% Correct answer after activity	
	Junior High School	Madrasah Tsanawiyah	Junior High School	Madrasah Tsanawiyah
Definition of dysmenorrhea	100	75	100	93
Characteristics of dysmenorrhea	85	86	92	96
Causes of dysmenorrhea	100	64	100	68
Dysmenorrhea symptoms	100	82	100	89
Management of dysmenorrhea	68	69	78	81
Genital hygiene	85	75	92	96
Puberty	91	89	96	96
Peer educator	71	56	73	59
% Mean	88	75	91	85

Table 2 shows the percentage increase in correct answers to questions about managing dysmenorrhoea and reproductive health for both groups of students from each school. Adolescents are potential resources for development and empowerment. Physical complaints in adolescent girls, including dysmenorrhoea, are common. Midwives have a strategic role in supporting and educating adolescents to become self-sufficient in managing menstrual discomfort, including maintaining reproductive health

Adolescence is a time of extensive and profound changes, accompanied by physical, cognitive and social maturity. For girls, this period is a special stage of life that requires special attention and care. Misconceptions and inappropriate health behaviours

related to menstruation and puberty put girls' health at risk. Misconceptions and wrong health behaviors regarding the menstruation and puberty process endanger girls' health. Today, empowerment is one of the most important concepts in health promotion and health-related quality of life. According to WHO, empowerment is the essence of health promotion which allows people to gain greater control over decisions and actions that affect their health. The results of empowerment include positive self-confidence, the ability to achieve goals, and having a sense of self-control over life and the change process, as well as hope for the future. Empowerment means helping individuals achieve the ability to change.(15)

The need to provide youth-friendly services can emphasise the importance of providing youth-friendly services, accompanied by youth training, to promote young people's independence and awareness of their personal and reproductive health. It should be noted that today's young generation is faced with more complex challenges related to growth, development, and health compared to previous parents; however, most of these challenges can be prevented by providing access to primary health services for adolescents and young people.(15)

Support from decision makers and health authorities for the practical implementation of empowering adolescent ambassadors to improve adolescent reproductive health is urgently needed. Teenagers are the nation's next generation. Healthy and high-quality teenagers will encourage the best and superior future generations of the nation.(15)

CONCLUSION

Education on the management of dysmenorrhea in adolescents and reproductive health increase adolescents' knowledge about the management of dysmenorrhea and reproductive health by actively involving adolescents through extracurricular activities at school as an extension of education to peers.

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