

THE INFLUENCE PSYCHOEDUCATION ON MENSTRUAL CARE TOWARDS MENSTRUAL PERSONAL HYGIENE ON FEMALE TEENAGERS WITH MENTAL RETARDATION

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Abstract

Cognitive obstacle experienced by female teenagers with mental retardation and limited information about health reproduction made them hard to take care themselves whenever they got menstruation. That is why they need simple health education about menstruation care. This is a pre experiment study with no control group. Samples on this study were 26 female teenagers with mental retardation who had experienced menstruation. The sampling method used total sampling. The paired t-test showed significance value at 0.000 ($p < 0.05$). there was an effect health education about menstruation care with personal hygiene on female teenagers with mental retardation at SLB Putra Bangsa. Surabaya

Key words: mental retardation, personal hygiene behaviours, menstrual, psychoeducation

INTRODUCTION

Every child is born with their own advantages, even when the child has the disorder though. Constraints or developmental disorders experienced by a child include mental retardation. Mental retardation is a state of developmental imperfection characterized by a generalized function of intelligence that is below average and reduced ability to adapt or behave adaptively, which begins to arise before the age of 18 years (Aden, 2012).

The incidence of mental retardation is quite large, especially in developing countries. Data from the Directorate of Children's Health and the Ministry of Health of Indonesia (2012) have 4,253 (6%) children with mental disabilities. The process of child growth and mental retardation also experienced the same thing as a normal

child, they also experience the process of maturation of the reproductive organs. Endaryati (2009) states that for normal teenagers there is no need for help to do anything related to self-care, but unlike a child's mental retardation they need help to do something related to self-care one of them is personal hygiene menstruation.

Everyone has the right to fulfill reproductive health obtained through quality health care, safe and accountable even if the child with disability. According to Pemda Jatim number 4 article 54 years 2012 that every person with disabilities has the right and opportunity to obtain reproductive health education. However, Satria (2013) disclosed that the government is less concerned with the reproductive rights of people with disabilities, especially for women. This is indicated by the absence

of policies that support access to information and reproductive health services for persons with disabilities. Most women with disabilities have minimal access to information about reproductive health.

As a result of the lack of information on reproductive health problems facing young women with mental retardation is that they can not keep up Hygiene during menstruation. They do not want to use pads during menstruation and remove pads in any place (Yaumadonna & Suwanti, 2013). Quint and Ann (2008) suggest young women with mental retardation are unaware that the pads used are not able to hold the blood, so the blood penetrates out the clothes worn. This resulted in young women became the center of attention of his friends and became mockery. Negative impact on the child's psychological will lead to the emergence of shame, fear, self-image down and low self-esteem. In addition to the psychological aspects of the impact of the inappropriateness of dressing replacement results in moisture in the vaginal area, causing discomfort, itching of the vaginal area and may cause infection or interfere with reproductive health. According to Machmudah (2012), 3.85% of young women with mental retardation have low menstrual hygiene behavior.

According to Wong (2002) adolescents with mental retardation require a simple explanation of menstruation and teaching or personal hygiene education during the menstrual cycle. According to UNESCO (2009) a simple way to teach children mental retardation is to use simple words and phrases when explaining, using real objects so that children can feel and touch, give extra practice by repeating several times to ensure the child mastered the teaching and prevent forgetting skills Has been taught.

Based on a preliminary study at the SLB Putra Bangsa of 10 respondents stated that there has never been a health education regarding personal hygiene menstruation. Researchers have conducted observations and interviews on 10 respondents found 8 people do not know about the benefits of maintaining the cleanliness of menstruation. Based on the observation of the researchers from 10 respondents got 2 people when menstruation does not go to school for fear of penetration, it is due to lack of cognitive abilities so that children often forget when it's time to change the pads during menstruation.

Based on the above background, researchers interested in conducting research on the influence of health education about menstrual treatment of behavior Personal hygiene menstruation in adolescent girls who have mental retardation at SLB Putra Bangsa Surabaya.

METHODS

This research uses experiment method that aims to know a symptom or influence due to intervention of certain treatment (Notoatmodjo, 2012). The design of this study used pre experimental with one group prest posttest design. The independent variable in this study is health education about menstrual treatment. The dependent variable in this study is the personal hygiene behavior of menstruation. The disruptive variables in this study are socioeconomic, knowledge, culture, age, source of information and environment. Health education about menstrual care is the process of providing information about menstrual care that will be delivered by researchers assistant research assistant with interactive lecture and demonstration techniques for \pm 60 minutes.

Menstruation hygiene personal behavior is an action performed by adolescent girls with mental retardation in maintaining personal hygiene during menstruation is measured by using a questionnaire. The data scale used is the interval with a range of values 0 to 24. Criteria answer used "yes" or "no". For positive questions the answer "yes" is worth 1 and "not" is 0, and vice versa with negative questions.

The population in this study were all female students of SLB Putra Bangsa Surabaya in part C namely mild and moderate tunagrahita consisting of 28 female students. The sampling technique used in this study is the total sampling, ie all members of the population used as a sample (Sugiyono, 2009). The sample used in this study amounted to 26 people. The validity test of personal hygiene questionnaire questionnaire was conducted in SLB Putra Bangsa Surabaya which has similar characteristics with respondents. Test the validity of this research questionnaire using product moment correlation technique. The number of questions tested amounted to 30 questions. There are 6 invalid questions. An invalid question is not used because it is already represented by another matter. Thus, the number of questions on personal hygiene behavior questionnaires is 24 valid questions.

After a valid test and then tested reliabilitas using Alpha formula Cronbach obtained alpha value 0.944. Based on the alpha value can be concluded $0.944 > 0.60$ so 24 questions are reliable.

RESULT

A. Overview of the research site
This research was conducted at SLB Putra Bangsa Surabaya. This located at Jalan Jolotundo 25 Surabaya. SLB Putra Bangsa

school that organizes special education by opening 5 majors: blind (A), deaf (B), tunagrahita (C), tunadaksa (D) and autism, ranging from kindergarten to high school level. Total number of students tunagrahita (C) at levels of kindergarten to high school amounted to 122 students, consisting of 46 female students and 76 male students. The number of classes in tunagrahita majors are as many as 25 classes in which each class consists of 4 to 8 students. The number of teachers in the department of tunagrahita consists of 31 people. The educational background of each teacher comes from Special Education (PLB).

Usia	N	%
11-13 th	-	-
14-16 th	9	34,6
17-21 th	17	65,4
Jumlah	26	100
Retardasi Mental	16	61,6
Jumlah	10	38,4
Jumlah	26	100

From table 1 can be seen that the characteristics of respondents by age most of the respondents aged 17-21 years with the number of 17 people (65.4%). The table above also shows that mild and moderate mental retardation respondents have a relatively equal amount.

Tabel 2. Distribusi Frekuensi Sumber Informasi Responden Tentang *Personal Hygiene Menstruasi*

Sumber Informasi	N	%
Internet	0	0
Ibu	22	84,6
Kakak	4	15,4
Teman	0	
Jumlah	26	100

Based on table 2 shows that the source of information obtained by girls with mental

retardation is mostly obtained from the mother as many as 22 people (84.6%).

DISCUSSION

1. Univariate Analysis

A. Pretest and Posttest Result of Personal Hygiene Menstrual Behavior

Table 3. Personal Hygiene After menstruation Behavior Health Education

Kategori	RM Moderate		RM Mild		Total	
	Baik	1	3,8	5	19,3	6
Cukup	5	19,24	8	30,76	13	50
Kurang	4	15,4	3	11,5	7	26,9

Based on table 3 shows that most of the behavior of menstrual hygiene in young women with moderate and mild mental retardation before being given health education mostly have sufficient category that is as many as 13 people (50%).

Table 4. Physical Hygiene After Menstruation Behavior Education Health

Kategori	RM Moderate		RM Mild		Total	
	Baik	4	15,4	12	46,1	16,
Cukup	6	23,1	4	15,4	10	38,5
Kurang	-		-			

Table 4 shows that most menstrual hygiene behaviors in young women with moderate and mild mental retardation after being given a health education mostly have a good category of 16 (61.5%).

2. Analisis Bivariat

a. Average Score Results Pretest And Posttest Behavior Personal Hygiene Menstruation

Table 6 shows the average difference of personal hygiene behavior of menstruation at pre test

and posttest value with p value 0.000 ($p < 0,05$) hence can be interpreted that H_a accepted. So it can be concluded that statistically at alpha 5% is believed to have an effect of health education on personal hygiene behavior of menstruation

Tabel 5. Skor Rata-rata *Pretest* Dan *Posttest* Perilaku *Personal Hygiene Menstruasi*

RM	Pretest	Posttest	Selisih
Moderate	12,1	15,1	61,5
Mild	14,31	18,37	38,5

Based on table 5 it shows that there is a difference in score between pretest and posttest on RM while the score increases 3 and at RM light increases by 4.06

b. Results of data analysis

Table 6. Paired T-Test Test Result of Personal Hygiene Menstrual Behavior Score

Test	mean	Std.Dev	p	N
Pre	13,50	4,338	0,000	26
Post	17,19	3,709	0,000	26

3. Personal Hygiene Menstruation Behavior in Young Women Mental Retardation (RM) Before Given Health Education

According to Notoatmodjo (2007) and Aryani (2009), factors affecting personal hygiene behavior of menstruation are socioeconomic factors, knowledge, culture, age, source of information and environment. Based on the research data, the results showed that the behavior of menstruation hygiene in young girls RM lightweight before given health education about the treatment of menstruation with good category as many as 5 people (19,3%) enough as many as 8 people (30,76%), and at Category less as much as 3

people (11,5%), while behavior of personal hygiene of menstruation on adolescent girls RM is with good category as much as 1 person (3,8%), enough counted 5 person (19,24%), and less category as much 4 people (15.4%). From these results it can be concluded that the behavior of personal hygiene menstruation in both groups of mild and moderate RM before the health education given about menstruation care with good category as many as 6 people (23.1%), enough as many as 13 people (50%) and with less category as much 7 people (26.9%). According to Notoatmodjo (2007) and Aryani (2009), factors affecting personal hygiene behavior of menstruation are socioeconomic factors, knowledge, culture, age, source of information and environment.

The behavior of personal hygiene of menstruation is less influenced by knowledge. According to Notoatmodjo (2007), knowledge is a very important domain for the formation of one's actions. Behavior can be changed in a way through the provision of information. Someone who has more sources of information will have more knowledge. In this study the level of knowledge is controlled by selecting female respondents with RM who have never received health education about menstrual care. Mental retardation is a state characterized by a general function of intelligence or intelligence that is below average with reduced ability to adapt for that they require guidance (Mutaqqin, 2008). Machmudah (2012) states that there is a relationship between the level of knowledge about menstruation with the behavior of menstrual hygiene in tunagrahita students. In the study found that

respondents who have high knowledge also has good menstrual hygiene behavior.

In addition to knowledge behavior is also influenced by information sources. Sources of information in this study are not controlled, sources of information about menstrual hygiene can be obtained from parents, family, peers, teachers and mass media which each of them have an influence on their menstrual hygiene behavior. Information gleaned from sources they believe will guide them in their daily behavior. Table 4.2 shows information about personal hygiene of menstruation in adolescent girls mental retardation mostly obtained from mother that is as much 22 people (84,6%) while 4 people (15,4%) others get information from sister. This is in accordance with research Wateraid (2009) states that the source of information about menstrual hygiene mostly obtained from the mother that is as much as 58.8%.

Based on the age factor, respondents in this study were controlled by choosing respondents who have experienced menstruation. According to Aryani (2009), age affects a person's behavior. Teens who experience menstruation for the first time early with less knowledge of their menstrual hygiene can lead to a lack of awareness of the importance of menstrual hygiene and the added age of a person, the wiser the decision and the more experience or things that have been encountered and worked on.

Based on cultural factors, respondents in this study were controlled by selecting Javanese respondents. According Aryani (2009) cultural beliefs will affect a person doing

hygiene because berbagai cultures have different hygiene practices. In this study the environment is also controlled by selecting respondents who attend school in SLB Putra Bangsa in the department of Tunagrahita. According Aryani (2009) the surrounding environment will affect the behavior of personal hygiene menstruation.

Based on socio-economic factors, in this study socio-economic controlled by selecting respondents with parents who earn monthly on UMR. According to Isro'in and Andarmoyo (2012) one's economic status affects the type and level of one's hygiene practice. Low social economy allows for low personal hygiene behavior as well..

4. Personal Hygiene Behavior Menstruation After Given Education Health About Menstrual Treatment Based on data processing, the result showed that the behavior of menstruation hygiene after giving health education about menstruation treatment for female adolescent with mild mental retardation with good category as many as 12 people (46,1%) and enough 4 people (15,4%), Whereas in adolescent female mental retardation was with good category as many as 4 people (15,4%) and enough category as many as 6 people (23,1%). According Notoatmodjo (2007) how to change a person to behave in accordance with the values of health is the effort to provide health education. According to Setiawati and Generous (2008) health education is an effort to influence others, ranging from individuals, groups, families and communities to behave healthy. According to Kaur, Butler & Trumble (2003) adolescent girls with RM in general also have the same needs

regarding personal hygiene menstruation as well as in normal teenage girls. Although he has the same needs as a normal child, menstrual health education in a RM child needs to be modified to fit the needs. Health education programs are made as simple as possible and as needed.

In this research, health education is delivered by interactive lecture method and using power point media, phantom reproduction and video about menstrual hygiene education. Interactive lecture methods are used to convey ideas, ideas orally to a group of targets so as to obtain information about health, in this case concerning the treatment of menstruation (Setiawati & Dermawan, 2008). Media power point and video are used to facilitate the respondents in receiving information submitted by the researcher. Phantom reproduction tools are used so that respondents not only imagine but also can touch, feel and practice independently.

5. Effect of Health Education About Menstrual Care Against Men's Hygiene Personal Behavior In Young Women With Mental Retardation

This study was conducted to determine the effect of health education on menstrual maintenance on personal hygiene behavior of menstruation in adolescent girls with mental retardation. Table 5 shows that the average score of personal hygiene behavior of menstruation at RM is at the time of pretest is 12.1 while the posttest becomes 15.1. These results indicate that there is an increase of 3 points. At a mild RM the average score at pretest is 14.31 and as posttest increases to 18.37. The result showed an increase of 4.06 points. This is also supported by

Fida research (2014), on the influence of health education on knowledge of hygiene of reproductive organs during menstruation in adolescent girls mental retardation. In that study the pretest score was 3.65 and the posttest score was 6.22.

The results of this study also showed that there is an influence of health education about menstruation on personal hygiene behavior of menstruation in adolescent girls with mental retardation. It is also supported by the mean or averaged value in Table 6 which indicates the personal hygiene behavior of menstruation before the delivery of health education at

Amounted to 13.50, while the average behavior after given health education amounted to 17.37. This indicates that there is a difference between pretest value before health education and posttest value after health education with difference of 3,87.

Based on paired t-test, the significance value of p value 0,000 ($p < 0,05$) is believed to have significant difference. It can be concluded that there is an effect of health education on menstrual care to personal hygiene behavior of menstruation in adolescent girls with mental retardation in SLB Putra Bangsa.

Thus, health education on menstrual care performed a good influence on the behavior of personal hygiene menstruation. Provision of health education has increased the behavior of personal hygiene menstruation, this is in accordance with Setiawati and Generous (2008) that behavior can be changed through the provision of an information that is with health

education. This is in accordance with research Sari (2012) which states that there is the influence of health education about menstruation on changes in menstrual hygiene behavior of adolescent girls for the prevention of reproductive tract infections (ISR). In addition, in line with research conducted by Hastuti (2012) states that there is influence of health counseling about menstruation on the behavior of personal hygiene menstruation at grade VII students Abu Bakar IT Yogyakarta.

CONCLUSION

Based on the results of research on "the influence of health education on menstrual care on the behavior of personal hygiene menstruation in adolescent mental retardation girls in SLB Putra Bangsa" can be concluded as follows:

1. Personal hygiene behavior of menstruation before given health education most have enough category that is 11 people (45,8%).
2. Personal hygiene behavior of menstruation after given health education mostly have good category that is 16 people (66,7%).
3. There is an effect of health education on the treatment of menstruation on the personal hygiene behavior of menstruation in young women with mental retardation with sig value. (2-tailed) (p) of 0,000 ($p < 0.05$).

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Naskah tidak dipublikasikan