

The Effect Of Health Education On Personal Hygiene During Menstruation On The Behavior Of Female Adolescents At SMAN 1 Jombang, Jombang Regency

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ABSTRACT

Background: Neglect of reproductive health can cause reproductive tract infections and affect infertility and other reproductive diseases, in order to avoid reproductive diseases, knowledge of how to do proper Personal Hygiene is needed. This study aims to determine the Effect of Health Education About Personal Hygiene during Menstruation on the Behavior of Female Adolescents at SMAN 1 Jombang.

Methods: This study used a Quasi Experimental design with a one group pretest-posttest design approach. The sample in this study was 65 female students in grades X1,2,3,4 with a total sampling technique. The research instrument used a questionnaire using the Wilcoxon Signed Rank Test statistical test.

Results: The results showed that before being given health education, 36 female respondents (55%) behaved negatively and 29 respondents (45%) behaved positively. After being given health education, all female students behaved positively, 65 respondents (100%). The results of the statistical test obtained a p value = 0.000 (0.05) which means that there is an Influence of Health Education About Personal Hygiene During Menstruation on the Behavior of Female Adolescents at SMAN 1 Jombang

Conclusion: Providing health education about personal hygiene during menstruation has an impact on increasing behavior in maintaining reproductive hygiene

Keywords : Behavior, Personal Hygiene, teenagers

INTRODUCTION

Adolescents who have experienced menstruation need to know their bodies and reproductive organs, physical and psychological changes in order to protect themselves from risks that threaten the health and safety of reproductive organ function. Neglect of reproductive health can cause reproductive tract infections and affect infertility or sterility and other reproductive problems. One of the risk factors for reproductive tract infections is poor menstrual personal hygiene⁽¹⁾

According to data from the World Health Organization (WHO, 2012) the incidence of poor personal hygiene behavior during menstruation in the world is very large. On average, more than 50% of women in each world do it unknowingly. From the results of the study, in America the percentage of personal hygiene behavior is around 60%, Sweden 72%, Egypt 75% and in Indonesia 55%⁽²⁾.

In Indonesia, especially in the provinces of East Java and Bali, as many as 77.3% of adolescents have insufficient knowledge regarding reproductive health (Research and Development Agency of the Indonesian Ministry of Health, 2018), while data from the Surabaya Health Service (2019) related to adolescent behavior, only 20.3% know information and consultations about adolescent reproductive health⁽³⁾.

Menstrual personal hygiene is improving health through the implementation of hygiene measures that can be carried out during menstruation with the aim of maintaining individual cleanliness and health so as to achieve physical and psychological well-being and can improve the level of well-being⁽⁴⁾.

Knowledge about personal hygiene is very important because good knowledge can improve health. Individuals who have knowledge about personal hygiene will always maintain their cleanliness to prevent disease. Lack of knowledge about reproductive health will result in women not behaving hygienically during menstruation and poor personal hygiene in adolescents can cause reproductive health problems⁽⁵⁾.

In improving the cleanliness of reproductive organs and preventing diseases, it is expected that women have good knowledge so that it can influence positive behavioral habits. According to (kusmiran 2014) the lack of positive behavior of young women to maintain the cleanliness of reproductive organs is due to limited knowledge and lack of interest in learning about reproductive health⁽³⁾.

Improving adolescent behavior about personal hygiene during menstruation is through health education. Health education will have a good effect if the process uses good methods and media. One method of health education is a question and answer lecture. Improving adolescent knowledge about personal hygiene during menstruation is through health education. Health education will have a good effect if the process uses good methods and media⁽⁶⁾.

Based on a preliminary study conducted by researchers on March 21, 2024 in class X, the results showed that 36 female students did not maintain personal hygiene properly. From the background above, the author is interested in conducting a study entitled "The Effect of Health Education on Personal Hygiene During Menstruation on the Behavior of Adolescent Girls at SMAN 1 Jombang in Jombang Regency".

METODE

The research design applies quantitative research with a quasi-experimental research design (Quasi Experimental) using the one group pretest-posttest design method. This research was conducted in March 2024 at SMAN 1 Jombang, Jombang Regency. The population in this study were 65 grade X female students at SMAN 1 Jombang and applied the total sampling technique. The inclusion criteria in this study are: Grade X students, Able to communicate well, Willing to be research respondents, regular menstruation.

The research tools were questionnaires (pretest, posttest) and the provision of health education through leaflet media and data analysis of the Wilcoxon Signed Rank test with a significance of 0.05 ($\alpha = 0.05$). Where if the p value > 0.05 : then H_0 is accepted and H_1 is rejected, meaning there is no effect of Health Education About Personal Hygiene during Menstruation on the Behavior of Adolescent Girls at SMAN 1 Jombang. This title has undergone an ethical test and passed with the number: No.0528-KEPKSHJ.

RESULTS

General Data

Table 5.1 Frequency Distribution of Respondent Characteristics Based on Age di SMAN 1 Jombang Pada Maret 2024

No	Age	Frequency	Percentage %
1	15 years old	13	20%
2	16 years old	41	63 %
3	17 years old	11	17%
	Total	65	100%

Tabel 5.1 shows that more than half of the respondents were 16 years old, as many as 41 respondents (63%) and a small portion of the respondents were 17 years old, as many as 11 respondents (17%).

Table 5.2 Frequency Distribution of Respondent Characteristics Based on Class di SMAN 1 Jombang Pada Maret 2024

No	Class	Frequency	Percentage %
1	X1	17	26.15 %
2	X2	16	24.61%
3	X3	16	24.61%
4	X4	16	24.61%
	Total	65	100%

Table 5.2 shows that the frequency of respondents is almost evenly distributed across all classes, the only difference is that in class X1 there were 17 respondents (26.15%), while in other classes there were 16 respondents (24.61%).

Table 5.3 Frequency Distribution of Respondent Characteristics Based on Information Obtained in SMAN 1 Jombang Pada Maret 2024

No	Information Obtained	Frequency	Percentage %
1.	Ever	29	45%
2.	Never	36	55%
	Total	65	100%

Table 5.3 shows that all respondents have received information about Personal Hygiene during menstruation.

Table 5.4 Frequency Distribution of Respondent Characteristics Based on Information Sources in SMAN 1 Jombang Pada Maret 2024

No	Resources	Frekuensi	Persentase (%)
1.	Health workers	0	0
2.	Internet	29	100%
3.	Radio / TV	0	0
4	Magazines/Books	0	0
	Total	29	100%

Table 5.4 shows that 29 respondents (100%) obtained information about Personal Hygiene during menstruation from the internet.

Table 5.5 Frequency Distribution of Characteristics Based on Behavior Before Being Given Health Education About Personal Hygiene During Menstruation in SMAN 1 Jombang pada Maret 2024

No	Prior Behavior	Frequency	Percentage (%)
1.	Positif	29	45
2.	Negatif	36	55
	Total	65	100

Table 5.5 shows that more than half of the respondents before being given health education about personal hygiene during menstruation behaved negatively, as many as 36

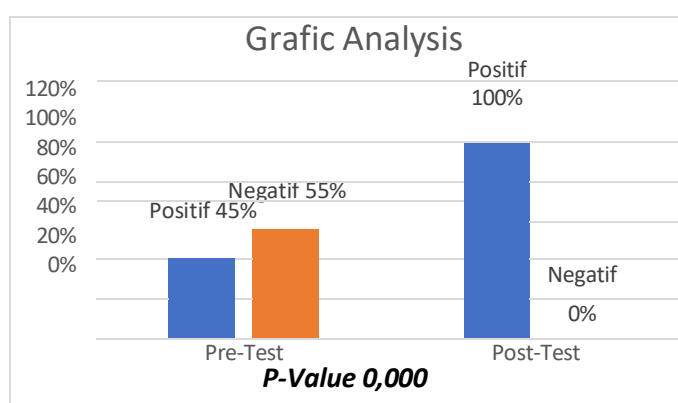
respondents (55%) and almost half of the respondents behaved positively, as many as 29 respondents (45%).

Table 5.6 Frequency Distribution of Characteristics Based on Behavior Before Being Given Health Education About Personal Hygiene During Menstruation in SMAN 1 Jombang pada Maret 2024

No	Post-Behavior	Frekuensi	Presentase (%)
1.	Positif	65	100
2.	Negatif	0	0
	Total	65	100

Table 5.6 shows that all respondents after being given health education about personal hygiene during menstruation behaved positively

Grafic 5.1 Behavior Analysis Graph Before and After Health Education is Given



Grafic 5.1 shows the difference between pretest and posttest before and after health education shows an increase in knowledge from 45% to 100% understanding personal hygiene during menstruation with p value 0,000 using Wilcoxon Signed Rank Test statistical test.

DISCUSSION

Behavior of Adolescent Girls Before Being Given Health Education About Personal Hygiene During Menstruation in SMAN 1 Jombang.

Based on table 5.5, it shows that most respondents before being given health education about personal hygiene during menstruation behaved negatively as many as 36 respondents (55%) and almost half of the respondents before being given health education about personal hygiene during menstruation behaved positively as many as 29 respondents (45%).

Behavior is the result of knowing, occurs after people sense a particular object. Sensing occurs through the five human senses, namely the sense of sight, hearing, smell, taste and touch. Where most of human knowledge is obtained through the eyes and ears⁽⁴⁾. Factors that influence behavior can be seen from level of education, age, occupation, experience, culture, interests, information/mass media⁽⁴⁾. The first factor that causes the lack of knowledge of respondents is the education factor. Respondents in this study were all high school students. The second factor that causes the lack of respondent behavior is the age factor. Based on table 5.1, it can be seen that the age of female students is 15-17 years with the largest age being 16 years.

The knowledge that a person has allows the person to do something that is beneficial for him/herself from the information he/she gets. One way to increase knowledge is to

provide health education in the form of counseling, leaflets, videos or providing modules. Health education in the form of lectures or counseling can increase knowledge, and also make it possible to change people's behavior. Health counseling is essentially an activity or effort to convey health messages to the community, groups or individuals ⁽⁷⁾. The results of this study are in line with previous research conducted by ⁽⁸⁾ that the behavior of respondents before being given intervention in the form of health education about hygiene during menstruation was in the negative behavior category. However, the results of this study are not in line with the research conducted by ⁽⁹⁾ that the initial behavior of most respondents before being given intervention was in the good category. The good initial behavior of respondents before being given health education could have occurred because when the pretest was conducted, respondents answered the questionnaire given based on their previous knowledge related to the material that would be presented by the researcher regarding personal hygiene during menstruation⁽¹⁰⁾.

Behavior of Adolescent Girls After Being Given Health Education About Personal Hygiene During Menstruation in SMAN1 Jombang

Based on table 5.6, it shows that all respondents after being given health education about personal hygiene during menstruation behaved well, as many as 65 respondents (100%).

Health Education is a process of change in humans to increase knowledge, awareness and ability of the community to live clean and healthy and achieve individual and community health goals ⁽¹¹⁾. The improvement in adolescent behavior after being given intervention is the result of providing health education. Delivering Health Education through expressions/words alone is very ineffective or has the lowest intensity. Education for adolescents is very much needed, through education adolescents will know the appropriate behavior to maintain their health. This condition can be seen from the difference in adolescent scores, after being given education the adolescent's knowledge score about personal hygiene increased ⁽¹²⁾.

After being given a pretest and an intervention in the form of health education about personal hygiene during menstruation, the researcher also conducted a behavioral measurement again (posttest) to see the difference in behavior before and after the intervention. Behavioral evaluation (posttest) in this study was conducted after health education about personal hygiene during menstruation was given. This is in accordance with the research conducted, that the short-term memory system cannot operate alone, but is always related to the knowledge stored in the long-term memory system. Conversely, information and knowledge stored in the long-term memory system are also always related to the latest information that enters the short-term memory system which can change or expand the long-term memory load.

Respondents who experienced an increase in behavior showed that the health education provided could produce effective results because there had been an increase in behavior, education and understanding of respondents. The increase in behavior, knowledge and understanding possessed by respondents in this study is expected to provide awareness in carrying out personal hygiene properly during menstruation, so that with this awareness it can also change a person's behavior. A similar thing was also proven in a study conducted that a person's behavior can change after receiving information through health education ⁽¹³⁾.

The Influence of Health Education About Personal Hygiene During Menstruation on the Behavior of Adolescent Girls at SMAN 1 Jombang

The results of the Wilcoxon Statistical Test from the calculation of behavior before and after using SPSS 16 for windows are known sig value (2 tailed) is $0.000 < 0.05$ then H1

(accepted), so it can be concluded that there is an Influence of Health Education About Personal Hygiene during Menstruation on the Behavior of Female Adolescents at SMAN1 Jombang. Based on the results of the study, it was found that most respondents experienced an increase in behavior after being given health education which can be seen from the increasing number of respondents who were able to answer the questions given correctly. The increase in respondent behavior is due to the explanation and direction given in an open atmosphere, so that adolescents find it easier to understand and understand menstrual hygiene and later can practice it during menstruation. The increase in respondent behavior can be seen in several question items where there are still many respondents who do not answer the questions given correctly during the pre-test and after being given health education interventions, in the form of counseling, video provision of modules and leaflets, the number of respondents who answered each question correctly increased. The knowledge possessed by a person is a measure in starting an action that can be influenced by a person's experience.

Notoadmodjo (2019) stated that knowledge that supports behavior needs to be provided so that individuals can carry out their duties based on theories that can be accounted for ⁽¹⁴⁾. The knowledge that a person has allows that person to do things that are beneficial to him/her from the information he/she obtains ⁽¹⁵⁾.

One way to improve behavior is to provide health education in the form of counseling, leaflets, videos or providing modules ⁽¹⁶⁾ ⁽¹⁷⁾. By providing health education, it is hoped that individuals can get learning that results in a change from what was previously unknown to being known, from what was previously not understood to being understood, and can have an impact on changes in knowledge ⁽¹³⁾.

The results of this study are in line with the results conducted by ⁽¹⁸⁾ which stated that by giving lectures or counseling can increase adolescent knowledge about personal hygiene behavior during menstruation. Health education with the lecture method is a method that is often used, especially for large masses. In addition, the results of research conducted by ⁽¹⁹⁾ ⁽²⁰⁾ revealed that adolescents need to be given reproductive and sexual health education so that adolescents have an understanding and knowledge so that they can reduce the occurrence of problems related to reproductive and sexual health.

CONCLUSION

The behavior of adolescent girls before being given health education about personal hygiene during menstruation at SMAN 1 Jombang shows that almost all of them behave negatively, as many as 36 people (55%).

The behavior of adolescent girls after being given health education about personal hygiene during menstruation at SMAN 1 Jombang shows that all respondents behaved positively, as many as 65 respondents (100%).

Based on the results of research that has been conducted on adolescent girls about the Influence of Health Education About Personal Hygiene During Menstruation on the Behavior of Adolescent Girls at SMAN1 Jombang. It can be concluded that there is a significant influence between before and after the behavior of being given health education about personal hygiene during menstruation at SMAN1 Jombang in 2024, the p value was obtained = 0.000 < 0.05 (α).

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