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The Effect Of Health Education On Peer Group's Approach To Adolescent Readiness To Face Menarche

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Abstract

Menarche is a condition when a woman experiences her first menstruation. One way for young women to have the readiness to face menarche is to provide information about menstruation correctly. Information about menarche can be obtained from health education. This study sought to ascertain the impact of a peer group approach to health education on adolescent readiness to face menarche. This research was conducted using the queasy experimental method having a control group design that is non-equivalent. The sampling method in this study is a probability sampling technique with proportioned stratified random sampling. In this investigation, 92 samples were included in the sample size and using the Two Independent Sample Test with the Mann-Whitney U type, the Pearson Chi-square test, and the Continuity Correction test. The results of this study indicated by the p-value (0,000) and the results using the Pearson chi-square test and Continuity Correction show the results of insignificant relationships between ages (0.096), sources of information (0.529), parental education (0.267), parental employment (0.132), and family economic status (0.456) with adolescent teenagers' preparedness for menarche. So that the effect of a peer group approach to health education towards preparing adolescents for menarche at SDN 243 Palembang.

Keywords | Health Education, Peer Group, Menarche

INTRODUCTION

According to the Ministry of Health of the Republic of Indonesia (Kemenkes RI), adolescents are between the ages of 10-19 years. Adolescence is a transitional phase from children to adults (Risdiana et al., 2020). The stages of development and growth are referred to as adolescents (Olivia & Sasha, 2021). Adolescents within this age limit experience various kinds of changes such as changes in the body or physical status, changes in social status, changes in sex (Moore et al., 2014), and changes in the reproductive organs in particular which are marked by the presence of the first menstruation (menarche). young women (Marván & Chrisler, 2018). According to Marques et al. Teenagers between the ages of 10 and 16 have menarche, with a mean onset of 12.4 years (Marques et al., 2022).

Menarche is considered a crisis for every teenager today is a new thing that must be passed in the context of growth and development, this situation must be controlled because often a young woman in her growth feels embarrassed, anxious, and afraid when she gets her first menstruation (Hawkey et al., 2017; Marván & Alcalá-Herrera, 2014). Children with menarche exhibit negative behaviors such as worry, uncertainty, and uncertainty will damage the child's ability to manage menstruation. One of the factors contributing to adolescents' worry during their first period is their lack of knowledge about menarche (Winarti et al., 2017).

Young women who are not prepared to face menarche will want to deny this physiological process because their first menstruation produces trauma (Coast et al., 2019;

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Farida et al., 2022), and They will perceive menstruation as cruel and dangerous. If this scenario worsens, the person may develop highly weird fantasies and experience guilt, all of which are connected to issues with bleeding in the genital organs and the monthly cycle. However, individuals who are prepared for menarche will experience it differently; they will be joyful and proud of themselves since they view themselves as biologically mature.

The solution so that young women have Providing accurate information about menstruation demonstrates preparation for menarche. Information about menarche can be obtained from health education (Diaris et al., 2017), one of the resource persons about menarche is peer groups, because groups the beginning of adolescence, individuals will struggle for independence which is marked by a change from being dependent on parents being depend. Teenagers often build peer-to-peer interactions in a typical way by gathering to do joint activities by forming a kind of group. The formation of peer groups in early adolescence has positive aims, one of which is to prepare them to face menarche. With groups, they can interact and share experiences about menarche with their peers intensely because the readiness of adolescents to face the changes that exist in themselves depends on the experience and education that have been obtained. In determining attitudes and behavior, the teenager must have good readiness about what they are experiencing.

Peer group knowledge about menarche has a significant impact on young women's preparation; if the information is inaccurate, then the readiness of young women will be negatively impacted when their first period arrives, and the individual feels embarrassed when experiencing menarche and several disorders can arise, including dizziness, nausea, and irregular menstruation (Hassan Abushaid et al., 2017). Researchers want to know how young women at SDN 243 Palembang will respond to menarche in 2020 as a result of health education that uses a peer group approach.

METHOD

A quasi-experimental research design was used for this study. The non-equivalent control group research design was used in this study, which involved two groups of subjects: the control group and the treatment group (experimental), both of which were observed before the intervention (pre-test), and was observed was in after the intervention (post-test). This research was conducted at SDN 243 Palembang on March 12, 2020. The participants in this study were female fifth-graders (five) who had not yet experienced menstruation at SDN 243 Palembang. All of the young women from the entire chosen population made up the sample for this study. The sampling method in this study is a probability sampling technique with the type of stratified random sampling with a sample of 92 respondents, namely 46 intervention groups and 46 control groups. The estimated using the slovin formula is then distributed proportionally.

Sample Size: n = N/(1+N.e^2)

Students who were willing to complete an online survey were required for inclusion in this study the questionnaire completely and students who could communicate well, while students were the exclusion criteria for this study who had had their first menstruation and students who were unable to attend or were sick at the time of the study. Data were collected by interviewing respondents with questionnaires in the intervention group's pre-test and post-test, as well as the control group's, then the data were analyzed using a computerized system of SPSS 22 program with Pearson Chi-Square, the Continuity Correction, and the Mann-Whitney U tests. A questionnaire in the form of a questionnaire served as the research tool (list of questions) consisting of 10 questions for respondents, SAP, SOP Peer Group, and Leaflets.

RESULTS AND DISCUSSION

Table 1. Age-Based Characteristics of Respondents

Ages	Mean	Median	S.Deviation	Min-Max
Intervention	10,28	10,00	0,455	10-11
Control	10,52	10,00	0,623	10-12

According to the data in table 1 above, the Intervention Group's respondents were on average 10.28 years old (0.455), with a median age of 10.00. Ages range from 10 for the youngest to 11 for the oldest. The respondents' mean age in the control group was 10.00, with an average age of 10.52 years (0.623). Ages range from 10 for the youngest to 12 for the oldest.

Table 2. Characteristics of Respondents Based on Sources of Information, Parents' Education, Parents' Occupation, and Family Economic Status

Variable	Intervention		Control	
	N	%	N	%
Resources	27	58,7	33	71,7
Already Get Information	19	41,3	13	28,3
Never Get Information				
Parental Education	15	32,6	10	21,7
High	26	56,5	21	45,7
Intermediate	5	10,9	15	32,6
Low				
Parents' job				
formal	25	54,3	15	32,6
Non-formal	21	45,7	31	67,4
Family Economic Status				
High	19	41,3	14	30,4
Medium	11	23,9	12	26,1
Low	16	34,8	20	43.5

Table 2. above, the characteristics of respondents in the intervention group, which consists of 27 people, according to the information sources (58.7%) who have received information and 19 people (41.3%) have never received information, while in the control group there are 33 people (71,7%) had received information and 13 people (28,3%) had never received information. In the intervention group, the characteristics of respondents were

as follows: 15 people (32.6%) had parents with a high level of education (PT), 26 people (56.5%) had parents with secondary education (SMA), and 5 people (10, 9%) did not. The respondent's parents had low levels of education (SD, SMP), compared to the control group, which consists of 10 people (21.7%). the respondent's parents have a high level of education (PT), 21 individuals (45.7%) have a middling level of education (high school), and 15 people (32.6%) have a low level of education (SD, SMP). In the intervention group, 25 respondents (54.3%) had formal parental employment, according to the characteristics of respondents, and 21 people (45.7%) had non-formal parental occupations while in the control group there were 15 people (32.6%) parents' work is formal and 31 people (67.4%) work non-formal parents. Characteristics of respondents based on the economic status of the respondent's family in the intervention group there were 19 people (41.3%) high family economic status, 11 people (23.9%) medium family economic status and 16 people (34.8%) low family economic status, while in the control group there were 14 people (30.4%) with high family economic status, 12 people (26.1%) medium family economic status and 20 people (43.5%) low family economic status.

Table 3. Changes in Average Adolescent Readiness Pre-test and Post-test

Youth Readiness Level	*Mean*	*Median*	*Sdt. Deviasi*	*Min-Max*
Intervention Group				
Pre-test	24,33	24,00	2,088	19-31
Post-test	32,72	32,50	2,664	26-39
Control Group				
Pre-test	24,11	24,00	3,542	18-33
Post-test	24,83	24,00	3,079	19-33

With a minimum level of teenage readiness of 19 and a maximum level of adolescent readiness of 31, it can be seen from table 3 above that the change in the average level of readiness of adolescents in the intervention group during the pre-test was 24.33 with a standard deviation of 2.088. The control group during the pre-test was 24.11 with a standard deviation of 3.542 and had a minimum adolescent readiness of 18 and a maximum adolescent readiness of 33. The post-test period was 32.72 with a standard deviation of 2.664 and a minimum adolescent readiness of 26 and a maximum of 39. At the time of post-test the average, adolescent readiness is 24.83 with a standard deviation of 3.079 and adolescent readiness to drink 19 and maximum adolescent readiness was 33.

Table 4. Differences in Adolescent Readiness Post-test Intervention Group and Control Group

Group	*Median*	*Min-Max*	*P-value*
Post-test Intervention	32,50	26-39	0,000
Post-test control	24,00	19-33	

From table 4 above, the results of the Mann Whitney U statistical test show that the probability (0.000) (0.05) Consequently, it can be said that Ha is accepted. That example, in SDN 243 Palembang, the peer group approach to health education has an impact on how

prepared teenagers are to deal with menarche.

Table 5. Relationship of variables (age of respondents, sources of information, parents' education, parents' occupations, and family economic status) with adolescent readiness to face Menarche at SDN 243 Palembang

Variable	Youth Readiness						*p-Value*
	Ready		Not Ready		Total		
	N	%	N	%	N	%	
Teenage Age							
>11 years old	18	52,9	16	47,1	34	100	0,096
<11 years old	42	72,4	16	27,6	58	100	
Resources							
Already Get Information	41	68,3	19	31,7	60	100	0,529
Never Get Information	19	59,4	13	40,6	32	100	
Parental Education							
High	17	68	8	32	25	100	
Intermediate	33	70,2	14	29,8	47	100	0,267
Low	10	50	10	50	20	100	
Parents' job							
formal	30	75	10	25	40	100	
Non-formal	30	57,7	22	42,3	52	100	0,132
Family Economic Status							
High	24	72,7	9	27,3	33	100	
Medium	15	65,2	8	34,8	23	100	0,456
Low	21	58,3	15	41,7	36	100	

Table 5. above shows The association between the respondent's age and how prepared adolescents are for menarche was examined using the chi-square test and the continuity correction test, and the results showed that the p value was 0.096. The results showed a correlation between the information's source and adolescents' preparedness for menarche, with a p value of 0.529. The p value for the connection between parental education and adolescent readiness for menarche was 0.26. The p value for the link between parental job and adolescent readiness for menarche was 0.132. And a p value of 0.456 was found for the connection between family economic status and adolescent preparation to face menarche.

According to research on respondents at SDN 243 Palembang in 2020 with adolescent readiness to face menarche, 18 respondents were ready and 16 people were not ready, and 0.05), then there was no significant association between the age of respondents and adolescent readiness to face menarche. According to the study, adolescent knowledge was influenced by age. Older girls are more knowledgeable about menstruation (Bobhate & Shrivastava, 2011).

In women, puberty generally begins at the age of 8-14 years and lasts approximately 8-14 years. The beginning of puberty is different for each individual depending on the nation, climate, nutrition and culture. With better nutrition of a child, puberty can occur more quickly, puberty ends when the ovaries are functioning steadily and regularly. Puberty

is marked by rapid body growth, first menstruation (menarche), psychological changes and the emergence of secondary sex characteristics such as hair growth in the pubic area.

Age has no bearing on teenage preparation, according to research findings and accepted theories to face menarche because adolescent age does not fully determine readiness. There are other things that make teenagers ready to face menarche, such as formal and non-formal education and information received from different print and digital mediums.

The results of the study on respondents who did not get information showed the results of the analysis of respondents who had received information Ready to face menarche as mady for 19 people. While the respondents who never received the information Ready to face menarche were 19 people and 13 people Unprepared. There is no significant association between the source of knowledge and the preparation of teenagers to face menarche, according to the findings of the statistical test with the continuity correction test, which produced p value = 0.529 (p> 0.05).

One of the things that affects knowing is information. While the information obtained from various sources will affect the level of one's knowledge. Knowledge is a person's cognitive construction of things, events, and the environment rather than a truth of the reality being studied. Knowledge itself does not already exist and is readily available, one's knowledge will experience continuous formation because of new understanding.

There was no significant association between parental education and adolescent preparation for menarche, according to the results of the study on respondents with the relationship of the respondents' parental education, which acquired p value = 0.267 (p> 0.05) from the Pearson chi-square test.

Different parents' education will affect how the parents communicate and explain menstrual problems to their daughters. In explaining something, parents with higher education are easier to explain a problem than parents with low education so that information is more easily accepted by their daughters in providing information about the problem of menarche.

The researcher assumes that not only respondents with high parental education who will be br prepared to face menarche, that is, each respondent also opportunity to prepare for puberty such as getting information.

Based on findings from research conducted at SDN 243 Palembang on respondents with adolescent readiness to face menarche and parental employment ties, it was found that the parents' education of formal respondents was ready to menarche as many as 30 people (75%) and 10 people were not ready (25%). While the education of parents of non-formal respondents was ready to face menarche as smany as 30 people (57.7%) and 22 people were not ready (42.3%). There is no significant association between parental work and the preparedness of adolescents to experience menarche, according to the findings of the statistical test with the continuity correction test, which obtained p value = 0.132 (p> 0.05).

Parents need to prepare their school-age children for the changes they will experience during puberty such as menarche (Herawati et al., 2020). Parents have a role in providing

psychoeducation to children about menarche and menstruation as well as providing support tochildren (Radoš, 2020).

The work of parents will have a major influence on the socio-economic and mindset of a person, so that parents are able to provide for their children financially but tend to be more indifferent to their children or there is not much time with their children, so children are less free to tell groups or ask questions about their children. menstrual problems. Parents should spend a little time for their children because parents have a responsibility in providing explanations or information about mens so that children understand better and are ready to face menarche (Mayangsari, 2015).

Based on the findings of the study on respondents with family economic status regarding adolescents' readiness to experience menarche, it was found that respondents with high family economic status were ready to face menarche as many as 24 people and not ready for 9 people. Then respondents with family economic status are ready to face menarche as many as 15 people and 8 people are not ready. While respondents with low family economic status are ready to face menarche as many as 21 people and 15 people are not ready There is no significant relationship between family economic status and adolescent readiness to face menarche, according to the results of statistical tests using the Pearson chi-square test, which yielded p value = 0.456 (p> 0.05). According to Karim et al. economy affects the age at which menarche occurs (Karim et al., 2021) and also economic status plays a role in awareness of appropriate care for menstruating children to prevent morbidity (Behera et al., 2015).

The post-test value between the intervention group and the control group has a significant value of p value = 0.000, according to the results of statistical tests using the Mann-Whitney U test, where if the value (0.05) then Ha is accepted, it can be concluded that there is an effect of health education peer group approach to adolescent readiness to face menarche. According to Aswitami's research, this study The impact of menstrual health education on prepubescent girls' psychological readiness at SD According to Gugus V. Mengwi, health education had a significant impact on adolescent girls' psychological readiness (Aswitami, 2018)

Adolescent girls are intended to receive information about menstruation through the health education offered. Knowledge of adolescent girls becomes better after being given health education, especially education about menstruation (Chang et al., 2010). One of the things that makes health education effective is the methods and media used. Reproductive health education for adolescents is required in schools, according to Setyowati et alresearch's in order to support their readiness to face menarche (Rizkia & Ungsianik, 2019).

In this study, the method used is a peer group approach. A peer group is a social association of individuals who are comparable to one another in terms of age, education, or social standing (Dwivedi et al., 2020). Peer groups will allow individuals to interact with each other (Tomé et al., 2012), socialize and provide encouragement and motivation to other peers emotionally. For members of a peer group, the presence of an emotional connection will have many positive effects and a significant influence. So it can be concluded that a peer group is a group of peers who have a strong emotional tie and they may engage,

socialize, exchange ideas and experiences in bringing change and growth in their social and personal life.

The peer group method has the advantage that it can create better interpersonal relationships between respondents and the implementers of the peer group. For reproductive health problems, the use of this method is more profitable than traditional methods such as lectures, because it can convey sensitive messages in it, respondents who are teenagers feel more comfortable discussing with their peers about their personal problems compared to people who are older than them. so that the readiness of adolescents can increase after health education with a peer group approach is carried out. Research Tang et al., adolescent target focus, emotional adjustment, interpersonal support, and overall resilience in adolescents and even boys can be improved by peer education on adolescent health education (Tang et al., 2022).

According to this study's findings, it was discovered that providing education about menarche to adolescents with the peer group method could affect the knowledge and readiness of adolescents in dealing with menarche. This is similar to Narsih's research, that there are positive results on the understanding and behavior of teenage girls coping with menarche. This shows that young women need activities such as peer groups to get the information they needn (Narsih, 2022).

CONCLUSION

Respondent's age, sources of information, parental education, parental occupation, and family economic status does not have significant relationship with adolescent readiness to face menarche. The findings of this study are anticipated to serve as the for SDN 243 Palembang to conduct health education to students about the first menstruation and how students deal with menstruation and self-care when experiencing menstruation.

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