Original Research

Health Education Using MAGIS Booklet to Increasing Menstrual Hygiene Perception of Teenage Girls

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ABSTRACT

Background: Menstrual hygiene is a component of individual hygiene in the form of maintaining health and hygiene of reproductive organs during menstruation. The perception that often arises in the community regarding menstrual hygiene is that the delivery of reproductive health information is inaccurate or incomplete, one of which is about the problem of menstrual hygiene. Booklet media is a method that challenges adolescents to learn because the messages are written using short, simple, concise sentences and packaged attractively. This research aims to determine the effect of health education with booklet to the menstrual hygiene perception of teenage girls.

Method: This research was quantitative with pre-experimental design by using one-group pre-posttest design. The sampling technique used purposive sampling. The sample was 43 female students at SMP Muhammadiyah 1 Surakarta. The data collected with menstrual hygiene perception questionnaire and booklet “MAGIS (Menstrual Hygiene Sehat)”. The data analysis used Wilcoxon signed ranked test.

Results: The average age of respondents is 12.67 years old, meanwhile, the average of menarche age is 11.60 years old. The average perception before being given menstrual hygiene health education was 21 respondents (48,8%). Perception after being given menstrual hygiene health education in good category was as many as 42 respondents (97,6%). The result of data analysis showed z=5.696 and p = 0.000.

Conclusion: There is an effect of health education with the "MAGIS (Menstrual Hygiene Healthy)" booklet to the menstrual hygiene perception of teenage girls.

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INTRODUCTION

The World Health Organization (WHO) states that a lack of hygiene behavior during menstruation can cause various diseases such as uterine cancer and Reproductive Tract Infections. Based on survey data conducted by WHO, in several countries, young girls aged 10-14 years have problems with their reproduction. The highest incidence of reproductive tract infections in the world is in adolescents (35% - 42%) and young adults...
(27% -33%), the prevalence rate of candidiasis (25-50%), bacterial vaginosis (20-40%) and trichomoniasis (5- 15%) (WHO (2010) in Zulfuziatuti (2016)). Indonesia has a hot and humid climate, so that Indonesian women are more susceptible to experiencing RTI (Puspitaningrum, 2010).

The impact that occurs if menstrual hygiene is not implemented will result in reproductive tract infections. RTI is a disease epidemic that silently destroys the quality of life for women, because it has a negative impact on reproductive health such as reducing reproductive fertility, disorders of pregnancy, infertility, cervical cancer, and pregnancy outside the womb (Kristina, 2014). Menstrual hygiene occurs because many people think that menstruation is a very closed thing and is rarely discussed in public or taught openly (Ikhsan et al, 2012).

The perception that often arises in the community regarding menstrual hygiene during menstruation is that the delivery of reproductive health information is inaccurate or incomplete, one of which is about menstrual hygiene problems (Ardani, 2010). The knowledge received by teenagers about genetical cleanliness during menstruation will affect the perception of the first menstrual hygiene, if the perception is good, it will affect the readiness of teenagers in facing menstruation (Notoatmodjo, 2010).

One of the factors that influence the perception according to Notoatmodjo is motivation, therefore to increase the positive perception of students about hygiene genitalia, health education is needed. Sadiman (2012) states that booklet media is one of the methods that challenges adolescents to learn because messages are written using short, simple, concise sentences and packaged attractively.

Based on this background, the researchers were interested in conducting a research entitled the effect of health education with the “MAGIS (Menstrual Hygiene Sehat)” booklet on the perception of menstrual hygiene among teenage girls at SMP Muhammadiyah 1 Surakarta.

**MATERIALS AND METHOD**

This research was quantitative with pre experimental design by using one-group pre-posttest design. The sampling technique used purposive sampling by criteria respondent has already got menstruation, willing to be respondent and be given health education. The population was 64 female students at VII degree in SMP Muhammadiyah 1 Surakarta and the sample taken was 43 respondents. The research has done on April 2019. The data collected with menstrual hygiene perception questionnaire and booklet “MAGIS (Menstrual Hygiene Sehat)”. The data analysis used Wilcoxon signed ranked test to determine whether there is an influence of two variables. The ethical clearance has not done at that time, however before conducting research, the informed consent form for an approval sheet has given the respondent.

**RESULTS**

**Respondent characteristics according ages and menarche**

<table>
<thead>
<tr>
<th></th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ages</strong></td>
<td>12</td>
<td>14</td>
<td>12,67</td>
<td>0,566</td>
</tr>
<tr>
<td><strong>Menarche</strong></td>
<td>10</td>
<td>13</td>
<td>11,60</td>
<td>0,791</td>
</tr>
</tbody>
</table>

Table 1 shows that the average age of respondents is 12,67 years old. Table 2 shows that the average age of menarche is 11,60 years old.
Pre-perception score before health education

Table 2. Pre-perception score before health education

<table>
<thead>
<tr>
<th>Nilai</th>
<th>Pre Test</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>21</td>
<td>48.8</td>
</tr>
<tr>
<td>25-33</td>
<td>15</td>
<td>34.9</td>
</tr>
<tr>
<td>34-44</td>
<td>7</td>
<td>16.3</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2 shows that the average perception before being given menstrual hygiene health education was 21 respondents (48.8%).

Post-perception score after health education

Table 3. Post perception score after health education

<table>
<thead>
<tr>
<th>Nilai</th>
<th>Post Test</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-33</td>
<td>1</td>
<td>2.3</td>
</tr>
<tr>
<td>34-44</td>
<td>42</td>
<td>97.7</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4. shows that perception after being given menstrual hygiene health education in good category was as many as 42 respondents (97.6%).

Normality & bivariat test

Table 4. Normality test

<table>
<thead>
<tr>
<th>Normality test</th>
<th>P value</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Test</td>
<td>0.000</td>
<td>Not Normal</td>
</tr>
<tr>
<td>Post Test</td>
<td>0.086</td>
<td>Normal</td>
</tr>
</tbody>
</table>

The results of the analysis in table 5, using the Shapiro-Wilk test show P value (pre) = 0.000 so that the P value <0.01 then the pre data is not normally distributed while P value (post) = 0.086 so that the P value> 0.01 then the post data normally distributed. The results of normality are data that are not normally distributed so that the data analysis test uses the non-parametric Wilcoxon Signed Rank test to find out the results of the pre test and post test.

Table 5. Wilcoxon Signed Rank Test

<table>
<thead>
<tr>
<th>Variable</th>
<th>Phase</th>
<th>Mean</th>
<th>Median</th>
<th>Sd</th>
<th>Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perception</td>
<td>Pre Test</td>
<td>1.70</td>
<td>2.00</td>
<td>.741</td>
<td>-5</td>
<td>0.000</td>
</tr>
<tr>
<td></td>
<td>Post Test</td>
<td>2.98</td>
<td>3.00</td>
<td>.152</td>
<td>332</td>
<td>0.000</td>
</tr>
</tbody>
</table>

The results of the analysis in table 6, indicate that the statistical test using the Wilcoxon test shows z -5.332 and p of 0.000 with α 0.01 (p <0.01) which means that there is an
effect of health education with the booklet "MAGIS (Menstrual Hygiene Sehat)" on perceptions of menstrual hygiene.

DISCUSSION

The results of research conducted by Novianti (2012) show that the age of the most respondents is 13 years old. Heryana (2016) states that healthy habits are usually formed at the age of children and at 11-12 years of age these habits become stable. The results of research conducted by Pertiwi (2018) showed that most of the menarche ages experienced by respondents were 12 years, it is suitable with this research that the average age of menarche is 11.60 years old.

Based on the results of the study using the Wilcoxon test on 43 respondents, it is known that the perception of the average student before being given health education is 1.70 and the perception after being given health education the average perception of students is 2.98 which means that there is an effect of health education with booklet on perceptions of menstrual hygiene. The results of the study were supported by Wijayanti (2010), regarding the relationship between female adolescent perceptions of menstruation with adolescent women's attitudes towards menstruation with results showing that 67% of female adolescent perceptions were correct, 33% wrong. And nearly three-quarters of the attitude of young women is 77% positive, and 23% negative attitude, this means that there is a relationship between adolescent perceptions of menstruation with women's attitudes towards menstruation. This is also explained in the booklet distributed by WHO in the WASH (water, sanitation and hygiene) program which provides information on personal hygiene during menstruation, namely the importance of clean water availability, use of menstrual pads for young women, selection of sanitary napkins, and tips for maintaining cleanliness. during menstruation (WHO, 2017).

Research by Chung (2016), shows that health education for young women by way of direct demonstrations and providing booklets can reduce stress on adolescents due to premenstrual syndrome and increase the knowledge and attitudes of adolescents during menstruation. Jung & Kedall (2016) show that booklet media are also effective in provide education or education to young women, especially those who have just had their period. The provision of health education provided with the media used can be evaluated by assessing satisfaction with the education obtained, re-evaluating it by providing the opportunity to ask questions related to educational material, and providing written questions to be filled out by education recipients (Pincombe, Thorogood & Tracy, 2015).

Based on the results of this study, the researcher also concluded that health education with booklets was more optimal. With health education used by respondents to receive new information but also to read directly in other words, providing health education with booklets can improve perception.

CONCLUSION

Perception before being given health education obtained mean value of 1.70 with a standard deviation of 0.741. The perception after being given health education obtained mean value of 2.98 with a standard deviation of 0.152. The results of the Wilcoxon signed rank test showed that the p value was 0.000. There was a significant difference between perceptions before and after being given health education with
booklets which were more effective in increasing the perceptions of seventh grade female students of SMP Muhammadiyah 1 Surakarta.

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