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## Young Women's Readiness for Menarche

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### ABSTRACT

**Background:** eighteen percent or 1.2 billion people of the world's population are in their teens. A common problem that is often experienced by pre pubertal teenage girls in preparing for puberty is the lack of exposure to information. Health education is one of the efforts to prepare young women to be ready to face menarche. Based on a preliminary study conducted with BKKBN officers and Genre Ambassadors of Pacitan Regency, he said that young women need a lot of preparation and information to face menarche. Meanwhile, based on a preliminary study conducted on students in grades IV, V, and VI at Bangunsari State Elementary School, it was found that the majority of students had never received information about menstruation.

**Purpose:** to determine the effect of health education on the readiness of young women to face menarche.

**Methods:** this type of research is quantitative experimental research, using a pre experimental research design with one group pre-post test design. The sampling technique used, namely purposive sampling, a total of 41 respondents. The research instrument used a questionnaire sheet. Statistical test using Wilcoxon test.

**Results:** the results of the Wilcoxon pre-test and post-test knowledge and attitudes of 41 respondents showed a p-value of 0.000, which means that there is an effect of health education on young women's readiness to face menarche.

**Conclusion:** there is an effect of health education on the readiness of young women to face menarche.

### Keywords:

Health education; menarche; young woman, readines.

## BACKGROUND

Most of the world's population is in their teens, which is around 18% or 1.2 billion people, the Indonesian Ministry of Health (2015, in Umrah et al., 2021). According to the World Health Organization, the age range of adolescents is 10-19 years. According to the Regulation of the Minister of Republic of Indonesia Number 25 of 2014, the age range for adolescents is 10-18 years, while according to the Population and Family Planning Agency (BKKBN) the age range for adolescents is 10-24 years and unmarried, Ministry of Health RI, (2012, in Hapsari, 2019).

The total population of Indonesia in 2020 was recorded at 270.203.917 people, with a population of teenagers aged 10-19 years recorded at 46.872.942 people, (Central Bureau of Statistics, 2021). The number of young women in Indonesia in 2020 was recorded at 22.734.596 people, (Central Bureau of Statistics, 2021). In 2020, East Java Province was ranked second as the distribution of the population of adolescents aged 10-19 years with the highest, which was recorded at 5.976.856 people with a total of 2.990.565 female adolescent girls, (East Java Health Office, 2021). The projected population of Pacitan Regency in the age range of 10-19 years with female sex in 2020 is recorded at 35.793 people, (Central Bureau of Statistics of East Java Province, 2021).

The most important puberty event experienced by young women is the stage of maturity of the reproductive organs which is marked by the arrival of menarche. Menarche is the first menstruation experienced by young women as a sign of a change in the phase of life from childhood to puberty. The age of menarche in children varies greatly. Ideally, young women experience menarche at the age of 10-14 years, but there are those who have early menarche, namely at the age of 9 years and at the latest at the age of 15 years (Unicef, 2016). In Indonesia, on average, young women experience menarche at the age of 12 years (Wahyuni et al., 2019).

The common problem that most pre pubertal girls experience when preparing for puberty is the lack of exposure to information, which is caused because parents think that discussing menarche and other reproductive health is taboo and most of the early teens feel embarrassed to ask first. parents, teachers, or other adults and assume that health services are only a place to check, seek treatment, and consult about diseases, so young women often neglect the obligation to maintain health and hygiene related to menstruation, (Sinaga et al., 2017). Based on the results of a 2015 study by Unicef, it was stated that the majority of young women used single-use sanitary napkins and still rarely changed their sanitary napkins. Less than half (41%) of adolescents change their sanitary napkins every 4 – 8 hours or whenever they are soiled, while the rest change their sanitary napkins less than twice a day. In addition, only 59% of young women wash their hands before and after changing sanitary napkins, (Sinaga et al., 2017). The impact of low adolescent knowledge can also cause adolescents to feel afraid and anxious when menarche comes. Based on Karunia's 2015 research, many young women in Indonesia think that menstruation is something dirty, unclean, and some even assume that menstruation can cause death due to excessive bleeding from the vagina (Purbowati et al., 2021).

Based on this incident, the role of parents is to have an open mind about reproductive health and begin to convey information about menarche is very important. Likewise, the role of health workers is very important to conduct interactive and structured education about preparation for menarche to young women, because if it is not handled properly and correctly it has risks to health, such as infections caused by lack of hand washing habits, psychological disorders such as anxiety and fear.

Health education is very important to prepare teenagers to enter puberty. The health education is about preparing for menarche which includes menarche and menstruation. The provision of health education can explore and increase knowledge and insight that will directly affect attitudes, actions, and emotions in dealing with menarche.

Based on a preliminary study conducted with BKKBN officers and Genre Ambassadors of Pacitan Regency, he said that young women need a lot of preparation and information to face menarche. In addition, he also said that there are still many people who think that information about preparing for puberty is a taboo and less important thing to pay attention to, and many parents think that later their children will know by themselves when they are adults. In fact, teenagers need valid information and support from their parents and the environment to prepare for puberty. Meanwhile, based on a preliminary study conducted on students in grades IV, V, and VI at Bangunsari State Elementary School, which amounted to 55 students, data were obtained, including: from 48 students who were present at the time of the preliminary study, 14 students had menstruation, and 34 students had not menstruated. 24 female students have been given information about menstruation but it is only limited to understanding and 24 female students have never received information about menstruation. Based on the information obtained from female students who had experienced menstruation, some felt shocked, embarrassed, afraid, confused or embarrassed to talk to their parents, and some felt stomach pains. The results of interviews with students who have not experienced menarche are anxious, afraid, and the majority of fourth grade students do not know the meaning of menstruation. Based on the results of interviews with the homeroom teacher, he said that usually students who experience menarche or first menstruation at school look confused, afraid, anxious, and some are crying, so the student is sent home early. In addition, based on the results of interviews, data also obtained that previously at Bangunsari State Elementary School it had never been used for research on menarche or menstruation and there had never been health education from health workers about menarche or menstruation. The health education carried out is usually health education about ear, teeth and mouth hygiene, but the students of Bangunsari State Elementary School are given an explanation about reproductive organs during science subjects.

Based on the description above, the researcher is interested in conducting a research entitled "Young Women's Readiness to Face Menarche".

## **OBJECTIVE**

This study was conducted to determine the effect of health education on the readiness of young women to face menarche.

## METHODS

This type of research is an experimental quantitative research, using a pre-experimental research design with one group pre-post test design. The research was conducted at Bangunsari Public Elementary School, Pacitan District, Pacitan Regency on January 4, 2022 – January 26, 2022. The population of this study was all fourth, fifth, and sixth grade students of Bangunsari State Elementary School, Pacitan District, Pacitan Regency. The sampling technique used in this study, namely purposive sampling and obtained a large sample of 41 respondents. The research instrument used in this study was a questionnaire sheet that had been tested for validity and reliability. Data collection was carried out directly during the preliminary study, pre-test and post-test. Bivariate analysis using Wilcoxon test, (0.01).

## RESULTS

Based on table 1 shows that most of the respondents are 10 years old, with a minimum age of 10 years, a maximum age of 12 years, and the average age of respondents is 10.61 years.

**Table 1.** Frequency Distribution of Respondents by Age, Information Exposure and Source of Information

Variabels	F	%	Mean	SD
Age			10 -61	0,771
Information Exposure				
Already	15	36.6		
No	26	63.4		
Source of Information				
Internet	1	2.4		
Parents	8	19.5		
Family	1	2.4		
Teacher	5	12.2		
No	26	63.4		

The most of the respondents have never received information about menstruation as many as 26 respondents (63.4%), while respondents who have received information about menstruation are 15 respondents (36.6%). The majority of respondents have never received information about menstruation, a total of 26 respondents (63.4%), while 15 respondents (36.6%). Of the 15 respondents, most of them got information from their parents as many as 8 respondents (19.5%), got information from teachers as many as 5 respondents (12.2%), got information from the family of 1 respondent (2.4%), and got information from the family of 1 respondent (2.4%). information from television or internet 1 respondent (2.4%).

**Table 2.** Pre-Test and Post-Test Knowledge Values

Category	Pre – Test		Post - Test	
	n	%	n	%
Good	11	26,8	32	78,0
Medium	23	56,1	7	17,1
Poor	7	17,1	2	4,9

Based on table 2 shows that most of the respondents prior to health education had a moderate level of knowledge, namely 23 respondents (56.1%), while respondents with good knowledge level were 11 respondents (26.8%), and respondents with poor knowledge level. a total of 7 respondents (17.1%). After education, most of the respondents had a good level of knowledge, namely 32 respondents (78.0%), while respondents with poor knowledge were 2 respondents (4.9%), and respondents with moderate knowledge were 7 respondents (17, 1%).

**Table 3.** Frequency Distribution of Respondents Based on Pre-Test and Post-Attitude Test Values

Category	Pre – Test		Post - Test	
	n	%	n	%
Ready	14	34,1	33	80,5
No	27	65,9	8	19,5

Based on table 3 shows that most of the respondents before health education were not ready to face menarche, namely 27 respondents (65.9%), while respondents who were ready to face menarche were 14 respondents (34.1%). after health education, most of the respondents were ready to face menarche, namely 33 respondents (80.5%), while respondents who were not ready to face menarche were 8 respondents (19.5%).

**Table 4.** Results of the Wilcoxon Test Analysis of Adolescent Women's Level of Readiness to Face Menarche Based on Knowledge Levels Before and After Health Education

Knowledge	n	Negative Raks	Positive Ranks	Ties	Mean Rank	P - Value
Before	41					
After	41	0	24	17	12,50	0,000

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Based on table 4, it can be seen that the results of the Wilcoxon pre-test and post-test scores of young women's readiness to face menarche based on knowledge level show a significance number of 0.000, mean rank 12.50, ties 17, positive ranks 24, and negative ranks 0.

**Table 5.** Result of Wilcoxon Test Analysis of Adolescent Women's Level of Readiness to Face Menarche Based on Attitude Levels Before and After Health Education.

Knowledge	n	Negative Raks	Positive Ranks	Ties	Mean Rank	P - Value
Before	41	0	19	22	10,00	0,000
After	41					

Based on table 5, it is known that the Wilcoxon test results, pre-test and post-test scores of young women's readiness in facing menarche based on attitude level show a significance number of 0.000, mean rank 10.00, ties 22, positive ranks 19, and negative ranks 0.

## DISCUSSION

Based on the results of the study, it can be seen that before being given health education, most of the respondents had a moderate level of knowledge, namely 23 respondents (56.1%), and were not ready to face menarche, as many as 27 respondents (65.9), while after being given education health, most of the respondents have a good level of knowledge, as many as 32 respondents (78.0%) and ready to face menarche, as many as 33 respondents (80.5). The level of knowledge and attitudes in dealing with menarche is influenced by age, exposure to information, and sources of information.

In this study, age can determine the level of readiness of young women in facing menarche. Based on the data obtained during the study, most of the respondents were at the minimum age, namely the age of 10 years, and it is known that, of the 8 respondents who were not ready to face menarche, there were 6 respondents aged 10 years and 2 respondents aged 11 years. This is in line with Notoatmodjo's theory (2012, in Widyastutik et al., 2022), which states that age determines a person's level of maturity, so age affects a person's level of knowledge and attitudes, including receiving information, and is supported by the results of Jayanti and Purwanti's research (2012). , in Butar, 2018), which states that age affects the level of readiness of young women in facing menarche, the younger the age of young women in facing menarche, the more unprepared young women are to face menarche.

Exposure to information and sources of information can also affect the level of readiness of young women in facing menarche. According to Ratnawati (2018), stating that correct information about normal menstruation needs to be conveyed to adolescents, parents, teachers, and parties involved because young women often experience irregular menstrual cycles in the first few years after menarche and states



that mothers are sources of information. the best information and support during puberty. Based on the data obtained during the study, it can be seen that most of the respondents who had received information about menstruation and menarche obtained information from their parents, but this when compared to respondents who had never received information was still too far away. This is in line with the results of research conducted by Malhotra (2014, in Purbowati et al., 2021), which states that 64% of young women in India are afraid of facing menarche and 86% of young women are not ready to experience menarche due to lack of information, while based on sources of information according to Sinaga (2017, in Purbowati et al., 2021), stated that in Asia, Africa, and Latin America access to information about menstruation for adolescent girls is still very low, coupled with the existence of a social culture that plunges and various challenges that are considered mythical. , so that it will affect the understanding and readiness of young women in facing menarche.

Based on the results of statistical tests using the Wilcoxon test, a significance number of 0.000 ( $<0.01$ ) was obtained, which means that there was a significant difference between the level of knowledge and attitudes of young women before and after 15 days of health education regarding menarche preparation. In addition, there was also an increase in the average or mean rank, namely for knowledge there was an average increase of 12.50 and an average increase of 10.00 for attitudes. The results of this study are supported by research conducted by Delima et al. (2020), using the paired t – test, stated that health education about menstruation is effective in increasing students' readiness to face menarche. This is also in line with research conducted by Purbowati et al. (2021), stated that health education with video media and leaflets can increase readiness and knowledge to face menarche.

The level of readiness of young women to face menarche is measured using the level of knowledge and attitude parameters, Slameto (2010, in Wardhani, 2018). According to Jayanti and Purwanti (2012 in Butar, 2018), stating that attitude is an internal factor that affects young women's readiness to face menarche and knowledge is an external factor that affects young women's readiness to face menarche. In this study there was an increase in the level of knowledge and attitudes. This is supported by research conducted by Murniati et al. (2020), based on statistical tests obtained a p value of 0.000, which shows that there is a relationship between knowledge and attitudes with the behavior of PGRI 6 Banjarmasin high school students in dealing with menarche. This is also supported by the results of research conducted by Septina et al. (2021), stated that of 45 respondents who had good knowledge also had a good attitude and from the results of the Chi Square test, it was obtained P value of 0.001 ( $<0.05$ ), which means there is a significant relationship between knowledge and attitudes of adolescents in dealing with menarche.

## CONCLUSION

Based on the results of the comparative hypothesis test with the Wilcoxon test and supported by the results of previous studies which showed the same results as the results of research conducted by researchers, it can be concluded that there is a significant difference in the level of readiness of young women to face menarche before and after

being given health education about preparation. menarche, with a significance value of 0.000 ( $<0.01$ ).

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