



Dominant Aspects of Family Support of Menstrual Attitudes in Adolescent Girls

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Abstrak

Remaja didefinisikan sebagai individu dengan rentang usia 10-19 tahun. Di Indonesia, 63,9% remaja putri memiliki perilaku buruk dalam kebersihan menstruasi. Penelitian ini akan menganalisis hubungan antara dukungan keluarga dengan sikap menstrual hygiene remaja putri dan aspek dominan dukungan keluarga di Jember dan Bondowoso. Penelitian ini menggunakan desain observasional dengan menggunakan pendekatan cross-sectional dan data dianalisis dengan uji regresi linier berganda. Teknik pengambilan sampel yang digunakan adalah proportional stratified random sampling dengan jumlah sampel sebanyak 300 responden remaja perempuan di area rural Jember dan Bondowoso. Pengambilan data dilakukan dengan kuesioner melalui link *google form*. Hasil penelitian menunjukkan bahwa ada hubungan yang bermakna secara statistik antara dukungan keluarga dengan sikap tentang *menstrual hygiene* (p -value = 0,012). Indikator dukungan keluarga paling dominan adalah aspek instrumental dengan memberikan material atau fisik yang dapat mendukung menstrual hygiene remaja.

Keywords

Menstrual Hygiene,
Adolescents, Family,
Support, Attitudes

Abstract

Adolescents are defined as individuals with an age range of 10-19 years. In Indonesia, 63.9% of girl adolescents had bad behavior in menstrual hygiene. This study will analyze the relationship between family support and menstrual hygiene attitudes of adolescent girls and the dominant aspect of family support in Jember and Bondowoso. This study uses an observational design using a cross-sectional approach and data were analyzed using multiple linear regression. The sampling technique used was proportional stratified random sampling with a total sample of 300 female adolescent respondents in rural areas of Jember and Bondowoso. Data retrieval was done by questionnaire via *google form* link. The results showed that there was a statistically significant relationship between family support and attitudes about menstrual hygiene (p -value = 0.012). The most dominant indicator of family support is the instrumental aspect by providing material or physical support that can support adolescent menstrual hygiene.

Introduction

Adolescents are individuals in the age range of 10-19 years with physical, psychological, and socio-economic changes (1). One of the signs of sexual changes in adolescent girls, namely menstruation. The first menstruation or menarche is generally experienced by young women at the age of 11-14 years (2). Entering the early age of adolescence, it is necessary to provide information about the care of reproductive organs, especially during menstruation. This is because if hygiene during menstruation is not maintained properly, it will cause reproductive health problems (3). Also considering that the anatomical situation of the female reproductive organs is shorter than that of the male, women have a higher risk of experiencing reproductive infections (2).

Previous research has shown that 60.7% of adolescent girls experience pruritus vulvae due to poor

hygiene of the genital organs during menstruation (4). The Indonesian Demographic Health Survey (IDHS) in 2017 noted that the behavior of adolescent girls in menstrual hygiene was in a bad category with a percentage of 63.9% (5). In 2013 it was recorded that the percentage of young women in Indonesia who were familiar with reproductive health services was only around 7.2% (6).

Family support is a series of activities that can positively strengthen informal social networks (7). Families can provide support in the form of information, emotional, instrumental, and assessment (8). The existence of family support has a significant meaning for behavior, such as research by Mesquita (2020) showed that female students who received an adequate level of family support (79.2%) had good hygiene behavior during menstruation (82.5%) (9). However, the level of family support is considered not optimal in which a study shows that the majority of adolescents have less family support (58.2%) for the incidence of pruritus vulvae during menstruation (10). Previous research showed that the level of family support for adolescent girls at SMPN 11 Jember, namely the category of good support for reproductive hygiene behavior was only 37.0% (11).

The determinants of social relations relate to the stigma and discrimination that occur when women menstruate. This is related to menstrual health where good social support will contribute to preventing discrimination of menstruating women in various activities. With social support, feelings of intimidation and stress due to bullying and discrimination will decrease. In addition, positive social support from family and peers can influence the practice of menstrual hygiene in women (22). Through social support, positive communication will be created which plays a role in changing knowledge, attitudes, and practices related to menstrual hygiene.

Attitudes to menstrual hygiene are usually related to how individual women, especially young women, respond to menstruation (30). Closed and shy responses make teenagers think that talking about menstruation is taboo. The process of receiving a stimulus that triggers an inattentive response. These conditions make adolescents have less response, thus closing the possibility for adolescents to talk about, influence, or invite other people related to menstruation and menstrual hygiene.

In 2021 researchers conducted a preliminary study on students at SMPN 3 Jember; most of the students had experienced menstruation (93.5%). A total of 87.6% of students stated that they understood how to perform hygiene during menstruation. In addition to this, the incidence of complaints in the female organs such as itching, vaginal discharge, or irritation was recorded to have been experienced by 69.9% of female students. The openness of students with their parents regarding menstrual hygiene was mostly in the occasional category (62.1%). Then the results of the interview with the principal of SMPN 3 Jember stated that in the learning curriculum in biology subjects there was material that explained menstruation. However, due to the COVID-19 pandemic, teaching and learning activities are limited. Schools have provided toilet facilities that support menstrual hygiene behavior and the UKS program, but their function is not effective considering the impact of the COVID-19 pandemic on the learning process.

Most girls used reusable cloth unless they are given free pads from school (28). The use of sanitary pads was positively associated with confidence to manage menstruation at home. Strategies to encourage positive social norms towards menstruation would help to promote more open discussions about it at the family, community and national level (28) and experience of menstruation can negatively impact their education (29).

Reproductive organ hygiene during menstruation is integrated into menstrual hygiene practices, which is a way of managing menstrual health and hygiene related to menstrual equipment, disposal, sanitation, and availability of facilities (12). Correct menstrual hygiene behavior includes several ways, namely using sanitary napkins every 4-6 hours, sanitary napkins absorb blood well, disposable pads, not using vaginal cleaning fluid, washing from the vagina to the anus, changing underwear is expected to be more than 2 changing sanitary napkins every time or every time, throwing used sanitary napkins in a landfill, and washing hands before and after menstrual hygiene practices.

The Ministry of Health has integrated a Youth Care Health Service (PKPR) program [6]. The characteristics of the program focus on counseling and assisting youth in applying education and healthy life skills. PKPR can be implemented inside or outside the health facility building where the service includes the School Health Business (UKS) program. The development of increasingly sophisticated information and technology as well as the ease of access can also assist adolescents in obtaining information about reproductive health (13).

Based on the identification of the problem, the researcher has a problem formulation in this study, namely What is the dominant factor of family support that affects the attitude toward menstrual hygiene in adolescent girls?

Methods

This research is a type of quantitative research that uses an observational research design. The variables studied were family support, knowledge, attitudes, and menstrual hygiene behavior. The number of research samples is 300 female adolescent respondents who meet the requirements with a sampling technique using proportionate stratified random sampling. Sampling was by the criteria, namely teenage girls in grades VIII and IX Jember and Bondowoso, living with their parents, and had menstruated. The time of data collection was carried out on January-November 2022.

The initial stage of the research was started by conducting an ethical test at the Faculty of Nursing, University of Jember No. 183/UN25.1.14/KEPK/2021. Then apply for a research permit to the UNEJ Faculty of Nursing, LP2M UNEJ, BAKESBANGPOL Jember and Bondowoso. After that, the researcher determined the sample and got approval from each homeroom teacher to sign the consent sheet as the respondent's guardian.

The data collection stage is carried out through the google form link. The researcher was assisted by the homeroom teacher to disseminate the questionnaire link to the respondents via WhatsApp. The independent variable measured in the study was family support. Meanwhile, the dependent variable measured was knowledge, attitude, and behavior of menstrual hygiene. The questionnaire on family support variables and menstrual hygiene behavior was adapted from research Febriyanti (2017), while the menstrual hygiene knowledge and attitude questionnaire from the research Octadiary (2017). The indicators on the family support questionnaire include informational, assessment, instrumental, and emotional support. The knowledge questionnaire contains some indicators namely knowledge, understanding, application, analysis, synthesis, and evaluation using a likert scale.

Meanwhile, the attitude questionnaire includes some indicators of accepting, responding, assessing, and being responsible using a guttman sclae the value of r count $> r$ table, which is more than 0.361, then it is declared valid with a reliable value, that is, the Alpha value > 0.60 Febriyanti (2017). Futhermore the behavioral questionnaire contains several sub-statements about how to keep the pubic area clean and the use of sanitary napkins and underwear during menstruation using a likert scale. The results of the validity test conducted by Octadiary (2017) on the menstrual hygiene knowledge questionnaire with 16 closed-ended questions, showed the lowest test coefficient value of 0.294 and the highest value of 1.000, meanwhile, the validity test on the menstrual hygiene attitudes questionnaire with 11 closed questions showed a the lowest coefficient was 0.437 and the highest score was 1.000. The test results showed that the reliability coefficient value of the menstrual hygiene knowledge questionnaire was 0.965, while the coefficient value of the menstrual hygiene attitude questionnaire was 0.861.

The data analysis process was carried out multivariately and using multiple linear regression with the help of SPSS statistical applications. Univariate analysis displays the distribution, frequency, and percentage of each variable including the characteristics of the respondents. Variable data type is ordinal with each having two categories. Meanwhile, the bivariate test used the Spearman correlation test to determine the relationship between family support and attitudes about menstrual hygiene

Results

Table 1. Characteristics of Respondents and Descriptive Results of Family Support and Menstrual Hygiene Attitude (n=300)

No.	Characteristics	n (%)	p-value
1.	Age		
	12	80 (26,7)	
	13	82 (27,3)	
	14	78 (26)	
	15	60 (20)	
2.	Age of Menarche		
	9	96 (32)	
	10	139 (46,3)	
	11	65 (21,7)	
3.	Family Support		
	High	168 (56)	
	Low	132 (44)	
4.	Attitude		0,012*
	Positive	111 (37)	
	Negative	189 (63)	
Total		300 (100)	

Most of the respondents are currently at the age of 13 years (27.3%). This age range is included in

the category of early adolescence. Meanwhile, at the age of menarche, most of the respondents experienced first menstruation at the age of > 10 years (46.3%).

Univariate analysis on the family support variable showed that most of the respondents had high support, namely 56%. Likewise on the knowledge variable, the majority of respondents have knowledge of high menstrual hygiene by 57%. In the attitude variable, some respondents have a negative attitude towards menstrual hygiene, which is 63%. However, on the menstrual hygiene behavior variable, most of the respondents had good behavior 51%.

Table 2. Multiple Linear Regression Test (n=300)

	coefficient	Constanta
Family Support		36.729
Informational	.278	
Evaluation	.173	
Instrumental	.515	
Emotional	-.024	

The results of multiple linear regression showed that the analysis of the relationship between family support and menstrual hygiene attitudes obtained a $p\text{-value} = 0.012$ which means that family support and menstrual hygiene attitudes have a significant relationship. The coefficient value of the highest family support in the aspect of instrumental support with a value of 0.515 which means that this aspect is the most dominant in this study.

Discussion

Relationship Between Family Support and Menstrual Hygiene Attitudes in Young Women

The results showed that there was a significant relationship between family support and menstrual hygiene attitudes. This research was supported by Boakye-Yiadom et al (2018) who stated that family support had a positive impact on adolescent attitudes about menstrual hygiene. Family psychological support during menstruation is associated with positive behavioral changes and health strengthening for adolescents (15). The knowledge possessed by parents certainly affects the process of mentoring and guidance in teaching young women to perform menstrual hygiene, especially washing the pubic area. Misperceptions of parents also have an impact on the formation of perceptions of young women. This is because parents are the first school for children to obtain information.

Parents can collect and provide information to young women about menstrual hygiene. If the information can be conveyed and received well, then the attitude formed will also be positive. This is because the information will form knowledge which knowledge will determine how individuals respond to a particular object in a positive or negative attitude. When young women understand the importance of performing menstrual hygiene, they will respond well to it because they understand the impact of not doing it (16). The formation of attitudes is also influenced by other factors. Given that individuals in adolescence tend to be closer to peers and there is a desire to oppose and challenge their parents (17). Previous research has also shown that peer support has a positive effect on personal hygiene attitudes during menstruation (18). This means that the source of information does not only come from parents, but also various other sources of information, such as social media and peer experiences. The development of increasingly sophisticated technology makes information can be disseminated easily and quickly. Young women can access information about menstrual hygiene through the internet effectively. Knowledge of parents also plays an important role in fostering a positive attitude in adolescents. Knowledge is a domain that is very influential in the formation of attitudes as a whole (19). The formation of a positive attitude depends on the extent to which information is received correctly.

Dominant Aspects of Family Support on Menstrual Hygiene Attitude in Young Women

The dominant aspect of family support in this study is instrumental support. Instrumental support is less likely to have bad behavior during menstruation (20). Research Wang et al (2019) reported that good instrumental support was associated with adolescent health status and adolescent self-perception (21). Good family support has a significant effect on adolescent menstrual hygiene behavior (22). In a study Lahme et al (2018) found that poor menstrual hygiene is influenced by a lack of knowledge, and cultural social, and environmental constraints, especially families. Instrumental support obtained from the family becomes a concrete and practical source of help when needed. This form of support is to provide the necessary needs to help ease in carrying out an activity. Instrumental support for adolescents can be done with financial support, providing related facilities for adolescent health (24). McNeil et al (2019) also mentioned that adolescent instrumental support refers more to material or physical assistance such as health, financial, and care facilities.

The lowest score is found in statement number 17, where parents give money to young women to buy books on how to clean the genital area during menstruation. This statement is a favorable statement, but most young women answer never. This is because the development of information and technology that is increasingly sophisticated and easy to access can help adolescents obtain information about reproductive health (13). Information can be obtained from various sources in the form of articles, e-books, or education in audio-visual versions which can be accessed very easily through searches on the internet or social media. It is also not uncommon to find various campaigns on social media discussing adolescent reproductive health. In addition, the information displayed is also interesting with educational sentences that are easily understood by readers. Thus, it can be assumed that the availability of information on the internet makes young women prefer to access the internet compared to buying reading books.

Family is an important source of adolescent knowledge development. Adolescents will learn and adapt to family habits, especially from mothers in terms of reproductive health. Adolescents experience reproductive health problems due to a lack of learning and open communication between mothers and adolescents (22). Menstrual hygiene practices are mostly shared by family members, and social beliefs and discussions about menstruation which are taboo by the family are the causes of disturbed adolescent reproductive health (26). Social support for adolescents during menstruation can come from families such as mothers who act as children's educators to achieve reproductive health. Lack of support causes children to limit their behavior, feel embarrassed, and taboo about menstrual hygiene (27).

Maternity nurses in terms of menstrual hygiene can become educators to provide education through education and health promotion. The goal of health education is not only young women, but nurses can involve parents, especially mothers and women of childbearing age. Especially if the target experiences complaints and needs to receive treatment, the nurse as a care giver can provide comprehensive nursing care.

In addition to the above roles, nurses can collaborate with other health workers and educational institutions to try to prevent adolescent reproductive health problems, especially girls. Client rights can also be entrusted to the nurse as an advocate and as a nurse coordinator to provide direction, planning and coordination for health services.

The limitation of the research is that researchers have difficulty finding references regarding variables that explain the relationship between family support and knowledge and attitudes about menstrual hygiene. In addition, the determination of categories for each variable uses a cut off point by calculating the total score and comparing it to the mean. It is hoped that in further research the determination of categories can be more than two categories, so that the category level of each variable can be identified more specifically.

Conclusion

Menstrual hygiene in adolescents requires adequate family support. Family support is a source of knowledge for adolescents in increasing self-confidence and reproductive health. The dominant aspect of family support is instrumental support where the family facilitates adolescents physically such as health, financial and parenting facilities so that adolescents can improve menstrual hygiene attitudes.

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