




The Relationship Of Knowledge Level And Attitude With The Treatment Of Primary Dysmenorrhea In Adolescents Princess In University Princess Dorms Indonesian Dharmas Year 2022

Asri Widya Rizky¹, Ningsih Saputri², Sri Andar Puji Astuti³

^{1,2,3,4}DIII Midwifery Study Program, Faculty of Health Sciences, Dharmas University Indonesia

ARTICLE INFO	ABSTRACT
<p>Article history:</p> <p>Received Dec 29, 2023 Revised Jan 14, 2023 Accepted Jan 26, 2023</p> <hr/> <p>Keywords:</p> <p>Knowledge; Handling Primary Dysmenorrhea; Attitude.</p>	<p>Dysmenorrhea is pain during menstruation that interferes with women's daily lives and encourages sufferers to do an examination or consult a doctor, puskesmas or come to a midwife. According to the World Health Organization (WHO) in 2017, the incidence of dysmenorrhea was 1,769,425 people (90%). The purpose of this study was to determine the relationship between the level of knowledge and attitudes with the treatment of primary dysmenorrhea in the female dormitory of Universiti Dharmas Indonesia in 2022. The research design used was an analytical survey research design with a cross sectional design using purposive sampling technique. This study was conducted from April to June and is located in the female dormitory of Dharmas Indonesia University. There are 64 respondents (72.7%) who have good knowledge, 56 respondents (63.6%) who have a positive attitude towards the treatment of dysmenorrhea and 82 respondents (93.2%) who treat primary dysmenorrhea non-pharmacologically. Meanwhile, according to the results of statistical tests, it is known that there is no relationship between knowledge and treatment of primary dysmenorrhea ($p=0.800$) and there is no relationship between attitude and treatment of primary dysmenorrhea ($p=0.554$). In conclusion, there is no significant relationship between knowledge and attitude with the treatment of primary dysmenorrhea</p> <p style="text-align: right;"><i>This is an open access article under the CC BY-NC license.</i></p> <div style="text-align: right;">  </div>

Corresponding Author:

Asri Widya Rizky,
DIII Midwifery Study Program,
Dharmas University Indonesia
Jl. Lintas Sumatera KM 18 Kenagarian Koto Padang, Kec. Koto Baru , Provinsi Sumatera Barat, Indonesia
Email : asriwidyarizky1@gmail.com, ningsihsaputri378@gmail.com, sriandarpuji@gmail.com

1. Introduction

Menstruation is the process of melting endometrial tissue due to the absence of a mature egg that is fertilized by sperm. Menstruation is a natural and natural condition so that it can be said that all normal women will experience the menstrual process, but in reality many women experience menstrual problems, including menstrual pain (dysmenorrhea) (Isnainy, Sari, and Keswara 2021).

Dysmenorrhea is pain that occurs during menstruation, usually with cramping and centered in the lower abdomen that radiates to the lower back to the thighs. Usually dysmenorrhea is also accompanied by nausea, vomiting, dizziness, and diarrhea. These complaints can vary from mild to severe. The pain in question is pain that causes daily activities to be disrupted and causes women to be unable to continue their work even to go to a doctor or take anti-pain medication (Isnainy et al. 2021).

Dysmenorrhea is classified into two types, namely primary dysmenorrhea and secondary dysmenorrhea. Primary dysmenorrhea is menstrual pain that is not related to pathology in the absence of pelvic disease. Generally occurs in the first years after menarche (first menstruation). Secondary dysmenorrhea is defined as menstrual pain as a result of macroscopic pelvic anatomy or pathology, as experienced by women with chronic pelvic girdle disease, which is often experienced by women aged 30-45 years (Syafriani 2021).

According to the World Health Organization (WHO) in 2017 the incidence of dysmenorrhea was 1,769,425 people (90%) women who experienced dysmenorrhea with 10-16% experiencing severe dysmenorrhea. The incidence of dysmenorrhea in the world is very large, on average almost more than 50% of women experience it (Syafriani 2021).

According to the prevalence in Southeast Asia showing different numbers, Malaysia estimates that the number of women who experience primary dysmenorrhea is (69.4%), Thailand (84.2%), and Indonesia itself is estimated to be (65%) of productive age experiencing primary dysmenorrhea. In Indonesia, primary dysmenorrhea causes adolescent girls (59.2%) to experience a decrease in activity, (5.6%) to skip school or work, and as many as (32.2%) do not feel disturbed (Salamah 2019).

Meanwhile in West Sumatra the incidence of dysmenorrhea reached 57.3% of those who complained of pain, 9% severe pain, 39% moderate pain and 52% mild pain. This incident caused 12% of teenagers to often miss school (Hermawati, N. Ayu Gustia 2018). The results of research conducted by Sri Lasmawanti at SMPN III Timang Gajah, Central Aceh regarding the relationship between knowledge of adolescent girls and the treatment of dysmenorrhea, the results of the Chi-square statistical test showed $p\text{-value} = 0.010$, which means $p\text{-value} < 0.05$, meaning that there is a significant relationship. There is a significant relationship between the knowledge of adolescent girls and the management of dysmenorrhea (Negeri et al. 2021).

Based on an initial survey conducted at the female dormitory of Dharmas Indonesia University in 2022, there were 10 young women of whom had a history of dysmenorrhea pain, 7 out of 10 young women who had less knowledge about the management of dysmenorrhea, out of 10 young women all had an attitude that only let pain go. dysmenorrhea and 5 out of 10 young women treat dysmenorrhea by doing a knee chest position (face down on a flat place, knees bent and brought to the chest) and by resting or sleeping.

Factors causing dysmenorrhea include menarche at an early age, long menstrual cycles, smoking or alcohol, lack of activity or exercise, nutrition or obesity, and stress. Nutrition or Obesity is a factor that affects the occurrence of abdominal pain or dysmenorrhea. This is supported by the habit of consuming inappropriate foods such as junk food which can increase the hormone prostaglandin and cause pain in the lower abdomen or dysmenorrhea (Salamah 2019).

Dysmenorrhea has a negative impact on the daily lives of teenagers. These impacts include reduced concentration, discomfort during menstruation and disrupting the activities and work of women with dysmenorrhea, causing an uncomfortable and foreign feeling. Dysmenorrhea not only interferes with activities but also has more physical, psychological, social, and economic impacts on women, for example, getting tired quickly, and getting angry more often. The psychological impact can be in the form of emotional conflict, tension, and anxiety, these can cause uncomfortable and unfamiliar feelings, which will later affect their skills and skills (Isnainy et al. 2021).

To overcome menstrual pain (dysmenorrhea) can be done through pharmacological and non-pharmacological therapy. Pharmacological therapy can use analgesic and anti-inflammatory drugs to reduce pain, but it can have a negative impact on health including nausea, vomiting, allergies and others. Non-pharmacological therapy that can be used in the form of warm compresses, massage on the waist, and exercise, as well as good nutrition. Warm compresses can be used as a therapy / appropriate method to reduce pain or muscle spasms. And this therapy does not have a negative impact on the body but it should also be remembered that water that is too hot can cause irritation to the skin (Isnainy et al. 2021).

Based on this background, so that researchers are motivated to conduct research that aims to determine the relationship between the level of knowledge and attitudes towards the treatment of primary dysmenorrhea in adolescent girls in the Dharmas Indonesia University dormitory in 2022.

2. Research methods

This research is an analytic survey research with a cross sectional design, research variables are measured at the same time during the study. Cross sectional research is research that is carried out at a certain time and no other research will be conducted at different times for comparison (Sri 2017).

3. Results And Discussion

Table 1.
Frequency distribution based on the knowledge of young women in the female dormitory of Dharmas Indonesia University in 2022.

knowledge	Frequency	%
Well	64	72,7
Enough	16	18,2
Not enough	8	9,1
Total	88	100

Based on table 4.1 of 88 respondents, it was found that most of them, namely 64 people (72.7%) had good knowledge about the treatment of primary dysmenorrhea.

Table 2.
Frequency distribution of adolescent girls' attitudes in female dormitories at Dharmas Indonesia University in 2022.

Attitude	Frequency	%
Positive	56	63,6
Negative	32	36,4
Total	88	100

Based on table 4.2 of 88 respondents, it was found that most of them, 56 people (63.6%) had a positive attitude about the treatment of primary dysmenorrhea.

Table 3.
Frequency distribution of primary dysmenorrhea treatment in female dormitories at Dharmas Indonesia University in 2022.

Management of primary dysmenorrea	Frequency	%
Pharmacology	6	6,8
Non oarmacology	82	93,2
Total	88	100

Based on table 4.3 of the 88 respondents, most of them were 82 people (93.2%) who treated primary dysmenorrhea non-pharmacologically.

Table 4.
The Relationship between Knowledge of Young Women and Handling of Primary Dysmenorrhea in the Women's Dormitory of Dharmas Indonesia University in 2022.

Knowledge	Management of primary dysmenorrea						P-value
	pharmacologi		Non pharmacologi		Total	%	
Well	4	4,3	60	68,2	64	72,7	0,800
Enough	1	1,1	17	17	16	18,2	

Not enough	1	1,1	8	7	8	9
Total	6	6,8	82	93,2	88	100,0

Table 5.

The Relationship between Young Women's Attitudes and Handling Primary Dysmenorrhea in the Women's Dormitory of Dharmas Indonesia University in 2022.

Attitude	Management of primary dysmenorrhea						P-value
	pharmacologi	%	Non pharmacologi	%	Total	%	
Positive	4	4,5	52	59,1	56	63,6	0,554
Negative	2	2,3	30	34,1	32	36,4	
Total	6	6,8	82	93,2	88	100,0	

3.1 Discussion

- a. Distribution of Knowledge Frequency to Young Women in the Women's Dormitory of Dharmas Indonesia University in 2022.

Based on the results of the study presented in table 4.1, it was found as large as 64 people (72.7%) adolescents who had less knowledge about the treatment of primary dysmenorrhea. This is in line with research (Nur and Samaria 2021), the majority of respondents' knowledge about menstrual pain is in the good category obtained from various sources, such as parents, health workers, teachers and the internet. This is in accordance with the opinion of Laila (2018), one of the knowledge that teenagers must have is knowledge about dysmenorrhea. Likewise, research conducted by (Meylawati and Anggraeni 2021) shows that from the results of the study, respondents with good knowledge were obtained as many as 30 respondents (77.9%) and less than 21 respondents (41.2%) regarding the management of primary dysmenorrhea. Knowledge is a very important domain in shaping one's actions. Someone is said to have *pengetahuan rendah* apabila someone who just knows and understands it, while someone who has moderate can already apply and analyze from someone who has high knowledge when he has reached the level of synthesis and evaluation (Notoatmodjo, 2014). According to the assumption of researchers, adolescents who have less knowledge will tend to ignore their health and in the end will have actions that will be harmful to themselves. Adolescents who have less knowledge about dysmenorrhea will choose inappropriate behavior to deal with menstrual disorders in the form of dysmenorrhea.

- b. Frequency Distribution of Attitudes in Young Women in the Women's Dormitory of Dharmas Indonesia University in 2022.

Based on the results of the study as presented in table 4.2, it was found that most of the 56 respondents (63.6%) had a positive attitude about the treatment of primary dysmenorrhea. The results of the study also stated that there was no significant and direct relationship between attitudes and the treatment of primary dysmenorrhea. The results of this study are the same as those conducted by Merinta Tri Nur (2021) with the title "Relationship between Knowledge Level and Attitude of Young Women with Behavior of Handling Primary Dysmenorrhea" that the majority have a good attitude with the number of respondents 73 respondents (86.9%) and those who have a negative attitude are 11 respondents (13.1%). This is also in accordance with research by (Sakarya and Of 2018) that of 59 respondents, 30 (50.8%) respondents had a positive attitude in overcoming dysmenorrhea. The formation of attitudes occurs because of knowledge, education/training in addition to personal experience, influence, culture, mass media, and one's emotions. The factor that plays an important role in changing the attitude of the respondents in this study is probably the reaction/response to the knowledge and information received by adolescents (Azwar, 2013). There are several factors that influence attitudes as stated by Notoatmodjo (2012), including knowledge, the higher the knowledge, the better the attitude shown by the person, on the contrary if the knowledge is low, then a negative attitude is formed. To be able to have a response and appreciation, a person must have experience related to a psychological object. Positive or negative attitude depends on individual understanding

about something, so that this attitude will further encourage individuals to perform certain behaviors when needed.

According to the author's assumption, this attitude is a response or response of young women to dysmenorrhea and its handling. In this study, respondents who have a positive attitude in dealing with dysmenorrhea are more than those who have a negative attitude, this happens because of the provision of knowledge about dysmenorrhea. The attitude of growth begins with knowledge that is perceived as positive or negative, then it is implanted into him.

c. Frequency Distribution of Handling Primary Dysmenorrhea in Adolescent Girls in Asrma Putri Universitas Dharmas Indonesia in 2022.

Based on the results of the study as presented in table 4.3 of the 88 respondents, most of them were 82 people (93.2%) who treated primary dysmenorrhea non-pharmacologically. This is in line with research conducted (Merinta, 2021) showing that from the results of the study, adolescents who treated dysmenorrhea non-pharmacologically 73 people (86.9%) and pharmacologically 11 people (13.1%). This is in contrast to research conducted by (Umi Salamah, 2019) which found that adolescents who had pharmacological treatment were higher, namely 55 people (64.0%) out of 86 respondents. Tofu behavior towards the handling of dysmenorrhea carried out by students is formed because of a process of stages, namely the process of tofu behavior including awareness, interest, evaluation, trial, and adaptation. in a person (Wawan, A et al, 2010). According to the researcher's assumptions, attitudes in overcomingdismenore tidak hanya dipengaruhi oleh knowledge of a person but can be influenced by existing attitudes, beliefs and traditions.

Relationship between knowledge of young women and treatment of primary dysmenorrhea in young women in women's dormitories in 2022. Based on table 4.4, it was found that most of the adolescents had good knowledge of non-pharmacological treatment as many as 60 people (68.2%). Based on the results of the Chi Square test, the expected value is less than 0.005. The p-value = 0.800, which means that there is no relationship between the knowledge of young women and the treatment of primary dysmenorrhea in the female dormitory of Dharmas Indonesia University in 2022.

This is in line with research (Meylawati and Anggraeni 2021) that there is no relationship between knowledge and treatment of primary dysmenorrhea. This is also in accordance with research (Salamah 2019) which states that based on the results of the statistical test, the P value = 0.057, which means that there is no significant relationship between the knowledge of young women and the treatment of primary dysmenorrhea. Knowledge is the result of knowing that occurs after people sense a certain object. Sensing occurs through the five human senses consisting of the senses of sight, hearing, smell, taste, and touch. Some are obtained through sight and hearing. Knowledge is a very important domain in the formation of one's actions (Notoatmodjo, 2012).

Adolescents who have less knowledge will tend to ignore their health and in the end will have actions that will be harmful to themselves. Adolescents who have less knowledge about dysmenorrhea will choose inappropriate behavior to deal with menstrual disorders in the form of dysmenorrhea (Indriastuti, 2014). Relationship between Attitudes of Young Women and Handling of Primary Dysmenorrhea in Young Women in Women's Dormitory in 2022.

Based on table 4.5 it was found that most of the adolescents had a positive attitude with non-pharmacological treatment as many as 52 respondents (59.1%). Based on test results The expected Chi Square is less than 0.005. The p-value = 0.554, which means that there is no relationship between the attitude of young women and the treatment of primary dysmenorrhea in the female dormitory of Dharmas Indonesia University in 2022.

Attitude is defined as a person's reaction or response to a stimulus or object. Attitudes in everyday life are emotional reactions to social stimuli. Attitude is not or has not been an action or activity but is a disposition of action or behavior. The results of this study are inversely proportional to what was done (Meylawati and Anggraeni 2021) that there is a relationship between attitude and treatment of primary dysmenorrhea, while the results of this study have no significant relationship between attitude and treatment of primary

dysmenorrhea. Similarly, the results of Ningsih's (2014) study concluded that there was a relationship between attitudes and the treatment of dysmenorrhea.

4. Conclusion

Most young women have less knowledge about primary dysmenorrhea. Most young women have a positive attitude about primary dysmenorrhea. Most of the young women treat dysmenorrhea with non-pharmacological methods. There is no significant relationship between adolescent knowledge and treatment of primary dysmenorrhea. There is no significant relationship between attitude and primary dysmenorrhea.

5. Suggestion

Young women are expected to be able to add insight and knowledge about dysmenorrhea and its handling from reliable sources such as parents, health workers, teachers or reading books on women's reproductive health and it is hoped that the Dharmasraya District Health Office will cooperate with the school to improve education. reproductive health, especially dysmenorrhea to young women so that information about reproductive health can be increased and can be applied in everyday life.

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