

# The Effect of Mentoring and Communication Through Social Media on Knowledge and Skills in Handling Dysmenorrhoe in Young Woman

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*Received : March 7<sup>th</sup> 2022*

*Accepted : April 11<sup>th</sup> 2022*

*Published : May 27<sup>th</sup> 2022*

## ABSTRACT

In Indonesia, the incidence of dysmenorrhea is quite large, showing that people with dysmenorrhea reach 60-70% of women in Indonesia. The incidence of primary type dysmenorrhea in Indonesia is 54.89%, while the remaining 45.11% are secondary types. This research aims to knowing the effect of mentoring and communication through social media on knowledge and skills in handling dysmenorrhoe in adolescent girls. The design of this research is the quasi-experiment with a post-test with the control group on 44 persons that are determined by purposive sampling. The research samples were divided into 2 groups. The results showed a significant differences in knowledge and skill to handling dysmenorrhoe by mentoring and communication through social media (Wilcoxon signed test  $p < 0.05$  and also mann whitney test  $p < 0,05$ ). From the results of this study, it can be concluded that the mentoring and communication on social media can increase the knowledge and skill on handling dysmenorrhoe.

**Keywords:** Knowledge, Skill, Dysmenorrhoe, Mentoring and communication, Social media

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## INTRODUCTION

Adolescent health is one of the determinant factors that effect health development. Teenagers will become the nation's next generation because at that time it's beginning of the reproductive cycle. The fulfillment of optimal balanced nutrition will be influenced by health and the reproductive system. (Abioye and Fawzi, 2020). According to the Indonesian Woman's Coalition (2019) in their study Girls Not Brides, they found data that 1 in 8 Indonesian young women had married before the age of 18.

This finding is reinforced by data from the BPS Indonesia Demographic and Health Survey (IDHS) in 2017 which shows the percentage of women aged 20-24 years who have been married under the age of 18 as much as 25.71 percent. Judging from the geographical aspect, the trend of child marriage rates is doubling more for girls from rural areas than in urban areas. In addition to the 2012 IDHS data, it was found that there was an increase in premarital sexual activity in adolescents. This shows the lack of knowledge of adolescents about reproductive health.

Other adolescent reproductive health problems that often occur are nutritional problems, sex and sexual health problems, teenage pregnancy problems, unsafe abortions and STIs and HIV/AIDS in adolescents. Nutritional problems that often occur are obesity, anemia and chronic lack of energy in adolescents. In addition, reproductive health problems that are often experienced by adolescents are pain during menstruation.

The incidence of dysmenorrhea usually occurs in adolescents under the age of 20 years, because the peak incidence of dysmenorrhea occurs in late adolescence and early 20s. Meanwhile, the incidence of dysmenorrhea in adolescents is said to be quite high, namely 92%. However, this incidence decreases as a woman ages and births increase. In Indonesia, the incidence of dysmenorrhea is quite large, showing that people with dysmenorrhea reach 60-70% of women in Indonesia. The incidence of primary type dysmenorrhea in Indonesia is 54.89%, while the remaining 45.11% are secondary types. (Daris et al., 2013).

To overcome this problem, the government makes a policy, one of which is improving adolescent nutrition through the screening program for school children in the ARU program (school age children, adolescents and old people). The basis for the implementation of the health screening refers to the MSS in the health sector with the target of primary and secondary education. The health screening program is carried out through School Health Business (UKS) activities in each school assisted by the Puskesmas.

Based on the Health Profile data of East Java Province in 2020, it was found that health screening still reached 81%. This figure is up from 79% in 2019. This figure is still far from the achievement target of 100%. Meanwhile, the number of schools that have been netted has reached 90% in 2020 which has decreased from 98% in 2019. This is due to the pandemic period which is an obstacle in implementing the health screening of school children.

Constraints that occur can be overcome by several strategies including strengthening the competence of health workers in program improvement, increasing program-related infrastructure suggestions, developing PKM health care services for adolescents, developing healthy school models, and improving cross-program coordination. (East Java Province Health Profile, 2019). For this reason, it is necessary to empower UKS resources in schools, one of which is with peers in program implementation.

In addition, since 2003, the government has integrated youth health services into the Youth Care Health Program (PKPR) where the program was formed by developing networks and integration across programs and across sectors. So this program has the potential to improve reproductive health at a young age.

Adolescents in developing countries usually receive less important information about reproductive health problems than adolescents in developed countries. Teenagers usually get this information from their peers. This is especially true if the teenager is in a rural area (Ozebe and Akin, 2003). The results of Susanto's research, et al. found that peer-based health education in rural areas can change the knowledge, attitudes and behavior of adolescents, while in urban areas it only changes knowledge (Susanto and Rahmawati, 2016).

For this reason, it is necessary to strengthen one of them through health education through mentoring and communication with adolescents. (Al Ajeel et al., 2020). With intense assistance in providing health education, it is hoped that it can help overcome reproductive health problems. (Aziato, Dedey and Clegg-Lampsey, 2015).

## **MATERIALS AND METHODS**

### **Design and Samples**

Research is conducted in Al Ma'ruf Islamic Boarding School, East Java in January-Maret 2022. The research design used in this research is a quasi-experiment with pretest-posttest control group design. The sampling technique is taken by using purposive sampling with a total of responden are 44 responden which are divided into 2 group.

### **Data Collection**

The chosen respondent is an adolescent in Al Ma'ruf Islamic Boarding School at Januari-Maret 2022 which has been following the criteria of inclusion. Treatment group using wa group to communicate and mentor the adolescent about skill in handling Dysmenorhoe.

### **Data Analysis**

Data analysis using Wilcoxon for the treatment and control groups before and after treatment and using Mann Whitney on the differences in two different groups. Tests are done by using SPSS for Windows 26.

## RESULTS

Based on the result of Wilcoxon signed test, it shows that there is a meaningful difference (P-value  $0.000 < \alpha$ ). The treatment group and the control group, it was found that before and after treatment there was a difference.

**Table 1.** The Result of Difference Test on Control Group and Experimental Group (Pre and Post treatment)

Test Statistics <sup>a</sup>				
	Pengetahuan_sebelum dan sesudah perlakuan	Ketrampilan sebelum dan sesudah perlakuan	Pengetahuan sebelum dan sesudah kelompok kontrol	Ketrampilan sebelum dan sesudah kelompok kontrol
Z	-3.947 <sup>b</sup>	-3.945 <sup>b</sup>	-2.209 <sup>b</sup>	-2.968 <sup>b</sup>
Asymp. Sig. (2-tailed)	.000	.000	.027	.003

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.

Table 1, shows that there is a difference between knowledge and skills regarding the management of dysmenorrhoe before and after treatment and in the control group too.

**Table 2.** The Result of Difference Test between Control Group and Experimental Group

Test Statistics <sup>a</sup>				
	Pengetahuan_pre	Pengetahuan_post	Ketrampilan_post	Ketrampilan_post
Mann-Whitney U	226.500	125.000	198.000	159.500
Wilcoxon W	479.500	378.000	451.000	412.500
Z	-.410	-3.072	-1.197	-2.123
Asymp. Sig. (2-tailed)	.682	.002	.231	.034

a. Grouping Variable: Kelompok

Table 2, shows that there is a difference between knowledge and skills regarding the management of dysmenorrhoe between treatment group and control group.

## DISCUSSION

The research shows that there is a difference between knowledge and skills regarding the management of dysmenorrhoe before and after treatment and in the control group too. Result also shows that there is a difference between knowledge and skills regarding the management of dysmenorrhoe between treatment group and control group. This is because all of the responden almost the same age. So, based on research before that the incidence of dysmenorrhea usually occurs in adolescents under the age of 20 years, because the peak incidence of dysmenorrhea occurs in late adolescence and early 20s. Meanwhile, the incidence of dysmenorrhea in adolescents is said to be quite high, namely 92%. However, this incidence decreases as a woman ages and births increase. In Indonesia, the incidence of dysmenorrhea is quite large, showing that people with dysmenorrhea reach 60-70% of women in Indonesia. The incidence of primary type dysmenorrhea in Indonesia is 54.89%, while the remaining 45.11% are secondary types. (Daris et al., 2013).

This research used accompaniment adolescent and also communication with wa group to gain the knowledge and skill about handling dysmenorrhoe. it is necessary to strengthen one of them through health education through mentoring and communication with

adolescents. (Al Ajeel et al., 2020). With intense assistance in providing health education, it is hoped that it can help overcome reproductive health problems. (Aziato, Dedey and Clegg-Lampsey, 2015).

## CONCLUSION

The result showed that there were differences in knowledge and skills in dealing with dysmenorrhoe before and after mentoring and communication through social media were carried out in the treatment group.

## ACKNOWLEDGMENTS

The author is thankful to respondents for their valuable information and their awareness to participate in this research.

## CONFLICTS OF INTEREST

The author declares that they have no conflict of interest

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