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AGE, PARENTAL FACTORS, AND INFORMATION SOURCES IN MENSTRUAL HYGIENE KNOWLEDGE OF ADOLESCENT GIRLS

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ABSTRACT

Adolescents in general face the same problems in understanding reproductive health, namely a lack of knowledge about sexuality and reproductive health caused by limited access to information and advocacy for adolescents, the absence of access to services that are friendly to adolescents, the absence of an adolescent reproductive health curriculum in schools, and There are still limited government institutions that deal specifically with teenagers and there are no laws that accommodate the rights of teenagers. The results of the 2007 Indonesian Adolescent Reproductive Health Survey (SKRRI), stated that knowledge of adolescents aged 15-24 years about reproductive health was still low, 21% of adolescent girls did not know at all about the changes that occur during puberty. This type of research is descriptive using primary data conducted through a cross sectional design. The sampling technique uses Simple Random Sampling. The analysis used is univariate analysis in the form of percentages and bivariate analysis using the Chi Square Test. From the results of the research, it was found that the frequency distribution of adolescent girls' knowledge was mostly good, 36 female students (78.3), female students with good knowledge based on age of maturity were 42 female students (91.3.5%), good knowledge based on middle school education was 21 female students (45.7%), good knowledge based on mothers who do not work as many as 23 female students (50%), good knowledge based on < 2 sources of information, namely 36 female students (78.3%), good knowledge based on behavior as many as 24 female students (52.2%). %). There is a relationship between the knowledge of young women and sources of information, there is no relationship between the knowledge of young women and age at manarche, mother's education, mother's occupation, menstrual personal hygiene behavior. Conclusion: The knowledge of young women about menstrual personal hygiene is mostly good. There is a relationship between the knowledge of young women and sources of information, there is no relationship between the knowledge of young women and age at manarche, mother's education, mother's occupation, menstrual personal hygiene behavior.

INTRODUCTION

Adolescents generally face the same challenges in understanding reproductive health: a lack of knowledge about sexuality and reproductive health due to limited access to information and advocacy for adolescents, a lack of access to youth-friendly services,

the absence of a youth reproductive health curriculum in schools, and the limited number of government institutions specifically addressing adolescents, as well as the absence of laws that accommodate adolescent rights.

The low level of adolescent knowledge regarding Adolescent Reproductive Health (ARH) can be due to limited information received. Based on data from the 2023 Program Performance and Accountability Survey (SKAP) conducted by the National Population and Family Planning Agency (BKKBN), the reproductive health status of adolescents with ARH regarding puberty was 57.1%, meaning that the majority of ARH status was still in the low or insufficient category. The 2023 Indonesian Demographic and Health Survey for Adolescents (SDKI-RI) stated that 13.3% of adolescent girls were completely unaware of their physical changes during puberty. In fact, 47.9% of adolescent girls were unaware of the timing of puberty (BKKBN, 2023). The impact of adolescents' lack of knowledge about puberty affects sexual behavior (Idhayanti et al., 2023).

Reproductive health issues for adolescents remain a pressing issue. Adolescent reproductive health encompasses more than just sexual health, but also encompasses all aspects of the reproductive organs. Especially for young women, who will eventually become responsible for their children, maintaining.

good hygiene during menstruation is crucial to prevent infectious diseases. This can be very detrimental later on. Understanding menstruation is essential to encourage adolescents experiencing menarche to maintain good hygiene during menstruation.

The results of the 2007 Indonesian Adolescent Reproductive Health Survey (SKRRI) revealed that adolescents aged 15-24 years old still have low knowledge of reproductive health. 21% of adolescent girls were completely unaware of the changes that occur in adolescent boys during puberty. Adolescents' knowledge of the fertile period is also relatively low. Only 29% of women and 32% of men correctly answered that a woman has a high chance of becoming pregnant mid-menstrual cycle. The consequences of not obtaining reproductive health information from reliable sources can have devastating consequences. Current issues among adolescents place them at high risk for a number of social and reproductive health problems, including juvenile delinquency, unemployment, premarital sexual behavior, drug use, and HIV/AIDS. (Inilah.Com, Wednesday, April 18, 2024).

The results of a study conducted by Yuliana (2023) on reproductive health knowledge among 10th and 11th grade students at SLTP Negeri II Depok showed that only 44% of respondents had good menstrual practices, with only 45.1% having good knowledge.

Based on the results of a preliminary study conducted at SMP Al-Nur Cibinong, the results of the pre-test (68%) and post-test (96%) on menstrual personal hygiene conducted in June 2024 showed an increase in the percentage of scores after the students were provided with information about menstrual personal hygiene.

Due to the above problems and the unknown factors influencing adolescent girls' knowledge about menstrual hygiene, the author is interested in conducting a research study regarding the factors related to menstrual hygiene. Adolescent girls' knowledge of menstrual hygiene.

RESEARCH METHODS

This descriptive study used primary data through a cross-sectional design, with both dependent and independent variables simultaneously. This study was conducted at Al-Nur Cibinong Middle School in July 2024. The population was 86 female students in grades VII and VIII at Al-Nur Cibinong Middle School in 2024. The sample size was determined using a simple random sampling formula, resulting in a sample size of 46. Data collection in this study used a questionnaire administered to female students at YAPERJASA Middle School, South Jakarta, in July 2024. Data processing was carried out through the stages of editing, coding, data processing, cleaning, and univariate and bivariate data analysis. Data analysis was carried out using SPSS software. The statistical analysis for hypothesis testing used the Chi-square test.

RESULTS AND DISCUSSION

Results

1. Univariate Analysis

Table 1. Frequency Distribution of Knowledge of Adolescent Girls at Al-Nur Middle School, Cibinong, July 2024

Variabel	**Categorical**	**Frequency**	Percentage (%)
Knowledge	Good	36	78,3
	Enough	10	21,7
Quantity		46	100

Table 2. Frequency Distribution of Knowledge of Adolescent Girls Based on Age at Al-Nur Cibinong Middle School, July 2024

Variabel	Categorical	Frequency	Percentage (%)
Age	Religious (≤ 10 th)	4	8,7%
	Enough Normal (> 10-15 th)	42	91,3
Quantity		46	100

Table 3. Frequency Distribution of Adolescent Girls' Knowledge Based on Mother's Education at Al-Nur Junior High School, Cibinong, July 2024

Variabel	Categorical	Frequency	Percentage (%)
Mother's Education	low (SD, SMP)	18	39,1
	Secondary (SMA)	21	45,7
	high (D3, S1, PT)	7	15,2
Quantity		46	100

Table 4. Frequency Distribution of Adolescent Girls' Knowledge Based on Mother's Occupation at Al-Nur Junior High School, Cibinong, July 2024

Variabel	Categorical	Frequency	Percentage (%)
Work	Doesn't work	23	50
	Work	23	50
Quantity		46	100

Table 5. Frequency Distribution of Adolescent Girls' Knowledge Based on Information Sources at Al-Nur Middle School, Cibinong, July 2024

Variabel	Categorical	Frequency	Percentage (%)
Resources	Few < 2	36	78,3
	Many ≥ 2	10	21,7
Quantity		46	100

Table 6. Frequency Distribution of Female Adolescents' Knowledge Based on Menstrual Hygiene Behavior at AL-NUR Junior High School, Cibinong, July 2024

Variabel	Categorical	Frequency	Percentage (%)
Behavior	Negative	24	52,2
	Positive	22	47,8
Quantity		46	100

2. Bivariate Analysis

Table 7. Relationship Between Adolescent Girls' Knowledge and Age at Manarche at Al-Nur Middle School, Cibinong, 2024

NO	Menarche Age	Dependent Variable: Good f	Good %	Enough F	Enough %	Total	Total %	Or (95%)	P value
1.	Early (≤10 years)	2	50	2	50	4	100	0,235	0,201
2.	Normal (>10-15 years)	34	81	8	19	42	100		
	Quantity	36	78,3	10	21,7	46	100		

Table 8. Relationship Between Adolescent Girls' Knowledge and Mother's Education at Al-Nur Middle School, Cibinong, July 2024

NO	Independent Variable	Dependent Variable: Good f	Good %	Enough F	Enough %	Total	Total %	P value
1.	Low (elementary, middle school)	11	61,1	7	38,9	18	100	0,057
2.	Middle School (SMA)	18	85,7	3	14,3	21	100	
3.	Higher (D3, S1, PT)	7	100	0	0	7	100	
	Quantity	36	78,3	10	21,7	46	100	

Table 9. Relationship Between Adolescent Girls' Knowledge and Mother's Occupation at Al-Nur Middle School, Cibinong, July 2024

NO	Independent Variable	Dependent Variable: Good f	Good %	Enough F	Enough %	Total	Total %	Or (95%)	P value
1.	Doesn't work	18	78,3	5	21,7	23	100	1,000	1,000
2.	Work	18	78,3	5	21,7	23	100		
	Quantity	36	78,3	10	21,7	46	100		

Table 10. Relationship Between Adolescent Girls' Knowledge and Information Sources at Al-Nur Middle School, Cibinong, July 2024

NO	Independent Variable	Dependent Variable: Good f	Good %	Enough F	Enough %	Total	Total %	Or (95%)	P value
1.	A little	32	88,9	5	21,7	36	100	12.000	0,04
2.	Lots	4	40	5	21,7	10	100		
	Quantity	36	78,3	10	21,7	46	100		

Table 11. Relationship Between Adolescent Girls' Knowledge and Menstrual Hygiene Behavior at Al-Nur Middle School, Cibinong, July 2024

NO	Independent Variable	Dependent Variable				Total		Or (95%)	P value
		Good		Enough					
		f	%	F	%				
1.	Negatif	17	78,8	7	29,2	24	100	0,383	0,289
2.	Lots	19	86,4	3	13,6	22	100		
	Quantity	36	78,3	10	21,7	46	100		

Discussion

Univariate Analysis :

Knowledge

The results of the study in Table 6.1 show that of the 46 female students at YAPERJASA Middle School in June 2012, 36 (78.3%) had good knowledge, while 10 (21.7%) had adequate knowledge. According to Notoadmodjo's (2007) theory, knowledge is the result of "knowing," and this occurs after a person perceives a particular object. Sensing occurs through the five human senses: sight, hearing, smell, taste, and touch. Most human knowledge is acquired through the eyes and ears. This research is in line with Enggar Sulistya's research (2010), entitled "Factors Influencing the Knowledge of Young Women About Menstrual Hygiene at SMP YADIKA 9 West Bekasi in the June 2010 Period". In this research, it was found that out of 56 female students, 32 (57.1%) had good knowledge.

Based on the results of the study, it can be seen that the knowledge of young women at YAPERJASA Middle School is quite good, but this knowledge is greatly influenced by several things such as age, education, work, interests, experience, physical environment, health facilities, sources of information and economy.

Age of Menarche

The study revealed that the majority of female adolescents experienced normal age (> 10-15 years), with 42 students (91.3%). According to Feng's theory (2007), manarche is the age at which menstruation first occurs during puberty. The word manarche broadly refers to the first menstruation, while puberty is a more general term encompassing the entire process of sexual maturation in the transition from childhood to adulthood (Pasquino, 2008). This study aligns with Enggar Sulistya's (2010) study, which found that out of 56 female students, 48 (85.7%) experienced normal age of menarche.

Based on these results, it is clear that the majority of female adolescents at YAPERJASA Middle School experienced manarche between the ages of > 10-16, and some female adolescents experienced manarche at an earlier age. The occurrence of manarche at an early age is likely influenced by several factors, including: nutritional status, genetic factors, socioeconomic factors, and sports activities.

Maternal Education

The study revealed that the majority of adolescent girls' mothers had a middle-level education, at 21 (45.7%). According to Hendra A.W. (2008), education is an activity or learning process designed to develop or enhance specific abilities so that educational goals can be achieved independently. Education level also determines how easily a person absorbs and understands the knowledge they gain about reproductive health, particularly menstrual hygiene. Generally, the older a person is, the better their knowledge.

This study aligns with Enggar Sulistya's (2010) study, which found that out of 56 female students, 46 (82%) had mothers with a secondary education.

Mother's Occupation

The study revealed that maternal occupation among adolescent girls was equally prevalent, at 23 (50%) between working and unemployed mothers. According to the theory, work is a routine effort undertaken by a person to earn income and meet living expenses. It is stated that mothers working in the formal sector have greater access to information on reproductive health, particularly regarding menstrual hygiene, which can be categorized as: Working and Unemployed.

This study aligns with Enggar Sulistya's (2010) study, which found that out of 56 female students, 36 (64.2%) had unemployed mothers.

The study revealed that the prevalence of working and unemployed mothers among adolescent girls at YAPERJASA Middle School was similar.

Information Sources

The study revealed that the information sources received by adolescent girls were mostly limited, with 36 students (78.3%). According to Bloom's theory (1974), the more information sources available and the more frequently a person is exposed to it, the greater their knowledge will be. The WHO (2008) emphasized that receiving information about healthy living, health maintenance, and other topics will increase their knowledge.

This study aligns with Enggar Sulistya's (2010) study, which found that out of 56 female students, 45 (80.3%) received little information.

The study revealed that the majority of adolescent girls at Al-Nur Middle School received little information. This could be due to a lack of access to information about reproductive health, particularly personal menstrual hygiene.

Menstrual Personal Hygiene Behavior

The research results revealed that the majority of adolescent girls were in the negative group, representing 24 students (52.2%). According to Notoadmodjo's theory (2007), behavior is an activity or action of the organism (living creature) in question. Therefore, from a biological perspective, all living creatures, from plants and animals to humans, behave because they have their own activities. Therefore, human behavior is essentially the actions or activities of humans themselves, encompassing a very broad spectrum. From this description, it can be concluded that (human) behavior encompasses all human activities or actions, both those that can be directly observed and those that cannot be observed by outsiders. Behavior is the totality of experiences and activities, the end result of a mutually influencing interconnection between various phenomena such as attention, observation, thought, memory, and fantasy. Each of these psychological symptoms rarely exists in isolation. These symptoms appear together and influence each other, therefore, human behavior is always complex. Based on the research findings above, it can be seen that the majority of personal hygiene behaviors regarding menstruation at Al-Nur Middle School remain negative. This may be due to a lack of awareness and willingness among young women to change these behaviors.

Bivariate Analysis :

Age of Menarche

The results of the study on the relationship between adolescent girls' knowledge and age at menarche showed a P value from the chi-square test of 0.201 (P>0.05). This means there is no relationship between knowledge and age. According to Feng's theory (2007), menarche is the age at which menstruation first occurs during puberty. The word menarche broadly refers to the first menstruation, while puberty is a more general term encompassing the entire process of sexual maturation in the transition from childhood to adulthood (Pasquino, 2008).

This study disagrees with Enggar Sulistya's (2010) study, which found a P value from the chi-square test of 0.04 (P<0.05). This means there is a relationship between adolescent girls' knowledge and age at menarche. Based on the results of the study, it can be seen that there is no relationship between knowledge and age at menarche. However, this knowledge is likely influenced by other factors such as information sources, attitudes, beliefs, economics, and the physical environment.

The differences in results between the author's study and related studies may be due to several factors, such as different research designs, sampling techniques, sample size, respondent size, and research location.

Maternal Education

The results of the study on the relationship between adolescent girls' knowledge and maternal education showed a P-value of 0.057 (P>0.05) from the chi-square test. This means there is no relationship between adolescent girls' knowledge and maternal education. According to Azwar's theory (2006), education is the level of education attained by a person through formal education, used by the government and approved by the Department of Education. Education is an activity or learning process to develop or enhance specific abilities so that educational goals can be achieved independently. Educational level also determines how easily a person absorbs and understands the knowledge they gain about reproductive health, especially menstrual hygiene. In general, the older a person is, the better their knowledge is (Hendra A.W., 2008).

This study disagrees with Enggar Sulistya's (2010) study, which found a P-value of 0.02 (P<0.05) from the chi-square test. This means there is a relationship between adolescent girls' knowledge and maternal education. b. Maternal Education

The results of the study on the relationship between adolescent girls' knowledge and maternal education showed a P-value of 0.057 (P>0.05) from the chi-square test. This means there is no relationship between adolescent girls' knowledge and maternal education. According to Azwar's theory (2006), education is the level of education attained by a person through formal education, used by the government and approved by the Department of Education. Education is an activity or learning process to develop or enhance specific abilities so that educational goals can be achieved independently. Educational level also determines how easily a person absorbs and understands the

knowledge they gain about reproductive health, especially menstrual hygiene. In general, the older a person is, the better their knowledge is (Hendra A.W., 2008).

This study disagrees with Enggar Sulistya's (2010) study, which found a P-value of 0.02 (P<0.05) from the chi-square test. This means there is a relationship between adolescent girls' knowledge and maternal education.

Based on the research results, it can be seen that there is no relationship between adolescent girls' knowledge and their mothers' education. This is because knowledge can be influenced by other factors such as information sources, attitudes, beliefs, economics, and the physical environment.

The differences in results between the author's study and related studies may be due to several factors, such as different research designs, sampling techniques, sample size, respondent size, and research location.

Mother's Occupation

The results of the study on the relationship between adolescent girls' knowledge and their mothers' occupations showed a P-value of 1.000 (P<0.05) from the Chi-square test. This means there is no relationship between knowledge and occupation. According to Notoadmodjo's theory (2008), work is an effort undertaken by someone routinely to earn income and meet living expenses. It is stated that mothers who work in the formal sector have greater access to various health information.

This study aligns with Enggar Sulistya's (2010) study, which found a P-value of 0.08 (P>0.05) from the chi-square test. This means there is no relationship between adolescent girls' knowledge and their mothers' education.

Based on the results of the study, it is clear that there is no relationship between adolescent girls' knowledge and their mothers' occupations. However, this knowledge is likely influenced by other factors such as information sources, attitudes, beliefs, economics, and the physical environment.

Information Sources

The analysis of the relationship between information sources and knowledge yielded a P-value of 0.04 (P<0.05). This indicates a relationship between knowledge and information sources. According to Bloom (1974), the more information sources and the more frequently a person is exposed to them, the greater their knowledge is assumed to

increase. The WHO (2008) emphasized that receiving information about healthy living, health maintenance, and so on will increase their knowledge.

Communication is the process of conveying a message from a communicator to a recipient, while information is the content of the message conveyed or delivered during the communication process. The source of information refers to the origin of the information conveyed to the target or recipient of the message. In the communication process, this source of information can be direct, namely through

Communicators (those delivering messages) or directly through tools (communication media) in relation to public health need to assess the appropriate communication methods with their target audience so that the message is received correctly (Efendi 1997).

This study aligns with Enggar Sulistya's (2010) study, which found a P-value of 0.03 (P<0.05) from the chi-square test. This indicates a relationship between adolescent girls' knowledge and their mothers' education.

The research findings indicate a relationship between adolescent girls' knowledge and sources of information. Most adolescent girls obtain information from their parents, especially their mothers, as mothers are considered the primary source of information and access to information about menstrual hygiene. This is still a long way off, so collaboration between educational institutions and local community health centers is needed to provide education on reproductive health, particularly menstrual hygiene. This is expected to broaden students' knowledge about reproductive health.

Menstrual Hygiene Behavior

The results of the study on the relationship between adolescent girls' knowledge and menstrual hygiene behavior showed a P-value of 0.383 (P>0.05). This means there is no influence between knowledge and information sources. According to Notoadmodjo's theory (2007), behavior is an activity or action of the organism (living creature) in question. Therefore, from a biological perspective, all living creatures, from plants and animals to humans, behave because they have their own activities. Therefore, human behavior is essentially the actions or activities of humans themselves, which have a very broad scope. From this description, it can be concluded that (human) behavior refers to all human activities or actions, both those that can be directly observed and those that cannot be

observed by outsiders. Behavior is the totality of experiences and activities that are the end result of a mutually beneficial relationship.

The interplay between various symptoms such as attention, observation, thought, memory, and fantasy is crucial. Each of these psychological symptoms rarely exists in isolation. They coexist and influence each other, thus human behavior is always complex.

The research findings indicate no relationship between adolescent girls' knowledge and personal menstrual hygiene practices. This is because knowledge is not only influenced by behavior but can also be influenced by information sources, attitudes, beliefs, economics, and the physical environment.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This study demonstrates that the majority of female students at YAPERJASA Junior High School possessed a good level of knowledge regarding menstrual hygiene. Most respondents experienced menarche at a normal age, had mothers with a secondary level of education, and obtained limited sources of information related to reproductive health. Despite the generally adequate level of knowledge, more than half of the respondents still exhibited negative menstrual personal hygiene behaviors.

The bivariate analysis revealed that there was no significant relationship between knowledge and age at menarche, maternal education, maternal occupation, or menstrual hygiene behavior. These findings indicate that knowledge alone is insufficient to influence menstrual hygiene practices. However, a statistically significant relationship was found between knowledge and sources of information, suggesting that access to accurate and diverse information plays an important role in improving adolescents' understanding of menstrual hygiene.

Overall, the findings suggest that adolescent girls' knowledge is influenced by multiple factors, including information exposure, attitudes, beliefs, socioeconomic conditions, and the physical environment. The absence of a relationship between knowledge and behavior highlights the complexity of behavior change and the need for comprehensive interventions beyond knowledge improvement alone.

Recommendations

1. For Educational Institutions

   Schools are encouraged to strengthen reproductive health education, particularly menstrual hygiene, by integrating it into the school curriculum and extracurricular activities. Interactive and age-appropriate learning methods should be applied to encourage positive behavioral change among students.

2. For Health Institutions

   Collaboration between schools and local health centers is recommended to provide regular health education sessions, counseling, and practical demonstrations related to menstrual hygiene management. This approach may help improve both knowledge and behavior among adolescent girls.

3. For Parents, Especially Mothers

   Parents, particularly mothers, are expected to actively provide accurate information and guidance regarding menstrual hygiene, as they remain the primary source of information for adolescents. Open communication within the family should be encouraged to support healthy practices.

4. For Future Research

   Further studies are recommended to explore other factors influencing menstrual hygiene behavior, such as attitudes, cultural beliefs, peer influence, and environmental facilities. Future research with larger sample sizes and different research designs is also suggested to obtain more comprehensive results.

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