

THE EFFECTIVENESS OF HEALTH EDUCATION, FOCUS GROUP DISCUSSION METHOD, AND LEAFLET METHOD ON ATTITUDES AND KNOWLEDGE OF ADOLESCENT GIRLS WHO EXPERIENCE DYSMENORRHEA AT ANREAPI STATE JUNIOR HIGH SCHOOL, POLEWALI MANDAR REGENCY

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Abstract

Background; Dysmenorrhea is abdominal pain that comes from uterine cramps and occurs during menstruation, health education about dysmenorrhea is very important to be given to adolescents who have just experienced menstruation because it can be a guide for adolescents to overcome dysmenorrhea. **Objectives;** This study aims to evaluate the effectiveness of the health education method using the FGD method and the leaflet method on the attitudes and knowledge of adolescent girls about dysmenorrhea at Anreapi State Junior High School, Polewali Mandar Regency. **Method;** This research is an Experimental Design with a two-group pre-posttest design approach, The sampling method is carried out by purposive sampling, The research was carried out on July 18-21, 2023, the research subjects were students who experienced dysmenorrhea at Anreapi State Junior High School, Polewali Mandar Regency, the total research subjects were 20 students who were divided into two different treatment groups, data was collected through questionnaires and using tests Independent T Test **Results;** The results of the statistical test obtained a p value of 0.000 (<0.05), meaning that there was a significant influence or difference between the attitudes and knowledge of adolescent girls before and after the health education focus group discussion method and leaflet method. **Conclusion;** This study provides important information about dysmenorrhea and fosters a positive attitude in dealing with dysmenorrhea through health education and it is recommended to conduct further evaluation and observation regarding the change in the behavior of adolescent girls after receiving health education, to see the long-term effects of the educational methods used.

Keywords : Health Education, Focus group discussion, Leaflet, Dysmenorrhea, Attitude, Knowledge, Adolescent Women

BACKGROUND

Dysmenorrhea is abdominal pain that comes from uterine cramps and occurs during menstruation. If no underlying cause is found, it is called primary dysmenorrhea, and if the cause is a uterine abnormality, it is also called secondary dysmenorrhea (Silviani et al., 2019)..According to the World Health Organization (WHO) in a study (Silviani et al., 2019), the incidence of dysmenorrhea is quite high worldwide. The average incidence of dysmenorrhea in young women is between 16.8 – 81%. On average in European countries dysmenorrhea occurs in 45-97% of women. With the lowest prevalence in Bulgaria (8.8%) and the highest reaching 94% in Finland. The highest prevalence of dysmenorrhea is often found in adolescent girls, which is estimated to be between 20-90%. About 15% of adolescents are reported to have severe dysmenorrhea.

Data on dysmenorrhea in adolescent girls has not been widely available in Indonesia. The tendency of adolescent girls who think that dysmenorrhea is not a problem so they do not want to check themselves in health services is the reason why data on dysmenorrhea problems are not widely known (Meylawati & Anggraeni, 2021).. Lack of knowledge can be caused by the absence of special health subjects which causes adolescents not to be exposed to information about health. In addition, multimedia facilities with adequate internet services have not been utilized optimally by young women to increase knowledge about health outside of school hours. Health education is one of the efforts to prevent the occurrence of diseases and increase the will and ability of the community through learning so that it is hoped that the community can help themselves and also to participate in healthy living behaviors or to be able to maintain and develop healthy behaviors that they already have (Fitrianti & Haryani, 2018)

METHODS

The type of research used is an experiment with a control group pre-posttest design approach which aims to see the effectiveness of health education, focus group discussion method and leaflet method on attitudes and knowledge of adolescent girls who experience dysmenorrhea at Anreapi State Junior High School, Polewali Mandar Regency. The location of the research was carried out at An Reapi State Junior High School, Polewali Mandar Regency. WThe research was conducted on July 18-21, 2023. The sampling technique uses a non-probability sampling method, namely purposive sampling. Data processed using the SPSS application is presented in the form of tables. Data analysis using the Independent T Test. Data collection using questionnaires

RESULTS AND DISCUSSION

Tabel 4.8 Analysis of the difference in the average difference in attitude and knowledge values of health education focus group discussion method and health education leaflet method

Variabel	Rata-rata selisih	Signifikansi	Kesimpulan
Selisih pre-post sikap <i>focus group discussion</i>	19.50	0,858	Normal
Selisih pre-post sikap leaflet	1.50	0,858	Normal
Selisih pre-post pengetahuan <i>focus group discussion</i>	8.90	0,732	Normal
Selisih pre-post pengetahuan leaflet	2,40	0,068	Normal

Table 4.8 shows that the average difference in attitudes in the health education group focus group discussion method is 19.50 with a significance of 0.858, while for the health education group of the leaflet method is 1.50 with a significance of 0.081. The average difference in knowledge in the health education group focus group discussion method was 8.90 with a significance of 0.732, while for the health education group of the leaflet method was 2.40 with a significance of 0.068

Tabel 4.9
Comparison of attitudes and knowledge of adolescent girls before and after the provision of *health education focus group discussion* method

Variabel	Rerata (s.d)	selisih	IK 95%	P-Value
Pre sikap	61,20 (3,795)	19,50 (5,817)	- 23,910 - 17,090	0,000
Post sikap	81,70 (4,244)			
Pre pengetahuan	10,50 (2,369)	8,90 (2,234)	- 10,498 - 7,302	0,000
Postpengetahuan	19,40 (2,797)			

Table 4.9, the results were obtained that the comparison of attitude values before and after being given *health education by the focus group discussion* method was 61.20 with a standard deviation of 3.795 and there was an increase after the intervention was given to 81.70 with a standard deviation of 4.244. This study can be trusted because the mean difference value of 19.50 is in the range of IK95% -23,910 -17,090. Meanwhile, the comparison of the knowledge value before and after being given *health education by the focus group discussion* method averaged 10.50 with a standard deviation of 2.369 and **8** increased after being given the intervention to 19.40 with a standard deviation of 2.797. This study can be trusted because the mean value of the difference is 8.90 in the range of IK95% -10.498 -7.302.

Tabel 4.10
Comparison of attitudes and knowledge of adolescent girls before and after the provision of *health education using the Leaflet* method

Variabel	Rerata (s.d)	selisih	IK 95%	P-Value
Pre sikap	55,70 (4,900)	1,50(1,780)	- 8,106 - 2,094	0,004
Post sikap	56,60 (5,190)			
Pre pengetahuan	8,20(1,033)	2,40 (2,366)	- 0,707 - 3,207	0.01
Postpengetahuan	10,60 (2,221)			

Table 4.10, the results showed that the comparison of attitude values before and after being given *health education leaflet* method was on average 55.70 with a standard deviation of 4.900 and there was an increase after the intervention was given to 56.60 with a standard deviation of 5.190. This study is reliable because the mean difference value of 1.50 is in the range of IK95% -8.106 -2.094. Meanwhile, the comparison of knowledge values before and after being given *health education leaflet* method averaged 8.20 with a standard deviation of 1.033 and there was an increase after being given the intervention to 10.60 with a standard deviation of 2.221. This study is reliable because the mean difference value of 2.40 is in the range of IK95% -0.707 -3.207.

The average increase in the difference in the value of respondents' attitudes in the health education group focus group discussion method was 19.50 with a significance of 0.000. For the health education group, the leaflet method increased the difference lower than the treatment group where the value of the increase in the difference in respondents' attitudes was 1.50 with a significance of 0.000. Meanwhile, the average increase in the difference in the knowledge value of respondents in the health education group focus group discussion method was 8.90 with a significance of 0.000. For the health education group, the leaflet method increased the difference lower than the health education group focus group discussion method where the value of the increase in the difference in respondents' attitudes was 2.40 with a significance of 0.000. Based on the statistical test using the Independent T Test with the help of SPSS, the p value was 0.000 (<0.05), meaning that Ho was rejected and Ha was accepted, meaning that there was a significant influence or difference between the attitudes and knowledge of adolescent girls before and after health education, the focus group discussion method and the leaflet method. So, it can be concluded that there is an influence of health education method focus group discussion method and leaflet method on attitudes and knowledge

The factor that caused the lower decrease in the increase in the difference in the control group respondents was because they only used leaflets as a learning medium. The results of this study are comparable to the research (Saputri, 2017) which examined "The Influence of Peer Education on Attitudes to Face the Incidence of Dysmenorrhea in Adolescent Girls at the Islamic Center Binbaz Islamic Boarding School Yogyakarta". The results obtained were that there was a significant increase in the difference in the attitude of young women who received the peer education method. The peer education method which is the same as the *focus group discussion* method has several advantages, namely; the material is basically relevant to the needs of the community to assist adolescents to face the challenges of changing times, the approach between peers is in accordance with the psychology of adolescent development, and this approach can have a high multiplier effect through the training provided so that it can be transferred knowledge and information as well as the formation of motivator groups to influence other group members (Sari et al., 2021)

CONCLUSION

Based on the analysis of data in the research on the effectiveness of health education, the focus group discussion method and the leaflet method on the attitudes and knowledge of adolescent girls who experience dysmenorrhea at Anreapi State Junior High School, Polewali Mandar Regency in 2023, it can be concluded that the health education focus group discussion method and the leaflet method have an effect on the attitudes and knowledge of adolescent girls who experience dysmenorrhea at Anreapi State Junior High School, Polewali Mandar Regency, with the result of a p value of 0.000 (<0.05).

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