

The Correlation Between Family Support and Self Efficacy in Menstrual Hygiene Management Among Eleventh-Grade Girls at SMA N 1 Sidareja

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ABSTRACT

Adolescence is a developmental stage where an individual progresses from the onset of secondary sexual characteristics to sexual maturity. During puberty, noticeable changes included rapid body growth, the appearance of secondary sexual characteristics, emotional fluctuations, and, most significantly for adolescent girls, the onset of menstruation. A lack of support from close family members in managing self-care during menstruation is a reproductive health issue that can lead to health disturbances. The purpose of this study was to determine the relationship between family support and self-efficacy towards menstrual hygiene management in female adolescents in grade XI of SMA N 1 Sidareja. This quantitative study was a cross-sectional correlational design. The study was conducted at SMA N 1 Sidareja from October 2023 to July 2024. The sample consisted of 105 eleventh-grade female students, selected using cluster random sampling followed by systematic random sampling. The research instruments included questionnaires assessing family support and self-efficacy in menstrual hygiene management. Data were analyzed using the Chi-Square test. The Chi-Square test results indicated a significant correlation between family support and self-efficacy in menstrual hygiene management among adolescent girls at SMA N 1 Sidareja (p -value = 0.005). This shows that there is a significant relationship between family support and self-efficacy towards menstrual hygiene management with a correlation that has a positive direction, meaning that the better the family support, the higher the self-efficacy towards menstrual hygiene management. It can be concluded that there is a significant correlation between family support and self-efficacy in menstrual hygiene management among eleventh-grade girls at SMA N 1 Sidareja.

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1. INTRODUCTION

According to the World Health Organization (WHO), adolescence is a period when an individual develops from the first time they show signs of sex to sexual maturity, where the age limit for adolescence according to WHO is 12 years to 24 years. The age range of adolescence according to the Indonesian Minister of Health Regulation Number 25 of 2014 is 10-18 years, while according to the BKKBN, the age of 10-24 years

is included in the age of adolescence with unmarried status [2]. Adolescence begins with a period called puberty. Puberty is a period when the body of adolescents experiences changes that include growth and development. During puberty, they not only grow taller and bigger, but also there are changes in the maturity of their sexual organs [3]. Menstruation is a phenomenon of bleeding in a woman's uterus that occurs gradually and regularly, marked by the process of shedding the uterine wall. Menstruation is an event where the uterine wall is shed accompanied by bleeding and normally lasts for 2-7 days [4].

During menstruation, the blood vessels in the uterus are very susceptible to infection, so knowledge is needed in maintaining personal hygiene during menstruation. During menstruation, adolescents must know the reproductive organs, physical and psychological changes, so that they can avoid risk factors that can threaten the health of their reproductive organs[5]. Self-efficacy is one of the things that influences behavior in adolescents. The integration of abilities in completing a task or in facing a problem is very dependent on a person's self-efficacy and influences the level of self-confidence that their abilities can achieve a goal [6]. Lack of support from those closest to you in self-care during menstruation is one of the reproductive health problems that causes reproductive health problems, such as vaginal discharge, urinary tract infections (UTIs), and pelvic inflammatory disease (PID). Menstrual hygiene is the cleanliness of women during menstruation with the aim of preventing disease and improving well-being [7].

There are four main sources of information related to self-efficacy, one of which is the experiences of other people [8]. Hygiene during menstruation is very important but unfortunately it is still often ignored. According to Niken's research in 2019 conducted in Surakarta, the results showed that 60.6% of adolescents had low self-efficacy in personal hygiene efforts. Low self-efficacy in personal hygiene efforts affects the achievement of health levels that should be achieved optimally using clear and complete information [6]. Based on the results of a preliminary study with 7 female students of SMA N 1 Sidareja, it was found that 4 out of 7 female students felt that they still had difficulties when dealing with menstruation. Two female students could only do menstrual hygiene management at certain times. They had difficulty doing menstrual hygiene management when they had quite busy activities at school such as when participating in extracurricular activities and others.

The other two female students had difficulty doing menstrual hygiene management because they were still hesitant and considered myths about menstruation to be true, such as the prohibition of washing hair during menstruation. This was because their families had considered the myth to be true. Based on the background above, the researcher wants to examine whether there is a relationship between parental support factors and self-efficacy in adolescent girls. So the researcher is interested in examining "The relationship between family support and self-efficacy towards menstrual hygiene management among eleventh-grade girls at SMA N 1 Sidareja". The purpose of this study was to determine the relationship between family support in adolescent girls and self-efficacy towards menstrual hygiene management in SMA N 1 Sidareja.

2. RESEARCH METHOD

This study uses a quantitative research type with a correlational research design and uses a cross-sectional research design. The study was conducted at SMA N 1 Sidareja, Sidareja District, Cilacap Regency and was implemented in October 2023-July 2024. The population in this study were 11th grade students of SMA N 1 Sidareja with data obtained in 2024 as many as 232 students. The number of samples in this study was 105 11th grade students of SMA N 1 Sidareja using the Slovin 5% formula. The sampling technique used was cluster random sampling which was then sampled using systematic random sampling. The research instrument used in this study was a questionnaire for both variables. The questionnaire consists of 3 parts, namely questionnaire A which is a questionnaire in the form of demographic data, questionnaire B is a family support questionnaire, and questionnaire C is a self-efficacy questionnaire for menstrual hygiene management. The data analysis used was the Chi-Square statistical test. This research has obtained research ethics permission with letter number KEPK/UMP/285/2024.

3. RESULTS AND DISCUSSIONS

3.1. Univariat

Table 1 reveals the age of the respondents in this study was mostly 16 years old. Researchers argue that teenagers are in the age range of 12-20 years. This is in line with the WHO definition which states that a teenager has an age limit of 10-19 years. Respondents in this study were in early adolescence according to the theory put forward by Hamdanah & Surawan [9], that early adolescence is from 12 or 13 years to 17 or 18 years. Research conducted by Rahmawati & Elsanti [10], shows that children aged 16-18 years have shown signs of puberty, one of which is menstruation.

Table 1. Frequency Distribution of the Characteristics of Responden (n=105)

Characteristics of Respondents	Mean	SD	Min	Max
Age	15	0.5	15	16

Based on **Table 2**, it is known that most of the respondent's age are 16 years old, namely 55 (52.4%) respondents, and their last education of parents are collage (43.8%), and their job is self-employed (46.7%) of respondents. Education affects knowledge where someone with a higher education will also have a higher level of knowledge. Parents who have poor knowledge will also have poor parenting patterns for their children [11]. The level of family education will influence behavior in improving and maintaining the health of the family [5]. Research conducted by Hussein [12] proved that mothers with high education have an effect on menstrual hygiene management in their daughters. As is known, the main early childhood education takes place in the family, therefore parents have a high responsibility towards their children, including the development of their children's learning outcomes and abilities. Families with good socio-economic status make it easier to access hygiene products during menstruation. The determination of the type of pads to be used during menstruation is also influenced by the socio-economic status of the family [13].

Table 2. Frequency Distribution of the Characteristics of Responden(n=105)

Characteristics of Respondents	F	%
Last Education of Parents		
Primary School	4	3.8
Junior High School	11	10.5
Senior High School	44	41.9
College	46	43.8
Parent's Job		
Jobless	6	5.7
Private civil servant	13	12.4
Self-employed	49	46.7
Teacher	7	6.7
Health workers	8	7.6
Others	22	21.0

In **Table 3** the majority of respondents have good family support. It can be said that the family support given by parents/guardians to respondents is included in the high category. This is in line with Mara's research [14] which showed that 58 people (82.9%) had good family support. Family support is assistance that can be given to other family members in the form of goods, services, information, and advice that allows the recipient of support to feel loved, appreciated, and at peace. Family support can be in the form of internal social support, such as support from parents, husband, wife, and siblings, or it can also be in the form of external family support for the nuclear family. Family support allows families to function with diverse intelligence and reason. This improves the health and adaptability of families [15]. High or low levels of self-efficacy influence the selection of inappropriate behavior, tend to have less motivation, give up more easily when facing problems or failures, have a negative mindset when facing difficulties, and will cause laziness and stress [16].

Table 3. Frequency Distribution of Family Support and Self-Efficacy (n=105)

Variable	f	%
Family support		
Good	92	87.6
Bad	13	12.4
Self-efficacy		
High	61	58.1
Moderate	30	28.6
Low	14	13.3

3.2. Bivariat

The results of **Table 4** showed that there was a relationship between family support and self-efficacy towards menstrual hygiene management in female adolescents at SMA N 1 Sidareja with a p-value of 0.007 <0.05. This indicates a significant relationship between family support and self-efficacy towards menstrual

hygiene management with a correlation that has a positive direction, meaning that the better the family support, the higher the self-efficacy towards menstrual hygiene management. Hygiene behavior during menstruation is influenced by factors of parental support and communication from peers. Self-preparation in maintaining adolescents' personal hygiene during menstruation can be obtained by digging up as much information as possible through online media or from the experiences of peers and parents [17]. When girls menstruate, parents, friends, and counselors play a big role in increasing students' understanding of menstruation at home and at school.

Table 4. Relationship Between Family Support and Self-Efficacy

Variable	Self-efficacy			p-value
	High (%)	Moderate (%)	Low (%)	
Family support				
Good	63	25	9.8	0.005
Bad	23.1	5	13	

The same thing happens to girls who are more open in giving advice to parents, friends, and teachers about menstruation and other reproductive health issues. You should also look for information about menstruation in books, magazines, and online [18]. Family support in this case is support consisting of caring and loving parents, especially mothers who have just given birth or adopted a family member. Young women can benefit greatly from being provided with knowledge by their mothers about reproductive health, especially menstruation. Mothers also need to set an example, be approachable, and be willing to answer their children's questions in the best way possible [19]. Positive support from family members can also help prevent psychological problems such as anxiety and depression that result from lack of support during adolescence. Through family knowledge and involvement, we can create a healthier and more supportive environment for adolescent girls as they grow and develop [20].

4. CONCLUSION AND RECOMMENDATION

Based on the results of the discussion in the study on "The relationship between family support and self-efficacy towards menstrual hygiene management among eleventh-grade girls at SMA N 1 Sidareja". the following conclusions can be drawn: the characteristics of respondents aged 15-16 years with the most dominant age being 16 years, the last education of the parents or guardians of the respondents was mostly college, the occupation of the parents or guardians of the respondents was mostly self-employed, family support for the respondents was mostly good, self-efficacy towards menstrual hygiene management in the respondents was mostly high, there was a relationship between family support and self-efficacy towards menstrual hygiene management in adolescent girls at SMA N 1 Sidareja.

For young women to be able to increase their self-confidence in dealing with menstrual hygiene management during menstruation and to be able to do it correctly when experiencing the menstrual phase. Parents or guardians should increase the support given to their daughters in the form of information, instrumental, appreciation, and emotional support so that children do not experience disorders during menstruation. For schools, it is hoped that they can add literature on reproductive health and periodically hold socialization about menstrual hygiene management to prevent reproductive disorders in young women. For further researchers, it can be a consideration to develop research such as analyzing other factors related to self-efficacy towards menstrual hygiene management.

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