

SELF-EFFICACY OF ADOLESCENT GIRLS IN DEALING PRIMARY DYSMENORRHEA

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ABSTRACT

Introduction: The prevalence of dysmenorrhea in Indonesia is 64.25%, consisting of 54.89% primary dysmenorrhea and 9.36% secondary. Self-efficacy in adolescents had a significant influence on the way they deal with urgent situations, including in dealing with dysmenorrhea conditions. **Objective:** This study was conducted to describe the self-efficacy of adolescent girls in dealing with primary dysmenorrhea. **Methods:** Quantitative research with a simple descriptive design and using a cross-sectional approach. The sample consisted of 86 respondents and used purposive nonprobability sampling techniques. Data were collected using the Pain Self Efficacy Questionnaire (PSEQ), this questionnaire consists of 10 items of questions about self-efficacy when experiencing pain. **Results:** Some respondents had moderate self-efficacy (40.7%), low self-efficacy (31.4%) and some respondents had high self-efficacy (27.9%) in dealing with primary dysmenorrhea. **Conclusion:** Most adolescent girls are able to manage pain and cope with dysmenorrhea well, but there are still some respondents who have a low level of self-efficacy. Adolescent girls are expected to increase literacy about pain management to increase self-efficacy in dealing with primary dysmenorrhea.

Keywords: Adolescent girls; primary dysmenorrhea; self-efficacy

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INTRODUCTION

According to the WHO 2022, adolescence is the period between childhood and adulthood with an age range between 10 and 19 years old (Rany, 2022). In adolescent girls, physical changes occur, including changes in the reproductive organs, marked by the onset of menstruation. Menstruation is the shedding of the endometrial lining along with the unfertilized ovum from the reproductive tract in the form of fluid, which is blood (Mouliza, 2020). There are several problems that arise during menstruation, especially those that are often complained about by adolescent girls, such as menstrual irregularities, menorrhagia, dysmenorrhea and other similar symptoms. Dysmenorrhea is the most common symptom reported to occur frequently in 60%–90% of adolescent girls. This dysmenorrhea is one of the reasons for adolescent girls absences from school and can interfere with daily activities (Oktavianto *et al.*, 2018). The prevalence of dysmenorrhea is estimated at 45-90%, while in Indonesia the

prevalence of dysmenorrhea is 64.25%, consisting of 54.89% of primary dysmenorrhea and 9.36% of secondary dysmenorrhea (Djimbula *et al.*, 2022). Dysmenorrhea is a condition characterized by pain or pain in the abdominal or hip area (Wulandari *et al.*, 2018).

Dysmenorrhea must be treated properly, there are many ways to eliminate or reduce pain during menstruation, it can be pharmacologically, non-pharmacological or combined. Pharmacologically, such as going to the hospital or to a public health centre, going to a private doctor, taking herbal medicines, taking mefenamic acid, ibuprofen, aspirin, paracetamol. Other alternatives are non-pharmacological such as warm compresses, consuming herbal medicine, such as turmeric ginger, betel leaf water, papaya leaves, resting, and so on (Dwi, 2023).

According to Bandura, *et al* (1997) When a person experiences pain, cognitive abilities are needed to control the negative effects that arise due to pain, cognitive abilities used function to recognize emotional responses, one of the

cognitive abilities needed to control pain is self-efficacy. Self-efficacy is a person's confidence in their ability to perform and complete the tasks or demands they face so that they are able to face obstacles and achieve their desired goals. Self-efficacy can also be one of the mediators that helps a person control stress when experiencing dysmenorrhea. (Nada & Fourianalistyawati, 2017).

Research conducted by (Mahsunah & Musbikhin, 2023) indicates that the level of confidence or self-efficacy adolescents have a significant influence on the way they deal with urgent situations, including in dealing with dysmenorrhea. Adolescents with a low self-efficacy level tend to doubt their ability to handle stressful situations, such as pain experienced due to dysmenorrhea. On the other hand, adolescents with a high self-efficacy level tend to be more confident in their abilities and tend to show a harder effort in finding solutions to solve the problems they face. However, if adolescents with a moderate self-efficacy level, then their confidence in their ability to deal with stressful situations, such as pain from dysmenorrhea, tends to fluctuate. They may not be completely confident but also not completely self-doubting.

The researcher chose SMPN 6 Pekanbaru as the research site because it has the largest number of students at SMPN Pekanbaru City. The researcher has also conducted an interview with adolescent girl (14 years old), one of the students at SMPN 6 Pekanbaru regarding the topic of this research problem, she said that she and some of her friends had experienced primary dysmenorrhea and had to be excused from classes at her school. In general, the purpose of this study is to find out the picture of self-efficacy of adolescent girls in dealing primary dysmenorrhea.

METHOD

The type used in this study is quantitative research with a simple descriptive design. In this study, using a cross-sectional approach. This study was conducted to describe "knowing the description of self-efficacy of adolescent girls in dealing with primary dysmenorrhea". The sample of this study was calculated using the slovin formula and the results were obtained as many

from as 86 respondents. The sampling technique in this study used purposive nonprobability sampling technique the subjects of this study will be randomly selected by selecting respondents from all adolescent girls at SMPN 6 until the required number of samples is met in accordance with the inclusion criteria that had been determined by the researcher in order to be relevant to the topic and purpose of the study.

This study uses an instrument in the form of a standardized questionnaire sheet, that is Pain Self Efficacy Questionnaire (PSEQ). This questionnaire uses an ordinal scale consisting of 10 questions by evaluating 4 aspects which is: quality of life, doing activities, social life and coping with pain, the score of each question is between 0 to 6. A score of 0 describes the respondent as not confident, while 6 describes the respondent as very confident. The total score between 0-60 is calculated by summing the scores of each question. In general, scores above 40 indicate a high level of self-efficacy, scores below 30 indicate a low level of self-efficacy and scores between 30-40 indicate a moderate level of self-efficacy. Univariate analysis is an analysis conducted to obtain an overview of each research variable. Usually in this analysis the mean, median, standard deviation, frequency distribution and percentage of each variable are obtained. The rights considered by researchers are respecting human dignity, respecting the privacy and confidentiality of research subjects, justice and openness, paying attention to the benefits and disadvantages caused.

RESULTS

Table 1 Overview of Respondent Characteristics (n-86)

| Characteristics of respondents | n | % |
|--------------------------------|----|-------|
| Age: | | |
| Early adolescence (10-13) | 3 | 3.5 |
| middle adolescence (14-16) | 83 | 96.5 |
| Late adolescence (17-21) | 0 | 00.0 |
| Total | 86 | 100.0 |

| | | |
|---|----|-------|
| Menarche Age: | | |
| Early (9-11) | 35 | 40.7 |
| Normal (12-15) | 51 | 59.3 |
| Late (16-20) | 0 | 00.0 |
| Total | 86 | 100.0 |
| Actions When Experiencing Dysmenorrhea: | | |
| Non-Pharmacology | 31 | 36.0 |
| Pharmacology | 2 | 2.3 |
| Ignored | 53 | 61.6 |
| Total | 86 | 100.0 |

Based on Table 1, it is known that out of the 86 respondents studied, the majority are in middle adolescence, with an age range of 14-16 years, totaling 83 respondents (96.5%). Additionally, most of them experienced menarche at a normal age, within the range of 12-15 years, totaling 51 respondents (59.3%). Most of the adolescent girls only ignored the dysmenorrhea they experienced, which was as many as 53 respondents with a large percentage (61.6%).

Table 2 Frequency Distribution of Self-Efficacy of Adolescent Girls in Dealing Primary Dysmenorrhea (n-86)

| Characteristics | n | % |
|---|----|-------|
| Overview of Self-Efficacy of Adolescent Women in Dealing Primary Dysmenorrhea | | |
| Low | 27 | 31.4 |
| Moderate | 35 | 40.7 |
| High | 24 | 27.9 |
| Total | 86 | 100.0 |

Based on table 2, it shows that out of a total of 86 respondents, there are 35 respondents (40.7%) who have moderate self-efficacy, 27 respondents (31.4%) who have low self-efficacy and 24 respondents (27.9%) who have high self-efficacy.

DISCUSSION

This study involved a total of 86 respondents, the majority of whom were in middle adolescence, with an age range of 14-16 years, totaling 83 respondents (96.5%). Meanwhile, 3 respondents (3.5%) were in early adolescence, with an age range of 10-13 years. The middle adolescent stage is the age when the average adolescent girl has

experienced menstruation and the proportion of primary dysmenorrhea is found to be highest at the age of 14-16 years (Ketut et al., 2024).

Based on the results from the research conducted on a total of 86 respondents, it was found that the majority of adolescent girls experienced menarche at a normal age, within the range of 12-15 years, totaling 51 respondents (59.3%). Meanwhile, 35 respondents (40.7%) experienced earlier menarche, within the age range of 9-11 years. The results of this study are in line with the research conducted by (Pebriana, 2024) that the majority of adolescent girls who experience menarche at normal age, there were 38 respondents with a total of 57 respondents (66.7%). In accordance with research (Horman et al., 2021) which states in his research that there is a meaningful relationship between the age factor menarche on the incidence of primary dysmenorrhea in adolescent girls (Putri Dwimisti et al., 2022).

The results of the study revealed several actions taken by adolescent girls when experiencing primary dysmenorrhea, including drinking warm water, applying warm compresses, using hot pads, applying eucalyptus oil, exercising, and taking pain relievers. However, it was found that most adolescent girls simply ignored the dysmenorrhea they experienced, with 53 out of 86 respondents doing so, accounting for a significant percentage (61.6%). The results of this study are also supported by the results of research conducted by (Wati, Tampubolon & Utami, 2024), namely the actions taken by adolescent girls when experiencing dysmenorrhea are relying on painkillers, pain management, adjusting positions, massage and traditional decoctions, taking further medical action to the UKS, health center and IGD, relying on the support of those closest to them and believing in myths and justifying dysmenorrhea (Wati, Tampubolon, & Utami, 2024).

Based on the results of the study, as many as 35 respondents (40.7%) had moderate self-efficacy in dealing with primary dysmenorrhea, this shows that most of the respondents have sufficient confidence in their ability to deal with primary dysmenorrhea, although there is still room to increase their self-efficacy to be more optimal in

managing the condition. A total of 27 respondents (31.4%) had low self-efficacy in dealing with primary dysmenorrhea, which was at risk of dealing greater difficulties in managing primary dysmenorrhea. This low self-efficacy may be due to a lack of knowledge about dysmenorrhea management, limited social support or negative experiences related to the condition (Iswanti et al., 2021). A total of 24 respondents (27.9%) had high self-efficacy in dealing with primary dysmenorrhea, this shows good ability to deal with primary dysmenorrhea and could be supported by personal experience (Iswanti et al., 2018), better understanding of this condition or effective pain management strategies. Respondents in this group tended to be more confident in managing the symptoms of primary dysmenorrhea.

The results of this study differ from the research conducted by (Nada & Fourianalistyawati, 2017), which involved a total of 208 respondents. Of these, 105 respondents (50.48%) were found to have high self-efficacy, while 103 respondents (49.51%) had low self-efficacy. The results of this study are also different from the research conducted by (Pratiwi et al., 2019) shows that most of them are as many as 94 respondents with a percentage (88.7%) having self-efficacy and as many as 12 respondents with percentage (11.3%) have self-efficacy low when experiencing dysmenorrhea. Research conducted by (Lutfiandini, 2019) indicates that self-efficacy Acting as a mediator in improving pain management in adolescent girls with dysmenorrhea, helping them cope with pain and improving their quality of life.

The results of this study indicate that self-efficacy of adolescent girls in dealing with primary dysmenorrhea still needs to be improved. The implication in nursing is the need for education and intervention based on psychosocial support and pharmacological and non-pharmacological pain management. However, this study is limited to a quantitative approach, so the psychological aspect has not been explored in depth and specific interventions cannot be carried out directly to adolescent girls.

CONCLUSION

Most respondents (40.7%) had self-efficacy in dealing with primary dysmenorrhea in the moderate category. These results indicate that most adolescent girls are able to manage pain and deal with dysmenorrhea well, but there are still some respondents who have low levels of self-efficacy. Further researchers are advised to discuss the same topic in more depth or can add specific interventions involving pharmacological and non-pharmacological approaches, such as light exercise, relaxation techniques, and counseling, which can be effective strategies to help adolescent girls manage pain and increase adolescent girls self-efficacy in dealing with primary dysmenorrhea.

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