The Effect of Audio Visual Health Education Method on Increasing Adolescent Girls' Knowledge About Personal Hygiene During Menstruation

Tri Peni, Heri Triwibowo, Sindy Aprilia
Universitas Bina Sehat PPNI Mojokerto
Correspondent Email: peni.neers@gmail.com

ABSTRACT
Adolescence is a period of transition from childhood to adulthood. Puberty for girls is marked by the onset of menstruation. The lack of knowledge among young women in carrying out personal hygiene can be at risk for the growth of microbes that cause vaginal odor and vaginal discharge to occur. This causes various diseases of the reproductive organs. One way to increase knowledge is by providing health education. This study aims to determine the effect of audio-visual media health education on increasing female adolescent knowledge about personal hygiene during menstruation. The research design used a one-group pretest-post-test design. The population in this study were all 7th-grade female students of SMP 3 Silo, totaling 59 students. The sampling technique of this research is accidental sampling. The research sample is 54 respondents. The research instrument used a questionnaire. Data analysis using the Wilcoxon Signed Rank Test. The results showed that almost all respondents had sufficient knowledge before being given health education, namely 45 people (83.3%), and almost all respondents had good knowledge after being given health education, namely 43 people (79.6%). The results of the Wilcoxon test showed that $p$-value = 0.000 so there was an effect of audio-visual media health education on increasing knowledge about personal hygiene during menstruation. Audiovisual aids are capable of displaying moving pictures, writing, and animation accompanied by sound so that it is not boring and the information received is clearer and more quickly understood.

Keywords: health education, knowledge, personal hygiene, menstruation

INTRODUCTION
Adolescence is a period of transition from childhood to adulthood. At this time there is maturation of the reproductive organs so it is called puberty. The puberty of young girls is marked by the occurrence of menstruation (Widyastuti et al., 2009). Hygiene during menstruation is important in determining the health of the female reproductive organs to avoid infection of the reproductive organs. During menstruation, women should maintain good hygiene of the reproductive organs, especially in the vaginal area. Because if it is not kept clean, it will cause excess microorganisms such as bacteria, fungi, and viruses that can interfere with the function of the reproductive organs (Yusiana, 2016).
Personal hygiene during menstruation is a very important way for women to maintain health during menstruation. The habit of maintaining cleanliness including the sexual organs is the beginning of efforts to maintain body health in general. Maintaining the balance of the vaginal area ecosystem so that it feels cleaner, fresher, and more comfortable in carrying out daily activities (Kissanti, 2008). Young women who lack knowledge in performing Personal Hygiene of the genitals are at risk of making mistakes in treating the genitals so that the vagina smells and vaginal discharge occurs. This causes various diseases of the reproductive organs.

Based on statistical data in Indonesia, out of 69.4 million teenagers in Indonesia, there are 63 million teenagers who behave in very bad hygiene. Such as the lack of action to take care of the health of the reproductive organs when experiencing menstruation. Behavior that is lacking in caring for the female area is 30% caused by a bad or unhealthy environment and 70% is caused by using improper pads during menstruation (Lingkang et al., 2020). The results of the study (Fatimah, 2016) at SMUN 2 Kendari found that young women's knowledge of personal hygiene was good at 42.5%, 50% was enough, and 7.5% was lacking. The results of a preliminary study at SMPN 3 Silo by conducting interviews with 5 teenage girls who were already menstruating by asking how to clean their genitals found that 2 people were correct in carrying out personal hygiene during menstruation and 3 people were still wrong in carrying out personal hygiene during menstruation.

Factors that influence knowledge are education, employment, age, environment, social culture, and sources of information (Wawan, 2010). Someone who has good knowledge of personal hygiene will be able to take good care of their genitals during menstruation. On the other hand, someone who does not know how to care for the genitals during menstruation will not be able to carry out proper care during menstruation. Good personal hygiene during menstruation is very necessary because unclean menstrual blood can cause an unpleasant odor, vaginal discharge, and the development of bacteria that can cause reproductive tract infections and urinary tract infections due to the location of the opening of the urethra which is close to the vagina.

Efforts that can be made to prevent reproductive health problems are by providing health education. Health education about reproductive health is very important for young women to have the right knowledge and information about reproductive health. (Proverawati & Misaroh, 2009). Counseling carried out to increase knowledge about personal hygiene, especially during menstruation requires media that allows adolescents to learn real. The real learning process can be carried out in a combination of audio media and visual media which allows adolescents to receive learning messages through hearing and allows the creation of learning messages through visualization, this media is known as audio-visual media or is called audio-visual media (Pythagoras, 2015). Audio-visual media is one of the right tools in the teaching and learning process. The advantages of audio-visual media are that their use is not boring, the results are easier to understand, and the information received is clearer and quicker to understand. Based on this background, the researcher is interested in researching "The effect of audio-visual health education methods..."
on increasing personal hygiene knowledge during menstruation at SMPN 3 SILO, Jember Regency

METHOD
The research design used in this study was quasi-experimental, namely a research design used to look for causal relationships with research involvement in manipulating independent variables. The type of research used is one group pre-test-post-test design, starting with the pre-test and after being given Audiovisual, measurements will be carried out again using the post-test (Nursalam, 2016). The population in this study were all 7th-grade female students at SMPN 3 Silo, totaling 59 students. The sampling technique using accidental sampling obtained a sample of 54 respondents. The instrument in this study used a questionnaire. Health education with the audio-visual method is carried out for 30 minutes.

FINDING AND DISCUSSION
Table 1: Frequency Distribution of Respondents Based on Age, menarche age, information and Knowledge of young women at SMPN 3 Silo Jember

<table>
<thead>
<tr>
<th>Characteristics of Respondents</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 years old</td>
<td>11</td>
<td>20,4</td>
</tr>
<tr>
<td>13 years old</td>
<td>41</td>
<td>75,9</td>
</tr>
<tr>
<td>14 years old</td>
<td>2</td>
<td>3,7</td>
</tr>
<tr>
<td>Age of Menarche</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 years old</td>
<td>13</td>
<td>24,1</td>
</tr>
<tr>
<td>13 years old</td>
<td>41</td>
<td>75,9</td>
</tr>
<tr>
<td>Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Television/internet</td>
<td>44</td>
<td>81,5</td>
</tr>
<tr>
<td>Family</td>
<td>10</td>
<td>18,5</td>
</tr>
<tr>
<td>Knowledge (Pre-test)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>4</td>
<td>7,4</td>
</tr>
<tr>
<td>Enough</td>
<td>45</td>
<td>83,3</td>
</tr>
<tr>
<td>Not enough</td>
<td>5</td>
<td>9,4</td>
</tr>
<tr>
<td>Knowledge (post-test)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>43</td>
<td>79,6</td>
</tr>
<tr>
<td>Enough</td>
<td>11</td>
<td>20,4</td>
</tr>
<tr>
<td>Not enough</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Uji Wilcoxon : $p$: 0,000

Source: primary data
Knowledge of young women about personal hygiene during menstruation before being given health education using the audio-visual method

The results showed that almost all respondents before being given health education had sufficient knowledge about personal hygiene during menstruation (83.3%), had good knowledge (16.7%), and had poor knowledge (9.4%).

Several factors can influence a person’s knowledge, namely education, age, sources of information, environment, and socio-culture (Wawan, 2010). Based on the results of the study, it was found that almost all respondents had sufficient knowledge about personal hygiene during menstruation, this was because the respondents had never received information about personal hygiene during menstruation. Many respondents do not know that maintaining one’s health, preventing disease, and increasing self-confidence are personal hygiene goals. Normal menstruation, how to clean genitalia only by using clean running water, and how many times you have to change pads in a day there are still many respondents who answered 2 times because respondents change pads when bathing.

The results showed that almost all respondents received information about personal hygiene during menstruation from television/internet, namely 44 people (81.5%). Information obtained from both formal and non-formal education can provide short-term knowledge (immediate impact), resulting in changes and increased knowledge (Fitriani, 2015). Information previously obtained by respondents came from the mass media so the truth cannot be ascertained, but it is sufficient to provide knowledge about personal hygiene during menstruation so that respondents who obtain information from the mass media can answer questions about personal hygiene during menstruation, even if only partially.

The results of the study were that most of the respondents were 13 years old, namely 41 respondents (75.9%). The more mature, the level of maturity and strength a person will be more mature in thinking and working. In terms of young women’s beliefs, someone who is more mature is trusted than someone who is not yet mature enough. This is a form of experience and maturity of the soul (Wawan, 2010). The age of the respondents is the age of teenagers who are immature in terms of thinking and logic and have not been able to sort out what is good and right, but the ages of the respondents are not much different so there is no significant difference in the level of maturity in thinking between the ages of 12, 13 and 14 years.

The experience of undergoing menstruation makes adolescents know about personal hygiene. The results showed that almost all respondents experienced their first menstruation at the age of 12, namely 41 respondents (75.9%). Experience is a good teacher. Therefore personal experience can be used as an effort to gain knowledge. This is done by repeating the experience gained in solving problems encountered in the past (Notoadmodjo, 2012). Respondents had sufficient knowledge because they had just experienced menarche, where the age of the respondents was the age of the onset of menstruation so the experience of undergoing menstruation was not as much as that of
adolescents who had had menstruation for a long time so there was not much experience about personal hygiene during menstruation.

Knowledge of young women about Personal Hygiene During Menstruation After Being Given Health Education

Based on the results of the study it was found that almost all respondents had good knowledge after being given health education, namely 43 people (79.6%), and had sufficient knowledge, namely 11 people (20.4%).

Health education has the goal of increasing knowledge to help a person or group of young women improve their ability to achieve optimal health (Notoadmodjo, 2012). Video media makes learning more standardized, learning more interesting, learning more interactive with the application of learning theory and psychological principles accepted in participant participation, feedback, and reinforcement, length of learning time can be shortened, the quality of learning outcomes can be improved, learning can be given when and where desired (Riyana, 2012).

Respondents experienced an increase in knowledge after being given health education because then they would get the right information about how to do personal hygiene during menstruation. The biggest increase was in questions about the understanding of personal hygiene, personal hygiene goals, the normal menstrual cycle, and what is meant by the menstrual cycle because previously many answered that the menstrual cycle is the length or interval of time when menstruation ends/finishes until menstruation appear again, even though the cycle should be Menstruation is the length or distance from the start of menstruation to the next menstruation, and how many times a day you have to change pads.

The Influence of Audio Visual Media Health Education on the Level of Knowledge of Young Women About Personal Hygiene During Menstruation

The results showed that almost all respondents experienced an increase in knowledge, namely 42 respondents. The results of the Wilcoxon test showed that \( p\)-value = 0.000 so there was an effect of audio-visual media health education on increasing knowledge about personal hygiene during menstruation.

The results of this study are supported by research conducted by (Yumaeroh & Susanti, 2019) where the mean rank value at the time of the pretest was 10.13 while at the posttest it was 16.58. With a significant value of 0.000 (\( p <0.05\)), there is a significant difference between the results of the pretest and posttest of health education using video media on knowledge. These results prove that Ho is rejected and Ha is accepted, which means that there is an influence of health education on the level of adolescent knowledge about personal hygiene during menstruation at SMPN 1 Gamping.

Assistive devices are very important in health education, one of which is audio-visual aids. The advantages of audio-visual aids are being able to display pictures, writing, and animations that move and are accompanied by sound, help provide the first concept or correct impression, encourage interest, save time, make the memory of lessons longer, and
increase intellectual knowledge (Sanjaya, 2015). Audiovisual media has sound elements and picture elements. This type of media has better knowledge because health education with audio-visual aids can stimulate hearing and sight in receiving media information that can be seen and heard (Rizky, 2017).

Almost all respondents experienced an increase in knowledge because by providing health education through audio-visual media, respondents could see firsthand how to do proper personal hygiene during menstruation so that respondents could answer questions well, but 8 respondents did not experience an increase in knowledge, that is, they remained knowledgeable enough. Each person's ability to absorb information is different, the memory of each respondent is also different depending on the strength of memory and intelligence of each person. Technically, things that can affect differences in increasing knowledge are concentration or focus on the material presented when giving videos, and the ability of respondents to understand the material provided by researchers.

CONCLUSION

Almost all of the young women's knowledge about personal hygiene during menstruation before being given health education at SMPN 3 Silo Jember was sufficient and after being given health education it was almost entirely good. The results of the study showed the effect of health education on the level of knowledge of young women about personal hygiene during menstruation. Audio-visual can display pictures, writing, and animations that move and are accompanied by sound so that they are not boring and make it easier for teenagers to remember the material presented

REFERENCES


