

STUDY LITERATURE: FACTORS ASSOCIATED WITH MENSTRUAL PERSONAL HYGIENE IN ADOLESCENTS WITH MENTAL RETARDATION

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abstract

Menstruation is experienced by every young woman, both young women with special needs and normal young women. In young women with mental retardation, they have limitations in doing menstrual personal hygiene, they may need help and guidance from parents. This literature review aimed to find out factors related to doing menstrual personal hygiene in adolescent girls with mental retardation. The databases were Google Scholar and Pubmed. Keywords in Indonesian and English included factors, menstrual personal hygiene, and mental retardation. The search results found 175 articles. The inclusion criteria used were full text published articles, in the period 2010 - 2019, the article discussed menstrual personal hygiene in adolescents with mental retardation. Based on the inclusion criteria, 9 articles were found that met the review requirements. The results of the analysis identified that there were two factors related to menstrual personal hygiene in young women, including internal factors: knowledge, classification of mental retardation, and external factors which are parental support, parental education level, and parenting. Internal factors have a significant relationship with adolescent girls when performing menstrual personal hygiene. Further research on the experience of adolescents with mental retardation is needed to see the readiness of adolescents in the face of menstruation.

Keywords: Adolescent girls, factors, menstruation, personal hygiene, mental retardation.

INTRODUCTION

Adolescence or puberty is a transition from childhood to adulthood. The development of adulthood in adolescents requires the attention of educators (Willis, 2014). Adolescence is an important segment of individual development, which begins with the maturation of physical (sexual) organs so that they can reproduce (Joseph, 2014). This is in line with the opinion of Notoatmojo (2007) that adolescence begins with very rapid physical growth such as height gain, weight, and sexual maturity. Sexual maturity includes hormonal changes and menarche in young women

In general, menstruation will be experienced by all young women, including adolescents with mental retardation. Mental retardation is a condition of a person with low or below averages intellectual function (IQ <70), which starts before the

age of 18 years (Santrock, 2014). Children with mental retardation have limitations related to two or more areas related to adaptation skills such as communication, self-care, social skills, self-direction, academic functions and work (Muhith, 2015).

Adolescents with mental retardation have low levels of cognition, limitations in understanding the process of maturity, and limitations in adapting to changes that occur in puberty (Cohen, 2003). For adolescent girls with mental retardation, this teenage transition period becomes a problem faced, they need support to understand puberty, manage conditions, and deal with changes that occur (Mc. Manus, at all, 2010).

In adolescent girls during menstruation, they need to do personal hygiene correctly. Hygiene during menstruation is important for the health of the reproductive organs of young women to prevent infection of the reproductive organs. Poor hygiene behaviors such as washing the vagina with dirty water, using excessive soap, using pants that do not absorb sweat, rarely changing panties, rarely changing the pads would trigger the onset of infection.

According to Mahmudah (2010), 3.85% of adolescent girls with mental retardation have low menstrual hygiene behaviors. The way they do personal hygiene during menstruation is considered not adaptive. Bustan (2007) revealed that women with poor personal hygiene had a greater risk of cervical ca. compared to good personal hygiene. Hygiene behavior during menstruation is a process that is studied because individuals understand the positive or negative effects of hygiene behavior (Indriastuti, 2009).

In normal young women, personal hygiene during menstruation is done independently. Young women understand to replace pads when they are full of menstrual blood, and they understand about personal hygiene practices. Whereas in young women with mental retardation, they have limited ability to perform life's tasks, and they have not been able to care for themselves independently (Endaryati, 2009). This literature study aimed to identify factors related to personal hygiene during menstruation in adolescent girls with mental retardation

METHODS

Article Search Strategy

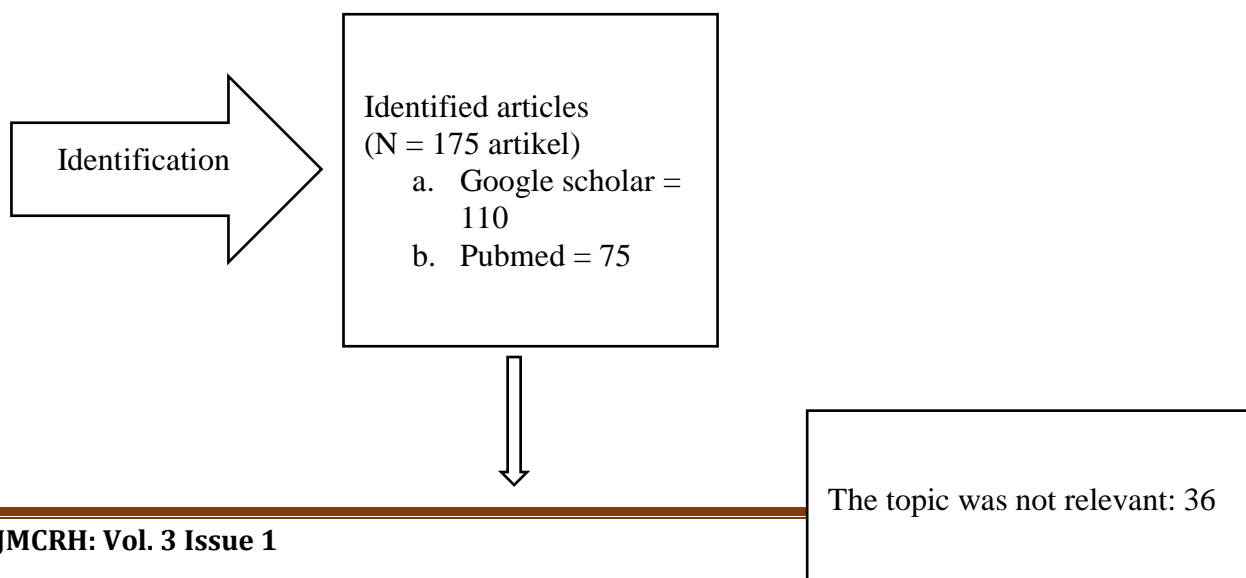
Article search used electronic sites as the data sources. Searching for articles using the PRISMA approach (Preferred Reporting Items for Systematic Reviews & Meta-Analyzes) including identifying articles according to criteria, filtering, eligibility, and finally downloading articles.

Article Selection Processes

The literature review is done by searching published articles in the database, including google scholar, and Pubmed in 2010 - 2019. The keywords for this literature selection were Factors AND Menstruation AND Personal Hygiene AND Mental Retardation. From the search results found 175 articles consisting of 110 articles in the google scholar database and 75 articles in PubMed. The next step was to select the article based on the title, abstract and full text. Finally, we found 5 articles to review.

Inclusion dan Exclusion Criteria

The inclusion criteria in this review were articles published in full text, from 2010 to 2019, the results of primary research, and articles discussing menstrual personal hygiene in mentally retarded adolescents. Exclusion criteria included articles were not meeting good components of an article (abstract, introduction, method, result, discussion, implication, and references), literature review articles, and article content was not relevant to the review topic.



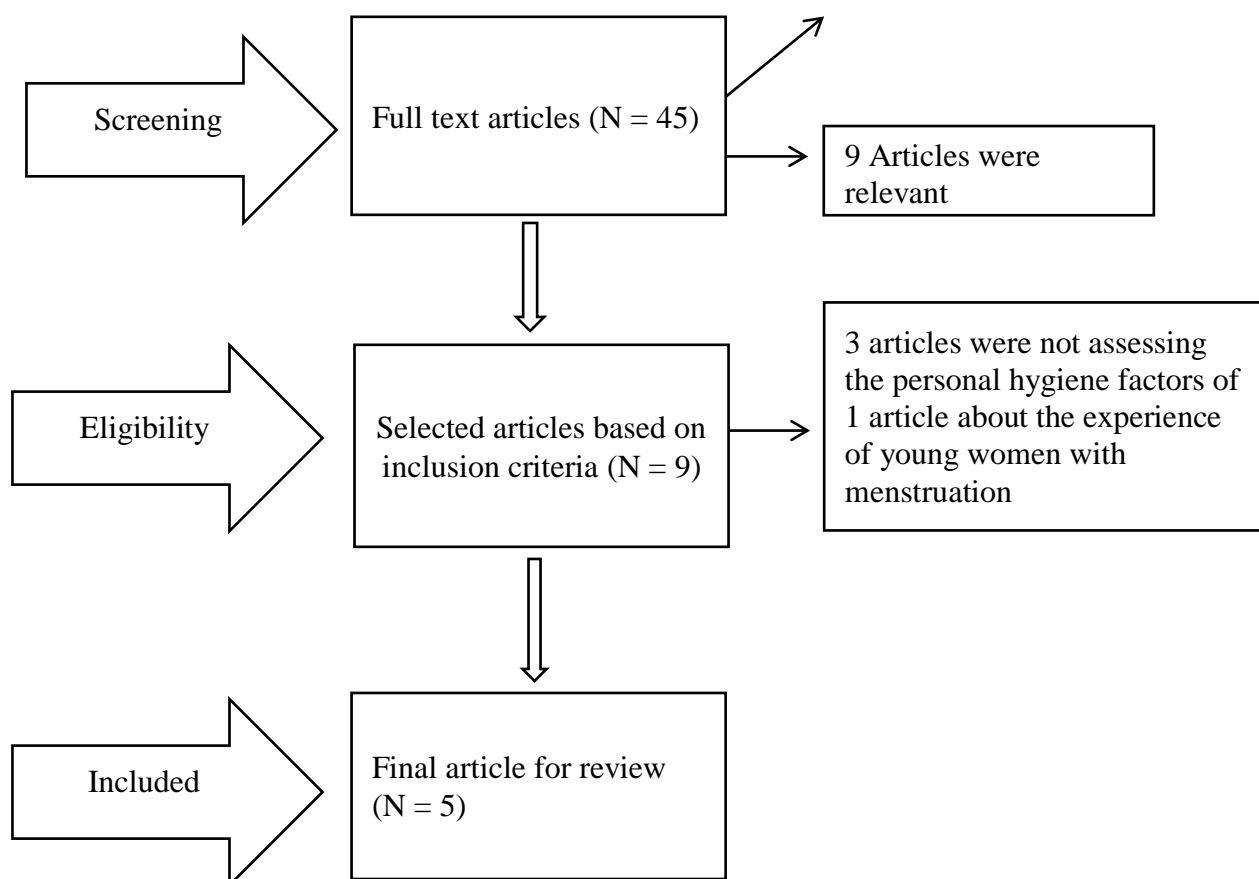


Diagram 1. PRISMA steps

RESULTS

Based on the results of an analysis of five articles, it was concluded that factors related to personal hygiene of adolescent girls with mental retardation were categorized into two factors, including child and parent factors. Child factors include knowledge and attitudes about personal hygiene. Parental factors include the level of parental education, parenting, and parental support. The summary of each article present in table 1.

Table 1. Summary of Articles

No.	Title	Objectives	Research design	Result	Limitation
1	Factors related to the practice of <i>menstrual hygiene</i> genitalia in SMPLB students with mental retardation (Yusuf & Budiono, 2016)	To find out the factors associated with practices <i>menstrual hygiene</i> in SMPLB students	<i>Cross-sectional</i> Respondents: 46 Tuna Grahita Semarang City	factors related to menstrual hygiene practices were factors of knowledge, attitudes, parental support, and information access.	This study did not explain how the IQ level of respondents. It was not explained whether there were differences in IQ levels among the respondents.
2	Relationship between parental education and the level of independence <i>personal hygiene</i> during menstruation in adolescents with <i>intellectual disability</i> (Sudarno & Yati, 2016)	To find out the relationship between parental education level and the level of personal hygiene independence during menstruation	<i>Cross-sectional</i> Respondents: 35 parents who have children with children intellectual disability and menstruation at SLB Marsudi Putra Bantul	there is a significant relationship between parental education and the level of adolescent independence in menstruating personal hygiene in adolescents with intellectual disabilities with a value of $p = 0,000$ ($p < 0.05$) with a high correlation closeness ($r = 0.776$)	Not limited to the age of respondents.
3	Relationship between parenting with <i>personal hygiene</i> during menstruation in retarded children (Widyawati et al., 2016)	To find out the relationship between parenting and personal hygiene during menstruation in mentally retarded children	Cross-sectional Respondents: 32 students and parents attending school in SLB N Ungaran	Lamda test results by 5%. Most respondents applied permissive parenting with 12 (37.5%) and 12 (37.5%) respondents had poor personal hygiene. there is a relationship between parenting style with personal hygiene during menstruation $p = 0.007$	not explained further who filled out the research questionnaire whether students or parents. If both are involved in filling out the questionnaire then maybe the results of the research will be

					different.
4	Relations parental education with a level of independence of young women who have mental retardation in personal hygiene during menstruation (Wulandari et al., 2016)	To determine the relationship of parental education with a level of independence of young women who have mental retardation and personal hygiene during menstruation	Cross-sectional Respondents: 30 parents of students who have menstruated in SLB N Kendal	The results of the Spearman rank test indicate the education of college parents, the level of independence of adolescents when performing menstrual personal hygiene is included in the independent category (63.3%). parents with a high school education level, the level of adolescent independence when doing personal hygiene into the category of mild assistance (23.3%). Based on the Spearman rank test results obtained p-value 0,000 <(a = 0.05).	There is no data on the level of education of adolescent girls because adolescent girls with elementary school (SD) education will differ in the level of independence from adolescent girls who are a junior high school or junior high school.
5	Relationship of the level of knowledge about menstruation with menstrual hygiene behavior is mildly retarded students (Mahmudah & Hikmah, 2010)	To find out the relationship of the level of knowledge about menstruation with menstrual hygiene behavior is mildly retarded students	Cross-sectional Respondents: 26 young women with mental retardation who have menstruated in SLB N 1 Special Region of Yogyakarta	Kendall Tau's statistical test results show a value of 0.387 with a significance level of 0.012. Error level (a) 5% (0.05). The results of this study indicate that p is smaller than (0.012 <0.05). Obtained Z count > Z table (2.78 > 1.96). So it was concluded that there is a significant relationship between the level of knowledge about menstruation with menstrual hygiene behavior is mildly retarded students.	The sample used is too small, the minimum sampling limit is 30.

DISCUSSION

Factors relating to *personal hygiene* menstrual in adolescent girls with mental retardation are categorized into two factors including factors of young women and parent factors. Factors of young women include knowledge and attitudes about personal hygiene, while parental factors include the level of parental education, parenting parents, and parental support.

1. Children Factors

1.1 Knowledge of Personal Hygiene

Based on the results of Mahmudah and Wisdom's research (2010) about the relationship of the level of knowledge about menstruation and *hygiene behavior* menstrual using methods *analytical survey* and cross-sectional approaches on 26 respondents showed the results that the level of student knowledge in the good level category was 53.84 %. Different things from Yusuf and Budiono (2016) show that the level of knowledge of mentally retarded adolescent girls with practices *menstrual hygiene* in the city of Semarang falls into the poor category with $p. value = 0.021 < 0.05$, students with mental retardation need to increase knowledge about *menstrual hygiene*. This is because cleaning genital organs or so-called *personal hygiene* menstrual is important for a woman. If you do not understand the importance of menstrual personal hygiene it will result in a disruption in the reproductive organs such as pelvic floor disease (PRP), urinary tract infections (UTI), vaginal discharge, as well as the possibility of cervical cancer.

1.2 Attitudes about personal hygiene

According to Yusuf and Budiono (2016) shows that the attitudes of adolescent girls to mental retardation with practices *menstrual hygiene* in the city of Semarang fall into the category of poor with $p. value = 0.018 < 0.05$, it shows that there is a significant relationship between the attitudes of young women with the practice of menstrual hygiene in SMPLB students in the city of Semarang. Attitude is readiness from someone to act or do something. Someone who has a positive attitude will encourage him to do positive things.

2. The Parent Factor

Adolescents with mental retardation need support from parents to adjust to their environment. Parents are the main holders of control over the process of forming the child's character. Parents have a very important role to give the main provisions to young women before they interact with the surrounding social environment. Parents reflect the influence of broad socio-cultural norms. Norms become the habits of every individual to learn including environmental norms, for example, the process of imitating. The process of imitation occurs when children see and follow what their parents do.

2.1 Parental Education Level

According to Sudarno and Yati (2019) who conducted quantitative research, cross-sectional approach, with 35 respondents found that parental education level was very strongly related to the level of personal hygiene independence in adolescents with mental retardation with $p\text{-value} = 0,000 < 0.05$, in this study the education of most respondents was high school and adolescent children included in the category of independent in doing personal hygiene. The results of the same study conducted by Widyawati, et al. (2016) showed that most of the last education level of respondents were high school and young women included in the independent category. The results of the study were confirmed by Wulandari, et al. (2016) which shows that the majority of respondents have a college education level (73.3%) and prove that their children with mental retardation are at an independent level.

This shows that parental education has a very important role for children with mental retardation. Parents especially mothers are the most important educators in the family. The way parents deliver education to their children is related to the educational background of parents, parents who have higher education will provide better guidance to their children.

2.2 Parenting Parents

According to Widyawati, et al. (2016) parenting patterns have a significant relationship with menstrual personal hygiene in adolescents with $p\text{-value} = 0.007$. This shows that parenting has an important role for children with mental retardation. Parenting methods applied by parents include permissive parenting and democratic parenting. Parenting applied by parents to young women determines the level of independence of adolescent girls when menstruating. Permissive parenting is usually widely applied in the family environment, this parenting frees his children independently, the child learns independently through a variety of actions performed daily. Whereas democratic parenting is parenting in families where children and parents have an equal position. This parenting gives the child freedom but remains under the responsibility of his parents, meaning that the child may explore what he wants to do but is under the supervision of his parents.

2.3 Parental Support

According to Yusuf and Budiono (2016), parental support has a significant relationship with *personal hygiene* menstrual adolescents with a $p\text{-value} = 0.041$ including for children with mental retardation. Parents have several support functions when their child is menstruating. One of them is informational support that functions as a collector and disseminator. Information given by parents to their children during menstruation is information about caring for the reproductive organs so that their reproductive health is maintained.

Dariani, et al (2016) revealed the support given by parents to their children into four parts, namely 1) informative support, such as giving advice, advice or reciprocity regarding *personal hygiene* during menstruation, 2) emotional support, in the form of personal hygiene behavior during menstruation, is done by interpersonal communication about complaints of children during menstruation and gives trust and empathy to children, 3) appreciation support, given by parents in the form of praise or *rewards* other so that children are more excited and independent in performing *personal hygiene* menstrual, 4) instrumental support, which provides the facilities and infrastructure needed by children during

menstruation, for example by providing sanitary pads, underwear, soap, and a clean bathroom.

CONCLUSIONS AND RECOMMENDATIONS

Every teenager who has entered puberty must prepare herself for menstrual *personal hygiene*. For adolescents with mental retardation independence in performing personal hygiene is influenced by two factors, including children's factors that are related to knowledge and attitude in performing *personal hygiene* menstruation. The second factor is the parent factor including the level of parental education, parenting styles, and parental support. These two factors are interrelated with the independence of young women with mental retardation to perform *personal hygiene* menstrual. Adolescent girls must do *personal hygiene* menstrual to avoid diseases of the reproductive organs such as pelvic inflammatory disease (PID), urinary tract infections (UTI), vaginal discharge, and the possibility of cervical cancer.

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