

THE RELATIONSHIP BETWEEN THE ROLE OF FAMILY AND THE READINESS OF FEMALE STUDENTS IN FACING MENARCHE

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Abstract

The current trend of decreasing menarche age has caused many high-grade elementary school students to experience menarche. Currently, the age of menarche tends to get younger with an average age between 9-12 years old, which causes children to need family roles to prepare themselves to face menarche. This research aimed to determine the relationship of family role with female students' readiness in facing menarche at Kartika XVII-3 Sungai Raya Elementary School. This research was conducted from February 28 to March 2, 2024. This research was quantitative research, with a cross-sectional approach. The sample collection technique used a questionnaire. With a sample number of 39 using the total sampling method. Data analysis using the Spearman Rank test. The age range of respondents was 9-13 years, with the highest number aged 11 years as much as 46.2%. In the criteria for parental employment, 69.2% of respondents were IRT. As many as 74.4% of children get information sources from families. Family roles 61.5% of respondents have family roles that are not good. There are 69.2% of respondents are not prepared for menarche. The results of the Spearman Rank test found that the p-value $< \alpha$ ($0.000 \leq 0.005$) and there was a relationship between the role of family and the readiness of female students in facing menarche at Kartika XVII-3 Sungai Raya Elementary School. The information obtained by the child from the family will further affect a child's readiness to face the first menstruation. Information about menstruation is not conveyed properly and correctly, it will affect the child's readiness to face menstruation. Future researchers are expected to be able to develop more deeply the relationship between family roles and the readiness of schoolgirls to face menarche and can develop other variables that affect the unpreparedness to face menarche so that they can be used for further research.

Keywords: Child Readiness, Menarche, The Role of Parents

INTRODUCTION

The adolescent group that includes school-age children is children aged 10-18 years old (Permenkes, 2014). At this time children entering adolescence have changes in various aspects such as biological, psychological, and socio-cultural. Children will experience the maturation of human reproductive organs or what is often referred to as puberty. The first menstruation or menarche characterizes puberty in women. Menarche is menstruation experienced by adolescent girls for the first time which signifies female reproductive maturity (Nurafriani et al., 2023). One-fifth of the world's population has experienced menarche or first menstruation when they are 10-19 years old, based on data from the World Health Organization (WHO, 2018). Menarche in Indonesia occurs on average at the age of 12.4 years by 60%, the age range of 9-10 years by 2.6%, 11-12 years by 30.3%, and adolescent girls with 13 years of age by 30%. The current trend of decreasing the age of menarche has caused many high-class elementary school students to experience menarche (Hidayah & Palila, 2018).

Menarche is a period where children need to prepare a lot, one of which is in preparing mentally, because feelings of anxiety and fear will arise if adolescent girls do not understand this. Menarche can cause significant psychological changes, teenage girls will often feel anxious, afraid, confused, and often will feel embarrassed if given questions about menarche. The clinical manifestations of primary sex changes are the external and internal organs performing reproductive functions (e.g., ovaries, uterus, breasts, penis). Secondary sexual changes are changes that occur over time in adolescent girls' bodies as hormonal changes (e.g., voice changes, facial hair development, and fat deposits) but do not play a direct role in the reproductive system (Hockenberry et al., 2017). Adolescent girls must also prepare themselves to accept the physical changes that will occur, these changes can begin with breasts that will enlarge, pubic hair and armpit hair that will begin to grow, and hips that begin to widen. Dissatisfaction with the physical changes that occur is often experienced by adolescent girls.

The unpreparedness of changes in female students will cause several reproductive health problems for female adolescents, one of which can cause infections in the reproductive organs due to a lack of exposure to information about vulva hygiene. Adolescent girls, especially at the age of high grade elementary school who have not yet faced menarche, must be equipped with sufficient knowledge about menarche and positive support from people around them. This positive support can be done

emotionally, instrumentally, and with the right information to prepare adolescent girls for menarche (Permatasari, 2020). Parents have a big role to first provide explanations about menarche to their children when children experience hormonal changes in their bodies. Especially mothers must be able to provide education about menarche to their daughters so that children can better understand and be ready to face menarche (Jena et al., 2019).

Providing this education should be done early before children understand themselves and seek information through social media, this is done to reduce children getting information that is not in accordance with the child's wishes because of the ease of accessing all information. Family support, especially from mothers, can help adolescent girls who experience menarche become children who are able to adapt to physical and hormonal changes, children will be able to adjust to the environment, and have more positive thoughts. Social support also increases self-confidence, prayer, enthusiasm, and advice in acceptance (Permatasari, 2020). In addition, the support provided by the mother to the child can support the child's success in going through the maturity phase through physical changes.

The preliminary study found that the school never asked each student whether they had menstruated or not. According to the principal, the School Health Unit at Kartika XVII-3 Elementary School is still inadequate because there are no nurses but only guarded by several teachers, but behind that the medicines are quite complete, and sanitary napkins are also available for students who experience menstruation. The purpose of this study was to identify the role of the family in female students' in facing menarche, identify female students' readiness to face menarche, and analyze the relationship of family role with the female students' readiness in facing menarche.

METHODS

This research was conducted from February 28 to March 2, 2024. This research was quantitative research, with a cross-sectional approach. The sample collection technique used a questionnaire. The questionnaires used were 2 with a Guttman scale distributed to parents as many as 30 questions and to schoolgirls as many as 10 questions. With a sample number of 39 using the total sampling method. The research design used was correlational studies and cross-sectional. The population in this study were female students and mothers/families of female students in grades IV, V, and VI of

Kartika XVII-3 Sungai Raya Elementary School totaling 49 people with a total sampling technique. Data collection tools using a questionnaire. Data correlation analysis using the Spearman Rank statistical test. This research has passed the ethical test by the Ethics Review Division of the Faculty of Medicine, Tanjungpura University (No: 1614 /UN22.9/PG/2024). Consideration of research ethics by using informed consent, anonymity, and confidentiality.

RESULTS

Table 1. Respondent Characteristics

| Characteristics | f | % |
|---|----|------|
| Age category | | |
| 9 years old | 1 | 2,6 |
| 10 years old | 8 | 20,5 |
| 11 years old | 18 | 46,2 |
| 12 years old | 10 | 25,6 |
| 13 years old | 2 | 5,1 |
| Family Occupation | | |
| Housewives | 27 | 69,2 |
| Entrepreneur | 5 | 12,8 |
| Student | 4 | 10,3 |
| Flight attendant | 1 | 2,6 |
| Private enterprise | 1 | 2,6 |
| Civil servant | 1 | 2,6 |
| Menarche information source | | |
| Family | 29 | 74,4 |
| Friends | 8 | 20,5 |
| Nothing | 2 | 5,1 |
| Source of information about menarche | | |
| Family | 25 | 64,1 |
| Internet | 1 | 2,6 |
| Friends | 9 | 23 |
| Nothing | 4 | 10,3 |

Source: Primary Data (2024)

Table 1 characteristics of respondents it shows that the respondents were 11 years old (46.2%), based on the family occupation most housewives (69,2%), based on the source of information on menarche, most respondents came from family (74.4%), and based on the source of information on menarche, most respondents said they came from family (64.1%).

Table 2. Family Role

| Family Role | f | % |
|--------------|-----------|------------|
| Good | 15 | 38,5 |
| Not good | 24 | 61,5 |
| Total | 39 | 100 |

Source: Primary Data (2024)

Based on table 2, it was found that respondents who had a good family role were 15 respondents with a percentage of 38.5% and respondents who had a bad family role were 24 respondents with a percentage of 61.5%.

Table 3. Female Students' Readiness

| Female Students' Readiness | f | % |
|----------------------------|-----------|------------|
| Ready | 12 | 30,8 |
| Not Ready | 27 | 69,2 |
| Total | 39 | 100 |

Source: Primary Data (2024)

Based on the table above, it was found that the readiness of respondents with ready amounted to 12 respondents (30.8%) and not ready as many as 27 respondents (69.2%).

Table 4. Correlation between the Relationship of Family Role with the Female Students' Readiness in Facing Menarche

| | | Female Students' Readiness | | Correlation Coefficient | P value |
|-------------|----------|----------------------------|-----------------|-------------------------|---------|
| | | Ready | Not Ready | | |
| Family Role | Good | 11 (29%) | 4 (10%) | 0,729 | 0,000 |
| | Not Good | 1 (2%) | 23 (59%) | | |
| Total | | 12 (31%) | 27 (69%) | | |

Source: Primary Data (2024)

Based on table 4, respondents who had a good family role with female students' readiness were 11 respondents (29%) and a good family role with unpreparedness amounted to 4 respondents (10%). Meanwhile, 59 respondents who had a bad family role with female students' readiness were only 1 respondent (2%) and a bad family role with female students' unpreparedness was 23 respondents (59%).

Based on the results of the spearman rank test conducted, the sig value $p = 0.00 < p \text{ value } 0.005$ with $r = 0.729$. So it can be concluded that there is a relationship between family roles and the readiness of female students' in facing menarche at Kartika XVII-3 Sungai Raya Elementary School with the meaning of the correlation coefficient being strongly related.

DISCUSSION

Family Role

The results of this study showed that there were 15 respondents with a good family role (38.5%) and an unfavorable family role as many as 24 respondents (61.5%). The largest score with 35 respondents stated that the family provides information when getting the first menstruation does not need to be confused and afraid because it is a sign of a normal woman, not a disease and the family question explains that the arrival of the first menstruation is normal for every woman as many as 31 respondents.

The role of the family is one of the factors that will improve children's readiness in facing menarche, both in terms of providing protection to children and families as providers of information about the reproductive function of children. Family support can help adolescent girls who experience menarche become children who are able to adapt to physical and hormonal changes, children will be able to adjust to the environment, and have more positive thoughts. Social support in the form of providing information and guidance to children increases self-confidence, prayer, enthusiasm, and advice in acceptance (Permatasari, 2020). In addition, the support provided by the family to children can support the success of children to be able to go through the maturity phase through physical changes.

Good family support given to adolescents will reduce anxiety and affect the readiness of adolescent girls to face early menstruation, this support is done because the family is the closest person to adolescents so that adolescents will more easily communicate openly even with topics that are quite sensitive for many people including menstruation. Communication according to Hovland is the process of modifying the behavior of other individuals. Families must be able to play an active role in knowing the condition of their adolescent daughters, both physically and psychologically because families tend to depend on each other between family members (Nainggolan and Tambunan, 2013).

Parents have a big role to first provide explanations about menarche to their children when children experience hormonal changes in their bodies. Especially female mothers/families must be able to provide education about menarche to their daughters so that children can better understand and be ready to face menarche (Jela, 2019). In conclusion, the role of the family is needed to help children face menarche. The role of

the family in the form of support in the form of information and guidance is needed by children to be ready to face menarche.

Female Students' Readiness in Facing Menarche

The results showed that female students' readiness to face menarche was 12 respondents (30.8%) and female students' unpreparedness amounted to 27 respondents (69.2%). This shows that there are still many children who are not ready to face menarche, female students' readiness requires support that can be in the form of information and emotional support.

Female students' readiness is a state of adolescent girls who show a ready attitude to achieve physical maturity before the arrival of early menarche which occurs periodically or at a certain time and occurs repeatedly. A deep understanding of the process of menarche is a sign that adolescents are ready to accept and experience menarche as a normal process (Sapkota, et al., 2013). If children get a lot of inaccurate information, it is feared that feelings of anxiety, fear, and worry will continue to appear in the child. It is hoped that the understanding that has been given by the family can help adolescent girls do the right things during menarche.

It is undeniable that many adolescent girls consider first menstruation as a traumatic experience, sometimes adolescents tend not to be ready to face first menstruation so there is a desire to reject the psychological process that occurs. If this situation continues to occur, it will have a negative effect where the child will have strange thoughts along with anxiety and fear that is quite unreasonable. Conversely, if adolescent girls have prepared themselves to face early menarche, it is not uncommon for them to feel proud because they feel that they are biologically mature (Suryani & Widyaningsih, 2010). In conclusion, in facing menarche, children need to prepare themselves physically and emotionally. Children must get the right information before experiencing menarche. The fear is that if children do not get enough information, unpreparedness will occur in children.

The Correlation between the Relationship of Family Role with the Female Students' Readiness in Facing Menarche

Data analysis of this study used the Spearman rank test. This test is used to test the hypothesis of whether there is the relationship of family role with the female students' readiness in facing menarche at Kartika XVII-3 Sungai Raya Elementary School. The results showed that the $p\text{-value} < \alpha (0.000 \leq 0.005)$ with $r = 0.729$. So it can be concluded that there is the relationship of family role with the female students' readiness in facing menarche at Kartika XVII-3 Sungai Raya Elementary School with the meaning of the correlation coefficient being strongly related.

The results showed that respondents who had a good family role amounted to 15 respondents (38.5%) with female students' readiness totaling 11 respondents (29%) and unpreparedness only 4 respondents (10%). This states that family roles affect female students' readiness to face menarche, because the percentage of female students' readiness is greater than the category of bad family roles which causes female students' unpreparedness as many as 23 respondents (69%), it is stated that family roles have a statistically strong relationship to female students' readiness to face menarche.

In line with research conducted by Nabilah and Amalia, (2022) which states that there is a relationship between parental social support variables and readiness to face menarche in school-age children. Parental social support related to communication and education between mothers and children is very influential on children facing menarche. If the child is not given proper education, it will affect the child's readiness to face menarche. Purnawingsing, et al (2021) say there is a significant relationship between parental support and adolescent girls' readiness to face menarche. Parents especially mothers/female families, have an important role in their adolescent daughters, especially regarding menarche which is a menstrual process that will make adolescent girls experience unpreparedness. Not in line with research conducted by Devi (2020) which says that there is no relationship between family support and the readiness of elementary school adolescents to face menarche. Most respondents obtained information from friends so respondents already had good knowledge and sufficient family support.

Children in high school have entered adolescence, which requires the role of the family to provide information and support so that they can be ready to face the process of life into adulthood which is marked by menarche. Families are also expected to be good teachers, companions, and providers of information to children. Families,

especially mothers, are also required to always be ready to accompany children in good and bad conditions when children need protection and sources of information, especially regarding readiness to face menarche.

Research limitations when collecting data between students and parents, which was originally planned to be carried out in just 1 day, but was carried out on different days in a span of 4 days from February 28 to March 2, 2024 because when taking test scores, students were closed so that researchers collected data from students first before parents. The implication of this study is that there are still many female students who do not understand what needs to be done during menstruation. So that the addition of information about menstruation needs to be improved so that students understand what needs to be done during menstruation by providing education in the form of media that is more effective, preferred, and easily understood by students.

CONCLUSION

Based on the results of research conducted at Kartika XVII-3 Sungai Raya Elementary School, it was found that the role of the family in the category of not good was more than the role of the family in the good category, the readiness of female students' in facing menarche was less than the unpreparedness of female students' facing menarche, and there was a relationship between the relationship of family role with the female students' readiness in facing menarche at Kartika XVII-3 Sungai Raya Elementary School, obtained sig value $p = 0.00 < p \text{ value } 0.005$ with $r = 0.729$.

Further development is needed regarding the relationship between family roles and the readiness of schoolgirls to face menarche and develop other variables that affect the unpreparedness to face menarche so that it can be used for further research.

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