

Menstrual Hygiene Management Implementation Among Santriwati Who Live In An Islamic Boarding School Of Darul Ulum, Jombang Indonesia

By Arifa Retnowuni

MENSTRUAL HYGIENE MANAGEMENT IMPLEMENTATION AMONG SANTRIWATI WHO LIVE IN AN ISLAMIC BOARDING SCHOOL OF DARUL ULUM, JOMBANG INDONESIA

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Abstract

Santriwati are female teenager who aged 11-15 years and who live in an Islamic boarding school. Poor knowledge about MHM may lead to health problems such as reproduction infections. Besides that it is also influenced by the sanitation and cleanliness of the water. The aim of this study was to described the practice of MHM in an Islamic Boarding School.

The research used a discriptive study design including distributions of frequencies and proportions on basic demographics, MHM knowledge and access to sanitation facilities. A total of 74 santri were selected by random sampling.

The results of this research found that the Among respondents 57% showed a moderate level of knowledge on menstruation management; while 22% showed lowed a level low level of knowledge. Further, we found that 75.6% had good access of clean water, while 24.3% had less access of clean water. On disposal of sanitary dressings we found that 44% left their sanitary pads in public places. And 43% of the respondents changed their sanitary pads between 3 to 6 hours.

The level of santri's knowledge on menstrual hygiene was relative low, Although santri were aware about best practice in disposing sanitary pads; the lack of adequate disposal devices was the main source for less desirable practices. Santri also need to have information on the desirable frequency of pads.

Keyword : *MHM, islamic boarding school*

PRELIMINARY

Santriwati is a young woman aged 11-15 years living in a boarding school. Adolescents who experience puberty show an initial phase of reproductive maturity and are characterized by physical, hormonal and sexual maturity that is ready for reproduction.. Puberty in women is characterized by early menstruation, this is an important concern for women to maintain their reproductive hygiene (Suryati, 2012). One of young women challenges about psychological preparation and personal hygiene when facing menstruation is the need for guidance related to menstrual hygiene management related to the availability of water, sanitation of waste disposal, the use of sanitary napkins that are safe for health (Sommer, 2013).

According to Kale's study, et al. (2014), 92 (51.7%) of young women used new sanitary napkins and pieces of cloth during menstruation as compilation absorbent material 86 (48.3) young women using old pieces of cloth, cotton or dirty cloth which is reused as a menstrual absorber. Sanitary napkins are replaced once in a period by 48.9% of young women, once a day by 33.2% of young women and 17.9% of young women depend on freedom. 27.1% of young women use only water tools and 11.8% of girls use water and soap. Meanwhile 51.1% of young women do not clean their reproductive organs during menstruation. Whereas According to Erza Guya Research (2014), of 149 female students (every 11 to 14 young women from 12 junior high schools in Tanzania) found that 25% of young women threw their sanitary napkins to the toilet, 17% to landfills, 41% burned with garbage others, and 17% in schools by private parties.

Survey conducted by researchers at Islamic boarding schools for menstruating students, changing pads for an average of 2-3 x / day, 80% of the survey of 10 students that the problem that is often faced when menstruation is pain in the abdomen, itching in the area of the tool reproduction, and vaginal discharge. The lack of availability of special sanitary trash places which resulted in santri throwing trash cans carelessly. The presence of sanitary napkins scattered around the bathroom makes the environment look unclean.

Some studies show a lack of support for women who are experiencing menstruation, especially in some countries there are still many who do not care about women's welfare. Lack of social support even hygiene of water, closed toilets, lighting of rooms and poor environmental sanitation, causing young women who are menstruating lazy to do activities (Penelope, 2016). The same study related to menstrual hygiene management conducted in Africa and Asia that lacked the support of stakeholders regarding the availability of WASH. Many of the girls when they came and were out of trouble for replacing sanitary napkins because of the unavailability of comfortable and bright dressing room, besides the lack of available clean water, soap and a common landfill made girls reluctant to change pads (Sommer, 2016) .

The impact of the lack of social support regarding hygiene management has made girls reluctant to go to school because there is no supportive service for menstrual hygiene, besides that the girls feel less confident because they are afraid of going through, not having much activity and choosing to be quiet. This situation makes lazy girls change pads so that new problems are found such as

vaginal discharge, irritation and the risk of bacterial spread in the reproductive organs and urinary tract infections.

So far, the implementation of MHM has been carried out in private schools, Islamic boarding schools are places where students gather to take formal and informal education, they live together with various santri who come from various parts of the region. Santriwati is required to be independent and learn for harmony because all activities are carried out together starting from eating, bathing, having to queue up and sometimes looking for water if it runs out. this will be a special challenge for new students, especially for those who have just menstruated, a related understanding is necessary to maintain their reproductive hygiene, there are still many vaginal discharge, sanitary waste disposal that is not in the trash so that researchers want to know as far as MHM in Darul Ulum pesantren Jombang.

RESEARCH METHODOLOGY

This study uses descriptive approach to determine the frequency distribution of the menstrual hygiene management application, the study sample amounted to 74 people. Respondents were young women aged 11-15 years. Sampling using random sampling technique, measuring instruments used by distributing questionnaires accompanied by researchers when filling out questionnaires and conducting open interviews. After the data collected additionally tabulated and analyzed to determine the frequency distribution of the application of menstrual hygiene management to young women in boarding schools. The study was conducted in January 2019, collected data was then analyzed using SPSS 17 Software to determine the frequency distribution of data on the application of MHM.

RESULTS AND DISCUSSION

This study will explain in occupied the data of students who lived in the Darul Ulum Jombang Islamic boarding school related to the application of MHM, this research was conducted in January 2019 held at the female dormitory. In this study will describe the characteristics of respondents and data on the application of MHM in boarding schools

1. Characteristics of respondents

In this study the characteristics of respondents were seen by age, level of education.

a. Age of Respondents

Their average age is 11 to 14 years old, and they live in boarding schools

Table 1 frequency distribution of respondents based on age (N = 74)

Age	Frequency	Percentage
11	38	51
12	18	24
13	10	13,5
14	8	10,8
Total	74	100

The table above shows that the majority of 11-year-old students were 51%, while those aged 12 years were 24% and 10 respondents 13.5% were 13 years old and a small percentage were 10.8% of respondents aged 14 years.

Based on the characteristic data almost all respondents got their first menstruation in the age range of 10-14 years. At that age the respondents are still in early adolescence category and still do not have experience about genitalia personal hygiene during menstruation, most of them get information for first time menstruation from parents, especially mothers because mothers have had the same experience as a woman who is menstruating. Respondents felt embarrassed if they had to get information from others, they felt comfortable and trusted their mothers (Ranal, 2015).

b. Based on Class Level

Table 2 frequency distribution of respondents based on Class level (N = 74)

Class	Frequency	Percentage
1 SMP	37	50
2 SMP	22	29,7
3 SMP	15	20
Total	74	100

The table above shows the respondents' data based on the class level, most of the respondents who were at the level of middle school class 1 were 37 respondents with a percentage of 50%, while those in class 2 were 22 respondents with a percentage of 29.7% and the rest 15 persons sitting in grade 3 as much as 20%.

Education is a learning process that includes processes including growth, development, or change towards a more mature, more mature than before. While the definition of health education is to conduct the behavior of individuals, groups, or communities in accordance with health values. Education is one element that greatly determines one's experience in both science and social life (Notoatmodjo, 2010).

c. Based on the level of knowledge

Table 3 frequency distribution based on knowledge level (N = 74)

Level of knowledge	Frequency	Percentage %
Less	16	22
Sufficient	42	57
Good	15	20
		100

The table above shows the respondents' data based on the level of knowledge of the students about menstrual hygiene, the level of knowledge is sufficient is 57% as many as 42 persons, while the level of knowledge is less as much as 22% around 16 persons and 20 persons (15%) have good knowledge.

Knowledge is the result of knowing, and this happens after people have sensed certain objects. Sensing occurs through the five human senses, namely, the sense of sight, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears. If the acceptance of new behavior or adoption of behavior through a process based on knowledge, awareness and positive attitudes, then the behavior will be long lasting rather than behavior that is not based on knowledge. Knowledge or cognitive is a very important domain in shaping one's actions (Sadriana, 2014).

2. Application of Menstruation Hygiene Management in boarding schools

A. Based on air agreement

Table 3 frequency distribution based on water availability (N = 74)

Water	Frequency	Percentage
Clean	55	75
Scarce	17	24
Dirty	2	2,7
Total	74	100

Based on the table above, it was pointed out that the availability of water in dormitories with clean water category was as much as 55 respondents as much as 75% and 17 respondents said that the water flowed scarcely in the dormitory as much as 23%, while 2 people said that the water supply was 2.7%.

The availability of these services and facilities essentially supports or enables the realization of a behavior, so that it is referred to as a supporting factor or enabling factor (Notoatmodjo, 2010). Changes in a person's behavior are strongly influenced by existing supporting facilities including the availability of clean water, bright room conditions, and other complete infrastructure. Utilization of facilities and infrastructure is included in health resources that exist in individuals, families, groups or communities that make it easier for individuals to behave in a healthy manner (Umairah, 2013).

b. Based on sanitary waste disposal

Table 4 frequency distribution based on sanitary waste disposal in Islamic boarding schools

Disposal	Frequency	Percentage
Toilet	18	24
Washed clean and enter garbage	23	31
Without washing into garbage	1	1,3
Etc	32	44
Total	74	100

Based on the table above shows the data of female students who dispose of sanitary napkins are mostly washed first and thrown into the trash as many as 23 respondents with the reason that there is not much germs, so that it is clean. as many as 31%, during the time that 18 respondents were reluctant to waste in the trash, lazy to wash the sanitary napkins and many of them threw away sanitary napkins as much as 24% of respondents. and most of the *santri* discarded trash sanitary napkins in places like in the bathroom, in the clothesline, there were also 32 respondents who were thrown into the river or 44% of them.

Corroborative research seeks to provide information resources regarding the cleanliness of menstrual waste processing by increasing the number of posters, videos, pamphlets and other educational media on each wall. So that the source of information provided is easy to remember and change their behavior. Disposal of inappropriate sanitary waste can be a cause of transmission of the disease, because of the spread of bacteria so that it spreads. In addition, improper processing is the cause of waste disposal that is unhealthy and causes odors (Guya, 2014).

c. Based on the frequency of changing pads

Table 5 illustrates data on the frequency distribution of sanitary napkins (N = 74)

Pads changing	Frequency	Percentage
3-6 hours	32	43
6-12 hours	28	39
More than 12 hours	13	17,5
Total	74	100

Based on the table above shows that most students do change pads every 3-6 hours as many as 32 persons or 43% because fear of translucency, the amount of blood coming out is very much, fear of irritation. While some of the *santri* replaced sanitary napkins 6-12 hours as many as 28 students or 39% by reason of being lazy to change pads because they were moist, did not dare to go to the bathroom alone, lazy to queue. Whereas more than 12 hours

of *santri* replace sanitary napkins as many as 13 persons or 17.5% in reason blood does not come out much, lazy to queue for the bathroom, or water is scarce.

Personal hygiene maintenance for young women who acquaintance with menstruation is very important. During menstruation the use of sanitary napkins should ideally be replaced regularly four to five times a day or every four hours, and can be more than that if the blood coming out is very much. When cleaning the vaginal area, it must be washed using clean water and dried with a towel or towel to keep the pubic area moist. In addition, the use of underwear should use materials that easily absorb sweat (Oster, 2012; Penelope, 2016).

Problems with menstrual hygiene require attention from *santri* and Islamic boarding schools mentor as representatives of parents, because it can affect students' learning activities. Islamic boarding schools can help provide information about menstrual hygiene, so that adolescents are able to overcome reproductive health problems. This is because young women have a very important role in the formation of future generations and the formation of good family planning related to productive age (Pitteloud, 2012).

CONCLUSION

The level of knowledge of *santri* related to menstrual hygiene is mostly in the adequate category of 22%, and the disposal of sanitary waste is mostly disposed in public places with a percentage of 44%. Information related to the use of sanitary napkins is still missing, this can be seen in 17.5% who change their pads every 12 hours. And 24% respondents thought clean water availability is still lacking.

THANK-YOU NOTE

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