THE EFFECTIVENESS OF WARM COMPRESSES TO THE REDUCTION OF PRIMER MENSTRUAL PAIN (DISMINOREA) IN ADOLESCENT GIRLS

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Abstract

Giving a warm compress both given during menstruation and menstrual pain experienced (disminorea) primer, helps to stretch the muscles of the uterus to contract when menstruation and blood flow. Pre - experimental research design. The population in this study was 234 girls boarding school in the village Maftahul Uluum Jatinom Kanigoro District of Blitar. The sampling technique used purposive sampling. The research was Conducted on 30 July 2015 in the Maftahul Uluum Jatinom Kanigoro District of Blitar boarding school. The statistical test used Wilcoxon Sing Rank Test and was assisted using SPSS for windows.

The result showed a decrease in the percentage of menstrual pain scale (dysmenorrhoea) primer before and after being given a warm compress that pain scale was from 60% to 20%. Then, there was the increase in scale of menstrual pain (dysmenorrhoea) primer on mild pain scale that was from 33.3% to 66.7% and there was no pain on a scale from 0% to 13,3. Based on statistical test obtained Wlicoxon Signed Rank Test p value = 0.004, so the p value = 0,004 <α = 0.05, meant that there were effect of a warm compress to decrease menstrual pain (dysmenorrhoea) primer in adolescent girls. Warm compresses is one method that can reduce the pain that occurs when disminorea in adolescent girls.

Keyword : Warm compress, menstrual pain (disminorea) primer.

Introduction

Menstruation is the periodic bleeding of the uterus that begins about 14 days after ovulation. Mestruasi cycle is a complex sequence of events which affect each other and occur simultaneously in the endometrium, to the hypothalamus, pituitary and ovary. (Bobak. 2005).

Menstruation can sometimes cause pathological risk when associated with impaired activities of daily living. At the time of menstruation, women sometimes feel pain, the nature and degree of pain varies. The condition is called dysmenorrhoea, namely the state of severe pain and can interfere with daily activities. Because this disorder is subjective, difficult to assess the weight or intensity. Although the frequency of dysmenorrhoea is quite high and the disease has long been known, until now this pathogenesis has not been solved satisfactorily. Hence almost all women experience discomfort in the belly down before and during menstruation and often nausea hence the term dysmenorrhoea is only used if the menstrual pain so painfull, forcing the patient to rest and leave, for a few hours or a few days (Wiknjosastro, 2005).

The use of warm compresses is a way to eliminate or decrease the pain that is in a non-pharmacological without side effects. Warm compresses can relieve ischemia by reducing uterine contractions and expedite blood vessels so that it can relieve pain by reducing tension, improve blood flow and reduce pelvic vasocon-gestion (Bobak, 2005). In epidemiological studies in the adolescent population (aged 12-17 years) in Amerikaa union, klein and Litt disminorea reported a prevalence of 59.7 percent. And those who complain of pain, 12 percent severe, 37 percent moderate and 49 percent dull pain. The study also reported that disminorea causes 14 percent of young women are often

absent from school. Conditions in Indonesia may be said 90 percent of women have experienced disminorea (Anugoro, ditto. 2011).

The results of the initial survey conducted in Pondok Pesantren Putri Maftahul Uluum Ds. Jatinom district. Kanigoro Kab. Blitar based on the register for the last three months there were 8 students who break due to dysmenorrhea. The results of interviews of 10' boarding school students found that eight of the students experiencing abdominal pain each period and two people sometimes experience it. When two people said that how to cope with taking pain medication, five people with rest, squat, and never use eucalyptus oil. Based on the results of these interviews, researchers interested in conducting research on the effectiveness of warm compress to decrease primer menstrual pain (dysmenorrhoea).

The purpose of this research was to determine the influence of a warm compress to decrease menstrual pain (dysmenorrhoea) in adolescent girls in Pondok Pesantren Putri Maftahul Uluum Ds. Jatinom district. Kanigoro Kab Blitar.

The benefit research for writers was expected to increase insight and knowledge of researchers on research, especially regarding the effect of warm compresses to decrease menstrual pain (disminorea) primer adolescent girls. For midwifery services could be used as an intervention to implement midwifery care, especially for young women in an effort to reduce menstrual pain (disminorea) primer during menstruation. For educational institutions could be used as reading material for the development of science and literature especially in the field of health and was expected to become information for all those who need to support the skills and pengetahuan. For other researchers could provide information and basic data for further research on the concept of pain and the influence of warm compresses against reduction of menstrual pain (disminorea) primer.

METHOD

This research used a pre-experimental approach with One-group pre-post test design. The population in this study was all young women who have experienced menstruation and experienced primary menstrual pain (dysmenorrhoea) in the village Uluum Maftahul Jatinom Kanigoro Blitar boarding school .The respondents were 15 young girls. The sampling technique used purposive sampling. In this study, the instrument used a check-list as SOP and observation sheets to determine the effect of the interventions. The data collection methods used observation. This study used a statistical test Wilcoxon signed rank test with SPSS.

RESULT AND ANALYSIS

A. GENERAL DATA

Table 1. Characteristics of respondents girls in boarding school in the village Jatinom Maftahul Uluum Kanigoro District of Blitar on 30 July to 5 August 2015 (in which n = 15).

No	Age	f	%
1	10-12	1	6,7
2	13-15	5	33,3
3	16-19	9	60
	∑	15	100
No	Education	f	%
1	Elementary School	0	0
2	Junior High Sc	1	6,7
3	Senior High Sc	14	93,3
	∑	15	100
No	Duration	f	%
1	1-2 days	13	86,7
2	3-4 days	2	13,3
3	5-6 days	0	0
4	> 7 days	0	0
	∑	15	100
No	Information	f	%
1	Yes	3	20
2	Never	12	80
	∑	15	100
No	Information Source	f	%
1	Never get	11	73,3
2	Midwife, Nurse	2	13,3
3	Media	2	13,3
4	Friend	0	0

	∑	15	100
No	Analgesic Consumption	f	%
1	Yes	0	0
2	No	15	100
	∑	15	100

B. SPECIFIC DATA

Table 2 Distribution of the frequency of menstrual pain scale (disminorea) primary girls before being given a warm compress on the boarding school in the village Jatinom Maftahul Uluum Kanigoro District of Blitar on 30 July to 5 August 2015 (in which n = 15)

No	Pain Scale	f	%
1	No Pain	0	0
2	Dull Pain	5	33,3
3	Moderate Pain	9	60
4	Severe Pain	1	6,7
5	Very Severe Pain	0	0
	∑	15	100

Table 3 Distribution of the frequency of menstrual pain scale (disminorea) primary girls after being given a warm compress on the boarding school in the village Jatinom Maftahul Uluum Kanigoro District of Blitar on 30 July to 5 August 2015 (in which n = 15).

No	Pain Scale	f	%
1	No Pain	2	13,3
2	Dull Pain	10	66,7
3	Moderate Pain	3	20
4	Severe Pain	0	0
5	Very Severe Pain	0	0
	∑	15	100

Table 4 Comparison of the frequency distribution scale menstrual pain (dysmenorrhoea) primary girls before and after being given a warm compress on the boarding school in the village Jatinom Maftahul Uluum Kanigoro District of Blitar on 30 July to 5 August 2015 (in which n = 15)

Pain Scale	% Scale Before Warm Compresses	% Scale After Warm Compresses
No Pain	0	13,3
Dull Pain	33,3	66,7
Moderate Pain	60	20
Severe Pain	6,7	0
Very Severe	0	0
Wilcoxon signed rank test: p value = 0,004		

DISCUSSION

Based on the results of research conducted in accordance table 4.7 in boarding school in the village Jatinom Maftahul Uluum Kanigoro District of Blitar, showed that 15 respondents got the whole (100%) of the respondents of young women experience menstrual pain (disminorea) primary with nearly half (33.3 ,%) in the mild pain scale before being given a warm compress, most (60%) on the pain scale was before warm compresses, and a small portion (6.7%) in severe pain scale before warm compresses.

Intensity of pain was an idea of how severe the pain felt by the individual, very subjective measurements of pain intensity. The possibility of the same intensity perceived very differently by two different people. This situation was influenced by various factors, such as age, sex, socio-cultural background, environment and experience (Andarmoyo, 2013).

Based on the research results according to table 4.1 showed that majority (60%) of respondents of young women aged 16-19 years and almost all (93.3%) of respondents are studying high school. Age and education greatly affects a person's pain scale because it affects the readiness of respondents in facing menstruation and disturbances that arise. Readiness itself more associated with psychological factors. Pain can be caused or aggravated by psychological state. Often after marriage disminorea lost and rarely settled after childbirth (Judha, et al. 2012).

By the age of 16-19 years old and studying high school student are teenagers who should already have sufficient

experience and information about menstrual pain (disminorea) during menstruation every month, but in reality only silence young women just because they know they are experiencing menstrual pain only lasts short only 1-2 days during menstruation. Because painful menstruation (disminorea) primer happens on the first day or before the first day of menstruation due to the emphasis on the cervical canal (cervical) and will usually disappear over the next day of menstruation (Judha, dkk.2012). While nearly all (86.7%) of women respondents have menstrual period on day 1-2 and all (100%) of the respondents not take anti-pain / analgesic or do an alternative way to help cope with menstrual pain / disminorea they experienced. This may because of lack of information on reproductive health, especially on painful menstruation (disminorea) primer which almost all (80%) of respondents have never heard or received information about menstrual pain (disminorea) primer along with ways to overcome the pain.

Based on the results of research conducted according to table 4.8 in the boarding school in the village Jatinom Maftahul Uluum Kanigoro District of Blitar, that of the 15 girls gained a small portion (20%) on a scale of moderate pain, the majority (66.7%) of respondents girls on mild pain scale, and little else (13.3%) on a scale of no pain after being given a warm compress. Warm compress is to give a sense of warmth to patients to reduce pain by using a liquid that serves to dilate blood vessels and increase local blood flow, and reduce muscle tension. Whereas during menstruation endometrial cells release the hormone prostaglandin F2 alpha which may increase the amplitude and frequency of uterine contractions and lower abdominal cramps (Bobak, 2005).

Not only decrease the pain, warm compress can also stimulate the brain to release endorphins that cause respondents experienced a sense of comfort when given a warm compress. Based on the results of the study showed a decrease in the percentage scale menstrual pain (dysmenorrhoea) primer before and after being given a warm from 60% to 20%. Then, the increase in scale of menstrual pain (dysmenorrhoea) primer on mild pain scale from 33.3% to 66.7% and no pain on a scale from 0% to 13.3%. This shows a decrease of pain scale from hingh to low. Based on statistical test Wlicoxon Signed Rank Test was obtained p value = 0.004, so the p value = 0,004 $<\alpha = 0.05$, indicating the effect of a warm compress to decrease menstrual pain (dysmenorrhoea) primer in adolescent girls. Warm compress is a method that can reduce pain when dismenorea come. Thus these actions are expected to the young women to make them not to leave school activities and other activities due to menstrual pain experienced (disminorea) primer so that the activities can be run well.

CONCLUSION

The research and data analysis had following results:

a. Painful menstruation (dysmenorrhea) Before being given a warm compress nearly half (60%) on a scale of moderate pain, almost half (33.3%) on a scale of mild pain and a small portion (6.7%) in severe pain scale.
b. b. Menstrual pain (dysmenorrhoea) primer in young women after giving a warm compress get large proportion (66.7%) on a scale of mild pain, a small portion (20%) on a scale of moderate pain, and little else (13.3%) on the scale painless.
c. In accordance with data analysis using statistical test of Wilcoxon Signed Rank test showed p value: 0,004, where it was demonstrated that administration of warm compresses affect the decreasing primer painful menstruation (dismenorea).

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The limitations of this study are researchers could not definitively determine a person's pain because pain is subjective. In addition, the classification of primary and secondary dismenorhea require further medical examination.

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