



ORPHANAGES LIVING ADOLESCENTS' READINESS FACING THE PUBERTY

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ABSTRACT

Adolescence is marked by physical and mental changes. These changes are known as puberty. Menarch is a sign that an adolescent girl have facing the puberty. Adolescents who live in orphanages tend to have different experiences when facing puberty. The adolescent girl had not get the comprehensive information about puberty especially menarch. Their sources of information were also limited. The changes in puberty would cause anxiety, discomfort and fear among the adolescent girl. The objective of the study was to determine the readiness of adolescent living in orphanage in facing puberty. Quantitative descriptive research used to describe the readiness of adolescents living in orphanages in facing puberty. Sample of this study was 40 premenstrual adolescents who lived in Aisyiyah Orphanages in Bukittinggi. The questions asked were related to information about reproductive health and adolescents' readiness of adolescents to face puberty. The result showed that 65% of adolescents had not received information about reproductive health, 67.5% of adolescents were not ready to face puberty. Some participant are not fully at the action stage leading to fear and shame when they had menarche. The conclusion of the study was adolescents living in orphanages had low readiness in facing puberty. Adolescents living in orphanages need to get health education related to reproductive health to increase their readiness to face puberty was the suggestion of this study.

Keyword : adolescence, puberty, orphanage living adolescent

INTRODUCTION

Adolescence is a transitional period when there are changes both physically and psychologically. These changes are known as puberty. Puberty is a process of maturity and growth that occurs when the organs appear to function and secondary sex begins. When an adolescent girl has menarch, the reproductive system will have the ability to reproduce (Proverawati & Misaroh, 2009). During the rapid growth of puberty, four important physical changes occur. The changes include changes in body size, changes in body proportions, development of primary sex characteristics and development of secondary sex characteristics (Hurlock, 2012). Adolescent will collect the information about reproductive health by themselves through

any sources. Adolescents need to find sufficient information about their physical and psychological development. Lack of information about reproductive health can have a negative impact on adolescents (Marmi, 2014). Adolescents who live in orphanages have more severe problems than teenagers who live with their parents. they have very limited resources. Adolescents who do not get enough knowledge about the changes in puberty will experience anxiety, embarrassment and feel uncomfortable with themselves (Imron, 2014). Based on the survey, most of adolescent girl who lived in the Aisyiyah Orphanage in Bukittinggi have no parents and come from underprivileged families.



MATERIAL AND METHODS

The study was carried out in Aisyiyah Orphanages in Bukittinggi, West Sumatera between June and July 2020. Aisyiyah Orphanage located in several places in Bukittinggi, the sample of this study were selected randomly and 40 adolescent girls were taken for the study. A total of 40 adolescent girl aged of 9-13 years were purposively selected and consisted of 20 sample participant who have had menarche and another 20 who have not had menarche. Privacy and anonymity were guaranteed by using only their initials in any written materials. Quantitative descriptive research

used to describe the readiness of adolescents living in orphanages in facing puberty. Questionnaire on reproductive health such as menarch, source of information about reproductive health included puberty and readiness to face menarch were distributed among the sample participants. Questionnaire also consisted general information and socioeconomic background. The data was collected at once at each sample participant. The data was analyzed for various aspects in terms of frequencies, percentages and means. Further analysis was done through univariate to describe the readiness in facing puberty.

RESULTS

The result revealed that most of the adolescent girls who lived in Aisyiyah Orphanage were in the age group of 9 to 13 years. The mean age at menarche was found to be 10.83 years. The age of the respondents have been depicted in table 1.

Table 1 : Age of Respondents

No	Variable	Mean	DS	Max	Min
1	Age	10.8	1.7	13	9

The result showed that 65% of adolescents had not received information about reproductive health. The small proportion of the sample participant who have received information about reproductive health were come from the mother or older sisters and peers (Table 2).

Table 2 : Information about Puberty

No	Information	F	Percentage
1	Not yet informed	26	65.0
2	Mother or older sisters	13	32.5
3	Peers	1	2.5
Total		40	100

Menarche is an important milestone in the life of a girl as this signifies the puberty. The result showed that 67.5% of adolescents were not ready to face puberty (Table 3).

Table 3 : Readiness Facing Puberty

No	Facing Puberty	F	Percentage
1	Not yet ready	27	67.5
2	Ready	13	32.5
Total		40	100

DISCUSSION

This study aims to explore experiences of adolescent girls facing puberty in early menarche. Their readiness was explored by questions about menarche. In relation to experiences of menarche. The majority of participants said that they were afraid, anxious, confuse, shock, and panic when they had it. Some even did not know that they were having menarche when it happened. They were also ashamed to tell other people that they had menarche already especially their orphanage guard. Study found that majority of sample participant have not got the information about reproductive health, the little number got the information from mother or older sister. The majority of the residents are orphans and have no contact with their family. This result had the same finding with the research by Dessie and Tesfaye (2017) found that, though premenarcheal school girls prepared themselves by getting the menstrual information mainly from their mother, it was found inadequate. Majority of the

premenarcheal school girls had negative emotional expectations of their menarche.

Children aged 10-12 years have conceded the pre-contemplation and contemplation stages, but they have not fully entered the action stage because they still perceive menstruation as negative experiences. All informants in the study generally had negative perceptions and attitudes towards menstruation, which indicated that they were not yet ready for menstruation period. These negative attitudes were associated to their experiences and other people stories about menstruation (Diaris, et al, 2017).

Their awareness on menstruation is influenced by their surrounding environments. They may acquire information from people who already experienced it for example their mother, teacher, health provider and their peer, but in this study they had lack of information sources because most of them were orphans and felt ashamed to asked about



reproductive systems. Girls who have not had their menarche may feel scared of menstruation if they were saturated with negative information or experiences related to menstruation. A study by Aflaq & Jami (2012) found that negative experiences related to menstruation results in negative perceptions and attitudes towards menstruation which include fear, anxiety, and shame.

This study found that 9-12 aged adolescent were having fairly good knowledge about menstruation. They understood that they will eventually experience menarch and they seeked information from various sources. The majority of sample participant also understood that menstruation is an indication of a adolescence life and the maturity of their reproductive organ. This finding is consistent with other study which found that adolescents were having a solid understanding that all women will eventually experience menstruation.¹² Knowledge is a product of object sensing, and is also influenced by level of education, saturation of information and personal experiences. Knowledge is a critical domain for an overt behavior. When behaviour is based on knowledge, it tends to

be more sustainable (Notoatmodjo, 2014).

The World Health Organization (WHO) states that this problem can be called a problem of adolescent reproductive health. This problem had to received special attention from various international organizations. In order to achieve success in the future, an effective program design is needed. Therefore it is very important to understand what choices or decisions are made in adolescence with regard to rights and responsibilities regarding reproductive health. Reproductive health must be recognized by every teenager as a right and a need that must be met. If adolescents do not get enough knowledge about reproductive health, there will be risks related to reproductive health. This effort was made to eliminate limited access to health information and services (Sarwono, 2016). By mapping out the dynamic systems involved in the transition from childhood through adolescence to adulthood, we will be able to better understand how social context, pubertal hormones and neural function simultaneously affect adolescent motivational tendencies and emotional experiences (Moore, et all, 2012).



Research by Nagar and Aimol (2010) revealed that knowledge of the process of menstruation existed in only a quarter of menarcheal girls although majority of the sample participant were studying in tenth standards and the study stressed on the need to provide first hand information about menarche in order to be mentally prepared to face it. A study by Mahajan and Sharma (2004) revealed that the overall knowledge about menarche was poor among the rural as well as urban adolescent girls. Good knowledge and sufficient information is very important at puberty. If the knowledge of adolescents about

changes during puberty is adequate, it is hoped that a positive attitude will form in assessing something related to sexual function in the body (Kusmiran, 2014).

The awareness among girls on issues related to reproductive health through proper population education or sex education need to be created and for this, emphasis may be given on various mass media and information, education and communication programmes especially for adolescent girls in orphanage. These population need special care in view of their role in shaping the health and well-being of the present as well as future generations.

CONCLUSION

Adolescent aged 9-13 years still perceive menstruation as negative experiences. The conclusion of the study was adolescents living in orphanages had little knowledge of menstruation and low readiness in facing puberty. The majority of the

participants do not have menstrual knowledge, and are not adequately prepared for menarche. An early education program and psychological support for adolescence are essential to preparing them for menstruation, especially to build a positive attitude towards menstruation.

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