

ORIGINAL ARTICLE

Experience of Parents in Establishing Genital Hygiene for Menstruating Adolescents with Mental Retardation in Bandung

Kusila Devia Rahayu¹, Ermiami, Ermiami², Rina Rusmiati Juwandi¹

¹ Department of Maternity Nursing, Sekolah Tinggi Ilmu Kesehatan Dharma Husada, Bandung, 40282, Indonesia

² Department of Maternity Nursing, Faculty of Nursing, Padjadjaran University, Bandung 45363, Indonesia

ABSTRACT

Introduction: Hygiene of the genitals of adolescents with mental retardation during menstruation requires extra attention from parents. In general, mentally retarded adolescents have difficulty performing genital hygiene during menstruation independently. They have difficulty using sanitary napkins and performing genital hygiene. This study aims to explore the experiences of parents in establishing genital hygiene of adolescents with mental retardation during menstruation in Bandung. **Methods:** This study used a qualitative method with a phenomenological study approach, conducted in the city of Bandung on five informants. The criteria of informants are parents of adolescents with mild and moderate mental retardation: IQ (50-70) until (35-49) and they live together. Data collection used purposive sampling and in-depth interviews. Data analysis was carried out using a systematic coding method. **Results:** The first theme is the knowledge and attitudes of mentally retarded adolescents about menstruation and the second theme is the role of parents and family support. In the first theme, it is known that some adolescents do not understand about menstruation, do not know the function of the pads and some of them are unable to perform genital hygiene independently. In the second theme, it is known that parents and families need to explain about menstruation, help train how to use pads and provide information about genital hygiene during menstruation. **Conclusion:** Parents have an important role in establishing genital hygiene for menstruating adolescent with mental retardation, constant assistance is needed because they have difficulty in receiving short-term information and quickly forget information.

Keywords: Adolescents, Genital Hygiene, Menstruation, Mental Retardation

Corresponding Author:

Kusila Devia Rahayu, M.Kep

Email: kusiladevi@stikesdhhb.ac.id

Tel: +6281321363412

INTRODUCTION

Each country has a different average age of menarche. Women in developed countries such as America experience menarche on average at the age of 12.8 years and in China at the age of 17 years on average, while in Southeast Asia such as Thailand, women experience menarche at an average age of 12.5 years (1). Indonesian women menarche on average at the age of 12.8 years (2). Over time, the age of menarche has shifted to a younger age. The age of menarche earlier or later can be influenced by many factors, namely race, ethnicity, genetics, nutrition, socioeconomics, adult media, sexual behavior and lifestyle.

A preliminary study in several special schools in Bandung found that some adolescents with mental retardation experienced menarche at the age of less than 12 years. The phenomenon is not only about the age of their menarche, which is less than 12

years, but also about their ability to perform genital hygiene during menstruation. Adolescents with mental retardation often show inappropriate responses to their menstruation. Some of them seem to refuse to get a menstrual cycle, others showed that they did not care about their menstruation, they did activities and were not willing to use sanitary napkins. Their response toward menstruation shows that they do not understand it and they are not able to perform genital hygiene independently. Improper genital hygiene practices during menstruation can cause diseases in the female reproductive organs. The practice of maintaining genital hygiene during menstruation needs to be owned by all adolescent girls. Adolescents with mental retardation do not have the independent ability to care for genital hygiene during menstruation. The practice of genital hygiene during menstruation of adolescents with mental retardation requires good support from their parents.

Menstruation is a natural physiological process that occurs in a woman's body periodically and is influenced by reproductive hormones; during menstruation, personal hygiene needs attention (3). Personal hygiene during menstruation must be good to avoid uncomfortable conditions or trigger disease due to

bacterial growth resulting from poor hygiene (4). Poor personal hygiene during menstruation will result in several diseases such as vaginal discharge, urinary tract infections, and cervical Ca (5). There are several factors that affect personal hygiene such as body image, social practices, socioeconomic status, knowledge, culture, one's habits and physical condition (6).

Menstruation can be a significant challenge for adolescents with mental disorders and this is related to sexuality problems, vulnerability to sexual harassment, risk of unwanted pregnancy, difficulty managing menstrual hygiene, abnormal uterine bleeding, dysmenorrhea, behavioral difficulties and mood problems (7). Adolescents with mental retardation have significantly below average intelligence and are accompanied by an inability to process adaptation behavior that appears during development (8).

Adolescents with mental retardation need help from their parents or caregivers in genital hygiene during menstruation (7). Adolescent girls with mental retardation do not realize when the sanitary napkins are unable to used longer to accommodate blood, so blood penetrates out of the clothes worn; 3.85% of adolescent adolescents with mental retardation have low menstrual hygiene behavior (9). Children with mental disabilities are a vulnerable group to health problems, they have a greater dependence on parents as their care giver than ordinary children. Indirectly, parents with mentally retarded children need efforts to improve their quality of life by utilizing available resources and support (10).

The International Labor Organization states that around 15% of the world's population are people with disabilities; 82% of people with disabilities live in developing countries and often face limited access to health, education, training and decent work. One of the countries having a number of people with mental retardation disabilities is Indonesia. One of the big cities in Indonesia with a large number of mental retardation is Bandung, the number of adolescents with special needs in Indonesia is estimated to be around 7-10% of the total population of Indonesia (11).

As many as 52.4% of adolescents with disabilities aged 6-9 years and attending school are known to be unable to carry out daily activities independently (12). The same as normal adolescents, knowledge about reproductive health is a necessity for mentally retarded adolescents (13). The effect of the lack of information faced by adolescents with mental retardation is that they cannot maintain cleanliness during menstruation; the role of mothers, teachers, friends, siblings and the mass media are the main sources in providing information about menstruation for mentally retarded adolescents (9).

WHO explains that mental retardation is divided into four groups: mild mental retardation (IQ 50-69), moderate

mental retardation (IQ 35-49), severe mental retardation (IQ 20-34), and very severe mental retardation (IQ <20) and, in accordance with the classification, their ability to speak or communicate are different (15). Based on preliminary studies, researchers need to know more about the experiences of parents in independent genital hygiene of mentally retarded adolescents during menstruation in Bandung.

MATERIALS AND METHODS

This research method is qualitative using a phenomenological approach. This study aims to identify the experiences of parents in establishing menstruation genital hygiene of adolescents with mental retardation. The research was conducted in the city of Bandung and used a purposive sampling approach; participants were chosen intentionally because they had experience in accordance with the phenomenon under study (15). Data collection was done through semi-structured interviews and structured observations. Interviews were conducted using a list of keywords and a list of topics. Observations were made on the menstrual schedule setting of participant. Participants in this study were six mothers as parents of six adolescents with mental retardation. The criteria for the participants were parents of adolescents with mental retardation 13-15 years old who had mild mental retardation (IQ 50-70) and moderate (IQ 35-49) and live together in one house. Data analysis used a phenomenological approach through a systematic coding process. The analysis activity began by listening to the participant's verbal description, then reading the verbatim transcript over and over again, analyzing specific statements and categorizing them into clusters to form the theme. This study was approved by Health Research Ethics Committee Sekolah Tinggi Ilmu Kesehatan Dharma Husada Bandung, No.01/KEPK/SDHB/B/VI/2020.

RESULTS

First theme: adolescent knowledge and attitudes about menstruation

First sub theme: "understanding versus not understanding about menstruation"

The results of interviews with participants show that some adolescents with mental retardation do not understand about their menstruation. When they found their menstrual schedule, they said: *"Mommy, there is poop in my pants' I explained that it was not defecation and she usually forgets my explanations"* (Parent 1)

Adolescents with mental retardation who understand about menstruation will tell their mother when they get their period and sometimes they can take their own sanitary napkins: *"she will take the pad because she knows about it. She often sees her older sister's habits when menstruating"* (Parent 2). *"During menstruation*

she would say 'mommy, I'm getting my period'. I said: 'it's ok, menstruation is a sign that you are grown, it's normal'" (Parent 3)

Second sub-theme: "Do not want versus want to wear and change sanitary napkins"

The results of interviews with participants about the using of sanitary napkins show that three adolescents with mental retardations did not know the right time to change sanitary napkins: "When my daughter uses sanitary napkins, they often don't want to change when it's full"(Parent 1).

They are not entirely unwilling to use sanitary napkins: "At first she doesn't want to wear sanitary napkins, but she was often disgusted when she saw blood on her underpants, finally she wanted to wear it" (Parent 2)

The adolescent changed her sanitary napkins depending on the amount of blood that came out during menstruation: "I have taught her to change her sanitary napkin during her school break, I suspect that her sanitary napkin will be fully filled during break times" (Parent 3)

Third sub-theme: "Adolescents Unwilling and Unable to Clean the Genital Area"

The results of interviews and observations about practice genital hygiene and using of sanitary napkins show that some adolescents perform genital hygiene and are willing to use sanitary napkins: "Sometimes she is willing to wash her own pads, but most of the time she doesn't because she feels disgusted" (Parent 2)

When she is willing to clean her own sanitary napkins she is also unable to do it properly: "even if she is willing to clean her sanitary napkins and genital area she still needs my help because she is not able to do genital hygiene properly" (parent 2)

They are difficult to train because sometimes they have unstable emotions: "Sometimes they protest if they are told or trained to do something" (Parent 1). "I often find that it's difficult to teach genital hygiene. She has unstable emotions" (Parent 3)

Second theme: role of parents and family support

The first sub-theme: explaining and helping how to install pads

The results of interviews and observations about explaining and helping how to install pads, show that participants give some information about menstruation and practice how to use sanitary napkins: "I teach her about how to put sanitary napkins on her underwear, how to wash it, how to throw it away and how to replace it" (Parent 2)

In this sub-theme it is known that parents must provide

education and practice how to clean the genital area clearly: "I helped her practice while explaining how to use sanitary napkins and how to do genital hygiene" (Parent 3)

Second sub-theme: telling about and helping genital hygiene during menstruation

The results of interviews and observations about the role of parents in explaining genital hygiene menstruation show that all participants provide information about proper genital hygiene practices: "I always help her clean the genital area and dry it, then... I help her to put on her panties" (Parent 1). "I noticed when she cleaned the genital area, I teach her to use soap to clean her genital area" (Parent 2). "I teach her to clean her genital area, use sanitary napkins and dispose it" (Parent 3)

Third sub-theme: getting support information

The results of interviews and observations about the role of parents in assisting to clean the genital area during menstruation show that parents provide informational support about practicing genital hygiene: "Her older sister provides assistance in the form of accompanying her when putting pads on her underwear" (Parent 1). "Usually her older sister helps her to clean her genital area during menstruation" (Parent 2)

The role of fathers on the genital hygiene ability of adolescents with mental retardation during menstruation: "Sometimes her father tells her about having to change her clothes because there are bloodstains" (Parent 3)

DISCUSSION

First theme: adolescent knowledge and attitudes about menstruation

First sub-theme: understanding versus not understanding about menstruation

Menstruation is a biological sign of sexual maturity in young women. Menstruation in adolescents can cause anxiety and negative reactions (16). Intellectual differences between mentally retarded adolescents and normal adolescents cause differences in the degree of attention. Moderate mental retardation can follow the process of being trained but cannot be educated; therefore, when conveying something, especially regarding menstruation, the thing that must be considered is to increase the number of actions that can be taken by her (17). In this study, it was found that there were informants who explained their child's ability when menstruating directly to use sanitary napkins. This happened because the process of imitating from her sister's hygiene behavior.

The role of the family in health is to be able to recognize health problems, be able to carry out treatment and be able to take advantage of existing health services (18). Based on these references, the role of parents is

to provide information about menstruation and genital hygiene so that adolescents can go through menstruation and maintain their reproductive health.

Second sub-theme: not wanting vs wanting to wear and changing pads

In the second sub-theme, it was found that not all mentally retarded adolescents want to use sanitary napkins, even though during menstruation sanitary napkins are an important component. Mentally retarded adolescents need to be given practical assistance regarding the use of sanitary napkins during menstruation so that genital hygiene is maintained. The frequency of changing correct and healthy sanitary napkins is at least 3-4 times a day, especially when there is a lot of bleeding (18).

Third sub-theme: teenagers don't want to and can't clean sanitary pads

The third sub-theme is teenagers are unwilling and unable to clean sanitary napkins. This happens because of their limitation of intellectual and motoric skills. Type of mental retardation affects the appearance of symptoms. In mild mental retardation they are able to be educated, can read and write, and can be trained in certain skills; in moderate mental retardation, they can be trained, but cannot be educated (17). Based on these references, parents can support genital hygiene by adjusting to their adolescent's intellectual abilities.

Second theme: the role of parents and family support

First sub-theme: explaining and helping how to apply pads

In this sub-theme, it is known that parents need to explain and help about how to put sanitary napkins on mentally retarded adolescents. The ease of using and changing sanitary napkins, the amount of blood that comes out, and health factors are factors that influence caregivers in choosing sanitary napkins for adolescents with mental retardation (19). Mother is the main caregiver for mentally retarded adolescents. Mother's knowledge about genital hygiene during menstruation can affect the genital hygiene of their mentally retarded adolescent.

Second sub-theme: telling about and helping personal hygiene during menstruation

In this sub-theme, it is known about the importance of the role of parents in educating and helping to practice genital hygiene in mentally retarded adolescents. Education and assistance in the practice of genital hygiene can help adolescents with mental retardation maintain genital hygiene during menstruation. In cleaning the female area is recommended to use plain clean water because the use of feminine products can actually cause the presence of germs in the vaginal area (19). During menstruation, the cleanliness of the genital area is carried out using clean water, soap, safe sanitary napkins and using loose pants (20). Good parental knowledge about menstruation will result in good

practice as well (12) Based on these references, it is known that good menstrual hygiene genital support can be provided by parents if they have sufficient knowledge about it.

Third sub-theme: getting information support

In this sub-theme, it is known that the family has a support function for the genital hygiene of adolescents with mental retardation. Information support is an important need to care for children with special needs. When parents' information needs are met, parents will know better how to care for and develop their child's potential (21). Another reference states that parental coping is also important when caring for mentally retarded children. The correct parental coping strategy in raising children with special needs will make parents avoid stress (22).

CONCLUSION

Mother is the main caregiver for menstruating adolescents with mental retardation. The informants tried to provide education and assistance about how to install sanitary napkins and how to clean it but ultimately they still depend on their parents.

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