ABSTRACT

Introduction: Anxiety is an unpleasant feeling or sense of uncertainty felt by someone. Adolescents who experience anxiety can be caused by menstruation, especially at the early menarche age of 1-3. Untreated Anxiety can interfere adolescent’s study. This study aim to investigate the relationship between mother’s social support with adolescent’s anxiety in confronting menstruation. Method: this study was a descriptive analytical with cross sectional approach. The population was student in 6th grade in SDN Panjang Jiwo 1 Surabaya. The 26 sample respondents were chosen by purposive sampling technique. The independent variable in this study was mother’s social support. The dependent variable was adolescent’s anxiety. The data was collected using questionnare and analyzed using Spearmen rho test with a degree of significance p ≤ 0.05. Result: Most adolescent students experiencing mild anxiety(65.3%), though there were experiencing moderate anxiety (34.7%). The correlation between perceived susceptibility p = 0.034 with significant r = -0.418. Discussion: Mother’s social support was strong enough towards adolescent’s anxiety in confronting menstruation. Further research was suggested to involve mother as a respondent to decrease adolescent’s anxiety to confront menstruation.

Keywords: mother’s social support, adolescent’s anxiety, menstruation

INTRODUCTION

Adolescence is a period of transition from childhood to adulthood which is marked by menarche and physical changes that occur dramatically. Fast wide physical changes can simultaneously occur with the emotional upheaval and psychological growth of adolescents. This can lead to feelings of confusion, questions, fears and anxiety (Proverawati, 2009). A serious problem may appear when entering a new period. At this period, an adolescent often experiences anxiety about how to cope with the changes that happen to her. Anxiety that experienced by young women often occurs in the face of menstruation, especially for those who are still in the beginning of the menstrual cycle (1-3 years post-menarche) that occurs due to hormonal factors (Golchin et al, 2012). Menstruation is a puberty aspect that affects the quality and convenience in education more than any other puberty aspects (UNESCO, 2014). Most people think that menstrual cycle that happens on teenagers is common. In fact, this point is a critical time for young people in puberty (Sommer, Sutherland, & Chandra-Mouli, 2015). According to Isaacs (2004) the symptoms of anxiety are excessive worry, restlessness, tension, fatigue, difficulty concentrating, tension and sleep disorders. An adolescent who experiences menstrual cycle require mental alertness, which is good, because it could be something new for her (Ni'mah, 2014). Physical changes that drastically happen to her cause great concern upon an adolescent (Potter & Perry, 2009). Although they have received some information about the previous menstrual period, yet this is something to worry about, because it is the first experience. This condition will cause anxiety, and it often grows belief that menstruation is something unpleasant or serious, resulting develop negative attitudes during period and see it as a disease (Llewellyn-Jones, 2005). One way that can be done to reduce the anxiety of adolescents is the provision of social support from loved ones especially mothers (Moloney, 2008). The preliminary data obtained 65% of students at SDN Panjang Jiwo 1 stated that they knew menstruation for first time from the mass media, especially TV and also from friends, teachers. Mothers just explained what menstruation was when the children had their first period. The social
support, on confronting the menstruation, given by mothers towards their daughters is still unclear.

Data obtained from Riskesdas (2010) showed that the teenagers who had their first period were 37.5% over age 13-14; 19.8% over age 15-16; 4.5% over age 17 and older; and 0.1% over age 6-8. The early menstrual age in developing countries, including Indonesia, are currently experiencing a shift from the early age of 16-17 to 12-13 (Rasjidi, 2010). Sasongko research (2009) states that over 60 student respondents (18.33%) experienced mild anxiety level, 55% of them had moderate level of anxiety, and 26.67% of them experienced severe level of anxiety dealing with menarche. Anxiety can occur to all adolescents, including teenagers at SDN Panjang Jiwo 1 Surabaya. Based on a preliminary study, it was found that 72.97% of 37 students of sixth grade had already been menstruating. Distributed questionnaires, towards 11-13 year old students, obtained 11 students had anxiety. The students started menarche at the age of 10 (5%), 11 (60%), and 12 (35%). 60% of them expressed concern dealing with menstruation and 75% of them said that new information about menstrual cycle was given by their mother after their first period.

Factors that influence adolescent readiness dealing with menstruation are age, resources, and attitudes of young people themselves (Jayanti & Purwanti, 2012). Natural shift commonly happens among menarche adolescents from ages 16-17 to 12 or even 10, which is considered to be entering adolescence and ready to face the world of adults, but teenagers are not ready to face the reality or turning into adults with an offset against their psychological development (Solihah, 2013). Education about reproductive health, especially about menstruation is rarely discussed at schools and in the family as well as the unavailability of health education at schools, the media or the family that may trigger anxiety among adolescents (Golchin et al, 2012).

According to a teacher at SDN Panjang Jiwo 1, education of reproductive health during menstruation has not been given, but learning about the basic theory of menstruation such as what menstruation means and how the occurrence of menstruation was given to grade 6 students through religious studies and science studies. Schools never received counseling about menstruation and other reproductive health. Gulhin et al (2012) in Iran was found that most of the teenagers there feel anxious and embarrassed about the appearance of physical and psychological changes during puberty. Actually, anxiety normally happens and it's depressing and short (Ramaiah, 2003). However, if anxiety isn't well untreated, it could rise up feelings of inferiority or make them feel that they will get sick during menstruation so that they do not dare to leave the house and get compassion from many people. Based on that experience, adolescents use menstruation as a defense mechanism in order to be free from assignments or avoid school (Kartono, 2006).

Menarche is an important event in the lives of adolescents, as a marker of fertility and one of the signs for a teenager has entered puberty. Teens that will experience first menstrual period (menarche) require a good mental preparedness (Nagar & Aimol, 2010). Teens need to make adjustments that require support from the family within. Family is the early socialized organization region for teenagers. In family teens can get warmth and behavioral guidance in order to grow in line with expectations (Windyarini, 2009). 75.58% of adolescents in India have discussed menstrual problems with someone and 38.15% of them talk with their mother (Damhore et al, 2012). Adolescents begin to recognize various sexual processes that happen to her body, first time through their mother (Sarwono, 2008). Generally girls will tell her first menstrual period (Santrock, 2003). Green theory reveals a person's health is influenced by behavioral factors that are formed by predisposition factors, enabling factors and driving forces. Mothers' social support is the driving factor which will provide great comfort, effectiveness and openness towards children so that the children can tell the problem and lament that drops the anxiety feelings (Beadle & Cahill, 2013).

METHOD

The design used in this research is quantitative and descriptive research using cross sectional method. The population in this study was all 37 students grade VI SDN Panjang Jiwo 1, year 2015/2016. Sampling was done by nonprobability sampling technique with purposive sampling type. Number of samples in the study specified in inclusion criteria and exclusion criteria (Nursalam, 2013). Inclusion criteria in this study are: Students who have already been experiencing menarche (within 1-2 years of menstruation) and students aged 10-14.
The exclusion criteria of this study are the students who were unable to attend at the time of data retrieval and who were sick.

The independent variable (independent) in this study is mother’s the social support while the dependent variable (dependent) in this study is the teenage anxiety. A tool for knowledge and attitudes, in the form of questionnaires, is filled out in about 30 minutes. The collected data were then analyzed using the Spearman rho test with significance level <0.05 with a correlation of $r = -0.418$. The p-value less than 0.05 then H0 and H1 accepted, it indicates that there is quite strong relationship between mother’s social support towards anxious teenage dealing with menstruation.

RESULT

After analyzing the data and testing the results of quantitative research (with Spearman's rho), it is resulted that there is a relationship between mothers’ social support and teenagers’ anxiety dealing with menstruation, with the following results.

Based on age, it can be explained by the characteristics of the respondent are likely 16 students (34.6%) of age 12. 11 year old six graders, that experienced period, are 14 students (53.8%). High school graduates mothers are 14 people (53.8%). There are only 6 students (23.1%) that have sisters.

Based on the results of statistical analysis using Spearman rho correlation test with a correlation of $r = -0.418$, it can be gained a reversible value which means the higher support given by mothers, the lower teens anxiety will be and the value $p = 0.034$. The p-value is less than 0.05 showing that H1 is accepted and H0 is rejected, it indicates that there is a strong relationship between social support given by mothers towards adolescents anxiety to confront menstruation.

DISCUSSION

The distribution number of respondents by highest level of anxiety was resulted 17 students (65.4%) experienced mild anxiety, 9 students (34.6%) experienced moderate anxiety but there were no students who experienced severe anxiety. There were 10 students respondents (58.8%) aged 12 and 7 students (41.2%) aged 13. There were 8 student respondents (47.1%) that averagely started menstruation at age of 12.
Table 1. Common characteristics respondent

<table>
<thead>
<tr>
<th>No</th>
<th>Characteristic of Respondents</th>
<th>Parameter</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age</td>
<td>11 years</td>
<td>1</td>
<td>3.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 years</td>
<td>16</td>
<td>61.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13 years</td>
<td>9</td>
<td>34.6</td>
</tr>
<tr>
<td>2.</td>
<td>Menarche</td>
<td>10 years</td>
<td>2</td>
<td>7.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11 years</td>
<td>14</td>
<td>53.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 years</td>
<td>9</td>
<td>34.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13 years</td>
<td>1</td>
<td>3.8</td>
</tr>
<tr>
<td>3.</td>
<td>Education of mothers</td>
<td>College</td>
<td>5</td>
<td>19.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Senior high school</td>
<td>14</td>
<td>53.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Junior high school</td>
<td>5</td>
<td>19.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Elementary school</td>
<td>2</td>
<td>7.7</td>
</tr>
<tr>
<td>4.</td>
<td>Older sister</td>
<td>There is</td>
<td>6</td>
<td>23.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>There is no</td>
<td>20</td>
<td>76.9</td>
</tr>
<tr>
<td></td>
<td>Total Respondents</td>
<td>26</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Table 2. Mothers’ social support towards adolescents anxiety to confront menstruation

<table>
<thead>
<tr>
<th>Mothers social support</th>
<th>Adolescents Anxiety</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mild</td>
<td>Moderate</td>
</tr>
<tr>
<td>Good</td>
<td>9</td>
<td>34.6</td>
</tr>
<tr>
<td>Sufficient</td>
<td>3</td>
<td>11.5</td>
</tr>
<tr>
<td>Less</td>
<td>5</td>
<td>19.2</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>65.3</td>
</tr>
</tbody>
</table>

Spearman Rho r = -0.418  p = 0.034

Teens that are at the age of 10-14 years entered their early teenage and experienced fluctuate changes upon their psychological health (Potter & Perry, 2009).

Anxiety is defined as a certain experience describing unpleasant feelings (Harini, 2013). One of the factors that can cause anxiety is the age and knowledge (Hurlock, 1998). Early age teens would be more likely to experience anxiety as they enter the age of transition from the age of children to teenagers. At this time they are still in the process of searching for identity and better thought processes. Sixth graders at SDN Panjang Jiwo 1 Surabaya have got some information about menstruation from classroom teachers and religious teachers about what menstruation is and how it could happen. Education about menstruation that has been received by the respondents could reduce anxiety they experience. This could also be a reason of why there weren’t respondents who experienced severe anxiety.

There were 6 students respondents, at the age 11 in average, experienced moderate period anxiety. Another factor that can cause anxiety is an experience (Hurlock, 1998). Respondent number 21 experienced menstruation for the first time and did not have a sister. Anxiety is possibly happening because it’s her first experience which causes higher anxiety than a person with no absolute experience. In addition, respondents do not have a sister as a support system which can possibly reduce the anxiety they feel.

The level of social support given by mothers towards 26 teenage students at SDN Panjang Jiwo 1 Surabaya is various. There were 11 students (42.3%) received less support, 10 students (38.5%) received good social support, 5 students (19.2%) received sufficient support.
Social support; in the form of materials, information, and emotion; is useful for improving someone's physical and psychological state (Widhaninggar, 2010). According to Potter and Perry (2009), at the early adolescence term, teens still have a strong desire to rely on parents and at the same time trying to be independent. The result showed that the level of social support that teenagers received was in an insufficient rate. Mothers should be emotionally supportive and knowledgeable about menstruation (Gilloly, 1998; Rierdan et al, 1983 in White, 2013). Factor that influences the provision of social support is education (Triyanto & Iskandar, 2014). Respondent number 7 and 13 got less support from the mothers who are only elementary graduates. On the other hand, respondent numbers 1 and 17 got good supports from the mothers who are university graduates. The education level a mother can affect the support given. The higher level knowledge someone has, the higher level of understanding and comprehension they will have. In other words, mothers with good knowledge about someone’s condition during menstruation would be able to help themselves providing the support that their teenage daughters need.

Types of social support according to Wills and Ainette (Baum et al, 2012) are divided into four. They are emotional support, appreciation, instrumental, and information. In Table 5.4 shows the percentage of supports that respondents got. There were 13 students (50%) got emotional support, 10 students (38.5%) got information support, 2 students (7.7%) got appreciation support and 1 student (3.8%) got instrumental support. Support is needed by every individual and is different depending on the needs (Sarafino & Smith, 2013). According to Catur and friends (2009), social support is not only about providing assistance, but also the important thing is how the receiver has a correct perception to catch the meaning of that assistance. It also allows teens to feel the informational and emotional support more because they are more likely to feel the benefits of assistance towards them. At the first time of sensing changes on them, they will have a lot of questions upon themselves why such things could happen. At that point, teenagers desperately need the right information about what is happening to them, despite the fact that they also get instrumental appreciation and support.

The results show that there is a relationship between social support from mothers toward teenage anxiety to confront menstruation, which is shown by statistical analysis test to the value of $r = -0.418$ and $p = 0.034$. A $p$ value $<0.05$ indicates a significant relationship and coefficient ($r$) -0.418. It means there is a quite strong level of relationship, with the negative correlation direction, between social support from mothers and adolescents’ anxiety to confront menstruation, which means the better the support provided, the lower level of anxiety they felt. This is in line with the theory of Green (1991) which states that social support is one of the supporting factors or reinforcing factors that have a relationship with a person’s behavior in this case the teen age anxiety. Supports provided by mother will provide comfort and openness to the children so that the children can tell the problem and lament that can reduce children’s anxiety (Beadle & Cahill, 2013).

Cross tabulation on Table 5 shows that most support, which 11 students at SDN Panjang Jiwo 1 Surabaya got, was insufficient support. There were 5 students (42.3%) with (19.2%) mild anxiety and 6 students (23.1%) with moderate anxiety. Respondents who experienced mild anxiety can be affected by several factors such as age, environment, experience, and other support systems (Hurlock, 1998). Numbers 11 and 23, each has an older sister who could become one of the sources of support. Their sisters can probably help teenagers to obtain information through their sisters’ experience which makes the anxiety is in mild level despite insufficient supports from the mothers. Respondent numbers 12, 13, and 25 are 12 years old and 53.8% teenagers, at the age of 11 in average, has experienced menarche so that teens can get information or other support system from their peers which makes the anxiety is in low levels despite insufficient support from the mothers. There are 13 mothers elementary graduate. According to Triyanto and Iskandar (2014), it showed that the level of education or knowledge can affect the level of social support provided. Level of education affects mothers’ knowledge. The higher the mother’s education, the more detail information they can provide and tell what happened to their children so that mothers are able to provide appropriate support for their daughters.
The results showed that there were 10 students (38.5%) received good support with 9 students (34.6%) experienced mild anxiety and 1 students (3.9%) experienced moderate anxiety. In accordance with the statistical test, good support was supposed to make respondents tend to feel low anxiety in range, but still there was one respondent who experienced anxiety and it was the number 4. It made her still feel the anxiety even though she was getting good support from the mother. Someone with the first experience of menstruation is still trying figure out problems they have. At their first experience, they may have not clearly found a way to resolve the problems therefore on their further experience teens still feel anxiety.

The most support value percentage is sufficient support, with five students (19.2%) got it. Three students (11.5%) experienced mild anxiety. Number 19 is probably influenced by another support source; the respondent has 2 older sisters. The more people can support, the easier the individuals can resolve the problems (Taylor, 1991). The mother’s support, which within the range, was sufficient enough but the teenager could still reduce her anxiety because she can learn from the information or experiences faced by her both sisters. The two student respondents (7.7%) with moderate anxiety, they are number 2 and 6, got sufficient support. Someone with younger age is more easily disrupted by anxiety than someone’s older (Varcoralis, 2000). Respondent number 2 was possibly affected by the younger menarche age compared with the other friends’ age so that she still felt anxious. In addition, she is the first daughter in the family so that there is no place to exchange experiences.

CONCLUSION

Based on the results of research conducted, it can be concluded as follows: 1) Anxiety teenagers, who face menstrual cycle, of 6th grade at SDN Panjang Jiwo 1 Surabaya were mostly experiencing mild anxiety; 2) Social support given by the mothers towards the teenagers is not absolutely able to decrease the level of anxiety. It really depends on each individual's perception of themselves and the social support perceived by teenagers mostly in a good level; 3) The better the social support from the mothers, the lower level anxiety felt by teenagers on confronting menstruation.

CONCLUSION AND RECOMMENDATION

It was a kind of consideration for the school to give deeper reproductive health information for students, as early knowledge for adolescents, which can support the provision of mothers’ social support at SDN Panjang Jiwo 1 Surabaya. For health workers, especially nurses need to improve the mothers’ knowledge on how to deal with teenagers who menstruate. Further research is required to conduct deeper research using qualitative techniques such as; interviews or observations by investigators directly or other techniques besides questionnaire to both adolescents and mothers in order to obtain more complete data regarding mothers’ social support towards adolescents’ anxiety to confront menstruation.

REFERENCES


Harini, N 2013, 'Terapi untuk mengurang kecemasan', JIPT, vol. 01, no. 02, hal. 291-303.


Kartono, K 2006, *Psikologi wanita: Mengenal gad is remaja & wanita dewasa*, jilid 1, Mandar Maju, Bandung.


Rasjidi, I 2010, *100 Question & answer kanker pada wanita*, Elex Media Komputindo, Jakarta.


Sommer, M, Sutherland, C & Chandra-Mouli, V 2015, Putting Menarche and Girls into The Global Population Health Agenda, *Reproductive Health*.

Taylor, SE 1991, *Health psychology*, University of California, LA.

