The Correlation of Students Knowledge Level About Menstrual with Dysmenorrhea Handling Effort on Classes XII Students At SMA Negeri 1 Parongpong

Drs. Oktoruddin Harun, SKM., M. Kes; Ando Fikri Hakim, S. Kep., Ners., MAN; Lilis Sartika, S. Kes.

Abstracts: Background: reproductive health is a problem that most important to get attention especially among teenagers, an effort to get to the healthy have to start at least in the early adolescence, because teenagers to be prepared either knowledge, attitude, or the act of which reached at reproduction healthy. An incident the occurrence of the average dysmenorrhea in young women between 18.8% – 81%. Some of them are yet resulted in heavy dysmenorrhea so as to interrupt activities such as not going to school. The purpose of this research is to knowledge of menstruation relations with dysmenorrhea handling effort on classes XII students at SMA Negeri 1 Parongpong. The method is applicable study analitik with a method of approach cross-sectional. The total sample 62 students classes XII with been gained through total sampling, data collection techniques directly from respondents with the methods in the form of a questionnaire. The results of this research is 62 student on classes XII at SMA Negeri 1 Parongpong having a lack of knowledge of the menses that is some 20 (32.3%) students, and the level of knowledge have enough that is some 25 (40.3%) students, while the level of knowledge have good that is some 17 (27.4%) students. In efforts to handle dysmenorrhea so that the level of handling pain diminished that is some 33 (53.2%) students, and with the level of handling so that pain increase that is some 29 (46.8%) students.

Keywords: Menstrual knowledge with efforts of handling dysmenorrheal

1 Introduction
Reproductive health according to the World Health Organization (WHO) health is a state of perfect physical, mental, social, and environment and not merely the absence of disease or infirmity in all aspects related to the reproductive system functions and processes. Reproductive health is the most important issue to get attention, especially among adolescents, efforts to get healthy reproduction should have started at least in adolescence, as a teenager should be prepared either knowledge, attitudes, and actions that reach towards healthy reproduction (Wahyudi, 2008). Judging from the WHO health sector, which is felt most pressing problems related to adolescent health such as early marriage. Departing from the main problems, WHO set the age limit of 10-20 years as an adolescent age limit proposed by Surjadi, et al (2002, in Kumalasari, et al, 2012). Thus the terms of service programs, adolescent definitions used by the Department of Health are those aged 10-19 years old and unmarried. Meanwhile, according to the BKKBN (Directorate of Youth and Protection of Reproductive Rights) age limit is 10-21 years old adolescents who argued BKKBN (2006, in Kumalasari, et al, 2012). The incidence of dysmenorrhea in Indonesia is not yet known with certainty. But the actual number of events is quite high, but that came went to the doctor is very little, which is 1-3% only (Ali, 2005).

The overall incidence of dysmenorrhea often occur in late adolescence ranged between 17-20 years of age is an age where school In West Java, the incidence of dysmenorrhea is high enough, but only 6% that went to the doctor, clinic, or other health services. In West Bandung contained 8-10% of women of childbearing age experience dysmenorrhea (Aji, 2012, ¶ 1, www.dinkes.jabarprov.com, obtained dated February 1, 2015). In Community Health Service Center (Puskesmas) Parongpong from the preliminary data that has been obtained last year there were 13 people visited the health clinic with complaints of pain during menstruation on the first day (dysmenorrhea), and every month there are 1-2 people who visit the health center dysmenorrhea is very great that it can not perform normal activities. Senior High School/SMAN 1 Parongpong there were 62 students in the class XII have been menstruate registered naration student health, and of the results obtained from the list of visits in the infirmary there are 2-3 people per week come to UKS/Health Students Unit students to just rest because he was experiencing the first day menstruation with menstrual pain that is severe and causes not concentrate learning in the classroom, so that many students decided to rest in the infirmary during their menstrual pain lasts.

Theoretical Framework

A. The concept of knowledge
Knowledge is the result of "know" and this occurred after the holding of sensing tehadap a particular object. Sensing the object occurs through the human senses of sight, hearing, smell, taste and touch with his own. Most human knowledge is obtained through the eyes and ears (Notoatmodjo, 2007) Knowledge can be defined as actionable or actionable information or information that can be used as a basis for action, to make decisions and to take a certain direction or strategy (Nursalam, 2013).

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1. Stages of Knowledge
According to RJ (2013) From experience and research it turns out behavior based on knowledge will be more lasting than behavior that is not based on knowledge. Sufficient knowledge in the cognitive domain has six stages:

a. Know (Know)
Know interpreted as considering a material that has been studied previously. Included into the knowledge of this stage is to recall (recall) of a specific and all materials are studied or stimuli that have been received. Therefore "know" this is the lowest level of knowledge. The verb to measure that people know about what is learned is mentioned, identify, express and so on.

b. Understanding (Comprehention)
Understand its meaning as an ability to explain properly about the object that is known and which can interpret correctly. A knowledgeable person to the object or the material can then be explained, citing the example, concluded, predicting and so forth of an object being studied.

c. Application (Application)
Application is defined as the ability to use a material that has been learned in real situations or conditions. Application here can be defined application or use of the laws, formulas, methods, principles and so on in a context or situation to another.

d. Analysis (Analysis)
Analysis is an ability to express the material or an object into the components, but still in the organizational structure and still no connection with each other.

e. Synthesis (syntesys)
Synthesis is showing an ability to execute or connect the parts in a new whole. In other words, the synthesis is an ability to compose new formulations of existing formulations.

f. Evaluation (Evalution)
This evaluation relates to the ability to conduct an assessment of the justification or the material or object. Assessments were based on a criterion which is determined or using criteria that have been there. In this study, researchers measured the level of knowledge of adolescents starting from the idea, until the evaluation stage.

2. Factors that May Affect Knowledge
RJ (2013) There are several factors that can affect a person's knowledge, namely:

a. Experience
Experience as a source of knowledge is a way to acquire knowledge of truth by repeating back the acquired knowledge in solving the problems facing the past. Developed learning experience provides the knowledge and professional skills as well as a learning experience for work will be able to develop the ability to make decisions which are manifestations of integration make sense scientifically.

b. Education
Education is an attempt to develop the personality and ability inside and outside the school and lasts a lifetime. Education affects the learning process, the higher one's education is increasingly easy person to get information. With higher education, the person will tend to get the information, either from other people or from the media. The more information you enter the more the knowledge gained about health.

c. Mass media
Information obtained from both formal and non-formal education can provide the effect of short-term (immediate impact) resulting in a change or an increase in knowledge. The rapid advancement of technology will be available an assortment of media that can influence knowledge is public about new innovations. As a means of communication, various forms of mass media such as television, radio, newspapers, magazines, and so have a major influence on the formation of opinions and beliefs of people.

d. Social, cultural and economic
Customs and traditions that people do without reasoning whether done well or poorly. Thus a person will increase in knowledge, although not do. Economic status of a person will determine the availability of a facility that is required for certain activities, so that socio-economic status will affect a person's knowledge.

e. Environment
Environment is everything that exists around the individual, both physical environment, biological, and social. Environmental influence on the process of entry into the knowledge of individuals who are in the environment. This happens because of the mutual interaction or not will respond as knowledge by each individual.

f. Age
Age influence the perception and mindset of someone. Increasing the age will be growing anyway perception and thought patterns, so that the acquired knowledge is getting better. At middle age, individuals will be more actively involved in community and social life as well as more preparations for the success of efforts to adapt to the old age, in addition to the middle age people will use more time to read. Intellectual ability, problem-solving and verbal skills are reported almost no decline at this age.

3. Criteria Level of knowledge
According Nursalam (2013) the knowledge of someone could be detected and interpreted by the scale qualitative, namely:

a. Less: Results of a percentage <56%

b. Enough: The results of the percentage of 56% - 76%

c. The Good: The results of the percentage of> 76%

B. The concept of Teens
According to Hurlock (2010) teen comes from the Latin word adolescense which means "grow up". Adolescence has a much broader meaning that covers mental maturity, emotional, social, and physical. Surjadi, et al (2002, in Kumalasari, et al, 2012) suggests that according to the WHO, adolescence is a period of transition from childhood to adulthood, where at that time happened very rapid growth including reproductive function thus affect the occurrence of changes developments, whether physical, mental, and social roles. Psychologically adolescence is an age at which individuals become integrated into adult society, an age at which the child does not feel that
he is under the level of older people but feel the same or at least parallel (Kumalasari, et al, 2012)

1. Limitation of Age Youth
Teen age limit varies according to local socio-cultural premises. Judging from the WHO health sector, which is felt most pressing problems related to adolescent health such as early marriage. Departing from the main problems, WHO set the age limit of 10-20 years as the age limit adolescents (Mar’at, 2007). Thus the terms of service programs, adolescent definitions used by the Department of Health are those aged 10-19 years old and unmarried. Meanwhile, (Directorate of Youth and Protection of Reproductive Rights) teen age limit is 10-21 years proposed by BKKBN (2006, in Kumalasari, et al, 2012). Three things that make adolescence is important for reproductive health is as follows:

a. Adolescence (10-19 years) is a special and important time because it was a period of maturation of human reproductive organs and is often called puberty.

b. Adolescence physical changes (organobiologi) rapidly disproportionate to changes in psychiatric (mental-emotional). Considerable changes can be confusing adolescents who experience it, because it needs understanding, guidance, and support the surrounding environment so that they can grow and develop into a healthy adult human, physical, mental, and psychosocial.

c. In certain social environment, often different treatment of adolescent males and females. For lai male, adolescence is a time of obtaining independence, while young women are at the commencement of any form of restriction, in ancient times girls started seclusion when they start menstruating (Kumalasari, et al, 2012).

2. Characteristics of Youth Under Age
According Sarwono (2011) characteristics of adolescents by age is as follows:

a. Early adolescence (10-12 years)
   1) Get closer with their peers.
   2) Want free.
   3) More attention to the state of his body.
   4) Start thinking abstract.

b. Middle adolescence (13-15 years)
   1) Finding identity.
   2) Present a desire to date.
   3) Having a sense of deep love.
   4) Develop the ability to think abstractly.
   5) berhayal about sexual activity.

c. Late adolescence (17-21 years)
   1) Disclosure of freedom of self.
   2) More selective in finding peers.
   3) It can create a sense of love.

3. Development of Adolescents and duties
Tasks referred to in each growing stage is each stage of age, that's individuals has the objective to achieve a skill, skills, knowledge, attitudes and specific functions according to personal needs. Personal needs itself emerged from the inner stimulated by the surrounding conditions or society (Sundari, 2007) Teens development tasks focused on leaving the attitude and childish behavior and strive to achieve the ability to act and behave as adults. The tasks of adolescent development by Hurlock (2010) is as follows:

a. Able to receive physical condition.
b. Able to accept and understand the role of adult sex.
c. Able to maintain good relations with members of the opposite sex.
d. Achieve economic independence.

Teens feel able to live according to their own business, it is very important especially for men, but today for the women these tasks gradually become more and more important.
e. Achieve emotional independence.
f. Develop concepts and intellectual skills that are needed to perform the role as members of society.
g. Understand and internalize the values of the adults and the elderly.
h. Develop socially responsible behavior necessary to enter the adult world.
i. Prepare to enter into marriage.
j. Understanding and preparing the various responsibilities of family life.

4. Health Adolescent and Reproductive Health
Some state that has disastrous effects on the health of adolescents, including adolescent health reproductive.

a. Malnutrition
   1) Anemia and chronic lack of energy (KEK)
   2) growth is stunted in young women, resulting in a narrow pelvis and the risk to give birth to low birth weight (LBW) in the future.

b. Education problems
   1) Illiteracy, which resulted teenagers do not have access to information they need and are less able to take the best decision for her health.
   2) Low education can lead adolescents are less able to meet the basic physical needs as a family, and this will adversely affect the health of self and family.

c. Environmental issues and work
   1) The environment and working atmosphere less attention to the health of teenagers who worked so will damage the health of adolescents.
   2) less healthy social environment can inhibit, even jeopardize their physical, mental, and emotional teenagers.

d. Issues of sex and sexuality.
   1) Knowledge incomplete and imprecise on the subject of sexuality, such as myths circulating untrue.
   2) Lack of guidance to be positive in matters related to sexual health.
   3) Abuse and drug dependence that influence the spread of HIV / AIDS through needle and free sex.
   4) Sexual Abuse
   5) Teen pregnancy.
   6) Pregnancy before marriage or outside marriage.

e. Early marriage and pregnancy problems
   1) The lack of physical and mental maturation
   2) The risk of complications as well as maternal and infant
mortality is greater.
3) Loss of the opportunity to develop themselves.
4) The risk for unsafe abortions (Sarwono, 2009)

C. The concept of Menstruation

Menstruation is drop event lining the uterus which contains many blood vessels (endometrium). This layer is formed as a preparation if the egg is successfully fertilized by a sperm. If the egg is not fertilized then the network would disintegrate. Menstruation began to occur at the age of 8-13 years. A distance of one menstruation to the next menstruation is not the same in every woman, it usually lasts less than 28 days (between 21-35 days). The average expenditure of blood during menstruation between 50-150 milliliters, menstrual fluid consists of blood and tissue from different parts of the mucous membrane of the uterus that was removed. parts of the mucous membrane tissue can sometimes be seen in menstrual blood as small networks (Sarwono, 2009). Long menstrual blood discharge varies, usually the length of 4 to 6 days, but between 2 to 8 days can still be considered normal. Spending menstrual blood is composed of fragments of endometrial discharge mixed with blood that many erratic. Blood is usually liquid, but if the blood flow velocity is too large, clots of various sizes are very likely to be found. The lack of regular menstrual blood clot was caused by a local fibrinolytic system is active in endometrium (Sarwono, 2009).

1. Menstrual Cycle

There are three phases experienced by each woman during menstruation, namely:

a. The follicular phase

The follicular phase begins from day 1 until shortly before the levels of luteinizing hormone (LH) increased and the release of the egg (ovulation). Named the follicular phase because at this time there is a growth of follicles in the ovaries. In the mid-follicular phase, levels of Follicle Stimulating Hormone (FSH) slightly increased to around 3-30 stimulate the growth of follicles, each containing one egg. But only one follicle continues to grow, others were destroyed. At a cycle as the endometrium is released as a response to decreased levels of the hormones estrogen and progesterone. The endometrium consists of 3 layers, the top layer and the middle layer is released, while the coating is essentially maintained and produce new cells to re-form the second layer has been removed. Menstrual bleeding lasts for 3-7 days, on average, for 5 days. Blood lost as much as 28-283 grams. Menstrual blood does not clot normally unless the bleeding is very severe.

b. Ovulation phase

Ovulatory phase begins when the levels Luteinizing Hormone (LH) is increasing and at this stage the egg is released. Usually an egg is released within 16-32 hours after an increase in LH. Mature follicle will protrude from the surface of the ovary (wall eggs), eventually rupture and release an egg (ovulation). At the time of ovulation, some women feel a dull pain in her lower abdomen, pain is known as mittelschmerz, which lasted for several minutes to several hours.

c. Luteal phase

This phase occurs after ovulation and lasts for about 14 days. After releasing their eggs, ruptured follicle re-close and form a corpus luteum, which produces large amounts of progesterone. Progesterone causes the body temperature slightly increased during the luteal phase and remain elevated until a new cycle begins. This increase in temperature can be used to predict ovulation. But please note after 14 days will be destroyed and the corpus luteum during this phase of a woman will also experience an increase in body temperature up to a new cycle will begin, unless fertilization occurs. If the egg is fertilized, the corpus luteum will produce Human Chorionic Gonadotropin (HCG) is a hormone will maintain the corpus luteum which produces the hormone progesterone to the fetus can produce hormones sendir. Luteum phase is usually characterized as a phase for women who want to become pregnant (Winarto, et al, 2009)

2. Menstrual Disorders

The disorder can be found in the form of abnormal cycles or the number and duration of menstrual blood according to (Sarwono 2009) disorders include:

a. Hipermenorea (menorrhagia)

Hipermenorea menstrual bleeding more than normal or longer than normal (more than 8 days), because the disorder is located on the conditions in the uterus, such as the presence of myoma uteri with the surface of the endometrium wider than usual and with contractility interrupted, endometrial polyps, impaired release of the endometrium during menstruation (irregular endometrial shedding), and so on. At the release of endometrial disorders usually are also disturbances in the growth of the endometrium followed by disruption of release at the time of menstruation.

b. Hypomenorrhea

Hypomenorrhea menstrual bleeding is shorter and more or less than usual. The causes can be located on the constitution of patients in the uterus (eg after myomectomy), the endocrine disorders, and others. Hypomenorrhea presence does not interfere with fertility.

c. Polimenorea

At polimenorea menstrual cycle is shorter than usual (less than 21 days), bleeding or less the same lot with regular menstruation. The latter is named polimenoragia or epitmenoragia. Polimenorea can be caused by a hormonal disorder that results in disruption of ovulation, or be in short luteal period. Another cause is congestion due to inflammation of the ovaries, endometriosis and so on.

d. Oligomenorrhea

Here the menstrual cycle is longer, more than 35 days. If the cycle length of more than 3 months it has started is called amenorrhea, oligomenorrhea bleeding is usually reduced. Oligomenorrhea and amenorrhea often have the same basis, the difference lies in the level. In most cases oligomenorrhea women's health is not compromised, and fertility is good enough. Ovulatory menstrual cycle is usually also the proliferation longer period than usual.

e. Amenorrhoea

Amenorrhea is the absence of menstruation for at least 3 consecutive months.
f. Dysmenorrhea
Dysmenorrhea is pain during menstruation, feeling pain during menstruation may include mild cramps in the genitals until there is interference in day-to-day tasks.

D. The concept of Dysmenorrhea
Dysmenorrhea is pain in the lower abdomen, hips and thighs spread stricken area. This pain arises shortly before or together with the onset of menstruation and lasts for a few hours, although some cases may take several days before and after menstruation. Along with the pain can be found nausea, vomiting, headache, diarrhea, and so on (Wiknjosastro, 2009). Dysmenorrhea is a physical disorder that is very prominent in women who are experiencing menstrual bleeding (Hendrik, 2007). Dysmenorrhea is a menstrual pain before or during menstruation, to make the woman can not work and had to sleep (Mansjoer, 2008).

1. Signs and symptoms of menstrual pain (dysmenorrhea)
Dysmenorrhea causes pain in the lower abdomen, which may spread to the lower back and legs. Pain is felt as cramps relapsing-remitting or as a continuous dull pain there. Usually the pain began to arise just before or during menstruation. Peaked within 24 hours and usually after 2 days will disappear. Dysmenorrhea is also often accompanied by headache, nausea, constipation or diarrhea, and frequent urination sometimes until there is vomiting (Mitayani, 2009).

2. Type Dysmenorrhea
According Mansjoer (2008) is based on the type of pain, dysmenorrhea is divided into:

a. Spasmodic dysmenorrhea
This spasmodic dysmenorrhea is pain that is felt at the bottom of the stomach and begins before the menstrual period or immediately after the menstrual period began. Some women who experience menstrual pain of this kind feel very nausea, vomiting, and fainting.

b. Congestive dysmenorrhea
Congestive dysmenorrhea is menstrual pain that is felt since a few days before the arrival of menstruation. These symptoms are accompanied by pain in the breast area, flatulence, headache, backache, irritability, sleep disorders and bruises on the thighs and upper arms. The symptoms occurred between two or three days until less than two weeks before menstruation. Based on whether there is a cause that can be observed, dysmenorrhea can be divided into:

1) Primary dysmenorrhea
Primary dysmenorrhea is dysmenorrhoea occurred since the coming of age of first menstruation caused by intrinsic factors of the uterus and is closely linked to ovarian sex steroid hormonal imbalance in the absence of organic disease in the pelvis, which is due to the excessive production of prostaglandin hormone secretion phase which causes stimulation of the muscles smooth muscle endometrium (Badziad, 2008). The location of pain can occur in the suprapubic area, felt a sharp, stabbing, feels crushed, or very sick. Usually occurs limited to the area of the bottom, but can spread to the thighs and waist area. In addition to pain may be accompanied by systemic symptoms also in the form of headaches and emotional disorders (Mitayani, 2009).

2) Secondary dysmenorrhea
Secondary dysmenorrhea is dysmenorrhea rare, in most cases were found to cause of dysmenorrhea is endometriosis or inflammatory disease cavity in the public area, but it causes other abnormalities of the location of the uterus such as retrofleksi, hiperantefleksi, and retrofleksi fixed, caused also by Anomalia konginetal tract genital and psychological factors such as fear of not having children, conflict with a partner (Badziad, 2008).

3. Degree of Dysmenorrhea
According Manuaba (2010) explains that every menstruation causes pain, especially at the beginning of menstruation, but with high levels of pain vary. Dysmenorrhea cyclic divided into three levels of severity, namely:

a. Mild dysmenorrhea
Dysmenorrhea which lasted a few moments, and the client can still move.

b. Dysmenorrhea was
This makes the client requires dysmenorrhea pain relieving drugs and the condition of the patient is still able to move.

c. Severe dysmenorrhea
This severe dysmenorrhea make the client needs to rest a few days and may be accompanied by headache, migraine, diarrhea, fainting, feeling depressed, nausea, abdominal pain so that activities can not be business as usual. Meanwhile, according to Perry and Potter (2009), the characteristics of pain is the most subjective to the severity or intensity of the pain. Clients are often asked to describe the pain as mild, moderate or even severe. Descriptive scale is a measurement tool severity of pain is more objective. The pain intensity scale is as follows:

| No pain | Pain that is not restrained |

**Figure 2.1** The Visual Analogue Scale (VAS)

Pain scale should be designed so as to facilitate the client in reading and understanding the scale, then the pain will be more accurate description (Perry and Potter, 2009).

4. Efforts Handling Dysmenorrhea
According to research Dyah (2010) there are many things that can be done to treat dysmenorrhea thus reducing the incidence of dysmenorrhea and prevent dysmenorrhea circumstances do not gain weight, including:

a. Health education
Should be explained to the patient that primary dysmenorrhea is menstrual cycle disorders are not dangerous to health, in this case held explanation and discussion very detailed information dysmenorrhea, appropriate mitigation and prevention of dysmenorrhea does not lead to the level of being let alone get to the level of heavy, Illumination of good nutrition should be given, because with good nutrition, the nutritional status of adolescents to be good. With a good nutritional status is the body's resistance increases and disorder periods can be prevented. About advice nutritious meals, sufficient rest and exercise can be useful and sometimes necessary psychotherapy.
b. Administration of analgesic drugs
Analgesic drug that is often used is a combination of aspirin preparations, fenastin and caffeine. Examples of patented drugs on the market among other things Ponstan, novalgin, acetaminophen.

c. Healthy lifestyles
Application of a healthy lifestyle can help in addressing ganggaun menstruation, especially dysmenorrhea. Included in a healthy lifestyle is sufficient and regular exercise, maintaining a balanced diet such as increased compliance with diverse sources of nutrients.

d. Hormonal therapy
The goal of hormonal therapy is to suppress ovulation. This action is only temporary with a view to proving that the correct disorders such as primary dysmenorrhea, so that women can still perform daily activities. This objective can be achieved by administration of the combination contraceptive pill (Wiknjosastro, 2009).

e. Therapy with nonsteroidal drugs antiprostaglandin
This medicine plays an important role for primary dysmenorrhea. Including here indomethacin, ibuprofen and naproxen. Approximately 70% of patients experienced improvement. Treatment should be given before menstruation (Wiknjosastro, 2009). Some of the above, there are other treatments that can be done to help relieve menstrual pain that is:
1) Apply with a bottle filled with warm water (just the part that feels cramps, could be in the abdomen or back of the waist).
2) Improve the health status of the immune system, for example by doing sufficient exercise and regular as well as providing adequate time to rest. Exercise regularly enough and can raise levels of endorphins that act as natural pain killer. Provision of time can make the body less susceptible to pain.
3) If the menstrual pain is quite disturbing activity it can be given analgesics are freely available in the community without a prescription, but must consider the side effects on the stomach.
4) If dysmenorrhea very disruptive activity or if the menstrual pain appeared suddenly in adulthood and had never felt it, then check your condition to get help right away, especially if dysmenorrhea perceived leads to secondary dysmenorrhea (¶ 1, http://www.clinicmustadiya.us, obtained dated 05 March 2015).

According Wijayanti, et al (2009), the handling of dysmenorrhea include:
- Apply with a bottle of cold / warm (just the part that feels cramps, could be in the abdomen or back of the waist).
- Drink warm beverages containing high calcium.
- Avoid drinking alcoholic beverages, coffee and ice cream.
- Rubbing / massaging the abdomen or waist pain.
- Take prostaton position so that the uterus hanging down.
- Pull a deep breath slowly for relaxation.

f. Consult doctor

RESEARCH METHODS
Knowledge is the result of "know" and this occurred after the holding of sensing tehadap a particular object. Sensing the object occurs through the human senses of sight, hearing, penciuaman, taste and touch with his own. Most human knowledge is obtained through the eyes and ears (Notoatmodjo, 2007). Psychologically adolescence is an age at which individuals become integrated into adult society, an age at which the child does not feel that he is under the level of older people but feel the same or at least parallel (Kumalasari, et al, 2012). Menstruation is luruhnya event lining the uterus which contains many blood vessels (endometrium). This layer is formed as a preparation if the egg is successfully fertilized by a sperm. If the egg is not fertilized then the network would disintegrate. Menstruation began to occur at the age of 8-13 years. A distance of one menstruation to the next menstruation is not the same in every woman, it usually lasts less than 28 days (between 21-35 days). The average blood loss during menstruation between 50-150 milliliters, menstrual fluid consists of blood and tissue from different parts of the mucous membrane of the uterus that was removed. parts of the mucous membrane tissue can sometimes be seen in menstrual blood as small networks (Sarwono, 2009). Dysmenorrhea is pain in the lower abdomen, hips and thighs spread stricken area. This pain arises shortly before or together with the onset of menstruation and lasts for a few hours, although some cases may take several days before and after menstruation. Along with the pain can be found nausea, vomiting, headache, diarrhea, and so on (Wiknjosastro, 2009). In this study, which will be discussed is the relationship of the level of student knowledge about menstruation with the handling of dysmenorrhea in adolescent XII class at SMAN 1 Parongpong, the conceptual framework in this study are as follows:

Research Framework
The design of this study is designed observational studies or surveys with the approach of analytic studies. In general, analytical study is a study design to look at the relationship between two variables or more without treatment intervention. This objective can be achieved by taking into account several approaches collecting data based on time and the determination of the object of research. This study used a
cross-sectional (cross-sectional study) is an observational study design were conducted to determine the relationship of the dependent and independent variables where measurement is carried out at a time (simultaneously) (Budiman, 2011).

Result and Discussion

A. Result
This study was conducted in May 2015 at SMAN 1 Parongpong West Bandung regency. This study aims to describe the level of student knowledge about menstruation, and know the description of current efforts to address the painful menstruation (dysmenorrhea), as well as determine the relationship of the level of student knowledge about menstruation with the handling of dysmenorrhea in adolescent XII class at SMAN 1 Parongpong. Subjects in this study were students of class XII who have experienced menstruation and never feel pain during menstruation, with a total sample of 62 students. The results of this study are as follows:

a. Schoolgirl picture Knowledge Level About Menstruation
Below is a table of frequency distribution of the knowledge of menstruation in class XII student of SMAN 1 Parongpong.

**Table 4.1 Frequency Distribution of Respondents Regarding Knowledge of Menstruation In Class XII Students SMAN 1 Parongpong 2015**

<table>
<thead>
<tr>
<th>Knowledge level</th>
<th>Quantity</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less</td>
<td>20</td>
<td>32.3</td>
</tr>
<tr>
<td>Average</td>
<td>25</td>
<td>40.3</td>
</tr>
<tr>
<td>Good</td>
<td>17</td>
<td>27.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Based on the analysis results Table 4.1 note that respondents who have less knowledge level as many as 20 students (32.3%), and have sufficient knowledge level as many as 25 students (40.3%), while having a good level of knowledge of as many as 17 students (27.4%).

b. Efforts picture Handling Dysmenorrhea (Menstrual Pain)
Below is a table of frequency distribution of respondents regarding the handling of dysmenorrhea in class XII student of SMAN 1 Parongpong.

**Table 4.2 Distribution of Respondents Regarding Frequency Management Efforts Dysmenorrhea In Class XII Students SMAN 1 Parongpong 2015**

<table>
<thead>
<tr>
<th>Handling level</th>
<th>Quantity</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced pains</td>
<td>33</td>
<td>53.2</td>
</tr>
<tr>
<td>Growing pains</td>
<td>29</td>
<td>46.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Based on the analysis table 4.2 above, it is known that respondents with the level of treatment that reduced pain by 33 students (53.2%), and with the level of treatment so that pain increased by 29 students (46.8%).

The results of this study are as follows:

Based on the analysis table 4.3 above, it is known that as many as 20 students (100.0%) who have less knowledge levels with 9 female students (45.0%) treatment efforts led to reduced pain and as many as 11 students (55.0%) attempts handling causes pain increases, and as many as 25 students (100.0%) have a sufficient level of knowledge with 7 students (28.0%) treatment efforts led to reduced pain and as many as 18 students (72.0%) attempts handling causes pain increases, while as many as 17 students (100.0%) treatment efforts led to reduced pain. From the analysis of the chi-square test result p = 0.001 < α = 0.05 then Ho is rejected and Ha is received, it can be concluded that there is a relationship between knowledge of menstruation with the handling of dysmenorrhea (painful menstruation).

B. Discussion
Research conducted at SMA Negeri 1 Parongpong, the result that there is a relationship between knowledge of menstruation with the handling of dysmenorrhea (painful menstruation). Discussion of the research results can be seen in the following description:

1. Knowledge of Menstruation
From the results, the data that as many as 25 students from the number of samples studied most of XII grade students of SMA Negeri 1 Parongpong knowledgeable enough about menstruation. Knowledge of respondents fairly can be caused because the respondents have received the information, one of them through biology lessons they have learned since elementary school or at the Junior High School. Good level of knowledge can also be caused by the possibility of high school students have been exposed to a lot of information media both print and electronic media. Knowledge of menstruation is essential given to teenagers because it will affect the psychic teenager in the face of menstruation. This is in accordance with the opinion of Anurogo (2011), that misinformation about menstruation will affect emotions and stuttering in the face of menstruation such as fear, confused by her condition. This is consistent with the theory that the older the person, the more prudent, more information is found and a lot of things done to increase their knowledge. (Hannah, 2009) There are several factors that affect the level of student knowledge regarding menstruation, namely age, education level of parents and student resources. The research was supported by the opinion of Rani (2012), which explains that there is a relationship between age, education, communication for parents and resources with the level of knowledge about reproductive health.
2. Efforts Handling dysmenorrhea (painful menstruation)
From the results, the data that as many as 33 students from the number of samples studied mostly class XII student of SMAN 1 Parongpong in the handling of dysmenorrhea can lead to reduced pain. Various ways of handling dysmenorrhea has been done by most students. From the results of research on the treatment of dysmenorrhea is done to reduce pain during menstruation that is not getting worse so it does not interfere with their learning activities. This is in accordance with Dyah (2010) Behavioral treatment of dysmenorrhea is based by way of thinking and a positive attitude about the complaint of dysmenorrhea that happened, thus forming behavior in an effort to handle to prevent the state of dysmenorrhea do not gain weight, In addition there are some efforts to reduce the incidence of dysmenorrhea such as the provision of warm compresses, regular exercise and rest, eat nutritious foods (fruits and vegetables), do not consume spicy foods and fizzy drinks, taking analgesics (Sarwono, 2009). Awareness of students themselves to always pay attention to the pain he felt when menstruation, from the consciousness of students that, comes a sense of interest to determine the cause and what actions can be taken to deal with complaints of dysmenorrhea they feel that they can eventually accept these conditions and make efforts to handle, enough about menstruation.

3. Relationship With Knowledge Level Menstruation Dysmenorrhea Treatment Efforts
From the research that has been obtained indicates that as many as 18 students (72.0%) of respondents sufficient level of knowledge in the handling of dysmenorrhea causing increased pain. This is because in the handling of dysmenorrhea done by students is not based on the way of thinking and a positive attitude about the complaints that happened, thus forming behavior in an effort to handle to prevent the state of dysmenorrhea increased pain, and there are some businesses that are not made to reduce the incidence of dysmenorrhea such as the provision of warm compresses, regular exercise and rest, eat nutritious foods, taking analgesics. And lack of awareness of students to always pay attention to the pain he felt when menstruation. Menstrual pain is a normal thing to happen in women adolescence, menstrual pain clarified into two parts, namely primary menstrual pain and menstrual pain secondary. According Anurogo (2011) primary menstrual pain is pain that occurs without any abnormalities in the genital or uterine, but due to the excessive production of prostaglandin hormone secretion phase which causes stimulation of the smooth muscles of the endometrium. Painful menstruation (dysmenorrhea) at the moment are menstruating are included into the physical state of a person so when seorang students to experience painful menstruation (dysmenorrhea) without any effort good handling it causes impaired activities of daily living in the study because the majority of students while experiencing menstrual pain concentration learning and in its activities will be focussed to control the pain.

CONCLUSION
From the research that has been conducted in May 2015 in SMA Negeri 1 Parongpong West Bandung regency, with the number of respondents were 62 students who completed a questionnaire / questionnaire, obtained the following results:
1. The level of student knowledge about menstruation from 62 respondents who have done research there are as many as 25 students (40.3%) knowledgeable about menstruation.
2. Efforts to handle dysmenorrhea (painful menstruation) of the 62 respondents who have done research there are as many as 33 students (53.2%) in the handling of dysmenorrhea (painful menstruation) may lead to reduced pain.
3. From the statistical test showed that there is a correlation between the level of knowledge of students with the handling of dysmenorrhea (painful menstruation), with the result p = 0.001 <α = 0.05.

REFERENCES