



The impact of menstrual education through “rapor kesehatanku” on awareness and preparedness for menarche

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ABSTRACT

Menarche is a significant milestone in the maturation of adolescent girls and requires adequate physical and psychological preparedness. However, many elementary school girls experience menarche without sufficient knowledge and readiness. The Health Report Card, known as *Rapor Kesehatanku*, is an educational medium developed by the Indonesian Ministry of Health as a reference for adolescent health, including menstrual health information. This study aimed to evaluate the effect of menstruation education using *Rapor Kesehatanku* on knowledge and preparedness for menarche among 4th, 5th, and 6th-grade elementary school girls in Giriwangi Village, Gunungtanjung District, Tasikmalaya Regency. This study employed a pre-experimental design with a one-group pretest-posttest approach. The sample size was determined using total sampling because the accessible population was relatively small; therefore, all 42 eligible female students from SDN Poponcol and SDN Cikembang were included. The research instruments consisted of a 27-item menstruation knowledge questionnaire and a 22-item menarche preparedness questionnaire. The knowledge questionnaire had been tested for validity, with r -count greater than r -table (0.361), and demonstrated good reliability with a Cronbach's alpha of 0.854. The preparedness questionnaire had also been tested for validity, with r -count greater than r -table (0.396), and showed excellent reliability with a Cronbach's alpha of 0.936. The intervention consisted of menstruation education using *Rapor Kesehatanku*, followed by a post-test seven days after the intervention. Data were analysed using the Wilcoxon Signed Rank Test, and effect sizes were calculated using the formula $r = Z/\sqrt{N}$. The results showed a significant increase in students' knowledge of menstruation after the intervention, with $p < 0.001$ and a large effect size ($r = 0.69$). The proportion of students with good knowledge increased from 14.3% before the intervention to 40.5% after the intervention. Preparedness for menarche also increased significantly, with $p = 0.030$ and a moderate effect size ($r = 0.34$). The proportion of students who were ready to face menarche increased from 81.0% to 95.2%. The use of *Rapor Kesehatanku* significantly improved knowledge and preparedness for menarche among elementary school girls. These findings indicate that *Rapor Kesehatanku* can be used as an effective promotive and preventive educational medium to support menstrual health education among adolescent girls.

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1. Introduction

Adolescence is a crucial transitional phase in human development, involving physical, emotional, and psychological transformations. Menarche, the initial menstruation, is a primary sign of reproductive maturity in teenage girls, typically occurring between the ages of 11 and 13. Global trends indicate a decline in the age of menarche, with occurrences in Indonesia now beginning as early as nine years old (Dwi Wahyuni Ambali et al., 2022; Ferrari et al., 2022).

Adolescence is a crucial transitional phase in human development, involving physical, emotional, and psychological transformations. Menarche, the initial menstruation, is a primary sign of reproductive maturity in teenage girls, typically occurring between the ages of 11 and 13. Global trends indicate a decline in the age of menarche, with occurrences in Indonesia now beginning as early as nine years old. (Suryawantie et al., 2020).

The readiness of adolescents to face menarche is greatly influenced by two main groups of factors, namely internal factors such as age and level of knowledge, and external factors such as family upbringing and the sources of information received. Good knowledge will encourage adolescents to be more prepared to welcome the biological changes they experience (Rumiyandini et al., 2021). Conversely, a lack of education is at risk of causing health impacts such as urinary tract infections, menstrual disorders, and anaemia due to iron deficiency because of not understanding nutritional needs during menstruation (Aryani et al., 2022; Kemenkes, 2021).

Data from BKKBN indicates that the prevalence of reproductive tract infections among teenagers is notably high, ranging from 35% to 42%. In West Java, 83% of adolescent females reportedly lack comprehension of reproductive health concepts, particularly menstrual hygiene maintenance (BKKBN, 2021; BKKBN Jawa Barat, 2022). Tasikmalaya is a regency in West Java characterised by a notably substantial adolescent demographic. The Gunungtanjung sub-district, namely Giriwangi village, exhibits a comparatively low population of elementary school-aged children relative to other villages. In 2024, the UPTD Puskesmas Gunungtanjung documented a total of 3,214 adolescents in the region, comprising 1,538 female adolescents. Nonetheless, the deployment of educational media, including the Health Report Book disseminated by the Health Office, has been suboptimal due to financial constraints and distribution challenges (Badan Pusat Statistika Kabupaten Tasikmalaya, 2023; Badan Pusat Statistika Tasikmalaya, 2024).

Children in elementary school are at a cognitive development stage that enables them to successfully comprehend health information. Conversely, they are at a time of heightened curiosity concerning matters related to sexuality. In the absence of guidance and credible information sources, people are susceptible to obtaining information from unreliable sources (Marbun, 2019). According to Piaget's cognitive development theory, children aged 7–12 years are in the concrete operational stage, during which they are capable of logical thinking, classifying information, and understanding cause-and-effect relationships when presented with concrete, structured materials. This stage makes them particularly receptive to health education delivered through visual and interactive media such as the Buku Rapor Kesehatanku. Furthermore, reproductive health education introduced at this stage contributes to the formation of healthy behaviours from an early age, as knowledge acquired during childhood tends to shape long-term health attitudes and practices (Notoatmodjo S., 2019).

Buku Rapor Kesehatanku is an educational resource meticulously assembled by the Indonesian Ministry of Health in conjunction with relevant ministries as a component of the promotive and preventive health initiative for school-aged children. This book encompasses essential reproductive health information, including content on menstruation, and has completed validation and feasibility testing to serve as a standard and comprehensible educational resource (Kementrian Kesehatan, 2018).

Numerous prior studies have demonstrated the efficacy of utilising this book in enhancing understanding and preparedness among adolescents for menarche. Research conducted in Bali and Yogyakarta indicates an enhancement in knowledge and attitudes following the introduction of menstruation education for primary school girls (Komang Sulyastini et al., 2024; Wulandari et al., 2022).

Preliminary results in Giriwangi Village indicate that among 20 surveyed female students, 40% have undergone menarche, with the majority expressing feelings of embarrassment and fear, and without prior instruction on the subject. Even among students who have not yet menstruated, the majority exhibit apprehension regarding its onset. This state signifies the necessity for suitable, organised, and nationally policy-driven educational activities to improve their readiness.

This study intends to assess the effect of menstruation education through the My Health Report Book on enhancing knowledge and preparedness for menarche among elementary school girls in Giriwangi Village, Gunungtanjung District, Tasikmalaya Regency.

2. Methods

This research uses a quantitative approach with a pre-experimental design through a one group pretest-posttest design. This design is used to determine changes in the level of knowledge and readiness to face menarche before and after the intervention in the form of menstruation education using the My Health Report Book (Nursalam, 2020). In this design, respondents are first given a pretest (O₁) to measure their level of knowledge and readiness to face menarche, then provided with an educational intervention (X), and after seven days, a re-measurement is conducted through a posttest (O₂) to assess the impact of the intervention given.

The research was conducted at SDN Poponcol and SDN Cikembang located in Giriwangi Village, Gunungtanjung District, Tasikmalaya Regency in January–February 2025. The research population consists of all female students in grades IV, V, and VI at both schools. The research sample consisted of 42 female students selected using purposive sampling techniques based on criteria established by the researcher. The selection of fourth-, fifth-, and sixth-grade students was based on the consideration that girls in these grade levels are typically aged 9–12 years, which corresponds to the average age of menarche onset in Indonesia. This age range represents the pre-pubertal to early pubertal transition period during which preparatory education is most timely and effective (Dwi Wahyuni Ambali et al., 2022).

The inclusion criteria for the study include female students in grades IV–VI attending SDN Poponcol or SDN Cikembang, who are willing to be respondents with written consent from their parents or guardians, have never received formal education about menstruation from teachers or health workers, and are in good physical and mental health during the study. The exclusion criteria include students who are absent during the education session or posttest, do not obtain parental or guardian consent, and refuse to participate in the study.

The research procedure was conducted in three stages. The first stage was the administration of a pretest using a structured questionnaire to measure knowledge and readiness to face menarche. The second stage was the provision of menstruation education using the My Health Report Book through interactive presentation methods and small group discussions facilitated by the researcher. The third stage is the implementation of a posttest seven days after the intervention using the same instrument as the pretest.

The research instrument consists of two parts, namely a knowledge questionnaire in multiple-choice format and a readiness questionnaire for facing menarche using a Likert scale. The instruments used have undergone validity and reliability tests before being used in the research. The collected data then undergoes editing, coding, entry, and cleaning processes before statistical analysis is conducted. The knowledge questionnaire covered five main indicators: (1) the definition and physiological mechanism of menstruation, (2) the normal menstrual cycle, (3) menstrual hygiene management, (4) physical and psychological changes during puberty, and (5) appropriate actions upon the onset of menstruation. The readiness questionnaire measured three dimensions: cognitive readiness (understanding menarche as a normal biological process), emotional readiness (confidence and absence of excessive fear), and behavioural readiness (knowing practical steps to manage menstruation).

Data analysis was conducted univariately and bivariately. Univariate analysis was used to describe the frequency distribution of respondent characteristics, knowledge levels, and readiness to face menarche. Before conducting bivariate analysis, the data were first tested for normality using the

Shapiro–Wilk test because this test has a good ability to detect normal distribution in small to medium sample sizes. The results of the normality test show that the significance value for the pretest knowledge is 0.560, the pretest readiness is 0.089, the posttest knowledge is 0.002, and the posttest readiness is 0.074. There is one group of data that is not normally distributed, namely the posttest knowledge ($p < 0.05$), so the normality assumption is not fully met.

Based on these results, bivariate analysis was conducted using the Wilcoxon Signed Rank Test to determine the difference in pretest and posttest scores on the variables of knowledge and readiness to face menarche after being educated using the Health Report Book. The level of statistical significance used in this study is $\alpha = 0.05$.

3. Results and Discussion

This study aims to analyse the impact of menstruation education using the My Health Report Book on knowledge and readiness to face menarche among elementary school girls. A total of 42 respondents participated in the entire research process, which consisted of a pretest, menstruation education using the My Health Report Book, and a posttest conducted seven days after the intervention. The research results are presented according to the research flow that has been conducted, including the level of knowledge and readiness to face menarche before and after education, as well as the impact of the intervention on both variables.

Results

a. Respondent Characteristics

Table 1.
Respondent Characteristics

Variabel	Kategori	Frekuensi (F)	Persentase %
Age	10 years old	8	19
	11 years old	20	47.6
	12 years old	10	23.8
	13 years old	4	9.5
Jumlah		42	100%
Menarche Information	received information	5	11.9
	Never received information	37	88.1
Jumlah		42	100%

This table describes the characteristics of respondents based on the research variables, including age and previous information about menstruation that they had received. The research findings show that, based on the frequency distribution, most respondents were 11 years old, with 20 respondents (47.6%). In addition, most respondents (88.1%) had never received education about menstruation.

b. Knowledge of Menstruation Before and After Education

Table 2.
Distribution of Menstrual Knowledge Before and After Education

Knowledge	Before Education		After Education	
	Frekuensi (n)	Persentase (%)	Frekuensi (n)	Persentase (%)
Good	6	14.3	17	40.5
Moderate	29	69.0	21	50.0
Poor	7	16.7	4	9.5
Total	42	100.0	42	100

According to Table 1, the majority of respondents possessed a moderate level of knowledge prior to receiving menstrual education (69.0%). Post-intervention, the percentage of respondents exhibiting proficient knowledge rose from 14.3% to 40.5%, whilst the percentage demonstrating inadequate knowledge declined from 16.7% to 9.5%.

c. Preparedness for Menarche Before and After Education

Table 3.
Distribution of Preparedness for Menarche Before and After Education

Preparedness	Before Education		After Education	
	Frekuensi (n)	Persentase (%)	Frekuensi (n)	Persentase (%)
Not Ready	8	19	2	4.8
Ready	34	81	40	95.2
Total	42	100	42	100

Table 2 indicates that the majority of respondents were classified as prepared to confront menarche before to the intervention (81.0%). After menstruation instruction, preparation rose to 95.2%, while the percentage of responders deemed unprepared fell to 4.8%.

d. Effect of Menstrual Education Using Buku Rapor Kesehatanku on Knowledge and Preparedness

Table 4.
Results of the Wilcoxon Ranked Test on Students' Knowledge About Menstruation

Variabel	Median (Minimum- Maksimum)	Mean	Standart Deviasi	Nilai P Value
Students' knowledge about menstruation before the provision of menstruation education using Rapor Kesehatanku	16.4 (10 - 23)	16.4	2.69	0.000
Students' knowledge about menstruation after education on menstruation using Rapor Kesehatanku	19.5 (13 - 23)	19.7	2.31	0.000

Table 3 indicates an enhancement in students' knowledge ratings about menstruation following education through the My Health Report Book. Prior to the intervention, the median knowledge score of the participants was 16.4, with a range of 10 to 23. Subsequent to the educational intervention, the median knowledge score rose to 19.5, with a range of 13 to 23. The Wilcoxon Signed Rank Test yielded a p-value of 0.000 ($p < 0.05$), signifying a statistically significant difference in knowledge scores pre- and post-education. The findings demonstrate that utilising the My Health Report Book for education effectively enhances students' understanding of menstruation.

Discussion

The research findings indicate that education on menstruation utilising the Rapor Kesehatanku significantly enhances the understanding and preparedness of primary school girls in confronting menarche. Prior to the intervention, the majority of respondents possessed a satisfactory degree of knowledge; however, subsequent to the educational initiative, there was an augmentation in the percentage of respondents exhibiting proficient knowledge. The statistical study revealed an increase in the median knowledge score from 16.4 to 19.5, with a p-value of 0.000 ($p < 0.05$), demonstrating that the My Health Report Book effectively enhances students' understanding of menstruation.

The enhancement of knowledge suggests that the provision of organised reproductive health information, customised to the attributes of primary school-aged children, can facilitate a more comprehensive understanding of menstruation among students. Notoatmodjo (2019) posits that knowledge is derived from the sensory experience of an item via the five senses, subsequently

processed into comprehension. Comprehensive knowledge is significantly impacted by the availability of precise information and an efficient learning methodology (Notoatmodjo S., 2019). This study use the My Health Report Book as an instructional tool to assist children in acquiring knowledge about menstruation, menstrual cycles, cleanliness practices during menstruation, and the physiological changes associated with puberty.

The findings can be elucidated by the constructivist theory posited by Piaget and Vygotsky, which asserts that knowledge is actively built through an individual's engagement with their environment and the information they acquire. The education provided enables pupils to actively construct new knowledge based on the learning experiences acquired during the educational process (Nerita et al., 2023). Moreover, employing stimulating educational media suitable for the kids' developmental stage might augment the efficacy of the learning process. This aligns with Edgar Dale's Cone of Experience theory, which posits that employing learning media that incorporates visual aspects and reading can improve comprehension and information retention compared to solely verbal communication (Kodir et al., 2022). The relatively high level of readiness among participants prior to the intervention (81.0%) may be attributed to informal sources of information such as family members, peers, or online media, which are common channels through which girls acquire knowledge about menstruation in rural communities (Marbun, 2019). Regarding the role of visual learning materials, the Buku Rapor Kesehatanku contains structured illustrations and diagrams that align with Edgar Dale's Cone of Experience, which emphasises that visual and multimedia learning improves retention compared to text-only or verbal delivery (Kodir et al., 2022). In the long term, improved readiness for menarche is associated with better reproductive health outcomes in adolescent girls, including the adoption of hygienic menstrual practices, reduced risk of reproductive tract infections, and greater psychological resilience during the pubertal transition.

The findings of this study align with the research conducted by Zantyka et al. (2021), which demonstrated an enhancement in teenagers' understanding of menarche following health education interventions. The study demonstrates that health education can markedly enhance participants' knowledge via a pretest-posttest methodology. Comparable results were documented by Devina Siti Nur Kholifah et al. (2022), indicating that health education regarding menstruation through audiovisual medium enhanced the knowledge of primary school girls in preparing for menarche. Furthermore, the studies conducted by Rosmiati et al. (2020) and Ni Luh Ayu Radhaningsih et al. (2024) demonstrate that systematically delivered menstruation education utilising suitable medium can improve students' comprehension of reproductive health (Devina Siti Nur Kholifah et al., 2022; Ni Luh Ayu Radhaningsih et al., 2024; Rosmiati et al., 2020; Zantyka et al., 2021).

This study demonstrates not just an enhancement in knowledge but also an increase in students' preparedness for menarche. Prior to receiving education, the majority of respondents were classified as ready; however, following the intervention, the readiness proportion escalated to 95.2%. The statistical analysis results indicated a rise in the median readiness score from 14.3 to 15.3, with a p-value of 0.030 ($p < 0.05$), demonstrating that education through the My Health Report Book significantly impacted readiness for menarche.

The rise in preparedness suggests that the knowledge supplied boosts both cognitive and psychological dimensions of the respondents. Menarche frequently induces anxiety, perplexity, and panic in adolescents who lack sufficient understanding regarding the physiological changes they will experience. Consequently, the education imparted prior to menarche significantly influences the mental and emotional preparedness of adolescent girls (Rodiyah et al., 2023). Comprehensive information regarding menstruation aids adolescents in recognising that menarche is a normal physiological occurrence, so facilitating its acceptance as an integral aspect of growth and development.

The findings of this study can be elucidated through Bandura's Self-Efficacy hypothesis. This theory posits that an individual's self-efficacy influences their preparedness and subsequent behaviour in a given situation. Following education on menstruation, students possess an enhanced comprehension of the physical and emotional transformations they will undergo, resulting in heightened confidence and the conviction that they can effectively manage menarche (Lianto, 2019).

This study's findings demonstrate that teaching on menstruation through Rapor Kesehatanku effectively enhances the understanding and preparedness of primary school girls for menarche. The efficacy is bolstered by the methodical organization of the content, the employment of accessible language, and pictures that align with the developmental features of the students. The enhancement of information acquired via schooling facilitates better preparedness for menarche, enabling pupils to embrace the changes associated with puberty more cheerfully, confidently, and with minimal worry. These findings underscore the necessity of incorporating reproductive health education at an early stage through suitable educational media to enhance the health and well-being of adolescent girls.

4. Conclusion

This study revealed that menstrual education utilising Buku Rapor Kesehatanku markedly enhanced awareness of menstruation and preparedness for menarche among female elementary school students. Subsequent to the educational intervention, the percentage of pupils exhibiting proficient knowledge rose, whereas those demonstrating inadequate knowledge diminished. Statistical analysis indicated a substantial enhancement in knowledge ratings post-intervention ($p < 0.05$).

Furthermore, students' preparedness to confront menarche markedly enhanced following the provision of menstruation education via Buku Rapor Kesehatanku ($p < 0.05$). The instructional resources facilitated students' comprehension of the physiological and emotional transformations linked to menstruation, consequently alleviating fear and enhancing confidence in confronting menarche.

The data demonstrate that Buku Rapor Kesehatanku serves as an excellent instructional tool for enhancing menstruation knowledge and preparing primary school girls for menarche. Consequently, it is advisable to incorporate structured menstrual and reproductive health education into school-based health programs to enhance the physical and psychological readiness of adolescent girls.

The increase in knowledge about menstruation has direct implications for students' broader readiness to face puberty, as understanding one aspect of physical maturation supports a more informed and confident approach to other developmental changes. Practically, the Buku Rapor Kesehatanku can be utilised as a standard reference material within the School Health Unit (Unit Kesehatan Sekolah/UKS) program, enabling teachers and school health officers to deliver structured reproductive health promotion sessions consistently and equitably across schools. For future research, it is recommended that studies employ randomised controlled trial designs with control groups to strengthen causal inference, extend follow-up periods to assess the durability of knowledge and readiness gains, explore the effectiveness of peer-education models using the same materials, and investigate barriers to implementation in schools with limited resources.

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