

Conference Paper

## The Effectiveness of Non-Pharmacological Therapy "Thought Stopping" of Dysmenorrhea In Students at The Hermina Health Institute

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### ABSTRACT

Students or Adolescent girls usually experience dysmenorrhea, which can interfere with their daily activities. This can be overcome by using non-pharmacological therapy: thought stopping. This study aimed to determine how Thought Stopping therapy impacts dysmenorrhea in students at Hermina Health Institute. This research was conducted through a quasi-experiment with a pre-test design and post-test design with the control group. This research involved 48 respondents and was conducted from January to April 2024. This study used a questionnaire about dysmenorrhea pain and the Numeric Pain Scale (NPS) pain scale. The research results showed that 52% of students aged 18-21 years always experienced dysmenorrhea. They experienced a decrease in pain level from moderate (scale 4) to mild (scale 2) after non-pharmacological therapy: Thought stopping distraction therapy was carried out, with a p-value of 0.038, before and after non-pharmacological therapy: Thought stopping. Nurse's nursing action is non-pharmacological therapy: thought stopping can reduce the level of pain in students Hermina Health Institute as a result of dysmenorrhea. In addition, there was a significant difference between the level of change in pain before and after the procedure. It is hoped that students at Hermina Health Institute can apply non-pharmacological therapy: thought stopping to reduce dysmenorrhea.

*Keywords: Students girls, dysmenorrhea, Thought Stopping therapy*

### Introduction

Students or Adolescent girls go through physical growth in their reproductive organs, which is characterized by secondary sexual activity. Menstruation is one of these secondary sexual activities, and some of these students have dysmenorrhea throughout their periods (Nasriati, 2011; Prawirohardjo, 2011).

Secondary dysmenorrhea is menstrual pain resulting from a pathological condition, whereas primary dysmenorrhea is extremely painful menstruation, without pelvic disease, characterized by cramping pain that starts before or right after menstruation and lasts for 48 to 72 hours (Larasati & Alatas, 2016; Sarwono, 2017). According to several international reports, the prevalence of dysmenorrhea is very high, and at least 50% of young women experience dysmenorrhea throughout their reproductive years. The percentage of women experiencing dysmenorrhea in the United States in 2011 is estimated to be almost 90%. According to the WHO (World Health Organization), in England, 45–97% of young women complain of dysmenorrhea, where the prevalence is almost the same as in European countries (Lacovides et al., 2015; WHO, 2018).

The prevalence of dysmenorrhea in Indonesia is 64.25%, consisting of 54.89% primary dysmenorrhea and 9.36% secondary dysmenorrhea. Primary dysmenorrhea is experienced by 60–75% of teenagers, with three-quarters of these teenagers experiencing mild to severe pain and another quarter experiencing severe pain. In Surabaya, it was found that 1.07–1.31% of the number of visits to the obstetrics department were sufferers of dysmenorrhea. 4 It was reported

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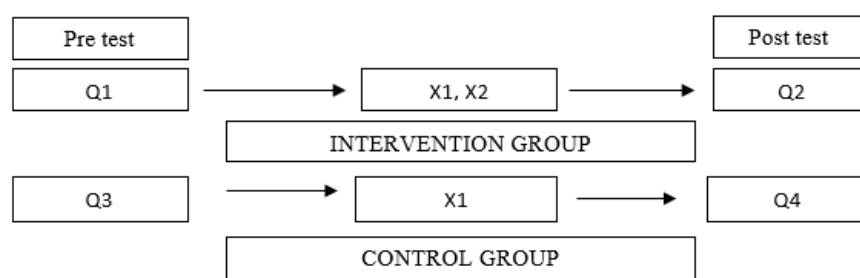
that 30–60% of female adolescents experienced dysmenorrhea; as many as 7–15% did not go to school or work (BPS, 2018).

The prevalence in Indonesia in 2013 was 55% of women experiencing dysmenorrhea, but very few people went to health services for treatment, namely only 1% - 2%. Based on the Central Java Central Statistics Agency census in 2010, showed that in Central Java Province there were 54.9% of young women experienced dysmenorrhea (Ningsih, 2012). There are two approaches to treating dysmenorrhea: pharmaceutical and non-pharmacological methods of reducing menstrual discomfort. Students with dysmenorrhea report a difference in their dysmenorrhea pain scale before and after Benson's relaxation. The dysmenorrhea pain scale at STIKES St. Elizabeth Semarang was 5.51 on average before therapy, and it was 5.51 both before and after treatment, indicating that Benson's calming effect had an impact (Ulfa et al., 2021; Leela et al., 2016).

## Material and Methods

In this research, researchers used a quasi-experimental type of research with a pre-and post-test design with a control group, namely, observations were carried out before treatment and after treatment using a control group (Darma, 2015). A pre-post test approach with a control group design was used to see changes in anxiety due to dysmenorrhea before and after non-pharmacological distraction therapy.

### Research design scheme pre - post-test with control group



Information:

X 1 : Non-pharmacological distraction nursing actions by nurses

X2 : Thought stopping therapy

Q1 : Anxiety of teenage girls before receiving non-pharmacological nursing care, distraction, thought stopping therapy

Q2 : Anxiety of teenage girls after receiving nursing care nonpharmacological distraction thought stopping

The number of samples in the intervention group, namely 24 female students. The number of samples in the control group, namely 24 students. This research involved 48 respondents and was conducted from January to April 2024. Ethical test permit No. 009/KEPPKSTIKSC/II/2024 granted. This research was conducted at the Hermina Health Institute.

Table 1. Research implementation

Group type	Day I	Day II	Day III	Day IV
Intervenens Group	Generalist Therapy Pre-test	<i>Thought stopping therapy</i> Session 1 & 2	<i>Thought stopping therapy</i> session 3	<i>Post-test</i>
Control Group	Generalist Therapy Post-test	-	-	<i>Post-test</i>

Respondents who experienced mild-moderate pain in the intervention group received Thought Stopping therapy which consisted of 3 sessions, lasting 30-45 minutes at each meeting (Table 1).

## Results and Discussion

The research results showed that 52% of students aged 18-21 years always experienced dysmenorrhea. They experienced a decrease in pain level from moderate (scale 4) to mild (scale 2) after non-pharmacological therapy: **Thought-stopping** distraction therapy was carried out, with a p-value of 0.038, before and after non-pharmacological therapy: thought-stopping.

### *Changes in menstrual pain in adolescents before and after thought-stopping therapy nursing actions*

In a state of anxiety due to pain, the body will respond to the autonomic nervous system to the feeling of anxiety, which causes involuntary activity in the body, which is included in self-defense (Videbeck, 2011). Sympathetic nerve fibers activate vital signs at any sign of danger to prepare the body's defenses. The adrenal glands release adrenaline, which causes the body to take in more oxygen, dilate the pupils, and increase arterial pressure and heart rate. They then increase glycogenolysis to support the heart, muscles, and central nervous system (Videbeck, 2011 Maidarhati et al., 2018).

The results of the statistical test of equality for young women based on the level of menstrual pain (dysmenorrhea) showed a p-value of 0.735, so it was concluded that the level of menstrual pain (dysmenorrhea) in the intervention group was equivalent to the control group (p-value > 0.05). This is in line with the results of Susi's research (Suwanti et al., 2018), which stated that 68 respondents of Respati female students experienced menstrual pain on a moderate scale of 4-6 and were given non-pharmacological therapy, namely the administration of lemon aromatherapy oil. The statistical test results used the Wilcoxon test; the P-value sig. (2-tailed) was 0.000, which is less than the  $\alpha$  value (0.05).

## Conclusion

Characteristics of teenagers at the Hermina Health Institute average age 18–21 years, the majority gender is female, and they always experience menstrual pain every month with a pain scale of moderate/4 with a percentage of 50%. Students or Adolescent girls Following treatment from nurses and Stopping therapy, female students who had significant pain on a pain rating of 4 improved to light pain on a pain scale of 2. Dysmenorrhea, or period pain, significantly decreased on average in the control group p-value of 0.38, indicating a shift from moderate to mild pain). Adolescents who underwent the thought-stopping intervention had an influence on the range of pain scales, which decreased by an average of 2 after the thought-stopping action was carried out.

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