Adölesanlarda menstrual tutum ile sağlık öz-yeterlik algısının belirlenmesi

The determination of menstrual attitude with health self-efficacy perception in adolescents

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ÖZET

Amaç: Menstrual siklusun beraberinde getirdiği fiziksel, psikolojik ve sosyal etkilere adölesan dönemin getirdiği güçlüklerde eklendiğinde bu dönemin zor geçirileceği aşikardır. Bu çalışma adölesanlarda menstrual tutum ve sağlık öz yeterlik algısını belirlemek amacıyla yapılmıştır.

Gereç ve yöntem: Araştırma tanımlayıcı olarak yapılmıştır. Veriler bir üniversitenin Sağlık Bilimleri Fakültesinde 1. sınıfta okuyan 310 kız öğrenciden toplanmıştır. Verilerin toplanmasında öğrencilerin sosyodemografik bilgilerini, menstrual özelliklerini içeren soruların yer aldığı anket formu, Menstruasyon Tutum Ölçeği (Menstrual Attitude Questionnaire) ve Sağlık Öz Yeterlik Algısı Ölçeği (Perceived Health Competence Scale) kullanılmıştır. Verilerin değerlendirilmesinde yüzdelik, aritmetik ortalama ve standart sapma, pearson korelasyon analizleri yapılmıştır.

Bulgular: Adölesanların yaş ortalamasının 18.61±0.90, menarş yaşı ortalamasının 13.25±1.10 olduğu belirlenmiştir. Adölesanların menstruasyon tutum ölçeğine ait puan ortalamasının 88.27±11.46, madde puan ortalamasının 2.84±0.36 olduğu bulunmuştur. Adölesanların sağlık öz yeterlik algısı ölçeğine ait puan ortalamasının 24.90±6.19, madde puan ortalamasının 3.11±0.77 olduğu saptanmıştır. Adölesanların menstrual tutumu ile sağlık öz yeterlik algısı arasında anlamlı bir ilişki vardır (r=0.126, p=0.026).

Sonuç: Adölesanların menstrual tutumları ile sağlık öz yeterlik algıları arasında pozitif bir ilişki vardır.

Anahtar kelimeler: menstruasyon, tutum, öz yeterlik, adölesan

Türkçe kısa makale başlığı: Adölesanlarda menstrual tutum ve öz-yeterlik

ABSTRACT

Objective: *An adolescent's menstruation cycle can be a difficult time with its physical, psychological, and effects – these can be compounded when difficulties occur with periods. This study examined menstrual attitude and perception of health self-efficacy in adolescents.*

Materials and methods: *The research was conducted descriptively. Datas were collected from the 310 female students who study in Health Sciences Faculty in Turkey. When data collected, students' socio-demographic information, including a questionnaire to questions related to menstrual characteristics, Menstrual Attitudes Questionnaire and the Perceived Health Competence Scale were used. The data percentage, mean and standard deviation, Pearson correlation analysis was performed when evaluation of the data.*

Results: *The mean age of adolescent participants was 18.61±0.90; the mean age of menarche was 13.25±1.10. Adolescents' average score was 88.27±11.46 on the Menstruation Attitude Scale and item average scores were found to be 2.84±0.36. Adolescents' average score on the Health Self-Efficacy Scale was 24.90±6.19, with an item average score of 3.11±0.77. There is a significant relationship between the attitude of adolescents and menstrual health self-efficacy perception (r = 0.126, p = 0.026).*

Conclusion: *This study found that there is a positive relationship between menstrual attitudes of adolescents and menstrual health self-efficacy perceptions.*

Key words: *menstrual cycle, attitude, self efficacy, adolescent*

İngilizce kısa makale başlığı*: Self-efficacy and menstrual attitude in adolescents*

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Introduction

Adolescence is a preparation period of transition between childhood and adulthood in physical, social and psychological maturity. Menarche is the most important sign of adolescent development for girls and indicates that their reproductive system has matured. Menstruation is a sign of reproduction that continues throughout the woman`s fertile years (1).

Premenstrual syndrome, dysmenorrhea, and symptoms such as irregular bleeding frequently occur in adolescents' menstrual cycles. In these cases; adolescents may experience complaints such as abdominal pain and tenderness, swelling, extreme breast tenderness, fatigue, appetite changes, crying spells, and dizziness. Some adolescents` school performance and peer relations can also be negatively affected by menstrual periods. Menstrual irregularities are also common complaints in the menstrual period (1-4**).** In addition, the menstruation period requires special hygienic practices and also has an economic impact. Briefly, the menstrual cycle is a reflection of reproductive functions of the endocrine system and can also entail many of the abovementioned negative impacts.

Some studies in different cultures have shown that the relationship between culture and menstruation is expressed in many ways; for example, as a symbol of femininity, as an event involving disposal of contaminated blood or toxins, or creating feelings of discomfort, such as disruption to sports activities (5-9).

Health self-efficacy is the power of finding health care resources and taking action to evaluate a person's own potential (10). Self-efficacy influences maintenance of health behavior change at the cognitive, affective and behavioral level and enables the performance these individual behaviors (11). The menstrual cycle can be a difficult time with its associated physical, psychological, and social effects and more so when an adolescent experiences difficulties with her periods. Therefore, adolescents' perceptions of their own health self-efficacy, and also their attitudes towards menstruation are thought to positively affect their required health behaviors.

There have been no studies found in the literature that report on menstrual attitude in association with health self-efficacy. Nurses' knowledge of adolescents` menstrual attitude and health self-efficacy can assist adolescents to develop positive attitudes to the menstrual period and this process can also provide a good start in adulthood towards developing health self-efficacy.

This study explored menstrual attitude and perception of health self-efficacy in adolescents**.**

Materials and methods

The research was conducted descriptively. Data were collected from Year 1 female students in the Health Sciences Faculty in Turkey. First-year students were selected because they did not yet have lectures on subjects related to health education that would affect their menstrual attitude and health self-efficacy. Within the 2010–2011 academic year there were 354 female students available in the faculty and 319 participated in the study. Forms were missing from seven students; two students were excluded as they were not in the adolescent age group. This resulted in a total of 310 survey forms used to collect the data and a participation rate of 91.7%.

Data collected included students' socio-demographic information, a questionnaire related to menstrual characteristics, the Adolescent Menstrual Attitudes Questionnaire and the Perceived Health Competence Scale.

Menstrual Attitude Questionnaire:

The original Menstrual Attitude Questionnaire was developed by Brooks-Gunn and Ruble (12) (1980) and its validity and reliability in Turkey determined by Kulakac and collegues (13). The Adolescent Menstrual Attitude Questionnaire (MAQ) consists of 31 items scored on a 5-point Likert scale where 1 = "Strongly Disagree", 2 = "Disagree", 3 = "Uncertain", 4 = "Agree", and 5 = "Strongly Agree".

Within this questionnaire the total scale point incorporates responses to questions posed in reverse (2, 3, 5, 8, 9, 10, 11, 13, 14, 15, 21, 22, 24, 25, 27, 29) and the total determined by adding the numerical values of all options.

In the MAQ, the sub-scale or total scale scores average that is higher than all points indicates menstruation attitude is positive. Cronbach's alpha value of 0.79 was found by Kulakaç and her colleagues indicating validity and reliability of the scale in Turkey. In this study Cronbach's alpha value was 0.75.

Perceived Health Competence Scale:

The Perception of Health Self-efficacy Scale was developed by Smith and colleagues (1995) and was

adapted to Turkish by Üstündağ-Budak (1999) (14, 15). It uses a 6-point Likert scale for a total of eight items where 5 = "Strongly Agree", 4 = "Agree", 3 = "Tend to Agree", 2 = "Tend to Disagree", 1 = "Disagree", and 0 = "Strongly Disagree".When determining the total scale point, items added to other items. The lowest possible score is 0 and the highest is 40 points. In reliability and validity studies Cronbach's alpha value was found to be 0.75 (16); in this study Cronbach's alpha value was 0.732, 3, 6 and 7 are negatively worded where scoring changes to the opposite direction, then all numerical values are.

The aim of the study and the contents of the questionnaire were explained to each subject and their voluntary participation was requested. All participants gave written informed consent before enrollment. Students took about 15 minutes to complete the questionnaire forms in their class time. Official permission was obtained from the institution review board of Ankara University Health Science Faculty in order to conduct this study. The data percentage, mean and standard deviation, Pearson correlation analysis and SPSS packet program were used to evaluate the data.

Results

In this study, the average age of adolescents was 18.61±0.90, and the average age of menarche was 13.25±1.10. Most adolescents (81.6%) stated their financial status as 'medium'.

The majority of adolescents were informed about menarche (81.9%) with this information provided by mother or sisters (50.6%). Most (41.9%) of the participants indicated they had a normal reaction to menarche; although a large number of responses were given such excited, surprised, embarrassment, fear, anger, crying and sorrow as expressing negative emotions (Table 1)

On Table 2, Menstruation Attitude scale and its sub-dimensions with health self-efficacy scale scores and mean scores are presented together. The Adolescents' Menstruation Attitude scale average was 88.27±11.46, and item score average was 2.84±0.36. Adolescents' health self-efficacy scale average score was 24.90±6.19 and mean item score was 3.11±0.77.

This study found that there is a positive relationship between adolescents' menstrual attitudes and their health self-efficacy perceptions (r=0.126, p=0.026). (Table 2)

Table 1. Distribution of demographic information and menstrual experiences

Demographic and menstrual characteristics (n = 310)		$\bar{X}$ ±SD
Average age		18.61±0.90
The average age of menarche		13.25±1.10
	S	**%**
Economic Status		
Bad	23	7.4
Fair	253	81.6
Good	34	11.0
Place where lives		
Village	41	13.2
County	94	30.3
Province	175	56.5
Informed about menstruation		
Yes	254	81.9
No	56	18.1
Provided information about menstruation by(n = 254)		
Mother/Sister	128	50.6
Teachers in school	103	40.4
Friends	21	8.2
Media	2	0.8
Reaction to menarche*		
Had normal reaction	130	41.9
Happy	23	7.4
Excited	69	22.3
Surprised	80	25.8
Ashamed	56	18.1
Scared	77	24.8
Worried	24	7.7
Cried	23	7.4

*Multiple responses given.

Table 2.
Distribution of Mean Score of MAQ, and Sub-dimensions with Health Self-efficacy Scale

MAQ subscale	**Achievable values**		**Marked Values**		**Average** $\bar{X}$±SS	**Item average** $\bar{X}$±SS
	Min	**Max**	**Min**	**Max**		
Menstruation attitude scale	31	155	50	117	88.27±11.46	2.84±0.36
Menstruation as a debilitating event	7	35	7	30	18.06±4.44	2.58±0.63
Menstruation as a bothersome event	5	25	5	24	13.83±3.96	2.76±0.79
Menstruation as a natural event	5	25	6	25	19.16±2.93	3.83±0.58
Anticipation and prediction of the onset of menstruation	8	40	8	33	19.39±4.86	2.42±0.60
Denial of any effect of menstruation	6	30	9	26	17.82±2.66	2.97±0.44
Health self-efficacy scale	0	56	0	39	24.90±6.19	3.11±0.77

Discussion

This study explored menstrual attitude and perception of health self-efficacy in adolescents. The research findings are with reference to the related literature.

In this study we found that the majority of adolescents are informed about menstruation (81.9%) and these adolescents were mostly informed by family members (50.6%). The comparable studies of Demirel and Terzioğlu (8), Turan and Ceylan (17) and Taşçı (18) found that adolescents were primarily informed about menstruation by their families with rates 60.3%, 89.1%, 64%, respectively. These rates are similar to our study's findings. We concluded that adolescent girls are given information about menstruation by close relatives and that this can be considered as a cultural reflection.

This study found that 41.9% of girls reported a normal reaction to menarche. However, a large number of responses reacted to menstruation using words such as excited, surprised, but also with embarrassment, fear, anger, crying and sorrow expressing negative emotions – although the majority of adolescents were informed about menstruation.

Similarly, in their studies, Tortumluoğlu et al. (19), Özdemir et al. (20), Tang et al. (21) found some reactions such as crying, feeling scared, anger, embarrassed and excitement. These negative results can arise when adolescents take information from non-professional people who have negative early menarche experiences, and the media – that can be affected by incorrect information. Thus, for the development of positive attitudes towards menstruation, information provided by health professionals would be more appropriate.

The scale scores and mean scores of the Menstruation Attitude scale and its sub-dimensions have been presented in combination with those of the health self-efficacy scale. Adolescents' menstruation attitude scale item score average was found to be 2.84±0.36. One sub-scale of the Menstruation Attitude scale – "Menstruation as a natural phenomenon" – received the highest average score. In her study using the Menstruation Attitude scale, Kulakaç et al.'s (2008) findings were similar to our findings on the sub-scale average scores within the dimensions (13).

Kulakaç et al.'s (13) MAQ item average score was 2.89 (±0.23), "Menstruation as a debilitating event" sub-scale item average score was 2.64 (±0.50), "Menstruation as a bothersome event" sub-scale item average score was 2.66 (±0.76), "Menstruation as a natural event" sub-scale item average score was 3.67 (±0.64), "Anticipation and prediction of the onset of menstruation" sub-scale item average score was 2.48 (±0.54), "Denial of any effect of menstruation" sub-scale item average score was 2.46 (±0.65).

In the MAQ, items, sub-groups or all of the scores obtained from the average of the scale was high and showed "menstruation attitude is positive" (13). Based on this study's findings, it can be said that the menstrual attitude of our adolescent group is positive and they find menstruation is a natural event. Lu (5) studied healthy Taiwanese woman between the ages of 20 and 35 and his results indicated that: Menstruation as a debilitating event sub-scale item average score was 3.28 (±0.45), Menstruation as a bothersome sub-scale item average score was 2.86 (±0.47), menstruation as a natural event sub-scale item average score was 2.19 (±0.55), Anticipation and prediction of the onset of menstruation sub-scale item average score was 2.75 (±0.52), Denial of any effect of menstruation sub-scale item average score was 2.63 (±0.44). Average subscale scores in our study for the item "Menstruation as a natural event" were higher than in Lu`s study.

In our study, the "Menstruation as a natural event" item average sub-scale is higher and suggests considering menstruation as a symbol of femininity and perceiving having periods as a sign of being healthy. In Turkish society, being a mother fulfills social roles for women as well as increasing their social status. "Menstruation as a natural event" high average subscale scores may have arisen from being considered as an indicator of femininity and a healthy body, as well as a process that must be experienced in our culture.

Within the adolescents' health self-efficacy scale, the average score in this study was 24.90±6.19. Çepni (22) studied 617 university students and he found the average score of health self-efficacy scale was similar (28.92±4.79) to our result.

This study found that there is a positive relationship between adolescents' menstrual attitudes and their health self-efficacy perceptions. ($r = 0.126$, $p = 0.026$) (Table 3).

Table 3. The relationship between adolescents' menstrual attitude and health self-efficacy perception

Menstrual Attitude Scale and subscales	Health Self-Efficacy Perception	
	r	p
Menstrual attitude	0.126	**0.026**
Menstruation as a debilitating event	0.165	**0.004**
Menstruation as a bothersome event	-0.003	0.952
Menstruation as a natural event	0.202	**0.000**
Anticipation and prediction of the onset of menstruation	0.003	0.951
Denial of any effect of menstruation	0.046	0.424

This result suggests that when menstrual attitude develops positively, health self-efficacy is also positively affected. No studies in the literature that combined menstrual attitude with health self-efficacy have been found. However, McPherson and Korfine`s (2004) study found that women who had more positive menstrual experiences and were well prepared for menstruation might have a more positive body image, felt good about their physical appearance, were more satisfied with specific areas of their bodies than women who had negative experiences of menarche and were poorly prepared for menstruation (23).Self-efficacy has a critical function in acquiring a new skill or further developing new skills and then implementing these skills or learning to life (24). Menstruation is part of a new cycle of learning that affect girl's lives during the adolescent period.

It is thought that health self-perception is the most important factor during the process of adaptation. If a person whose health self-perception of competence is high, their self-perceptions of effectiveness are also high in specific cases (25). People who have high self-efficacy are able to adapt and cope with new situations, negative facts and feelings when they face specific challenges better than people who have low self-efficacy (25). These findings support the suggestion that people who have high health perception of self-efficacy also have more positive menstrual attitudes.

It is most important to ensure positive health behavior that increases adolescents' menstrual health as well as their health perception of self-efficacy during this period of transition to adulthood. To inform adolescents about menstruation, to help them develop positive attitudes towards menstruation and strategies to cope with the symptoms of menstruation can make greater contributions to adolescents' reproductive health as well as their general health perceptions.

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