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The Effect of Lavender Aromatherapy Towards Reducing Menatory Pain (Dysmenore) in Midwife Graduate Students in STIKES Mitra Husada Medan

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ABSTRACT

Dysmenorrhea is menstrual pain that is often experienced by women during menstruation. During menstruation there is an increase in prostaglandin levels (PGE 2) which can cause pain during menstruation (dysmenorrhea). Dysmenorrhea can be treated in two ways, namely pharmacologically and non-pharmacologically. Aromatherapy Lavender is a non-pharmacological way to relieve menstrual pain (dysmenorrhea). The purpose of this study was to determine the effect of relaxation with lavender aromatherapy on reducing menstrual pain (dysmenorrhea) in undergraduate students of Midwifery at STIKes Mitra Husada Medan. Methods: This research is a type of pre-experimental research with the One Group Pretest-Post test design approach. The sample in this study were students who experienced dysmenorrhea as many as 20 respondents who were taken using purposive sampling technique, the test used was the Spearman Rank test with an error rate of α = 0.05. Results: In the study, the average menstrual pain of respondents before giving lavender aromatherapy on a scale of 4 were 15 respondents, while after giving decreased with a scale of 2 were 16 respondents. Based on the results of statistical analysis, it is found that ρ value = 0.001 < α = 0.05, this shows that Ho is rejected and Ha is accepted. Conclusion: From the results of the above research, it can be concluded that there is an effect of lavender aromatherapy on reducing menstrual pain (dysmenorrhea) in undergraduate students of Midwifery, STIKes Mitra Husada Medan. Suggestions for students are expected to be able to apply this nonpharmacological therapy to reduce menstrual pain (dysmenorrhea). And suggestions for STIKes Mitra Husada Medan in order to facilitate aromatherapy and a comfortable room for the implementation of therapy for students.

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Kata kunci:

Aromaterapi Lavender Dismenore Penurunan Nyeri

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ABSTRAK

Dismenore adalah nyeri haid yang sering dialami wanita saat menstruasi. Saat menstruasi kadar prostaglandin (PGE 2) meningkat, yang dapat menyebabkan nyeri saat menstruasi (dismenore). Dismenore dapat diatasi dengan dua cara yaitu farmakologi dan nonfarmakologi. Aromaterapi Lavender adalah salah satu terapi nonfarmakologi untuk meredakan nyeri menstruasi (dismenore). Tujuan penelitian ini adalah untuk mengetahui pengaruh relaksasi dengan aromaterapi lavender terhadap penurunan nyeri haid (dismenore) pada mahasiswa Sarjana Kebidanan STIKes Mitra Husada Medan. Metode: Penelitian ini merupakan jenis penelitian pre-Eksperimen dengan pendekatan One Group Pretest-Posttest design. Sampel dalam penelitian ini adalah mahasiswa yang mengalami dismenore sebanyak 20 responden yang diambil dengan menggunakan teknik Purposive Sampling, uji yang digunakan yaitu uji Spearman Rank dengan tingkat kesalahan α = 0,05. Hasil: Pada penelitian rata - rata nyeri haid responden sebelum pemberian aromaterapi lavender dengan skala 4 sebanyak 15 responden, sedangkan sesudah pemberian mengalami penurunan dengan skala 2 sebanyak 16 responden. Berdasarkan hasil analisis statistik di dapatkan ρ value = 0,001 < α = 0,05, ini menunjukan bahwa Ho ditolak dan Ha

diterima. Kesimpulan: Dari hasil penelitian diatas dapat disimpulkan bahwa terdapat pengaruh pemberian aromaterapi lavender terhadap penurunan nyeri haid (dismenore) pada mahasiswa Sarjana Kebidanan STIKes Mitra Husada Medan. Saran bagi mahasiswa diharapkan dapat mengaplikasikan terapi nonfarmakologi ini untuk mengurangi nyeri haid (dismenore). Dan saran bagi STIKes Mitra Husada Medan agar dapat memfasilitasi aromaterapi dan ruangan yang nyaman untuk pelaksanaan terapi bagi mahasiswa.

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INTRODUCTION

Every month, a normal woman experiences a reproductive event called menstruation. One of the menstrual problems is dysmenorrhea. Dysmenorrhea is a gynecological disorder that has been investigated for the causes of anxiety and discomfort in adolescent girls. According to the World Health Organization (WHO) in 2013 the incidence of dysmenorrhea was 1,769,425 people (90%), of which 10-15% experienced severe dysmenorrhea. The incidence of dysmenorrhea in the world is very large, on average almost more than 50% of women experience it. According to WHO data in Sumiasih (2019) in Indonesia, the incidence of primary menstrual pain is around 54.89%, and secondary is 45.11%. (Ni Putu Pradnya Dewi, 2022)

According to a 2014 study conducted in Medan, North Sumatra, 85.9% of women experience dysmenorrhea (Journal of Midwifery Maternity, Vol 3, No. 2, October 2018). Dysmenorrhea is a condition of pain or pain in the lower abdomen in the square area, sometimes the pain can extend to the waist, lower back and thighs. Pain on the first or second day of menstruation or in the first 24-36 hours before menstruation. excessive prostaglandin secretion.

If left untreated, menstrual pain can affect daily activities, anxiety, depression and stress (Anurogo & Wulndari, 2015). In Indonesia, the government has written rules for female workers who do not need to work because of menstrual pain, the right to menstrual leave is regulated in Law no. 13 of 2003 concerning Manpower Article 81 paragraph (1) which stipulates that female workers who experience menstrual pain and notify their superiors are not obliged to come to work on the first and second day of menstruation. Despite its high prevalence, dysmenorrhea is often not well treated, and even ignored, by health professionals, pain researchers, and women themselves, who may accept it as a normal part of menstruation (Human Reproduction Update, Vol. 21, No. 6 pp. . 762–778, 2015).

There are two ways to treat menstrual pain, pharmacological non-pharmacological. and Pharmacologically, menstrual pain can be given with prostaglandin inhibitors, non-steroidal anti-inflammatory drugs (NSAIDS), namely ibuprofen, paracetamol, asekrofenac, diclofenac, meloxicam. Non-pharmacological therapies that can be done include adequate rest, deep breathing (relaxation), regular exercise, massage, yoga, warm compresses and aromatherapy. The benefits of nonpharmacological therapy, among others, can be done easily and cheaply anywhere, including at home. Another nonpharmacological therapy that can reduce pain intensity is aromatherapy. Aromatherapy is a method that uses essential oils to improve physical, emotional and mental health and reduce pain and anxiety (Solehati & Kosasih, 2015)

Aromatherapy forms are packaged in various types, such as essential oils, salt, bath soap, incense and candles. Aromatherapy can be done by inhalation, massage, diffusion,

compresses or immersion. One of the essential oils or essential oils that relieve or relieve pain is Lavender. This lavender increases the alpha waves in the brain, which makes the body relax and reduces the pain that is felt (Sharma, 2009). Lavender aromatherapy can be used to reduce cortisol levels and increase estradiol which triggers a decrease in elderly/anxiety. Lavender aroma also regulates the activity of cyclic adenosine monophosphate (cAMP) and has a sedative effect. Inhaled lavender aroma is captured by the olfactory nerves and transmitted to the central nervous system and limbic system, which is an emotional autonomic function (Matzumoto, 2013).

Lavender aromatherapy is effective in reducing the pain scale of dysmenorrhea. The main ingredients of Lavender are Linalyl Acetate, which helps relax and relax the tense smooth muscle nervous system, and Linalool which acts as a relaxing and sedative agent so that menstrual pain is reduced (Iga, 2013 and Poyton, 2015). When a person inhales lavender aromatherapy, the volatile molecules in the oil are transported to the nasal receptor cells, and when these molecules attach to the nasal hairs, they are transmitted to the brain via sensory channels and then to the limbic system. The hypothalamus is stimulated to release the hormone serotonin and lenderorphins, creating a relaxed and calm feeling, so that it can reduce menstrual pain (Najmi, 2011).

Based on a preliminary survey of 209 students of the Bachelor of Midwifery study program level I, II, III and IV by the author at STIKes Mitra Husada Medan, it was found that many still experience dysmenorrhea which affects class activities. From the data obtained, the number of students who experienced dysmenorrhea at level I was 8 students with moderate pain, 5 students with moderate pain at level II, 10 students with moderate pain at level III, and 15 students with moderate pain at level IV. Students who experience menstrual pain accompanied by nausea or severe pain are often treated with warm compresses and medication, namely mefenamic acid. Students who experience menstrual pain also choose to rest. According to the results of interviews with students, almost every month there are students who are not allowed to attend lectures because of menstrual pain. From the initial survey, it was found that there are still many students who do not know how to treat dysmenorrhea, especially the use of lavender aromatherapy to relieve dysmenorrhea.

Based on the background and data from the initial survey, 38 students of the Stikes Mitra Husada Medan Undergraduate Midwifery Study Program experienced mild to severe dysmenorrhea which could interfere with lecture activities, and many students did not know and understand how to treat dysmenorrhea, especially by means of relaxation using lavender aromatherapy. Therefore, the authors are interested in conducting research on "The Effect of Lavender Aromatherapy on Reducing Menstrual Pain (Dysmenorrhea) in Undergraduate Midwifery Study Program Students STIKes Mitra Husada Medan"

METHOD

The research design used the Prel Experimental design with the Onel Group Pretest-Posttest method to see the effect of giving Lavender Aromatherapy on the reduction of menstrual pain (dysmenorrhea) in the Undergraduate Midwifery Study Program students of STIKesl Mitra Husadal Medan. In this research design, a pretest was conducted first, then treatment was carried out, after that a post test was carried out. During this study only One Group results will not be compared with the control group (comparison). The results of the observation or posttest only provide descriptive information.

Population is all subjects (humans, experimental animals, laboratory data, etc.) to be studied and meet the specified characteristics. (Riyanto, 2018).

The population in this study were all students of the Midwifery Study Program at STIKes Mitra Husada Medan both levels I, II, III, and IV who experienced dysmenorrhea.

The sample is part of a set of characteristics possessed by the population used in the study. Samples taken from the population must be truly representative and effective. This means that you must be able to measure something that needs to be measured (Sujarweni, 2014 in Ita Rulyana, 2017). The selection of samples for line research is in accordance with Gayl in ISani (2016) and Ita Rulyana (2017) with a minimum sample size of 15 for experimental research. Therefore, the sample in this study amounted to 20 people.

The sampling method is a sample selection process that is used in research from the existing population so that the number of samples represents the entire existing population (Hidayat, 2011). The type of sampling used in this research is purposive sampling, namely sampling based on certain considerations such as population characteristics or characteristics or criteria that are known and determined previously.

The research instrument is a tool used for data collection. Research tools can be in the form of questionnaires (question lists), observations, other forms related to data recording and others (Notoatmodjo, 2017). The tools used in this study were direct observation of respondents using the Wong - Baker Faces Pain Rating Scale and the Aromatherapy Observation Sheet.

The research was conducted at STIKesl Mitral Husadall Medan, Jln. I Watergate IVI Market 8I Ex. Kwalal Bekala IKec. Medan Johorl City IMedan, North Sumatra.

RESULTS AND DISCUSSION

Univariate Analysis Results

Univariate analysis in this study was conducted to see the frequency distribution of the variables studied. This data presents the characteristics of respondents based on age, age at first menstruation (Imenarche), level, llama lhaid, time of onset of pain, before treatment and after treatment.

Before Treatment

Based on research conducted on November 25, 2022 on undergraduate students of Midwifery STIKes Mitra Husada Medan, the following data were obtained:

Menstrual pain of undergraduate students of Midwifery STIKes Mitra Husada Medan before being given Lavender Aromatherapy. ITable 14.9 IFrequency Distribution of Menstrual Pain Before Lavender Aromatherapy was given to Undergraduate Students in Midwifery STIKes Mitra Husada Medan on November 1 2022.

No	Skala Nyeri	Frekuensi (f)	Persentase (%)
1	0 (tidak nyeri)	-	-
2	1 (sedikit nyeri)	-	-
3	2 (sedikit lebih nyeri)	-	-
4	3 (lebih menyakitkan)	3	15,0
5	4 (sangat menyakitkan)	17	85,0
6	5 (paling menyakitkan)		-
	Total	20	100,0

Source: Data processing results from ISPSS 16.01

Based on table 14.9, it shows that menstrual pain before being given lavender aromatherapy to undergraduate students of Midwifery STIKes MItra Husada Medan with a total of 20 respondents, the majority of respondents experienced menstrual pain with a scale of 4l (very painful) as many as 17 respondents with a percentage (85.0%), and a minority of 3 people with a percentage (15.0%).

After Treatment

Table 14.10 Frequency Distribution of Menstrual Pain After Lavender Aromatherapy was given in Undergraduate Students

No	Skala Nyeri	Frekuensi (f)	Persentase (%)
1	0 (tidak nyeri)	6	30,0
2	1 (sedikit nyeri)	3	15,0
3	2 (sedikit lebih nyeri)	10	50,0
4	3 (lebih nyeri)	1	5,0
5	4 (sangat nyeri)	-	-
6	5 (paling nyeri)	-	-
	Total	20	100,0

Source: Data processing results from SPSS 16.01

Based on table 4.10l, it shows that menstrual pain after being given lavender aromatherapy while undergraduate students of Midwifery STIKes Mitra Husada Medan with a total of 20 respondents, the majority of respondents experienced a decrease in menstrual pain with a scale of 2l (slightly more painful) as many as 10 respondents with a

percentage (50.0%), and minority pain scale 3 as much as 1 person with a percentage (5.0%).

Results of Bivariate Analysis

Bivariate analysis in this study was conducted to test pepper or not the effect of the dependent and independent variables under study. The Effect of Giving Lavender Aromatherapy on the Reduction of Menstrual Pain (dysmenorrhea) in Midwifery Undergraduate Students at STIKesl Mitra Husadal Medan in 2022

Table 4.11 Analysis Results of the Spearman's Test RanklThe Effect of Lavender Aromatherapy on Menstrual Pain (dysmenorrhea)

	X – Y	Correlation Coeffocient	Sig. (2-tailed) N
Sebelum Perlakuan	4 = 17	0,667	0,001
Setelah Perlakuan	2 = 10	0,667	0,001

Based on table 4.11 it is known that the majority of respondents' pain scales before treatment were 4 with a total of 17 respondents with a percentage (85.0%) and after treatment the majority of pain scales were 2 as many as 10 respondents with a percentage (10.0%).

Based on the data from the statistical analysis of the Spearman Rankl test with the help of the SPSS116.0 application computer program at the 5% error level, calculations were carried out to determine whether there was an effect between the independent variable and the dependent variable. The result of the calculation is that the valuel is 10.001 < 10.05. Bilal Ivalue 10.05 means that there is an effect of giving lavender aromatherapy on the reduction of menstrual pain (dysmenorrhea) among undergraduate students of Midwifery STIKes Mitra Husada Medan. This shows that 10.001 < 10.05. Thus Ho is rejected and Ha is accepted. So the conclusion is that there is a significant effect of giving lavender aromatherapy to reducing menstrual pain (dysmenorrhea) in undergraduate students of Midwifery STIKes Mitra Husada Medan.

CONCLUSIONS AND SUGGESTIONS

Conclusions

Several conclusions have been drawn based on the results of the research discussion "The Effect of Lavender Aromatherapy on the Reduction of Menstrual Pain (Idismenorrhoea) in Undergraduate Midwifery Students STIKes Mitra Husada Medan in 2022":

- Most measurements of pre-lavender dysmenorrhea on a scale of 4 (very painful) were in the moderate pain category.
- 2. Most of the measurements of menstrual pain (dysmenorrhea) after being given lavender aromatherapy were on a scale of 2 (slightly more painful), including the category of mild pain.
- 3. The results of the analysis using the Spearmanl Rankl test show 1ρ Ivalue = 10.001I< 1α = 10.05, then IHo is rejected and I is accepted. This means that ladal has an effect on reducing menstrual pain (dysmenorrhea) on Undergraduate Midwifery Students STIKes Mitra Husada Medan.

Suggestions

Because this research is an alternative to relieve pain during menstruation, using relaxation therapy with aromatherapy which can be done independently as a method of dealing with menstrual pain (dysmenorrhea), it is recommended to reduce or minimize the use of painkillers.

REFERENCES

Agustina. (2018). Pengaruh Pemberian Effleurage Massage Aromatherapy Jasmine terhadap Tingkat Dismenorea pada Mahasiswi Keperawatan Semester IV di Universitas Aisyiyah Yogyakarta. *jurnal kesehatan*.

Agustina, T, W & Salmiyati, S. (2016). Pengaruh Pemberian Effleurage Massage Aromatherapy Jasmine Terhadap Tingkat Dismenore Pada Mahasiswi Keperawatan Semester IV di Universitas Aisyiyah Yogyakarta.

Bangun, A, F & Nur"aeni, S. (2013). Pengaruh Aromaterapi Lavender Terhadap Intensitas Nyeri Pada Pasien Pasca Operasi Di Rumah Sakit Dustira Cimahi. Program Studi Keperawatan Sekolah Tinggi Ilmu Kesehatan Jendral Achmad Yani Cimahi. Volume 8. No.2. Jurnal Keperawatan Soedirman.

Ita Rulyana Megawati. (2017). Pengaruh Relaksasi Dengan Aromaterapi Terhadap Perubahan Intensitas *Dismenore* Pada Siswi Kelas 8 SMPN 1 Bendo Magetan. *Jurnal Maternitas Kebidanan*, Vol 3, No. 2, Oktober 2018 ISSN 2599-1841

Kinanti. (2013). Pengaruh Minuman Rempah Jahe Asam dalam Mengurangi Nyeri Dismenore Primer Pada Mahasiswa Keperawatan Angkatan 2010-2012 Universitas Jenderal Soedirman Purwokerto. (Skripsi Idatul Awaliyah).

Koes, I. (2015). Kesehatan Reproduksi. Teori dan Praktikum: 812.

Koes, I. (2014). Seksologi Kesehatan. CV. Alfabeta.

Kusmiran, E. (2012). Kesehatan Reproduksi Remaja dan Wanita. (Skripsi Idatul Awaliyah).

LeMone, P. Burke, M, K & Bauldoff, G. (2016). *Buku Ajar Keperawatan MedikalBedah*.Vol. 1. Eds. 5. EGC.Jakarta.

Matsumoto, H. A. (2018). Does Lavender aromatherapy alleviate premenstrual emotional symtoms? (Skripsi Idatul Awaliyah).

Nikjou. (2016). The Effect of Lavender Aromatherapy on the pain severity of primary Dysmenorrhea. (Skripsi Idatul Awaliyah).

Notoatmodjo, S. (2012). Promosi Kesehatan Dan Perilaku Kesehatan. (Skripsi Idatul Awaliyah).

Ni Putu Pradnya Dewi, (2022) Studi Literatur Manfaat Aromaterapi Lavender Terhadap Intensitas Nyeri Menstruasi Pada Wanita Usia Subur, hal : vii-viii

Ramadhania, H. N. (2019). Pengaruh Aromaterapi Lavender Terhadap Penurunan Nyeri Dismenorea Pada Mahasiswa

- Kebidanan Universitas Ngudi Waluyo. *Artikel Kesehatan*. file:///C:/Users/Win-7/Downloads/dmv039.pdf
- Stella lacovides. Ingrid Avidon and Fiona C. Baker (Human Reproduction Update, Vol.21, No.6 pp. 762–778, 2015)
- Rahayu Eryanti. K dan Waode Suiyarti. (2019) Seminar Nasional, Sains, Teknologi, dan Sosial Humaniora UIT 2019. *Pengaruh Menarch dan Lamanya Haid Terhadap Peningkatan Kejadian Dismenorea Primer*.
- Ziba Raisi Dehkordia, Fatemeh Sadat Hosseini Baharanchib,c,Reza Bekhradid (Complementary Therapies in Medicine (2014) **22**, 212–219)