



THE EFFECT OF COMBINATION BETWEEN ACUPRESSURE AND SELF HYPNOSIS IN OVERCOMING ADOLESCENT DYSMENORRHEA

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ABSTRACT

Dysmenorrhea is a disorder that occurs during menstruation which most often causes teenagers to go to health services for consultation and treatment. Self Hypnosis and acupressure are simple non-pharmacological therapies that can be done independently by teenagers to treat dysmenorrhoea. The aim of this research is to determine the effect of Keris (a combination of acupressure and self-hypnosis) in overcoming adolescent dysmenorrhoea at SMPN 2 Abiansema. This research uses quantitative, pre-experimental research methods with a one group pretest-posttest design. The instrument used to measure pain in this study was the NRS. The population and sample in this study were teenage girls at SMPN 2 Abiansema who experienced dysmenorrhoea with a sample size of 38 people. The sampling technique in this research is purposive sampling. This research was carried out in May – August 2023. Bivariate data analysis used Wilcoxon. The research results obtained a p value of 0.000 (<0.05). The average pain value before the intervention was 5.1, it decreased after the intervention was given, as seen from the average pain value after the intervention, namely 3.68. These results indicate that Keris (a combination of acupressure and self-hypnosis) is effective in overcoming adolescent dysmenorrhoea at SMP N 2 Abiansema.

Keywords: *Acupressure, Dysmenorrhea, Self Hypnosis*

INTRODUCTION

Physical, psychological and intellectual growth and development in adolescents develop rapidly. According to the World Health Organization (WHO), adolescence is the stage of life between childhood and adulthood between the ages of 10-19 years (WHO, 2021). Meanwhile, the definition of teenagers based on the Population and Family Planning Agency (BKKBN) is residents with an age range of 10-24 years and who are not married (BKKBN, 2022).

Adolescence is an important time for laying the foundations of good health and a unique stage of human life development. During this period it is important for teenagers to grow and develop in optimal health conditions, therefore teenagers need comprehensive information according to their needs and age, opportunities to actively participate in maintaining and improving their health. Adolescent reproductive health is not only about sexual issues, but all aspects of reproduction. One of the disorders of reproductive health that is often experienced by teenagers is dysmenorrhea.

Dysmenorrhea or menstrual pain is a disorder that occurs during menstruation which most often causes teenagers to go to health services for consultation and treatment (McKenna & Fogleman, 2021). Dysmenorrhea affects the

quality of life of teenagers who experience it, because they have to leave their routine activities (school or work) to rest for several hours or several days until the pain is resolved. Dysmenorrhea affects the quality of life of adolescents who experience it, because they have to leave their routine activities (school or work) to rest for several hours or several days until the pain is resolved. The impact of dysmenorrhea on school activities of adolescents who experience it includes disrupted learning activities, disrupted concentration in learning, lack of motivation, school absence, and disrupted academic performance due to dysmenorrhea (Pangestu & Fatmarizka, 2023).

Dysmenorrhea is a symptomatic phenomenon including abdominal pain, cramps and back pain, and is often accompanied by gastrointestinal symptoms such as nausea and diarrhea (Saji, Sunil, John, Kumar, & Thomas, 2021).

The incidence of dysmenorrhea in Indonesia is 55% among productive age groups with 15% of them complaining that their activities are limited due to dysmenorrhea (Kojo, Kaunang, & Rattu, 2021). The prevalence of dysmenorrhea varies among all women of reproductive age in the world between 21,2%-28,4% with severe pain and 40,4% - 49,7% with moderate pain (Barbosa-Silva et

al., 2024). The incidence of dysmenorrhea in Bali in 2014 reached 48.05% (Lestari, Wati, Juanamasta, Thrisnadewi, & Sintya, 2019). Factors that influence dysmenorrhea in adolescents include the age of menarche at a young age (less than 12 years), the length of menstruation, exercise habits, nutritional status, stress, family history of dysmenorrhea (Aisyaroh, Hudaya, & Safitri, 2022). Dysmenorrhea can be treated with pharmacological and non-pharmacological therapy. Non-pharmacological therapies that can be used to reduce dysmenorrhoea include breathing relaxation, music therapy, acupuncture, yoga, aromatherapy, warm compresses, water therapy, hypnosis, acupressure (Harismayanti & Lihu, 2021; Rasyid, 2019; Rasyid, Sujawati, & Biki, 2021; Simsek Kucukkelepce, Unver, Nacar, & Tashan, 2021; Wang & Wang, 2021). The advantage of this complementary method is that it has minimal side effects and can improve the quality of life of the person who uses it.

Hypnosis is a method for communicating with a person's subconscious mind while in a relaxed state. Hypnosis can trigger the production of Endorphine hormones in the body (Adzkie & Kartika, 2020). Acupressure is one of several types of physiotherapy which is carried out by massaging and

stimulating certain points on a person's body (Cherniakov, Zaitsev, Maidikov, & Tytarenko, 2022). Applying acupressure/pressure to certain points can stimulate electrical conductors on the surface of the skin which can channel energy to help the healing process. hypnosis and acupressure are simple methods that can be done independently by teenagers. In addition to reducing pain, hypnosis and acupressure can provide a sense of comfort and a sensation of relaxation. Both hypnosis and acupressure can help the body to stimulate the production of endorphin hormones which are useful for reducing pain due to dysmenorrhea.

Given the negative impact of dysmenorrhea in adolescents, and the minimal risks of this acupressure and hypnosis method, it is important to conduct research into the effectiveness of the combination of acupressure and self-hypnosis in overcoming adolescent dysmenorrhea. The aim of this research is to determine the effect of combination between acupressure and self-hypnosis in overcoming adolescent dysmenorrhoea at SMPN 2 Abiansema.

METHOD

This research uses a pre-experimental research design, namely one group pretest-posttest design. This research was carried out in May - August 2023. The population in this study were young women at SMPN 2 Abiansema who experienced dysmenorrhoea with a sample size of 38 people. The sampling technique in this research is purposive sampling. The instrument used to assess perceived pain is the NRS. The analysis test used is the Wilcoxon test.

RESULTS AND DISCUSSION

Results

a. Univariate Analysis

Table 1. Frequency Distribution of Characteristics of Research Subjects

Age	Of	f	%	Mean ±SD
Menarche				
10 years old	3	7,9	11,6±0,82	
11 years old	14	36,8		
12 years old	16	42,1		
13 years old	5	13,2		
Total		100		

Source : Primary Data (2024)

Based on table 1, it was found that based on age characteristics, the majority of respondents experienced their first menstruation (menarche) at the age of 12 years (42.1%).

Table 2. Frequency Distribution of Pain Levels Before Intervention

Pain level	f	%	Mean ±SD
Mild pain	12	31,6	5,1±2,39
Moderate pain	12	31,6	
Severe pain	14	36,8	
Total	38	100	

Source : Primary Data (2024)

Based on table 2, it was found that before the intervention was given, the majority of respondents experienced severe pain, as many as 14 people (36.8%).

Table 3. Frequency Distribution of Pain Levels After Intervention

Pain level	f	%	Mean ±SD
Mild pain	18	47,4	3,68±1,97
Moderate pain	16	42,1	
Severe pain	4	10,5	
Total	38	100	

Source : Primary Data (2024)

Based on table 3, it was found that after being given the intervention, the majority of respondents experienced severe pain, as many as 18 people (47.4%).

b. Bivariate Analysis

Table 4. Analysis of Differences in Pain Levels Before and After Intervention

	Mean ±SD	P value
Pretest	5,1±2,39	0,000
Posttest	3,68±1,97	

Source : Primary Data (2024)

Based on table 4, there is a significant difference in pain levels before and after the intervention with a p value of 0.000 (<0.05).

The average pain score before the intervention was 5.1, decreasing after the intervention as seen from the average pain score after the intervention, which was 3.68.

DISCUSSION

In this study, it was found that most respondents experienced menarche at the age of 12, namely 16 people (42.1%). The results of this study are in line with the results of previous studies which found that the age of menarche most often occurs at an age of less than or equal to 12 years (Fatmawati, Julaecha, & Efni, 2023). Early menarche is one of the factors that cause dysmenorrhea, basically menarche age <12 years gonadotropin hormone is produced prematurely. Menarche that occurs at an early age experiences changes and there is still narrowing of the cervix, then there will be pain during menstruation.

Based on table 2, it was found that the majority of respondents experienced severe levels of dysmenorrhea pain, namely 14 people (36.8%). The results of this study show a percentage that is not far from previous research (I. D. Sari & Listiarini, 2021). which shows that 20% experience severe pain and 60% experience moderate pain. The difference in the percentage of pain levels in this study was influenced by factors

that influence dysmenorrhoea pain. Factors that influence dysmenorrhoea include the age of menarche, family history of dysmenorrhoea (herawati, 2020), exercise habits (Putri, 2019). Adolescent girls who experience menarche at a younger age tend to experience dysmenorrhoea (Hatmanti et al., 2022). In this study, the majority of respondents, 42.1% of respondents, experienced menarche at the age of 12 years, most had a family history of dysmenorrhoea, and most only exercised once a week. In table 3 after being given the intervention, the majority of respondents experienced mild pain, 18 people (47.4%). This is in line with the results of previous research (I. D. Sari & Listiarini, 2021) which obtained the results that the majority of respondents experienced mild pain (60%) after being given intervention in the form of acupressure. The results obtained were that the majority of respondents experienced mild pain, namely 51.4% after being given intervention in the form of hypnotherapy.

In table 4, it was found that there was a significant difference in pain levels before and after the intervention with a p value of 0.000 (<0.05). The average pain value before the intervention was 5.1, it decreased after the intervention was given, as seen from the average pain value after the intervention,

namely 3.68. These results indicate that Keris (a combination of acupressure and self-hypnosis) is effective in overcoming adolescent dysmenorrhoea at SMP N 2 Abiansemai. The results of this research are in line with the results of previous research (A. P. Sari & Usman, 2021), where there was a decrease in the average pain before and after being given acupressure from 2,67 to 0,687 with a p value of 0.000 (<0.05) on the first day of menstruation. According to the Minister of Health Regulation (PMK) of the Republic of Indonesia No. 15 of 2018 concerning the implementation of Complementary Traditional Health Services, Complementary Traditional Health Services are the application of traditional health that utilizes biomedical and biocultural science in its explanation and its benefits and safety are scientifically proven. Based on article 5 of the PMK, treatment/treatment procedures are carried out using natural ingredients, physical techniques, thought processing techniques and energy techniques and can use tools and technology in accordance with traditional health characteristics. A combination of acupressure and self hypnosis are some of the forms of application (Prasetya & Yatmihatun, 2023).

Acupressure is a form of massage and stimulation of certain points or acupoints on

the body (Demirel & Kaya, 2019). When pressure is applied, the body responds by releasing endorphins, serotonin, norepinephrine, which can reduce pain. Pressure on this acupoint will stimulate the release of adenocorticotropin (ACTH), beta endorphin, and chemoreceptor trigger zone (CTZ) which can inhibit pain stimulation. Emphasis on this acupoint can also facilitate energy and provide energy intake to the reproductive organs Self hypnosis is the application of hypnosis carried out by oneself. Hypnosis is a method of instilling suggestions when the brain is in alpha or even theta brain waves, so that they can be immediately accepted by the subconscious mind. Instilling suggestions in yourself is very important in the success of hypnosis goals. Any hypnosis given by a hypnotherapist will not come true if the client given it is not willing, does not believe and is not focused during the hypnotherapy process. If someone independently, with their own awareness, carries out hypnosis, then the level of success will also increase. Because basically, every hypnosis is self hypnosis. Apart from that, when someone is in alpha or theta brain waves, the body will produce the hormone endorphine (morphine produced in the human body) which is needed to provide a feeling of comfort, happiness and a

sensation of relaxation. The production of this hormone is very important to reduce the pain of dysmenorrhoea (Adzkia & Kartika, 2020).

This combination of acupressure and hypnosis is an effective combination to reduce pain during menstruation (dysmenorrhea) because it will strengthen the production of endorphin hormones which are needed by the body when experiencing uncomfortable conditions such as pain.

CONCLUSION

Combination of Acupressure and Self Hypnosis is effective in Overcoming Adolescent Dysmenorrhoea at SMP N 2 Abiansemal.

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