

## Care nursing family on stage adolescents with dysmenore: a case study

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### Abstract

Dysmenorrhea, or menstrual pain, is a common menstrual problem. by teenagers and can be very disruptive to activities daily If No handled with Good. Study This aim For give mentoring Family-based nursing care for adolescents experiencing dysmenorrhea, with an educational approach that involves the active role of family members. The research subject was Ms. S, a 20-year-old adolescent living in with the nuclear family in the hamlet precarious, Godean, Sleman, Yogyakarta. He complained menstrual pain great that ongoing for 1–2 day and Enough bother his routine. Based on results assessment, set diagnosis nursing in the form of health management family Which not enough effective. As form intervention, given education health about dysmenorrhea and yoga training as a non-drug method for pain management. After the evaluation, there was an increase in Ms. S's understanding of dysmenorrhea, her ability to perform yoga correctly, and a decrease in the intensity of pain she felt. Her knowledge score increased from 2 to 5, her misperceptions decreased from 5 to 2, and her behavior in managing pain increased from 3 to 5. In conclusion, an educational approach that actively involves the family has proven effective in helping adolescents manage dysmenorrhea independently and sustainably.

**Keywords:** care nursing family; dysmenorrhea; education health; teenager; yoga

### 1. Introduction

Family is an important aspect in nursing, because the family is between the individual and society, the family is a system that has family members. Which stay in One House, and every member family each other communicate One each other own role each for reach objective together, including provide an important resource for providing health services for oneself and other family members. The family is a nursing care unit that greatly influences individuals and groups. (Anisa Nurkholifah, 2022). Family is unit smallest from public Which consists of on the head of the family and several people who gather and live in one place under one roof in a state of mutual dependence (Lukman, 2024).

There are stages of development and developmental tasks in the family. The stages of development can be divided into eight stages of development, namely beginning families, families with a first child <30 months (childbearing), families with pre-school children aged (6-13 years), families with teenage children aged (13-20 years), families with adult children (the first child to leave home), middle-aged families (middle age families) and family carry on age (Sisilawati & Riniasih, 2022). Stage development Which fifth or the family development stage itself has the task of balancing freedom with responsibility when teenagers are adults and independent, refocusing marital relationships, communicating openly between parents and children, giving attention, giving freedom within the limits of responsibility, maintaining open two-way communication.

Time teenager is phase important in life, in where somebody experience big changes from time children going to mature. Wrong One characteristic typical from time This is puberty, namely the process experience Which bring various change physique. Besides body Which start changed, teenager They also begin to experience emotional and thought development. For adolescent girls, puberty is marked by changes in their reproductive organs, one of which is the arrival of their first period. Generally, menstruation First happen on age around 12 until with 13 years. However, there are Also Which experience it more beginning around age 8 year, or slower, until age 18 Over time, menstruation will naturally stop when a woman reaches the age of around 40 to 50, a stage known as menopause (Putri Werdani & Windyastuti, 2021).

Dysmenorrhea is painful Which happen moment menstruation consequence from imbalance prostaglandin production in blood so that result in painful Which very great. Menstruation is bleeding in a way periodic from uterus (Uterus) Which accompanied by with release endometrium because it does not existence conception cell egg. According to World Health Organization (WHO), as much as 1,769,425 women, or approximately 90%, experience severe dysmenorrhea, with 10-15% experiencing milder forms. The global incidence of dysmenorrhea is very high, with an average of nearly more from

50% woman experience it. Prevalence dysmenorrhea in Indonesia estimated around 107,673 soul (64.26%) Which consists of from 56,671 soul (54.89%) experience Dysmenorrhea primary and 9,496 soul (9.36%) experiencing dysmenorrhea secondary (Maufiroh et al., 2023).

Menstrual pain can be influenced by various factors, such as irregular menstrual cycles, smoking habits, poor sleep quality, daily lifestyle habits, and a family history of menstrual pain. In adolescent girls, this pain often impacts their schoolwork. The discomfort that occurs during menstruation can disrupt concentration and lower their motivation to learn (Windyastuti, 2022). Lack of knowledge or information about growth and development teenager specifically regarding reproductive system problems and how to Managing health issues is a common problem among adolescents. Adolescents are reluctant to incorporate health management patterns into their lifestyles. This developmental pattern can lead to nursing problems, such as ineffective health management (Hasanah et al., 2024).

Efforts made to regulate lifestyle habits can be done by reducing or remove flavor Sick on painful menstruation with technique yoga dysmenorrhea.

Yoga is activity do activity physique, learn mental and technique breathing to eliminate stress, relieve anxiety and reduce painful moment period. Matter This has proven by study Which done by Hadiani & Ferina (2021) Which show that There was a significant difference in the level of dysmenorrhea in the intervention group and the control group after being given yoga exercises for 8 meetings with a duration of 60 minutes per meeting, meaning There is influence on exercise yoga in lower dysmenorrhea on teenager with p-value < 0.05.

Studies case This aim for analyze care nursing family on teenager who experience dysmenorrhea, based on a nursing process approach that includes assessment, diagnosis, planning, implementation, and evaluation. In addition, it describes the application of nursing care. family on teenager Which experience dysmenorrhea through approach non-Pharmacological interventions in the form of yoga exercises. This study aims to explore the effectiveness of yoga in reducing menstrual pain intensity and improving comfort and quality of life in adolescents during the menstrual cycle. Furthermore, this paper also aims to assess the active role of families in supporting yoga implementation as part of nursing interventions and strengthen a holistic approach to dysmenorrhea management by involving the physical, emotional, and social aspects of adolescents.

## **2. Method**

### **2.1. Design Study**

This research is an observational case study with a cross-sectional approach design that focuses on Family nursing care for client Ms. S with dysmenorrhea in Gentingan Hamlet, Godean, Sleman, Yogyakarta.

### **2.2. Research Subjects**

The research subject in this case study was client Ms. S who experienced ineffective family health management with dysmenorrhea.

### **2.3. Technique Collection Data**

#### **2.3.1. Primary Data**

The data collection technique in this study is to use primary data originating from from Observation, done through observation direct to condition general the client undergoes a thorough physical examination. The physical examination is carried out systematically, including : Pressure blood, pulse, temperature, respiration, heavy body, tall body, GDS, Sour veins, head, eyes, nose, ears, mouth, neck, chest, abdomen, reproductive system, extremities and integument to determine the client's health status, identify the client's health problems and to detect certain diseases so that they can be treated early (Salamung et al., 2021).

#### **2.3.2. Data Secondary**

Secondary data sources are data obtained from sources other than the client. This data can be obtained from family, close relatives, friends, or other individuals knowledgeable about the client's condition. Additionally, data from other healthcare professionals such as doctors and physiotherapists,

laboratory data, and radiology results are also considered data sources. secondary (Polopadang & Hidayah, 2020).

## **2.4. Analysis Data**

### **2.4.1. Reduction Data**

The data reduction process begins at the beginning of information collection, by summarizing data, coding, identifying main themes, grouping relevant data, as well as eliminate information Which No relate. Reduction This covers data from interviews with clients, analysis of the most prominent symptoms, and nursing actions that have been carried out.

### **2.4.2. Presentation Data**

Data presentation is carried out in the form of narrative text which includes the results of observations, physical examinations, diagnoses, interventions, implementation and evaluation of nursing care for client Ms. S.

### **2.4.3. Withdrawal Conclusion**

The conclusions in this study were obtained by observing client characteristics, assessing the effectiveness of nursing interventions, and observing how clients responded to the therapy. Data analysis was conducted descriptively, comparing interview results, nursing care formats, and relevant literature sources. To ensure the accuracy of the results, verification was conducted by reviewing the data reduction and presentation process, ensuring that the findings were accurate and accountable.

## **3. Results and Discussion**

### **3.1. Results**

#### **3.1.1. Assessment Data**

##### **3.1.1.1. Identity**

The client named Ms. S is the daughter of Mr. A and Mrs. N. Ms. S is 20 years old, female and lives in Gentingan RT.5 RW.6, Sidoagung, Godean, Sleman. Mr. A's family type is a Nuclear Family where husband, wife, and children live together in one household. Mr. A's family comes from the Javanese ethnic group and the language used daily is Javanese, but if there are guests who cannot speak Javanese, Mr. A's family uses Indonesian. The current stage of family development is a family with teenage children.

##### **3.1.1.2. Main Complaint**

The client complained of irregular menstruation, sometimes once every two months, and during menstruation she experienced pain to the point of bending over and disrupting her activities.

##### **3.1.1.3. History Health So**

Family say that No There is history disease previous family.

##### **3.1.1.4. Signs Vital**

The results of the vital signs measurements of client Ms. S showed blood pressure of 113/73 mmHg, pulse 72x/minute, temperature 36.2 °C, respiratory rate 20x/minute.

##### **3.1.1.5. Abdomen**

Have history sour stomach seldom relapsed. Stomach No bloating, stomach No there is redness, lumps, normal peristaltic movements.

##### **3.1.1.6. System Reproduction**

New period moment SENIOR HIGH SCHOOL class 2 and menstruation No regular and moment period often sick.

##### **3.1.1.7. Extremities**

Extremities right And left Still normal, can moved in accordance order.

### **3.1.2. Diagnostic Analysis**

A nursing diagnosis is the result of a clinical decision made to understand the condition of an individual, family, or community. This decision is derived through careful data collection and analysis, which then forms the basis for designing nursing interventions that are the nurse's responsibility to implement (SDKI PPNI Working Group Team, 2020).

Based on the case of a family-assisted client with dysmenorrhea, researchers prioritized the problem of ineffective family health management that corresponded to the client's family's primary complaint. Ineffective family health management (D.0115) is a pattern of handling health problems within the family that is unsatisfactory in restoring the health condition of family members (SDKI PPNI Working Group Team, 2020).

Based on the case data obtained, the client reported irregular menstruation, sometimes once every two months, and pain that interfered with activities. The client stated that she had tried drinking Kiranti drinks and had massages, but the pain did not improve. During the assessment, the client stated that she was on her second day of menstruation and was seen walking slightly bent over as if enduring pain. In this case, subjective and objective data were in accordance with the limits of the characteristics of ineffective family health management in the nursing diagnosis according to the SDKI (Suwarno & Adhi, 2021).

### **3.1.3. Analysis Plan Care Nursing**

Nursing planning is the process of designing care steps developed by the nurse and the family as partners. The goal is to address health problems. And nursing Which has recognized, so that can found solution Which appropriate and beneficial for all parties involved (SDKI PPNI Working Group Team, 2020). The diagnosis is that family health management is ineffective in Mr. A's family, especially Ms. S. The researcher and the family plan to provide counseling on dysmenorrhea starting from the definition, causes, signs, symptoms, consequences and prevention such as dysmenorrhea yoga techniques and the family agrees and other action plans are recommendations and motivation, as well as supporting factors for carrying out the action plan because of the high motivation of Ms. M and her family to learn more about dysmenorrhea and how to overcome it. Involving the family as part of the care process will strengthen the support received by adolescents, increase compliance with the care plan, and create an environment that is caring and responsive to adolescents' health needs. With a comprehensive approach, it is hoped that adolescents can manage dysmenorrhea. better and go through the growth period comfortably and healthily.

### **3.1.4. Analysis Implementation and Evaluation**

#### **3.1.4.1. Intervention Nursing**

Intervention in form education health is step important For Increasing adolescents' and their families' understanding of dysmenorrhea. The initial step is to observe the individual's readiness and ability to receive information. This covers evaluation to interest, level understanding, as well as condition emotional clients before receiving education. This observation can be a basis for nurses in determining the appropriate and easy-to-understand approach and method of delivering information, so that education can accepted with Good And impact positive. Pain management is carried out using non-pharmacological techniques, namely by demonstrating dysmenorrhea yoga exercises.

#### **3.1.4.2. Implementation Nursing**

Implementation intervention done with monitoring to response client towards therapy Which given. Monitoring scale painful done in a way periodically, and education about strategies managing pain was conveyed to Mr. A's family, especially to Ms. S. the client is still complaining of lower abdominal pain on a scale of 5, so it will be schedule Education health in accordance with agreement that is with educational methods health with observe readiness And ability client receive information, provide health materials and media related to dysmenorrhea and demonstrate how to do dysmenorrhea yoga, schedule health education according to agreement and provide opportunities for clients regarding material that has not been discussed. understood. Researchers Also do collaboration with family in carry out implementation. With involvement direct the, expected teenager daughter and his family become

more understand about reason, symptom, as well as method dysmenorrhea treatment, And on Finally capable manage condition the in a way independent and right. By engaging in yoga practice, parents also learn relaxation and breathing techniques that can implemented together child moment experience painful period. Besides That, demonstration method This push creation communication Which open between child And person Parents are encouraged to discuss menstruation, which has often been considered taboo. Active family participation is expected. can create environment Which supportive, so that teenagers feel more comfortable and confident self in managing dysmenorrhea (Pristianto et al., 2022). Advantages from yoga dysmenorrhea That Alone is can relieve dysmenorrhea with method increase circulation blood in area pelvis And stimulate release of endorphins as analgesic nonspecific (Retnosari et al., 2023). Yoga dysmenorrhea Also own excess that is can stiffened At home And When just, economical cost And The movements are also easy to understand (Kanchibhotla, 2023). This dysmenorrhea yoga demonstration method aims to increase knowledge and awareness of families and adolescents. daughter about dysmenorrhea, that is painful period Which often experienced by adolescent girls during menstruation. Through the demonstration method, researchers not only convey information in a verbal, but also show immediate steps or actions that can be taken done to reduce the symptoms of dysmenorrhea, such as do exercise dysmenorrhea. Method This considered effective Because involving participant actively in process learning, so that they can see, understand, And copy in a way direct practice Which shown (Wiyarsi et al., 2024).

#### **3.1.4.3. Nursing Evaluation**

Evaluation done with see development condition client, specifically in matter menstrual pain. Evaluation show that intervention education about dysmenorrhea And exercise yoga has give results positive. In a way subjective, Ms. S report that painful period Which felt start reduce as well as has understand information Which given including Yoga techniques for managing dysmenorrhea. Objectively, Ms. S was able to demonstrate yoga movements well and appeared focused during the educational session. The assessment showed an increase in her ability to explain knowledge from a scale of 2 to 5, as well as a decrease in misperceptions from a scale of 5 to 2. Behavior related to implementing pain management also improved from a scale of 3 to 5.

#### **3.2. Discussion**

Assessment is something stages when a nurse gather information Continuously assess the family they are caring for. Assessment is the initial step in implementing family nursing care. To obtain an accurate and appropriate assessment, care is expected to use clear and simple language (Sisilawati & Riniasih, 2022).

Assessment results, diagnosis the nursing diagnosis was "Ineffective Family Health Management," which was related to a lack of knowledge about dysmenorrhea and how to manage it. Although the family seemed supportive, there was no comprehensive understanding of Ms. S's menstrual pain and how non-pharmacological strategies like yoga could help. This diagnosis is important because it indicates that the problem lies not solely with the client. in a way individual, but Also in dynamics support family to condition the. Therefore, the nursing care approach is directed at educational and collaborative interventions with the family. Based on the assessment results obtained from interviews to physical examination Which need noticed on dysmenorrhea sufferers covers The characteristics of the pain, such as the accompanying symptoms in Ms. S, who felt cramps in the lower abdomen, were not accompanied by symptoms such as nausea and vomiting. The researchers also examined Ms. S's menstrual history. Which new period moment SENIOR HIGH SCHOOL class 2 as well as period No regular And Sick on moment period on the first and second days. There are two classifications of dysmenorrhea: primary and secondary. Primary dysmenorrhea is common menstrual pain that is not caused by any specific pathological condition. whereas dysmenorrhea secondary caused by by condition pathological like endometriosis or disease inflammation pelvis (Maufiroh et al., 2023). Based on classification dysmenorrhea Ms. S is a sufferer dysmenorrhea primary Which where experienced moment age young, arise after cycle period Which irregular. Painful Which ongoing on One until two day the exit blood period. Complaint main that was delivered Ms. S is period Which No regular and painful great moment menstruation, until disrupt activities daily. Painful the felt in stomach part lower and own intensity Which high, reaching a pain scale of more than 5, and lasting for 1–2 days. This

indicates the possibility of primary dysmenorrhea, which is quite common happen in adolescents, however still requires appropriate treatment to prevent quality of life disruption. The absence of a family history of disease or other abnormalities on abdominal examination and vital signs confirms that this problem is more functional than pathological.

In the nursing planning process, the researcher and the family agreed to provide counseling on dysmenorrhea, including its definition, causes, symptoms, and management techniques through yoga. The family and client demonstrated high motivation to participate in this program, which was a contributing factor to the success of the intervention. The action plan was of a holistic nature. educative and promotional with objective increase understanding as well as independence client in managing menstrual pain. Family involvement in every stage of care is also an important part so that client feel supported in a way emotional and practical during process recovery. Intervention is carried out by observing the client's readiness to receive information and providing education in a gradually about dysmenorrhea and technique yoga. Yoga is activity do physical activity, mental learning, and breathing techniques to relieve stress (Ulhaq & Sari, 2025). Because That, yoga can help thought and body, overcome stress and depression somebody This allows for calm and the ability to manage menstrual discomfort. Safe and simple yoga poses can be practiced for primary dysmenorrhea (Hadianti & Ferina, 2021). These yoga exercises are also scheduled as agreed upon to avoid disrupting client and family activities. Pain scale monitoring and response to the yoga exercises were conducted. Although pain was still felt at a 5 on the scale, the commitment to reschedule the education demonstrated the patient's involvement. active from client and family. Intervention Also emphasize importance management Pain management without medication is a long-term effort to improve the quality of life for adolescents. This intervention focuses not only on pain reduction but also on improving the overall quality of life for adolescent girls, including physical, psychological, and social aspects. Ultimately, this intervention aims to empower patients to manage dysmenorrhea independently and to fully understand the importance of a healthy lifestyle.

Evaluation show development positive. In a way subjective, client report that pain starts reduce And He has understood method overcome dysmenorrhea use technique yoga. Objectively, Ms. S was able to practice yoga correctly and demonstrated focus during the educational session. There was an increase in her ability to explain knowledge from a scale of 2 to 5, a decrease in misperceptions from a scale of 5 to 2, and an improvement in behavior from a scale of 3 to 5. This indicates that educational interventions involving families are effective in increasing knowledge, changing attitudes, and encouraging healthy behaviors in adolescents with dysmenorrhea.

#### **4. Conclusion**

Overall, non-pharmacological therapy has proven effective in managing menstrual pain. Based on the results of the assessment, planning, implementation, and evaluation, it can be concluded that the dysmenorrhea problem in Ms. S, a teenager from Mr. A's family, was successfully managed through an educational and collaborative approach with the family. The menstrual pain, which was initially bothersome, activity now start reduce after education is carried out about dysmenorrhea And Yoga techniques as a non-pharmacological pain management method. Active client involvement and family support are key factors in the success of this intervention. Increased knowledge, changes in attitudes, and the ability to implement pain management strategies indicate that care nursing Which given effective in help client undergo time teenagers more healthily and comfortably.

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