The Effect Of "Selarindu" (Seduhan Rosella Kering Dan Madu) On Reducing Primary Dysmenorrhea Pain in Adolescent Girls

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ABSTRACT

Background: Dysmenorrhea (Menstrual Pain) is a reproductive health problem in young women because it can interfere with activities. Based on data from the World Health Organization (WHO) in 2017, the incidence of dysmenorrhea was 90% (1,769,425 people). Primary dysmenorrhea can have a negative impact on young women because the process of daily activities can be disrupted. The purpose of this study was to determine the effect of "Selarindu" (Seduhan Rosella Kering dan Madu) to reduce primary dysmenorrhea pain in young women. **Method:** This study used a cross-sectional approach with a population of young women aged 18-19 years, namely Level 1 Students of the Bachelor of Applied Midwifery Study Program Semarang Poltekkes Kemenkes Semarang. The sampling technique used total sampling so that a sample of 34 was obtained. Data collection in this study used a questionnaire and pain scale questionnaire for Primary Dysmenorrhea (NRS). Data analysis used the Wilcoxon test. **Result and Conclusions:** The results showed that the characteristics of respondents aged 19 years compared to 18 years, the most menarche at the age of ≤12 years, namely 20. The most BMI with poor nutritional status, namely 18 people, and the most activity is light activity, namely 20. Wilcoxon analysis results show that p -value 0.000, which is less than 0.05 so that Ha is accepted and Ho is rejected, which means that there is a significant effect of giving Selarindu (Seduhan Rosella Kering dan Madu) to reduce the pain of Primary Dysmenorrhea in young women.

Keywords: Primary Dysmenorrhea, Selarindu

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INTRODUCTION

The period between childhood and adulthood known as adolescence is characterized with biological, psychological, and social changes. WHO defines the age of adolescence between 12 and 24 years old. Menstruation is one of the indicator that a woman has reached puberty (Sulistyoningsih & Fitriani, 2020)

Uncontrollable uterine bleeding, disease associated with menstrual cycle, dysmenorrhea which are almost common in adolescent girls or women of reproductive age, premenstrual syndrome, and hirsutism are common sources of discomfort during menstruation (Isnainy et al., 2021).

Dysmenorrhea or menstrual pain is a symptom of pain in the abdomen or pelvic area that occurs before or during menstruation. Because of the increase of prostaglandins in the blood during menstruation causes the muscles of the uterus become dry (Margawati & Yudi Fitranti, n.d., 2017) Back discomfort (69.7%), fatigue, and weakness (63.5%), and abdominal cramps (70.4%) are the most common symptoms of dysmenorrhea. Dysmenorrhea symptoms can interfere with daily activities so therapy is needed (Gebeyehu et al., 2017).

Dysmenorrhea is divided into two, namely primary and secondary. Uterine contractions without accompanied by gynecological tract abnormalities is what cause primary dysmenorrhea while abnormalities in the gynecological or reproductive system cause secondary dysmenorrhea (Mularsih, 2017).

The prevalence of dysmenorrhea is significant worldwide. Based on information from the World Health Organization (WHO), 90% (1,769,425 people) of women experienced dysmenorrhea in 2017. Country data reported that the incidence of women experiencing primary dysmenorrhea is more than 50%, such as in France 79%, Spain 73.8%, and Nepal 75.2%. In contrast, 84.2% of people in Southeast Asia experience dysmenorrhea. In Indonesia, the incidence of dysmenorrhea is estimated to be 64.2 percent, consisting of primary dysmenorrhea 54.89% and secondary dysmenorrhea 9.36%. In Malaysia, 69.4%, and Thailand have an incidence of 84.2% (Syafriani et al., 2021). In 2017, Central Java Province had a population of 34,257,865 people with a total of 2,685,501 adolescent girls aged 10-19 years (BPS Jawa Tengah, 2017). Adolescent girls who experience dysmenorrhea in Central Java Province reached 1,518,867 people or 55% (Margawati & Yudi Fitranti, n.d., 2017).

The prevalence of the incidence rate obtained shows that dysmenorrhea greatly affects the condition of women. Dysmenorrhea can have a negative impact on adolescents because the process of daily activities can be disrupted, less focus when teachers or lecturers provide learning, and can affect academic and non-academic achievement. The most common complaints and symptoms of dysmenorrhea include reduced physical activity, attention problems, and skipping classes (Umaiyah, 2020).

Efforts are made to reduce the intensity of dysmenorrhea pain with pain management measures. Pain management measures can be provided pharmacologically and non-pharmacologically. Pharmacological therapy to

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reduce Primary Dysmenorrhea is by giving analgesic drugs or giving non- steroidal anti-inflammatory drugs (NSAIDs). While non-pharmacological therapy to reduce Primary Dysmenorrhea is with compresses, aroma therapy, light exercise, yoga, pilatest, dysmenorrhea gymnastics, and herbal drinks (Larasati & Alatas, 2016).

Nonpharmacological therapy to reduce Primary Dysmenorrhea pain is supported based on the results of Dhita's research on adolescent girls with dysmenorrhea using the Mann Whitney test, it is proven that orange aromatherapy can be used as an alternative treatment for dysmenorrhea pain and helps reduce dysmenorrhea pain scores in adolescents (Octaviani et al., 2019).

Nonpharmacological therapy in addition to compresses, aroma therapy, light exercise, yoga, pilates, and dysmenorrhea exercises is to drink traditional herbal drinks. Many herbal plants have been tested and contain nutrients and substances that can reduce menstrual pain (Muflih & Erwanto, 2018).

One of the herbal plants that can be used to reduce Primary Dysmenorrhea pain is Rosella (Hibiscus Sabdariffa .L). One of the herbal plants from the many types of plants that have been studied based on journal reviews is Rosella (Hibiscus Sabdariffa L.). Because rosella petals can be used to make health drinks that treat conditions such as hypertension, anemia, diabetes, and diuretics, rosella is a plant that is very well known in modern society (Djaeni, 2017).

In rosella petals, gosipetin, anthocyanins, and hibisci glucoside are the main active compounds. It is this anthocyanin component that gives rosella flowers their red color. Antioxidants included in anthocyanins also function to ward off free radicals. In rosella petals, gossypetin, anthocyanins, and hibisci glucosides are the main active compounds. It is this anthocyanin component that gives rosella flowers their red color. Antioxidants included in anthocyanins also serve to ward off free radicals. In addition to these active substances, Rosella contains vital amino acids, calcium, magnesium, phosphorus, iron, and omega-3 fatty acids (Djaeni, 2017).

The flavonoid compounds contained in Rosella flowers can reduce the production of prosgalandin, thereby inhibiting the enzyme cyclooxygenase. Cyclooxygenase is a key enzyme in the synthesis of prostaglandins, which are chemical mediators involved in a number of pain-related processes. Both traditional and modern health experts have studied the use of rosella petals in various countries around the world. These petals are known to contain essential nutrients that the body needs, including vitamin C, vitamin A, vital proteins, calcium, and 18 types of amino acids, including arginine and legnin, which play a role in the body's cell renewal process (Afifah, 2020).

Based on the results of the study, it is known that the addition of red ginger herb and rosella with tamarind can treat menstrual pain in adolescent girls (Afifah, 2020). Rosella is proven to reduce menstrual pain in line with the results of research conducted on university students. According to the study, drinking rosella and ginger tea one by one can

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significantly reduce the degree of menstrual pain at 24, 48, and 72 hours. hour (Nurnasari & Khuluq, 2018).

Another non-pharmacological therapy that can reduce menstrual pain is honey. Honey is a nutrient-dense food because it contains sugar, vitamins, minerals, amino acids, enzymes, and other compounds that are proven to be effective for dysmenorrhea. Based on research that has been conducted on female students at FKUPNVJ, female students at FKUPNVJ who experience primary dysmenorrhea can reduce pain and overall better quality of life by using honey (Bustamam et al., 2023).

According to additional research, there is a difference between the treatment groups that use honey, received pineapple juice and honey intervention with the control group in the reduction of menstrual pain (dysmenorrhea) (Putri et al., 2016).

Based on preliminary studies at the Applied Midwifery Undergraduate Program Semarang Poltekkes Kemenkes Semarang found from the results of interviews with 51 students there were 10 students who said they were anxious, 7 students said they had irregular menstrual cycles, and 34 students experienced dysmenorrhea. Applied Midwifery Undergraduate Study Program Semarang Poltekkes Kemenkes Semarang was chosen as the first research location, namely at level one students of the Applied Midwifery Undergraduate Study Program Semarang Poltekkes Kemenkes Semarang is a transition process from school to college which causes students to feel a lot of self-adjustment so that it triggers stress. Researchers assume that this is one of the factors that many experience dysmenorrhea. So the researcher is interested in proving whether there is an effect of giving Selarindu (Seduhan Rosella Kering dan Madu) to reduce dysmenorrhea. Secondly, the phenomenon of dysmenorrhea in first year students of the Applied Midwifery Study Program at the Poltekkes Kemenkes Semarang has never been studied.

Based on the above background, the researcher has conducted a study that aims to determine whether there is an effect of giving "Selarindu" (Seduhan Rosella Kering dan Madu) on reducing primary dysmenorrhea pain in adolescent girls.

METHOD

Research which conducted using quantitative research methods with the type of Quasy Experimental research. Research method is a process for addressing carefully planned research problems with the aim of collecting data and findings to help understand, explain, anticipate, and manage situations (P. D. S. Notoatmodjo, 2012).

One group examined before the intervention and after the intervention was used in a pre-post test design which allowed the researcher to identify cause-and-effect relationships. Comparing menstrual pain (dysmenorrhea) before being given "Selarindu" (Seduhan Rosella Kering dan Madu) and after the administration of " Selarindu" (Seduhan Rosella Kering dan Madu) (P. D. S. Notoatmodjo, 2012).

RESULTS

1. Univariate Analysis

a. Respondent Characteristics

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Table 1 Frequency Distribution of Univariate Analysis Results Characteristics of Respondents

No	Respondent Characteristics	N	%
1	**Age**		
	18 years old	10	29,4%
	19 years old	24	70,6%
	Total	34	100%
2	**Menarche**		
	≤12 years	20	58,8%
	>12 years	14	41,2%
	Total	34	100%
3	**IMT**		
	Skinny	18	52,9%
	Normal	11	32,4%
	Obesity	5	14,7%
	Total	34	100%
4	**Activities**		
	Lightweight	20	58,8%
	Medium	12	35,3%
	Weight	2	5,9%
	Total	34	100%

Based on table 1 shows that the characteristics based on the age of 34 respondents there are respondents aged 18 years 10 (29.4%) and 19 years 24 (70.6%). Characteristics based on age of menarche at age ≤12 years there were 14 (41.2%) and >12 years 20 (58.8%).

Characteristics based on BMI were 18 (52.9%) respondents with thin BMI, 11 (32.4%) respondents with normal BMI, and 11 (32.4%) respondents with normal BMI. 5(14.7%) were obese. Characteristics based on activity were respondents with light activity 20(58.8%), moderate activity 12(35.3%), and heavy activity 2(5.9%).

b. **Overview of Primary Dysmenorrhea Pain Levels in Adolescent Girls before and after Selarindu (Seduhan Rosella Kering dan Madu) intervention.**

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Table 2 Frequency Distribution of Results of Univariate Analysis of Primary DysmenorrheaPain Before and After Intervention

Intervention	Min	Max	Mean	Median	SD
Before	2	8	6,35	6,00	1,412
After	0	2	0,85	1,00	0,784

The results of the analysis of the description of Primary Dysmenorrhea pain scores in adolescent girls before the intervention of Selarindu (Seduhan Rosella Kering dan Madu) had an average value of 6.00, Standard Deviation 1.412 with the highest value of 8 and the lowest 2. It can be concluded that the Primary Dysmenorrhea pain score in adolescent girls before being given Selarindu intervention in the Moderate Pain category (NRS 4-6 scale).

The results of the analysis of the description of Primary Dysmenorrhea pain scores inadolescent girls after being given the intervention of giving have an average value of 1.00, Standard Deviation 0.784 with the highest value of 2 and the lowest 0. It can be concluded that the Primary Dysmenorrhea pain score in adolescent girls after being given Selarindu intervention is in the Mild Pain category (NRS Scale 1-3).

It can be concluded that the pain score of Primary Dysmenorrhea in Adolescent Girlsafter being given the Selarindu intervention is in the Mild Pain category (NRS Scale 1-3).

2. Normality Test and Bivariate

Analysis bivariate analysis is analysis on the influence of two variables that are suspected to be related. Before proving the influence of intervention. Data is first carried out Data Normality Test using test Saphiro-wilk test. Bivariate analysis in this study serves to prove the effect of the intervention using the Wilcoxon test, which is to see the difference between the level of pain scale dysmenorrhea before and after given intervention Selarindu (Seduhan Rosella Kering dan Madu) with one paired group data that has non-normally distributed data and ratio scale data.

a. Normality Test Results

Tabel 3 Data Normality Test Results

	Shapiro-Wilk		
	Statistic	Df	Sig
Pretest	0,887	34	0,002
Postest	0,798	34	0,002

Based on table 3, it is known that the data is not normal because the *sig* value or p-value in each data is ,0.05. Because the data is not normal, the statistical test used is Wilcoxon to test the relationship between the effect of giving Selarindu (Seduhan Rosella Kering dan Madu) on reducing primary dysmenorrhea pain in adolescent girls.

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a.   Bivariate Analysis Results

Tabel 4 Bivariate Analysis Results

Pretest-posttest		N	Mean Rank	Sum of Ranks
	Negative Ranks	34	17,50	595,00
	PositiveRanks	0	0,00	0,00
	Ties	0		
	Total	34		

Based on table 4 wilcoxon signed ranks test dysmenorrhea before intervention and after Selarindu intervention (Seduhan Rosella Kering dan Madu), it is found that negative ranksvalue at N is 34, which means that there are 34 respondent who experience a decrease in the dysmenorrhea pain scale after the intervention, which has a mean rank value of 17.50 and sum of ranks of 595.00. This is reinforced by the results of Wilcoxon statistics in this study, which are as follows:

Tabel 5 Wilcoxon Statistical Test

		Pre-intervention pain level-levelpain after intervention
Z		-5,114
	Asymp. Sig. (2-Tailed)	0,000

Based on table 5 test statistics Wilcoxon obtained the results in the form of Z count which is -5,114. Which means that Selarindu (Seduhan Rosella Kering dan Madu) is able to reduce the dysmenorrhea pain scale 5,114 x from the previous pain. Based on the results of statisticalanalysis using te Wilcoxon test, the p value is 0.000 which is smaller than 0.005 so that Ha is accepted and Ho is rejected, which means that there is significant effect of giving Selarindu (Seduhan Rosella Kering dan Madu) on reducing primary dysmenorrhea pain in adolescent girls.

DISCUSSION

1.   Age of Respondents

Normal growth can be recognized by its level of anatomical and physiological development and age is the duration od the time since a person's existence and can be measured using units of time in terms of chronology. Age is the length of time lived since birth (Larasati & Alatas, 2016).

The results of the study found that adolescents with 18 years of age were 10 (29,4%)and 19 years of age 24 (70,6%). This research is in line with Tsamara's research (2020)primary dysmenorrhea, almost manifest in first time of women in aged 20 years or younger after their ovulation cycle, defined as menstrual pain without abnormalities in the genital organs. The peak incidence of primary dysmenorrhea is in the age range of late

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adolescence to young adulthood, namely the age range of 15-25 years. Late adolescence is referred toas the "storm and pressure" period, a time when emotional tension increases due to physical and glandular changer that cause adolescents to be very sensitive and easily experiencestress (Tsamara et al., 2020).

The analysis of this study was that the first year students of applied midwifery undergraduate study program at Semarang Health Polytechnic who has experienced primary dysmenorrhea were more, there were 34 (66,6%) students out of 51 students. This is described based on age of menarche, activity, and BMI.

2. Menarche

Menarche usually occurs between the ages of 1 and 16 years old, is the first menstrual period that women experience during adolescence. Menarche is considered the first menstruation from the uterus, the beginning of menstrual function, and a symptom of puberty in young women (Setiawati, 2015).

Based on table 1, 20 out of 34 adolescent girls had menarche age below 12 years (58.8%), while 14 of them had menarche age above 12 years (41.2%). This is consistent with the hypothesis that menstrual discomfort usually begins two to three years after the first period and peaks when women are 15 to 25 years old (Muhammad Ilham Aldika Akbar & Brahmana Askandar Tjokroprawiro, 2020).

Based on the results of this study, respondents who experienced Primary Dysmenorrhea were more at the age of menarche less ≤ 12 years. This is in accordance with theory and in line with Beddu's research (2015) of 29 who experienced early menarche

there were 25 who felt dysmenorrhea and 4 who did not feel dysmenorrhea. Based on this, the age of menarche affects the occurrence of primary dysmenorrhea because at that age the reproductive organs are developing and there are significant hormonal changes (Beddu et al., 2015).

3. IMT

BMI (Body Mass Index) is a simple index of body weight to height used to classify nutritional status. BMI is defined as a person's weight in kilograms divided by the square of height in meters (kg/m) (Kemenkes RI, 2019).

Based on table 1, the results showed that of the 34 respondents who experienced Primary Dysmenorrhea, there were 18 thin IMT (52.9%), 11 normal IMT (32.4%), and 5 obese IMT people (14.7%).

This study supports the findings of Anwar and Rosdiana (2019) who found that girls with poor nutritional status have a 10,500-fold higher risk of experiencing dysmenorrhea than girls with appropriate nutritional status. A state of health called nutritional status is caused by the interaction between food, body, and environment (Anwar & Rosdiana, 2019).

The results of this study found that respondents with abnormal BMI (Underweight) were 18 students more than those with normal BMI, namely 11 students and obese BMI (Overweight) 5 students. This is in line with the hypothesis that primary dysmenorrhea can occur due to dietary status problems. Overweight / fat and underweight / thin are risk factors for primary dysmenorrhea, according to Registery and Patky's book in 2008.

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4. Activities

Sports activities are activities that are carried out continuously or rhythmically to increase heart rate and breathing to meet the body's oxygen needs (Kemenkes RI, 2019).

Based on table 1, the results of research from 34 respondents who felt Primary Dysmenorrhea there were 20 people with mild activity (58.8%), 12 people with moderate activity (35.3%), and 12 people with moderate activity (35.3%), 2 people with heavy activity (5.9%). This study is in line with Ketut's research (2019) with respondents who experienced dysmenorrhea, the majority of 86% of respondents were lacking in exercise and only 14% had a good exercise frequency, meaning that there was a relationship between exercise habits and primary dysmenorrhea (Herdianti et al., 2019).

According to the results of the study, individuals with light activity were more than those with moderate and heavy activity.

5. Overview of pain levels Primary Dysmenorrhea in Adolescent Girls Before The Intervention of Selarindu (Seduhan Rosella Kering dan Madu)

Primary Dysmenorrhea is felt by adolescent girls due to an increase in prostaglandins as pain mediators. Prostaglandins that increase will cause spasm in the muscles, by taking a deep breath it will flow more oxygen into the blood and there will be vasodilation of blood vessels. This will trigger the release of endorphin hormones that play a role in blocking pain receptors thereby interrupting the transmission of pain impulses to the brain (Pengesti et al., 2019).

Based on the results of the study of 34 respondents, 1 person felt mild primary dysmenorrhea pain with a score of 2, 1 person with moderate pain score 4, 7 people with moderate pain score 5, 9 people with moderate pain score 6, 7 people with severe pain score 7, and 9 people with severe pain score 8. The average result of primary dysmenorrhea pain before giving Selarindu intervention is 6.00 with a mean value of 6.35, maximum 8, minimum 2, and standard deviation 1.412.

The results of the analysis of the description of the level of pain of Primary Dysmenorrhea in Adolescent Girls before the intervention of giving Selarindu had an average value of 6.00. This shows that Primary Dysmenorrhea Pain in Adolescent Girls before the intervention of giving Selarindu in the Moderate Pain category.

The results of this study are in line with the results of Ramli's research, (2017) on adolescent girls who showed the average level of Primary Dysmenorrhea pain before the intervention of Rosella and Honey is 6.47, which is in the Moderate Pain category (Ramli & Santy, 2017).

According to Manuaba's theory in the book Reproductive Health (2020), it can be concluded that both mild pain, moderate pain and severe pain still interfere with activities and have an impact on individual comfort. From the research data above on the respondents, the researcher concluded that before being given the intervention it could be concluded that the average respondent's pain was still in the mild and moderate pain interval. Where this can still be overcome by using non-pharmacological therapy, namely in this study by using Selarindu drinking therapy (Larasati &

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Alatas, 2016).

6. Overview of pain levels primary dysmenorrhea in adolescent girls after the intervention of Selarindu (Seduhan Rosella Kering dan Madu)

Based on the results of the study of 34 respondents, 8 people felt mild primary dysmenorrhea pain with a score of 2, 13 people with moderate pain score 1, and 13 people with no pain or score 0. So that the average primary dysmenorrhea pain after giving Selarindu intervention is 1.00 with a mean value of 0.85, maximum 2, minimum 0, and standard deviation 0.784. The results of this study are in line with the research of Agus Setianingsih et al. (2018), which found that adolescent girls who consumed pineapple juice and honey felt an average mild pain level of 2.12, with a range of 0 to 4, and at least 2 (Agus Setianingsih et al., 2018).

The results of the analysis of the description of the level of Primary Dysmenorrhea pain in Adolescent Girls after the intervention of giving Selarindu had an average value of 1.00. This shows a decrease in the average value when compared to before the intervention, itcan be concluded that there is a decrease in the level of Primary Dysmenorrhea Pain in Adolescent Girls with an average decrease of 5.00 so that in this study the level of Primary Dysmenorrhea pain in the mild pain category. The results of this study are in line with the results of Ramli's research, (2017) which shows a decrease in the average after the intervention of giving rosella and honey 3.31 so that Primary Dysmenorrhea pain is in themild category (Ramli & Santy, 2017).

7. Effect of Giving Selarindu (Seduhan Rosella Kering dan Madu) on Reducing Primary Dysmenorrhea Pain in Adolescent Girls.

Based on the results of statistical analysis using the Wilcoxon test, the p value of 0.000 is smaller than 0.05 so that Ha is accepted and Ho is rejected. This means that there is a difference in the intensity of Primary Dysmenorrhea pain after the intervention. This means that there is an effect of giving Selarindu on reducing Primary Dysmenorrhea pain in adolescent girls. The result of Z count is -5,114 which means that Selarindu is able to reduce the dysmenorrhea pain scale 5,114 x from the previous pain.

Based on the average NRS scale before and after being given Selarindu also showed a decrease, the average score before being given Selarindu was 6.00 and after being given Selarindu decreased to 1.00. The results of this study are in line with the results of Ramli's research (2017) which showed that there was a significant effect with the administration of rosella tea and honey. Before being given the intervention, it was 3.67 and after being given the intervention decreased to 3.31, thus showing a decrease in primary dysmenorrhea pain intensity with an average of 0.36 (Ramli & Santy, 2017). This study is in line with the research of Agus Setianingsih et al (2018) found after giving pineapple juice and honey, there was a 94% decrease in the treatment group. This is because pineapple juice contains bromelain, a painkiller, and honey contains flavonoids that reduce menstrual pain and dysmenorrhea (Agus Setianingsih et al., 2018).

Based on the results of the research and the theory above, it can be concluded that the

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provision of Selarindu to adolescent girls who experience Primary Dysmenorrhea pain plays an important role in providing midwifery care that can help reduce Primary Dysmenorrhea pain in adolescents. The ability of adolescents to apply non-pharmacological treatments during Primary Dysmenorrhea pain, namely by giving cannot be separated from the knowledge of adolescents. Therefore, midwives must be able to provide counseling on how to reduce Primary Dysmenorrhea pain with herbal drinks, one of which is drinking Selarindu

CONCLUSIONS

Based on the research results, it can be concluded:

1. Based on the results of research on Characteristics respondents obtained the results that:

   a. The age of respondents of 34 respondents of Primary Dysmenorrhea pain is adolescent adulthood 18-19 years old with the results of 18 years of age there are 10 (29.4%) and 19 years old there were 24 (70.6%).

   b. The age of menarche of 34 respondents was an average of ≤12 years old, as many as 20 people (58.8%).

   c. The activity of 34 respondents was obtained on average with light sports activities, namely 20 people (58.8%).

   d. IMT of 34 respondents found that the average IMT in the status of less with data 18 people(52.9%).

2. Based on the results of research on the description of Primary Dysmenorrhea pain before giving Selarindu intervention with an average score of 6.00 (Moderate Pain).

3. Based on the results of research on the description of Primary Dysmenorrhea pain after giving Selarindu intervention with an average score of 1.00 (Mild Pain).

4. Based on bivariate analysis of the effect of Selarindu administration on reducing Primary Dysmenorrhea pain, the results show that there is a significant effect on pain reduction. Based on the results of the Wilcoxon statistical test with an Asymp (2-tailed) *p value of* 0.000 <0.05 so that Ha is accepted and Ho is rejected. It can be concluded that there is an effect of giving Selarindu on reducing Primary Dysmenorrhea pain in adolescent girls.

Conflict of Interest

The authors report no conflicts of interest

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