

Gambaran sindrom prahaid dan hubungannya dengan gangguan siklus haid pada mahasiswi Fakultas Kedokteran Universitas Indonesia tahun ajaran 2012-2013 = The study of premenstrual syndrome and its relation with menstrual disorders on college students in Faculty of Medicine Universitas Indonesia academic year 2012-2013

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Abstrak

Sindrom prahaid dan gangguan siklus haid merupakan masalah yang kerap mengganggu perempuan. Patofisiologi dari keduanya berkaitan dengan faktor hormonal sehingga dihipotesiskan berkaitan. Penelitian cross-sectional analitik observasional ini dilakukan terhadap 106 mahasiswa di Fakultas Kedokteran Universitas Indonesia dengan menggunakan kuesioner yang sudah divalidasi sebelumnya. Pengolahan data secara statistik dengan uji Chi Square dan Uji Kolmogorov-Smirnov dan didapatkan bahwa tidak terdapat hubungan yang bermakna antara sindrom prahaid dan gangguan siklus haid ($p=0,507$). Prevalensi sampel yang mengalami sindrom prahaid dan gangguan siklus cukup besar yaitu 62.2% dan 63.2%. Diantara yang mengalami gangguan siklus haid, sebagian besar (59.7%) juga mengalami sindrom prahaid. Jenis gangguan siklus haid paling banyak diantaranya menorrhagia (56.6%) dan oligomenorrhea (20.7%).

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Premenstrual syndrome (PMS) and menstrual disorders are problems that are usually complained by women, especially in adolescence. The pathophysiology behind them both, the hormonal factor, are the reason behind the hypothesis of them related. This cross-sectional observational analytic research is done on 106 college students on Faculty of Medicine University of Indonesia using a questionnaire that has been validated. Statistical process is done with Chi Square and Kolmogorov-Smirnov test and concluded that there is no significant relation between PMS ($p=0.507$) and menstrual disorder with prevalence of PMS and menstrual disorder are 62.2% and 63.2%. Among the samples diagnosed positive for menstrual disorders, most (59.7%) were also diagnosed with premenstrual syndrome. The most common types of menstrual disorders are menorrhagia (56.6%) and oligomenorrhea (20.7%).