

# Relationship Stress Levels and Individual Cooperation with Dymenorrhea Levels in Adolescent Women

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## ABSTRACT

One of the main causes of primary dysmenorrhea is stress. Mild stress is a common stressor that might persist for a few minutes or several hours. The goal of this study was to ascertain how well adolescent girls, coped with their level of dysmenorrhea in connection to their stress levels. In this study, a cross sectional methodology is combined with a correlation analysis design. Who had dysmenorrhea made up the study's population. This study employs stratified random sampling as its sampling method, a questionnaire sheet as its instrument, and interval regression as its statistical testing method. According to each variable's findings, 64 respondents (36.16%) reported having experienced high levels of stress.

**Keywords:** degree of dysmenorrhea, individual coping, stress level, young women

## BACKGROUND

One of the main causes of primary dysmenorrhea is stress. Mild stress is a common stressor that can continue for a few minutes or several hours (Priyoto, 2014). Stress can take many different forms, including tension that affects specific body parts, an experience or shock that upends one's daily routine, a sense of threat accompanied by actions intended to lessen threats, and stress is also a physical and psychological response to any demands in life.

Adrenaline, estrogen, progesterone, and prostaglandins are among the hormones that the body produces in excess when under stress. An excessive rise in uterine contractions can be brought on by excess estrogen and prostaglandin hormones, and an excessive increase in uterine contractions can bring on dysmenorrhea. While the uterine muscles are also stiff due to the rise in the adrenaline hormone, this can result in dysmenorrhea during menstruation (Sari, 2015).

Dysmenorrhea is defined as the sensation of pain or cramping in the lower abdomen that occurs before or during menstruation. Dysmenorrhea or menstrual pain is the most common gynecological complaint experienced by the majority of women of reproductive age. Stress can occur when experiencing dysmenorrhea. This stress occurs when hormones in the body experience an increase which in turn causes the uterus to contract and cause pain to occur. This pain can be an excessive stressor and can affect the mental and psychological functions of individuals. Dysmenorrhea can also get worse if the stressor is not handled immediately, several things that make dysmenorrhea worse, namely if the individual is unable to control his body movements such as heavy activities and physical activities such as going up and down stairs, walking long distances, running, etc. Therefore, adolescents who experience primary dysmenorrhea must have the right mechanism and management to deal with the pain so as not to cause excessive stress and can affect a person's psyche.

Dysmenorrhea has the highest incidence in women who have moderate to high stress levels compared to women who have low stress levels. Dysmenorrhea occurs in women with low stress levels by 22%, with moderate stress levels 29% and women with high stress levels by

44%. However, the risk of experiencing dysmenorrhea increased up to 10 times in women who had a history of dysmenorrhea and high stress before, compared with women who did not have a previous history. The prevalence of dysmenorrhea is still high, where the incidence of dysmenorrhea in the world reaches 90% (Holder, 2014). Research conducted in the United States shows that almost 95% of women experience dysmenorrhea (Calis, 2015). The prevalence in Indonesia consists of 54.89% primary dysmenorrhea and 45.11% secondary dysmenorrhea (Nurul, 2017). Research conducted on students of SMA Negeri 2 Medan showed that those who experienced primary dysmenorrhea were 85.9% (Sirait, 2014). The prevalence of dysmenorrhea ranges from 45-95% among women of reproductive age (Moan, 2012).

A preliminary study conducted by researchers on May 20, 2022, conducted by researchers by interviewing 5 class VII students and 5 class VIII students at SMPN 1 Bandung, who experienced dysmenorrhea every time they menstruated. From the results of interviews about how they felt and their behavior when they were experiencing dysmenorrhea, some of the interviewed students said that they felt nauseous and dizzy, became irritable, irritable, could not relax or relax, felt a lot of energy wasted, was in a state of stress. tension, and difficulty resting.

From the results of the interview, it was also known that dysmenorrhea greatly interfered with their daily activities, they often could not participate in learning because of the pain that could not be endured anymore, even among them there were those who admitted that they had fainted on campus because of the menstrual pain they were experiencing, so that they could not do it. any activity. When asked how students respond to dysmenorrhea, students usually respond by lying down or lying in the room, drinking herbs or medicines that they buy from stalls or herbal medicine sellers, and it is not uncommon for them to cry and squeeze their stomachs when the pain is very heavy.

The degree of dysmenorrhea varies in each woman. Some women only experience mild or moderate dysmenorrhea which is not bothersome, but for some women the dysmenorrhea experienced can be very severe and may be accompanied by other symptoms such as nausea, vomiting, diarrhea, headache, weakness, and even fainting. The more severe the pain is felt, it can interfere with the psychological condition of the individual where the pain response provides a stimulus to the brain, causing stress. Each individual's stress response is different due to health conditions, personality and knowledge, stress can have a positive or negative effect so that the coping mechanisms and emotional management abilities of each individual are different (Agustin, 2018). At the time of stress caused by dysmenorrhea individuals can not do prevention, but by diverting dysmenorrhea so that it does not cause ongoing stress. Stress management is an action to plan, manage and control stress (Sma & Kanaan, 2019).

The relationship between stress levels and individual coping with the degree of desminorrhea is described by when dysmenorrhea appears, which is accompanied by pain that cannot be overcome by some young women, it can cause several stressors, for example, such as wringing the stomach, crying, screaming, pioneering, unable to carry out activities, or even fainting, and this can cause anxiety to some young women when they are approaching the time of menstruation, therefore individual coping is needed to deal with pain or dysmenorrhea in the future, individual coping that can be done can be like doing relaxation techniques such as compressing the lower abdomen uses warm water and can also distract us by watching movies, reading, or playing social media.

Based on the results of research conducted by Indria (2015) regarding "The relationship between stress and the incidence of dysmenorrhea in the VIII semester student of the Nursing Science Study Program, Faculty of Medicine, Sam Ratulangi University, Manado", the results show that there is no significant relationship between stress levels and the incidence of dysmenorrhea in semester students. VIII Nursing Science Study Program, Faculty of Medicine, University of Sam Ratulangi Manado. The level of mild stress was 26 respondents (83.9%),

moderate stress level was 5 respondents (16.1%), there were no respondents who experienced severe stress levels. There were 19 students (61.3%), and 12 respondents (38.7%) who had dysmenorrhea who did not experience dysmenorrhea.

Based on the results of Riri's 2016 research conducted during a medical test for new students at the USU Teaching Hospital, it was found that out of 300 students, 150 people (50%) experienced stress, of which 53 people (35%) experienced mild stress, 76 people (50.7%) experienced moderate stress, and 21 people (14%) experienced severe stress.

Based on the results of research conducted by Berlianawati (2016) regarding "The relationship between stress levels and dysmenorrhea in grade 3 students of SMK Batik 1 Surakarta", the results show that there is a significant relationship between stress levels and dysmenorrhoea in grade 3 students of SMK Batik 1 Surakarta. There were 34 students (45.3%) who did not experience dysmenorrhoea with mild stress, 41 students (54.7%). %).

Based on the data above, the researcher is interested in conducting research on "The Relationship between Individual Stress and Coping Levels with the Degree of Dysmenorrhea.

## METHODS

In this study, the researcher used quantitative analytical design with a cross sectional approach, which is a study to study the dynamics of the correlation between risk factors and effects, by approaching, observing or collecting data all at once (point time approach), that is, each subject The study was observed only once and measurements were made on the status of the character or variable of the subject at the time of examination. This does not mean that all research subjects are observed at the same time (Soekidjo, 2017). This study will analyze the relationship between stress levels and individual coping with the degree of dysmenorrhea in adolescent girls with a population of 319 respondents and a sample of 177 respondents taken with the Stratified Random Sampling technique.

## RESULTS

### Stress Level

Table 4.1. Distribution of the frequency of respondents based on the stress level of respondents at SMPN 1 Bandung, Bandung District, Tulungagung Regency which was carried out by researchers on August 22, 2022.

Criteria	Frequency	Percent (%)
Light	55	31,07%
Medium	58	32,77%
Weight	64	36,16%
Total	177	100,00%

Based on table 4.1 above, it is known that most of the respondents experienced the level of stress in the severe category as many as 64 respondents (36.16%).

### Individual Coping

Table 4.2. Frequency distribution of respondents based on individual respondents' coping at SMPN 1 Bandung, Bandung District, Tulungagung Regency which was carried out by researchers on August 22, 2022.

Criteria	Frequency	Percent (%)
Good	67	37,85%
Enough	56	31,64%
Less	54	30,51%
Total	177	100,00%

Based on table 4.2 above, it is known that most of the respondents have good individual coping categories as many as 67 respondents (37.85%).

## Dysmenorrhea

Table 4.3. Frequency distribution of respondents based on respondent dysmenorrhea at SMPN 1 Bandung, Bandung District, Tulungagung Regency which was carried out by researchers on August 22, 2022

Criteria	Frequency	Percent (%)
Light	70	39,55%
Medium	50	28,25%
Weight	57	32,20%
Total	177	100,00%

### Statistical Test Results

Table 4.1.1. Results of linear regression statistical test of the relationship between stress levels and individual coping with the degree of dysmenorrhea in adolescent girls at SMPN 1 Bandung, Besuki District, Tulungagung Regency which was carried out by researchers on August 22, 2022 with a total of 177 respondents

No	Variable	Sig	$R^2$	Sig
1	Constand	.000	0.727	0.000
2	Sress level	.007		
3	Individual Coping	.009		

## DISCUSSION

### Stress Levels with Degrees of Dysmenorrhea in Young Girls at SMPN 1 Bandung, Bandung District, Tulungagung Regency

The results showed that some respondents experienced mild stress levels as many as 55 respondents (31.07%), in addition a number of 58 respondents (32.77%) experienced moderate stress levels, while a number of 64 respondents (36.16%) experienced severe stress levels.

According to Proverawati (2013) which states that adolescence is a turbulent period, at this time the mood or mood can change very quickly, drastic mood changes in adolescents are often due to the burden of schoolwork, homework or daily activities. . In addition, according to Ade (2012), emotionality in adolescence is influenced by the maturity factor and also the ups and downs of estrogen hormone levels in the body during menstruation.

Based on table 4.1, it can be seen that of the total 177 respondents in the data of young women at SMPN 1 Bandung, most of them experienced mild stress with a total of 55 respondents (31.07%). The results of the questionnaire analysis of 55 respondents (31.07%) who experienced mild stress were characterized by signs of symptoms such as difficulty calming down after something disturbing, difficulty tolerating disturbances to things they were doing, being easily agitated, and having difficulty understanding anything. that gets in the way of completing what is being done.

From the results of the questionnaire distributed by researchers with respondents, most of them who experience moderate stress sometimes experience mood swings that go up and down because stress can occur when individuals are in an uncomfortable state or seem threatening such as menstruation on the first day which can then cause pain which eventually can cause reactions such as difficulty calming down after something disturbing, difficulty tolerating distractions from what is being done, easily agitated, and difficulty understanding anything that gets in the way of getting what you are doing.

Based on table 4.1, it can be seen that of the total 177 respondents in the data of teenage girls at SMPN 1 Bandung, most of them experienced moderate stress with a total of 58 respondents (32.77%). The results of the questionnaire analysis of 64 respondents (32.77%) who experienced moderate stress were characterized by symptoms of being easily irritated, difficult to rest, easy to be impatient, irritable, tended to be difficult to relax or relax.

From the results of the questionnaire distributed by researchers with respondents, most of them who experience moderate stress sometimes experience mood swings that go up and down because stress can occur when individuals are in an uncomfortable state or seem threatening such as menstruation on the first day which can then cause pain which eventually can cause reactions such as easily irritated, difficult to rest, easily become impatient, irritable, tend to be difficult to relax or relax.

Based on table 4.1, it can be seen that of the total 177 respondents in the data of young women at SMPN 1 Bandung, most of them experienced severe stress with a total of 64 respondents (36.16%). The results of the questionnaire analysis of 64 respondents (36.16%) who experienced severe stress were characterized by signs of symptoms such as being easily angry because of small or trivial things, tending to overreact to situations, feeling a lot of energy wasting because of anxiety, and being in a state of tension.

From the results of the questionnaire distributed by researchers with respondents, most of them who experience severe stress sometimes experience mood swings that go up and down because stress can occur when individuals are in an uncomfortable state or seem threatening such as menstruation on the first day which can then cause pain which eventually leads to pain. can cause reactions such as easily getting angry over small or trivial things, tending to overreact to situations, feeling a lot of energy wasting because of anxiety, and being in a state of tension.

#### **Individual Coping with the Degree of Dysmenorrhea in Young Girls at SMPN 1 Bandung, Besuki District, Tulungagung Regency**

The results showed that most of the respondents had good individual coping as many as 67 respondents (37.85%), besides that 56 respondents (32.77%) had adequate individual coping, while a number of 54 respondents (36.16%) had individual coping not enough.

According to Berk (2013) in adolescence cognitive development has reached the peak stage, namely the formal operation stage (11 years-adult), a capacity for abstract thinking, where adolescent reasoning is more similar to the way scientists seek problem solving. From the research, respondents aged 12-14 years have already reached the capacity to think abstractly, and can solve problems well.

Based on table 4.2, it can be seen that of the total 177 respondents in the data of young women at SMPN 1 Bandung, most of them have good individual coping with a total of 67 respondents (37.85%). The results of the questionnaire analysis of 67 respondents (37.85%) who have good individual coping are characterized by individuals being able to respond to dysmenorrhea with adequate rest, using warm compresses on the abdominal area, rubbing the painful area, checking with a doctor or health worker, consuming pain medication.

From the results of the questionnaire distributed by the researchers with the respondents, most of them had individual coping methods, namely by getting enough rest, using warm compresses to the abdominal area, rubbing the painful area, checking with a doctor or health worker, taking medication. anti-pain.

Based on table 4.2, it can be seen that of the total 177 respondents in the data of young women at SMPN 1 Bandung, most of them have sufficient individual coping with a total of 56 respondents (31.64%). The results of the questionnaire analysis of 56 respondents (31.64%) who have adequate individual coping are characterized by individuals being able to respond to dysmenorrhea by avoiding strenuous exercise, watching TV to reduce pain, listening to music to reduce pain, swimming to reduce pain, drinking clean water many.

From the results of the questionnaire distributed by the researchers with the respondents, most of them have individual coping methods, namely by avoiding strenuous exercise, watching TV to reduce pain, listening to music to reduce pain, swimming to reduce pain, drinking lots of water.

Based on table 4.2, it can be seen that of the total 177 respondents in the data of young women at SMPN 1 Bandung, most of them have less individual coping with a total of 54 respondents

(30.51%). The results of the questionnaire analysis of 54 respondents (30.51%) who have less individual coping are characterized by individuals being able to respond to dysmenorrhea by sleeping and letting it go when it hurts, avoiding yoga practice, aerobic exercise and walking, bathing using warm water, and smelling oil. eucalyptus or the like.

From the results of the questionnaire distributed by researchers with respondents, most of the respondents who have individual coping skills are lacking in their way of dealing with dysmenorrhea, namely by sleeping and letting it go when they are in pain, avoiding yoga practice, aerobic exercise and walking, bathing using warm water, and smelling wood oil. white or something.

### **Degree of Dysmenorrhea in Young Girls at SMPN 1 Bandung, Besuki District, Tulungagung Regency**

The results showed that most of the respondents experienced mild dysmenorrhea as many as 70 respondents (39.55%) in addition, 50 respondents (28.25%) experienced moderate dysmenorrhea, while a number of 57 respondents (32.20%) experienced severe dysmenorrhea. Based on table 4.3, it can be seen that of the total 177 respondents in the data of young women at SMPN 1 Bandung, most of them experienced mild dysmenorrhea with a total of 70 respondents (39.55%). The results of the questionnaire analysis of 70 respondents (39.55%) who experienced mild dysmenorrhea characterized by the individual still being able to carry out daily activities, still being able to concentrate while studying, feeling pain in the lower abdomen.

From the results of the questionnaire distributed by the researcher with the respondents, most of them experienced mild dysmenorrhea where the pain lasted for a while and only needed a short break and could continue with daily activities so there was no need to use drugs.

Based on table 4.3, it can be seen that from a total of 177 respondents in the data of teenage girls at SMPN 1 Bandung, most of them experienced moderate dysmenorrhea with a total of 50 respondents (28.25%). The results of the questionnaire analysis of 50 respondents (28.25%) who experienced moderate dysmenorrhea were characterized by the individual feeling the body became weak, disturbed daily activities, had no appetite, and felt dizzy.

From the results of the questionnaire distributed by researchers with respondents, most of them experienced moderate dysmenorrhea where the pain lasted several hours and required adequate rest and was still able to continue some of their daily activities so there was no need to use drugs.

Based on table 4.3, it can be seen that from a total of 177 respondents in the data of adolescent girls at SMPN 1 Bandung, most of them experienced severe dysmenorrhea with a total of 57 respondents (32.20%). The results of the questionnaire analysis of 57 respondents (32.20%) who experienced severe dysmenorrhea were characterized by individuals feeling nausea and vomiting, pain that radiated to the back, unable to carry out daily activities, and even fainted.

From the results of the questionnaire distributed by the researcher with the respondents, most of them experienced severe dysmenorrhea where the pain lasted for approximately 2 days and the pain was felt to occur continuously during menstruation, and could not carry out daily activities, so it was necessary to use anti-inflammatory drugs. painful.

### **Relationship between Stress and Individual Coping Levels with the Degree of Dysmenorrhea in Adolescent Girls at SMPN 1 Bandung, Bandung District, Tulungagung Regency**

Based on the results of multiple linear regression analysis shows that with a p-value of 0.0000 <0.05 then H1 is accepted, it is concluded that there is a simultaneous relationship between stress levels and individual coping with the degree of dysmenorrhea in adolescent girls at SMPN 1 Bandung, Bandung District, Tulungagung Regency with the magnitude of the influence is 72.7%.

Based on table 4.9 cross tabulation of stress levels with respondents' dysmenorrhea levels at SMPN 1 Bandung, Bandung District, Tulungagung Regency which was carried out by researchers on August 22, 2022 with a total of 177 respondents, it is known that some respondents who experienced mild stress levels experienced mild dysmenorrhea as much as 44 respondents (24.86%).

Based on table 4.10 cross-tabulation of individual coping with the respondent's dysmenorrhea level at SMPN 1 Bandung, Bandung District, Tulungagung Regency which was carried out by researchers on August 22, 2022 with a total of 177 respondents, it is known that some respondents who had good individual coping experienced mild dysmenorrhea as much as 53 respondents (29.94%). In the cross tabulation this time there were different results where 4 students who had good individual coping actually experienced severe dysmenorrhea. This is because there are students who initially do strenuous sports such as basketball, volleyball, etc., there are also students who cannot take pain medication, so they only deal with pain using other individual coping methods such as rubbing the stomach, compressing the stomach using a hot pot on the stomach. uks, and rest, but because the dysmenorrhea was too severe, it could not overcome the pain experienced by the student.

Stress is a natural response from our body when experiencing pressure from the environment. The impact of stress is varied, it can affect mental and physical health. One of the impacts of stress on health is dysmenorrhea. When a person experiences stress, a neuroendocrine response occurs, causing Corticotrophin Releasing Hormone (CRH), which is the main hypothalamic regulator, to stimulate the secretion of Andrenocorticotrophic Hormone (ACTH). (ACTH) will increase adrenal cortisol secretion. These hormones cause the secretion of Follicle Stimulating Hormone (FSH) and Luteinizing Hormone (LH) to be inhibited so that follicle development is disrupted. This causes the synthesis and release of progesterone to be disrupted. Low progesterone levels increase the synthesis of prostaglandin F2a and E2. An imbalance between prostaglandins F2a and E2 and prostacyclin (PG12) causes increased activation of PGF2a. Increased activation causes ischemia of the myometrial cells and increased uterine contractions. Excessive increase in contractions causes dysmenorrhea (Hendrik, 2016).

Based on this description, stress is one of the factors that causes dysmenorrhea. Dysmenorrhea can be minimized if we can prevent stress. A correct explanation about the menstrual process makes emotional conditions more stable so that it can prevent stress from arising. This can minimize the incidence of dysmenorrhea during menstruation.

The education of the respondents in this study, namely junior high school students in grades VII and VIII, the level of education influences a person's ability to absorb the information received. The level of education influences an individual's grasp of knowledge of an event or fear of a threat. The level of education is also an important factor that influences a person's perception of being more receptive to new ideas, knowledge and technology Notoatmodjo (2017). According to researchers' assumptions, the higher a person's education, the easier it is for that person to deal with dysmenorrhea. On the other hand, insufficient education will hinder the development of attitudes in dealing with dysmenorrhea.

Based on this description, it shows that there are more respondents who have a positive attitude in treating dysmenorrhea than those who have a negative attitude. The more severe the respondent's stressor level, the better their attitude in treating dysmenorrhea. So there is a relationship between the level of stress and individual coping with the degree of dysmenorrhea in adolescent girls at SMPN 1 Bandung, Bandung District, Tulungagung Regency.

## **CONCLUSION**

1. Most of the respondents experienced severe stress levels as many as 64 respondents (36.16%)
2. Most respondents have good individual coping as many as 67 respondents (37.85%)
3. Most respondents experienced mild dysmenorrhea as many as 70 respondents (39.55%)

4. There is a relationship between stress levels and individual coping with the degree of dysmenorrhea in adolescent girls at SMPN 1 Bandung, Bandung District, Tulungagung Regency.

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