CHAPTER III

RESEARCH METHODS

3.1   Research Methodology

The methodology used in this study is a mixed-methods approach, combining qualitative and quantitative methods. According to Sugiyono (2013), mixed methods is a research approach that combines both quantitative and qualitative methods simultaneously with the aim of achieving more valid, comprehensive, and objective data results. The qualitative methodology chosen by the author are interviews, Focus Group Discussion, and existing study while the quantitative methodology chosen by the author is a questionnaire.

3.1.1   Qualitative Method

The qualitative method involves interpreting research data, resulting in narrative information rather than numerical values. It is best suited for studying social phenomena and human behavior, as mentioned by Sugiyono (2015). Given the nature of the information needed regarding PMDD and public perception of PMDD, the author primarily used the qualitative method to gather information. This involved conducting interviews, Focus Group Discussions, and existing study.

3.1.1.1 Interview

Due to the limited availability of credible published data on PMDD, particularly in Bahasa Indonesia, the author has opted to conduct interviews with several experts in the field. The interviews will aim to explore various aspects of PMDD, including its definition, prevalence in Indonesia, and the public's perception of the condition. The author plans to interview a psychologist, given that PMDD is also regarded as a mental health disorder.

1)   Interview With Fiona Valentina Damanika, M.Psi.

An interview was conducted at Universitas Multimedia Nusantara on February 27th with student support psychologist Fiona Valentina Damanik M.Psi. The purpose of the interview was

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to gather information about PMDD, as it is classified as a psychological disorder.

Picture 3. 1Interview with Fiona Valentina Damanika. M.Psi., Student Support Psychologist

The interview concluded that PMDD primarily affects the psyche and is a psychological and biological condition. Diagnosis is typically done by a psychologist, but patients are often referred to an OBGYN for confirmation and medical treatment. Medical treatment is essential for symptom management, and while cognitive behavioral therapy (CBT) can complement treatment, it is not a standalone solution. CBT helps patients understand their emotions and differentiate between PMDD symptoms and underlying issues. It also helps them accept that their symptoms result from hormonal changes, enabling better management. For cases where CBT is not effective, especially if patients can already manage their emotions and recognize the symptoms' biological origin, seeking medical help from an OBGYN is recommended. PMDD's prevalence is higher in teens experiencing menstruation for the first time (around 12 years old) due to their unfamiliarity with and lack of reference for their feelings related to menstruation, leading to difficulty managing emotions that can

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affect daily life. This age group includes university students in their late teens (18-25 years old). As females experience menstruation over the years, they become more familiar with their symptoms' pattern, enabling better emotional management and recognition of PMDD symptoms.

2)   Interview With Yesica Yulianto, M.Psi., Psikolog

The interview took place on March 7th, 2024, at the 911 Psychological Center, an independent bureau established by Yesica Yulianto and her friend Galuh Laksana Putri. The aim of the interview was to gain a deeper understanding of PMDD and how individuals in their community can support those with PMDD.

Picture 3. 2 Interview with Yesica Yulianto, M.Psi.

The interview's conclusion indicates that PMDD is essentially a severe form of PMS that can significantly disrupt daily life and functioning. PMDD occurs in the week leading up to menstruation, with symptoms disappearing a few days after menstruation begins. According to the DSM-5 guidelines, a diagnosis of PMDD requires the presence of at least five specific symptoms during the week before menstruation. These symptoms

are divided into three categories: A, B, and C. Category A includes affective lability, irritability or anger, depressed mood, and anxiety. Category B includes decreased interest in usual activities, difficulty in concentration, lethargy, change in appetite, hypersomnia or insomnia, and a sense of being overwhelmed. Category C includes physical symptoms such as breast tenderness, joint or muscle pain, and bloating. These symptoms must occur in most menstrual cycles to be considered PMDD. The exact cause of PMDD is not conclusively known, but research suggests that individuals with a history of traumatic events may be more sensitive to stress, which can affect emotional reactions to hormonal changes and contribute to PMDD. In her view, PMDD creates a vicious cycle, as the condition itself can be traumatic, worsening the overall trauma experienced by the individual. Treatment for PMDD often includes medication, such as antidepressants, to help manage emotions, as well as psychological therapy. Treatment approaches are tailored to each individual's needs and capacity.

PMDD is estimated to affect 1.8% to 5% of menstruating women, with higher prevalence reported in women approaching menopause. However, the actual numbers may vary due to underreporting and lack of awareness and education about PMDD. The interviewer noted that while many people are familiar with PMS, awareness of PMDD is lower. Many individuals may experience PMDD symptoms without being aware of the condition. Support from significant others and the broader support system is crucial in helping individuals with PMDD, what people around the person PMDD can do to help is simply by listening and having empathy, but it is also important for those with PMDD to understand their symptoms and be able to communicate their needs and seek help.

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3.1.1.2 Focus Group Discussion

Focus Group Discussion (FGD) according to Creswell (2022) is a form of group interview to gather opinions from the audience. The FGD was conducted on February 25, 2024, at 18.00 with guidance from the author. This method was carried out with six female variables:

1) Calysta Christoviani, 21 years old, university student at Multimedia Nusantara University currently in the 8th semester, residing in Tangerang.

2) Jovita Vanina, 21 years old, university student at Multimedia Nusantara University currently in the 8th semester, residing in Tangerang.

3) Karen Midea, 21 years old, university student at Multimedia Nusantara University currently in the 8th semester.

4) Nathania, 21 years old, university student at Multimedia Nusantara University currently in the 8th semester, residing in Tangerang.

5) Phoebe Kathleena Dharmawan, 21 years old, university student at Multimedia Nusantara University currently in the 8th semester, residing in Tangerang.

6) Vania Amadea Josephine, 21 years old, university student at Multimedia Nusantara University currently in the 8th semester, residing in Tangerang.
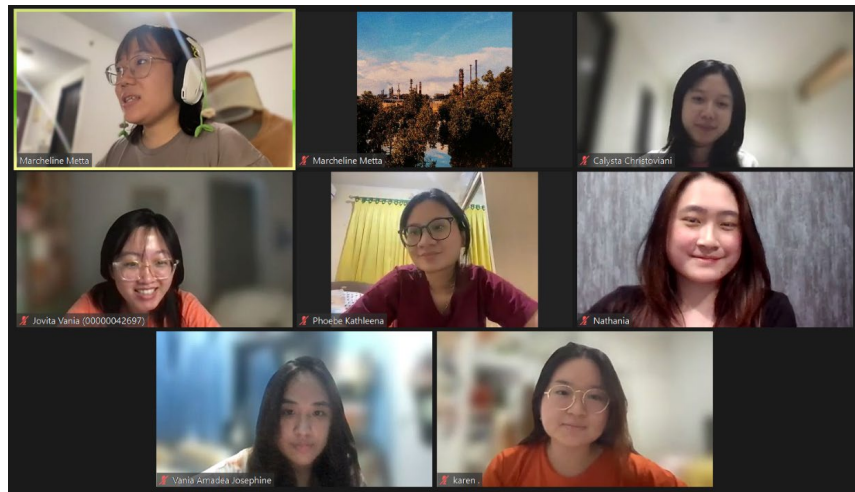
Picture 3. 3 Focused Group Discussion Documentation

The conclusion from the conducted FGD is that all participants have heard of PMS, mostly first hearing about it during elementary school and early junior high school from friends and teachers. However, despite having heard of it, most participants still do not deeply understand what PMS is and its symptoms. Although they may not fully understand, all FGD members stated that they have experienced at least one PMS symptom, but not severe enough to disrupt their daily lives. They mentioned that there are media outlets that discuss and provide information about PMS, but it cannot be concluded whether the number of these media outlets is sufficient because most do not seek further information about PMS.

In contrast to PMS, all participants had never heard of PMDD before and could not explain what it is or its symptoms, indicating that awareness of PMDD among female students in Tangerang is very low. Additionally, all FGD participants searched for information about PMDD, with most only finding information in English. Information in Bahasa Indonesia is minimal and dominated by websites like Halodok, Alodokter, and various articles that are less credible. Searches on social media platforms like TikTok are also dominated by English content, making

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information about PMDD less accessible to the Indonesian population.

Apart from PMS and PMDD topics, the author also discussed the participants' habits in seeking information, and all participants provided similar responses. It can be concluded that all participants more often seek information through search engines by Googling and find trustworthy websites. Most trust search engines more than social media, but social media is also trusted because they trust the person providing the information more than the media used. If there is a competent person on social media regarding a topic, participants are more likely to trust that content than an unofficial website with no author's name.

3.1.1.3 Existing Study

Creswell (2022) states that existing studies are a method that can analyze previous designs by looking at their strengths and weaknesses. The author uses the Nonawomen instagram post about PMS vs PMDD as an existing study.
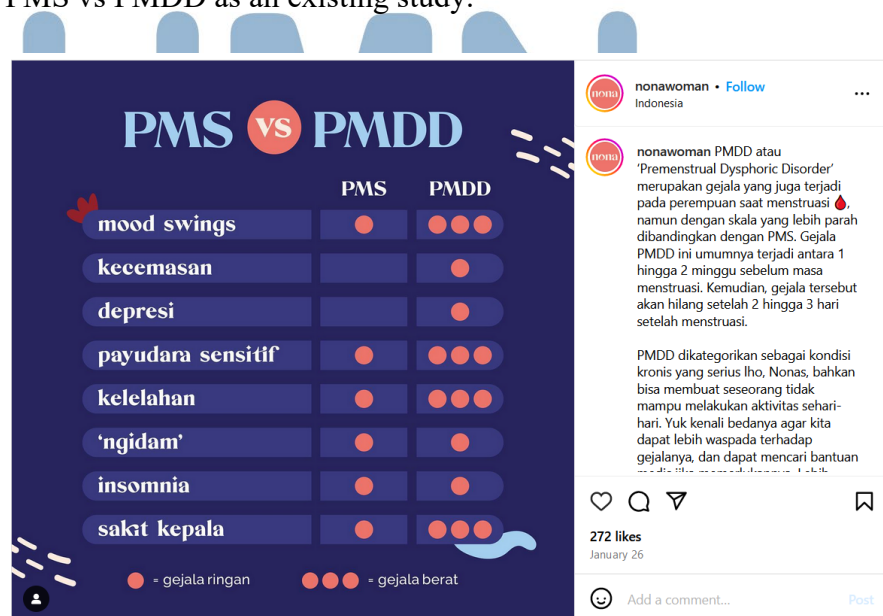
Picture 3. 4 PMS Vs PMDD Campaign by Nonawoman
Source : https://www.instagram.com/nonawoman/p/C2jeeY1y2Vt/

The post effectively uses visual aids (dots) to illustrate the difference in symptom severity between PMS and PMDD. It focuses on common symptoms such as mood swings, anxiety, depression, breast sensitivity, fatigue, food cravings, insomnia, and headaches. However, the post lacks detailed information about PMDD, including its definition, diagnosis, and treatment options. It encourages women to seek medical help if needed, but could benefit from including more educational content about PMDD. The following is the SWOT Analysis of the content :

Table 3. 1 SWOT Analysis of Nonawomen PMDD Campaign

| Strength	Weakness
1) Effective use of visual aids (dots) to illustrate symptom severity. 2) Highlights common symptoms of PMS and PMDD for easy understanding. 3) Encourages women to seek medical help if needed, promoting health awareness.	1) Lacks detailed information about PMDD, including its definition, diagnosis, and treatment options. 2) Does not provide guidance on how to differentiate between PMS and PMDD. 3) May oversimplify the differences between PMS and PMDD, leading to misunderstanding.
Opportunity	Threat
1) Opportunity to educate followers about PMDD, its impact, and available treatments.	1) Misinterpretation of the information presented, leading to misinformation about PMDD.

| 2) Could create more posts or stories expanding on the topic of PMDD for further engagement. | 2) Competition from other sources providing more comprehensive information on PMDD. |
| 3) Collaborate with healthcare professionals or organizations to provide accurate information and resources. | 3) Limited space on Instagram may restrict the depth of information that can be provided. |

Overall, while the post effectively raises awareness about PMS and PMDD, there is an opportunity to provide more detailed information to better educate followers about PMDD and its management.

3.1.1.4 Reference Study

Reference study involves analyzing references from visual that have been created previously. This study is conducted to analyze the best visuals for the campaign from artwork outside those related to PMDD or health. The author conducted a reference study on the head space instagram posts. Headspace is an Anglo-American healthcare cpmany that focuses on mental health. Primarily operating through its online platform, Headspace offers online counseling, mental health coaching services, and guided meditation via a subscription-based model.
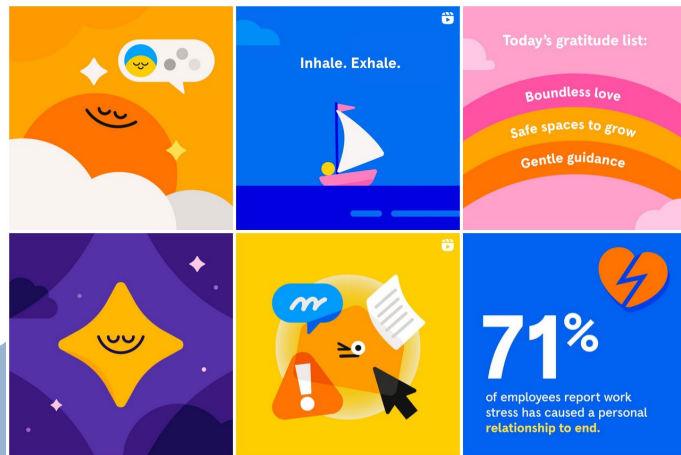
Picture 3. 5 Headspace Instagram Feed
Source : https://www.instagram.com/headspace/

Headspace's visual identity is characterized by its distinctive vector illustrations featuring characters of various shapes and forms. Despite their differences, all characters share consistently calm and serene facial expressions, reflecting the brand's mission to foster a peaceful and healthy mental environment. The illustrations are simple, with clean lines and minimal details, adding to the calming effect and making the visuals easily understandable and relatable.

The brand employs a vibrant yet soothing color palette that captures attention while remaining easy on the eyes. Colors such as soft oranges, blues, and greens are often used, known for their calming effects. This consistent use of colors across various platforms and materials ensures a cohesive and recognizable brand identity. Typography in Headspace's design is both readable and friendly, complementing the overall visual style. The fonts chosen are usually sans-serif, contributing to a modern and approachable feel. Clear hierarchy in text sizes and weights helps guide the viewer's eye, making the content easy to navigate.

Layouts in Headspace's visuals are well-balanced, with ample white space contributing to an uncluttered and peaceful

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look. This openness in design helps prevent the viewer from feeling overwhelmed. The compositions are engaging, with elements strategically placed to guide the viewer's attention without causing distraction or stress. The calm and friendly visuals align perfectly with Headspace's messaging around mental well-being and mindfulness. The visuals support the brand's narrative of creating a supportive and nurturing environment for mental health. The combination of vibrant colors, simple illustrations, friendly typography, and balanced layouts creates a visual identity that is both engaging and calming. This dual impact is crucial for a mental health brand, as it attracts users while promoting a sense of peace and well-being. This visual analysis of Headspace highlights the importance of consistency and alignment between a brand's visual elements and its core mission, making it a strong reference for creating effective and cohesive visual for the campaign design.

3.1.1.5 Conclusion

In summary of the information gathered from the interviews and Focus Group Discussion conducted by the author, several key points should be noted.

1) Awareness and Understanding of PMDD

In stark contrast to PMS, based on the FGD, all participants had never heard of PMDD and could not explain its symptoms, indicating a very low awareness of PMDD among female students in Tangerang. Additionally, information about PMDD in Bahasa Indonesia is minimal, with most information found in English. This language barrier limits access to reliable information about PMDD for the Indonesian population, as online searches predominantly lead to English-language content.

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2) Information-Seeking Habits

Participants commonly seek information through search engines, prioritizing trustworthy websites. While social media is also used, participants trust content from competent individuals more than content from unofficial websites. This indicates a preference for credible sources of information, regardless of the medium used.

PMDD Diagnosis and Treatment: PMDD is understood to primarily affect the psyche and is considered a psychological and biological condition. Diagnosis is typically conducted by psychologists, with referrals to OBGYNs for confirmation and medical treatment. Medical treatment is crucial for symptom management, with cognitive behavioral therapy (CBT) serving as a complementary approach. However, CBT is not a standalone solution, and seeking medical help from an OBGYN is recommended, especially for cases where CBT is ineffective.

3)   PMDD Prevalence:

PMDD is more prevalent in teens experiencing menstruation for the first time, around 12 years old, due to their unfamiliarity with and lack of reference for their feelings related to menstruation. This age group includes university students in their late teens (18-25 years old). As females gain more experience with menstruation, they become more familiar with their symptoms' patterns, enabling better emotional management and recognition of PMDD symptoms.

Overall, the findings highlight the need for increased awareness and education about PMDD among female university students in Tangerang, particularly through accessible and credible sources of information in Bahasa Indonesia. Additionally, efforts to improve understanding and recognition of PMDD symptoms, as well as the

importance of seeking medical help for diagnosis and treatment, are essential to address the challenges associated with this condition.

3.1.2 Quantitative Method

Sugiyono (2013) defined quantitative method as a scientific research approach that adheres to principles of concreteness, objectivity, measurability, rationality, and systematicity. Data gathered through this method are numerical and analyzed using statistics. For this project, the author will use questionnaires to gather data on the target population's knowledge of PMDD. Following sample calculations using the Slovin n = N (1+Ne2) formula with a 10% margin of error and a population corresponding to the research target, the author aims to gather responses from 100 participants. The author will employ Purposive Sampling, specifically targeting female students aged 18-25 residing in Tangerang to fill the questionnaires.

3.1.2.1 Questionnaires

The questionnaire, consisting of 5 sections, was distributed over 7 days both in-person to Multimedia Nusantara University students and online to obtain 100 respondents. The questionnaire was created using Google Forms to gauge the views and knowledge of the target audience regarding PMDD in Tangerang. The sample calculation used the Slovin formula to determine the sample size's precision level for a population of 1,592,859 based on data from the Central Statistics Agency in 2021.

The sample calculation using the Slovin formula is as follows:

$$S = \frac{n}{1 + Ne^2}$$

Where:

S = Sample

N = Population Size

e = Level of Precision

$$S = \frac{155.094}{1 + 155.094\,(0,1)^2} = 99,935565 \approx 100$$

The sample calculation using the Slovin formula with a precision level of 10% concludes that the required sample size is 100 respondents. The questionnaire targets female university students aged 18-25 residing in Tangerang, with the majority of respondents are aged 21-23 years old residing in Tangerang Selatan region.
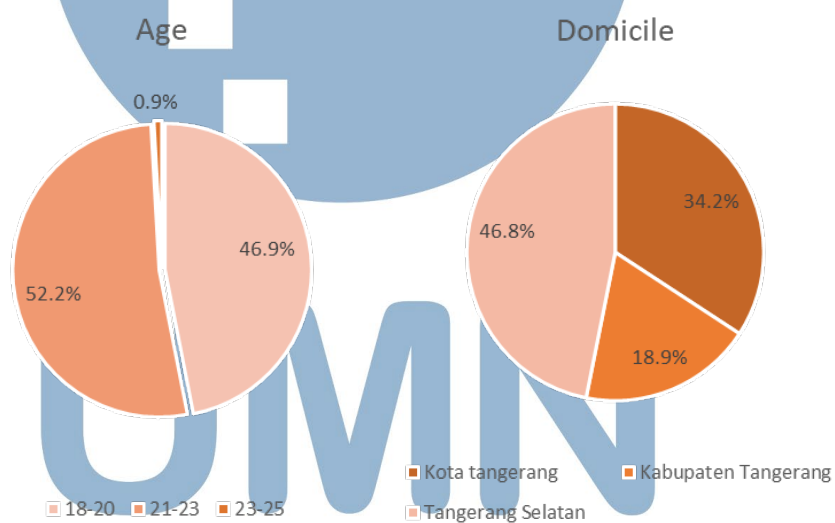
Picture 3. 6 Result of the Age and Domicile of Respondents

The pie chart below illustrates the proportion of female university students who were familiar with PMS before. Based on the questionnaire data, 83.2% of respondents had prior knowledge of PMS, while the remaining 16.8% had not heard of it before. This indicates that a large majority of female university students were already aware of PMS.

Percentage Of Female University Students Who Have Heard of PMS
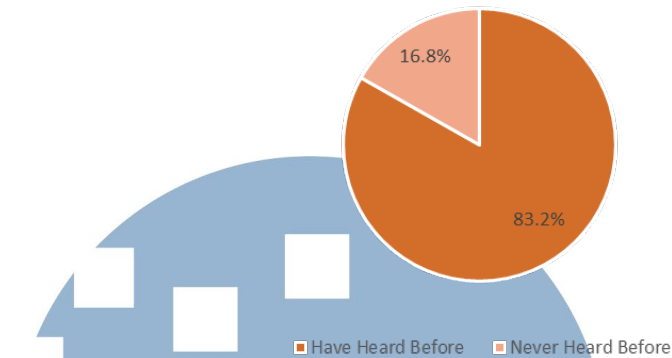
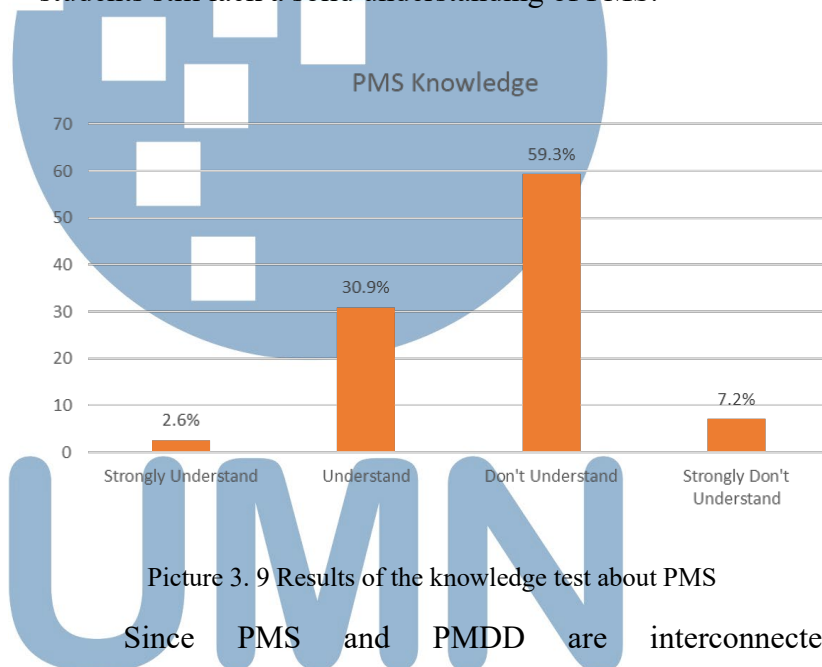Picture 3. 7 Results of the Question Regarding Knowledge about PMS

According to the data presented in the chart below, among female university students who are familiar with PMS, 47.8% feel confident in their understanding of PMS, 27.4% are not confident in their knowledge, 15.9% feel very confident in their understanding, and 8.8% are unsure and claim not to know about PMS. From this data, it can be concluded that the majority of respondents are confident in their knowledge of PMS.
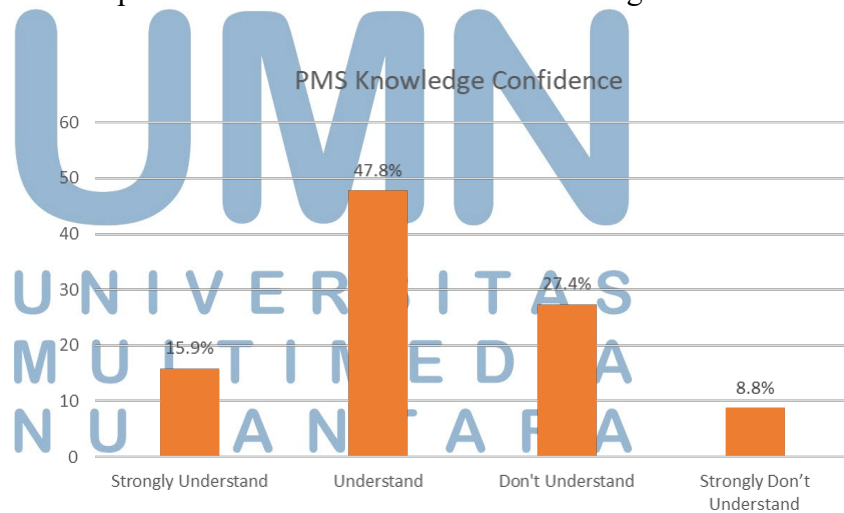
Picture 3. 8 Result of the PMS Knowledge Confidence of Respondents

However, based on the data presented below, even though they are confident in their understanding of PMS, the

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results of a knowledge test reveal a different picture. Only 2.6% demonstrated a strong understanding by answering all questions correctly. 30.9% answered 1-2 questions incorrectly but were categorized as having some understanding of PMS. The majority of respondents, 59.3%, showed a lack of understanding, answering only 2-3 questions correctly. Lastly, 7.2% strongly lacked understanding, answering only 1 question correctly out of 6 questions. From this data, the author concludes that despite their confidence, most female university students still lack a solid understanding of PMS.

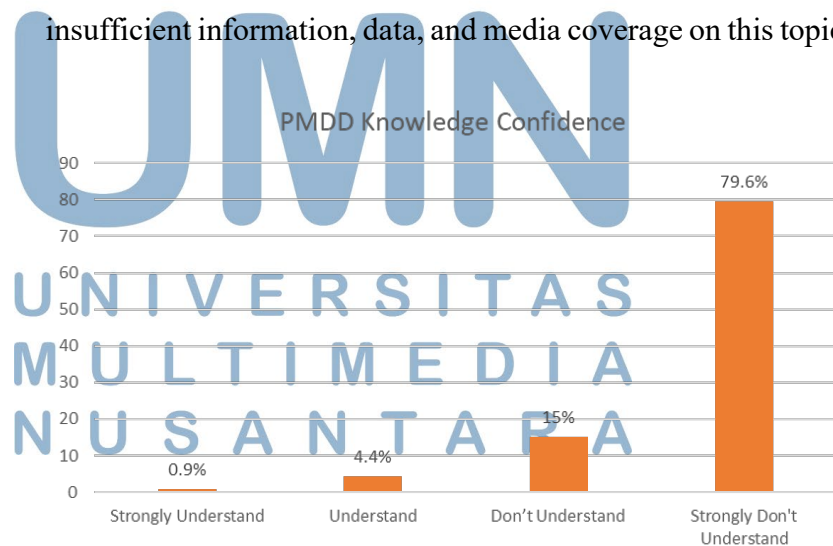Picture 3. 9 Results of the knowledge test about PMS

Since PMS and PMDD are interconnected, understanding female university students' knowledge and views on both is crucial. According to the chart below, while 83.2% of respondents were familiar with PMS, only 7.1% had heard of PMDD. This suggests that while PMS is widely recognized, likely due to its prevalence in popular media, PMDD, being a medical term, is less known, indicating a lack of information on this topic, particularly in Bahasa Indonesia.

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Percentage Of Female University Students Who Have
Heard of PMDD

7.1%

92.9%

■ Have Heard Before   ■ Never Heard Before
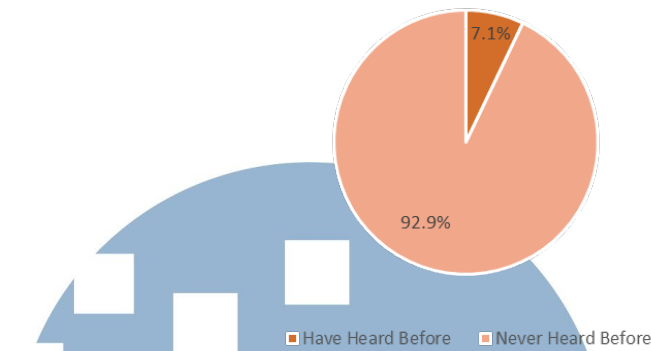
Picture 3. 10 Results of the Question regarding knowledge about PMDD

The majority of respondents, as indicated in the chart below, lack confidence in their understanding of PMDD. A significant 79.6% strongly feel they do not understand PMDD, consistent with the earlier pie chart showing that most respondents had never heard of PMDD. This underscores the limited awareness of PMDD among female university students and the broader population in Indonesia, highlighting the insufficient information, data, and media coverage on this topic.

PMDD Knowledge Confidence

90
80   79.6%
70
60
50
40
30
20   15%
10
0   0.9%   4.4%

Strongly Understand   Understand   Don't Understand   Strongly Don't
                                                        Understand

Picture 3. 11Results of the PMDD knowledge confidence of respondents

The chart below indicates a close divide between those who understand and those who do not understand PMDD. About 49.5% of respondents demonstrated some understanding by answering 1-2 questions incorrectly. However, 41.5% did not demonstrate understanding, answering 3-4 questions incorrectly out of 6. This suggests that there is still uncertainty regarding whether the majority of female students grasp the concept of PMDD, indicating a need for more information to improve their understanding. Which could potentially help increase the number of diagnoses for women with untreated PMDD due to insufficient knowledge in this area.
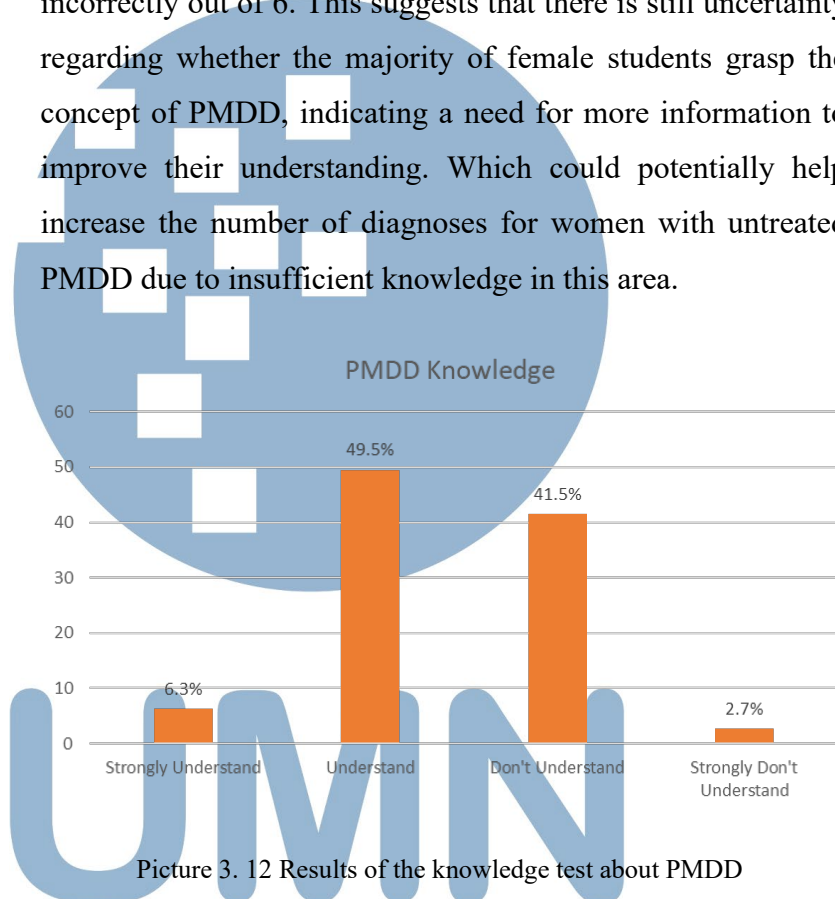
Picture 3. 12 Results of the knowledge test about PMDD

The following chart illustrates that the majority of female university students (90.3%) have encountered PMS, experiencing at least one symptom. Although not extensive, after reviewing the clarifications offered in the Google Form by the author, 26.5% of respondents indicated experiencing severe PMS and now recognize it as PMDD. This data suggests that PMS is a prevalent occurrence for females and is becoming integrated into their daily routines. Conversely, while PMDD occurrences are less frequent, it is crucial for female students to

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be aware of its designation and advocate for PMDD to receive appropriate attention.
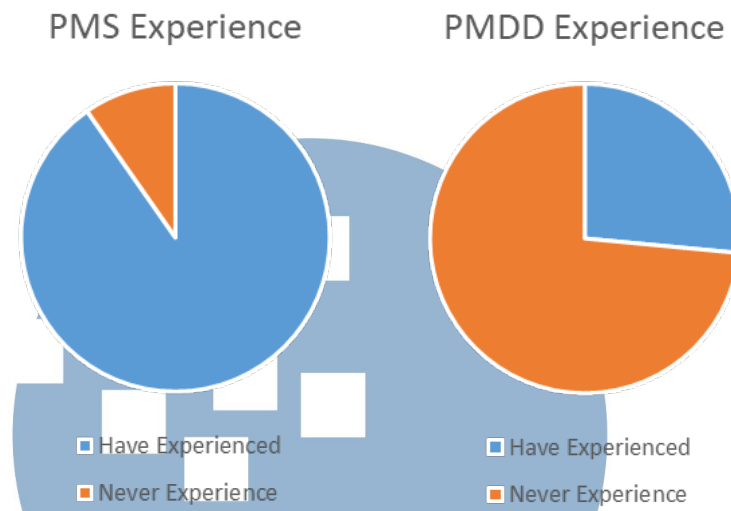
Picture 3. 13 Results of question about PMS and PMDD Experience

The chart below illustrates the media platforms trusted by female university students for information. The most trusted source is search engines, with a score of 90, followed by social media at 62 points. This indicates that websites and social media posts are the most suitable formats for disseminating information about PMDD.
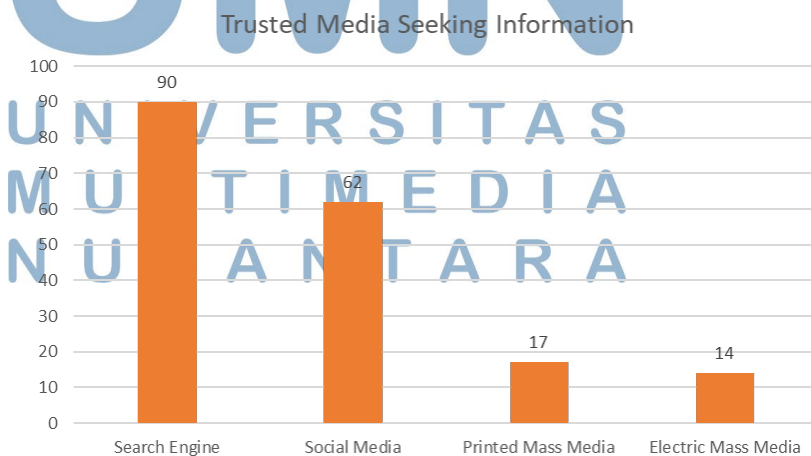
Picture 3. 14 Result of the question about trusted media seeking information

3.2 Design Methodology

The design method applied in the campaign planning about PMDD is based on Robin Landa's design theory (2010) in her book titled Advertising by Design. This method involves six stages of campaign design, these steps include Overview, Strategy, Ideas, Design, Production, and Implementation. This design methodology is considered universal and suitable for the author's project, leading to the decision to adopt it for the design process.

1) Overview:

The initial stage involves information gathering through research. This research includes qualitative and quantitative data collection as primary data, as well as secondary data obtained from websites, books, or journals about PMDD and other relevant topics related to this campaign design.

2) Strategy:

After completing the overview stage, the author then sets various strategies for designing the campaign. This stage is conducted to help the author design a design that is suitable for the campaign's objectives and target audience, which is about PMDD for university students aged 18-25 in Tangerang.

3) Ideas:

In this stage, the author determines the big idea or major concept and visual concept that are deemed appropriate to communicate the message along with the copywriting design through the campaign.
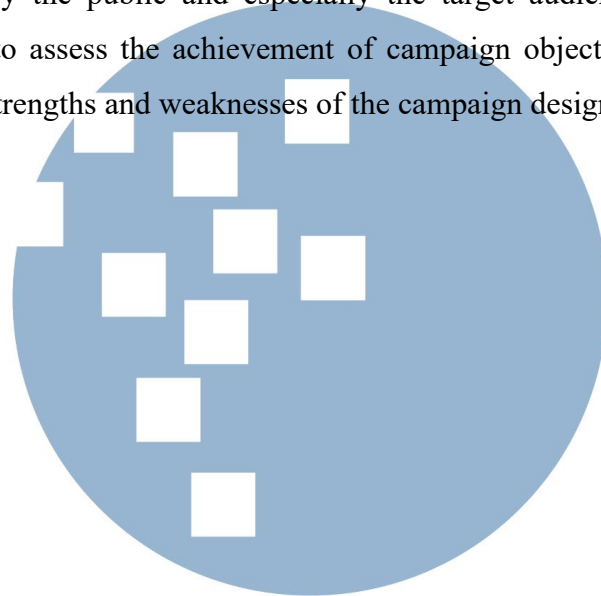
4) Design:

The big idea and concept determined in the previous stage are then realized in visual form, where the initial stage is sketching as part of the visualization process. At the end of this stage, key visual results and designs are obtained that are tailored to the characteristics of various types of media.

5) Production:

Then, in this production stage, the design is executed or applied to online and offline media according to the media planning.

6) Implementation:

In this final stage, the completed campaign design will be implemented and evaluated by the public and especially the target audience. This result is conducted to assess the achievement of campaign objectives, as well as to assess the strengths and weaknesses of the campaign design.