



KNOWLEDGE REGARDING PREMENSTRUAL DISCOMFORT AND AWARENESS ABOUT LIFE STYLE MEASURES AMONG ADOLESCENTS: A DESCRIPTIVE STUDY

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ABSTRACT

A descriptive study was conducted to Assess Knowledge toward Premenstrual discomfort and awareness about lifestyle measures to prevent them in Adolescent Student's of secondary Schools in Tamilnadu.

Purposive samples consist of (200) female adolescent students in secondary schools at Tamilnadu were recruited. A questionnaire was constructed for the purpose of the study, it was composed of three parts, part one: consist of demographic information, part two: consist of questions about premenstrual discomfort, part three: consist of questions regarding awareness about lifestyle measures. Reliability of the questionnaire is determined through the pilot study and the validity through a panel of experts. Descriptive statistical analysis procedures were employed for data analysis, all the statistical procedures were tested at $P \leq 0.05$. The study result revealed that 44.6% study subjects had poor knowledge toward premenstrual discomfort and 63.5% study subjects have inadequate awareness about life style measures. The study recommended to development of school health services for better detection and management of premenstrual discomfort in the adolescent population. Curriculum of secondary schools should contain efficient knowledge about menstrual cycle disorders. Encourage affected girls to seek medical advice from the medical staff. Enhance adolescent's student's knowledge regarding this discomfort as well as adapt healthy life style through booklet, educating programs, mass media, and articles.

KEYWORDS : Premenstrual discomfort, Adolescents, Knowledge, Lifestyle measures

INTRODUCTION

Every woman has menstruation at some point in her life. It is a big physical event that moves a woman from being a girl to being a woman. It can start as early as 9 years old or as late as 17 years old, but the average age is 12. Menstrual cycles aren't always regular or stable, and they can be thrown off by a lot of things that happen at the end of a woman's reproductive years. Menstrual disorders can be caused by hormone imbalances, genetic factors, blood clotting disorders, and pelvic diseases, to name a few.

Premenstrual discomfort is when at least one premenstrual symptom happens out of many. Asthma and weight gain, bloating in the abdomen, breast tenderness and pain, swelling of the hand or foot or the arm or leg and a variety of other aches and pains are all common symptoms of this discomfort. During the luteal phase, the symptoms should start to show up. They should usually go away after the menstrual blood flow stops.

Every month, PMS lasts for 6 days. It lasts until you reach menopause. During a woman's reproductive years, she is likely to have a lot of severe symptoms for about 3000 days. 2 Epidemiological surveys say that about 80% of women in their reproductive years report having some symptoms that are linked to the premenstrual phase of the menstrual cycle. Though it affects so many women in their reproductive years, the level of distress is different for each person. More than 80% of women report mild distress, 20% to 40% report moderate distress, and 5% to 10% of women report a high level of distress.

Nearly 90% of women have had at least one premenstrual syndrome, according to surveys done in the past. Epidemiological surveys say that as many as 75% of women who are reproductive age have some symptoms that are linked to the premenstrual phase of the menstrual cycle. One study with a group of 78 adolescent women found that 100% of them reported having at least one mild premenstrual symptom. PMS is linked to a decrease in health-related quality of life, and women who have PMS are less productive at work than women who don't have PMS. PMS is a common complaint for women, and it can have an impact on their quality of life and productivity at work.

Many adolescents experience various premenstrual physical, emotional or behavioural changes, which at times reach such levels of severity that may have substantial social impact upon herself, her associates and her work. So a descriptive study was undertaken to study the awareness of premenstrual discomfort and lifestyle measures among adolescent girls of selected schools at Tamilnadu.

MATERIALS AND METHODS

A descriptive study was conducted to Assess Knowledge toward Premenstrual discomfort and awareness about lifestyle measures to prevent them in Adolescent Student's of secondary Schools in Tamilnadu. Purposive samples consist of (282) female adolescent students in secondary schools at Tamilnadu were recruited. A questionnaire was constructed for the purpose of the study, it was composed of three parts, part one: consist of demographic information, part two: consist of questions about premenstrual discomfort, part three: consist of questions regarding awareness about lifestyle measures. Reliability of the questionnaire is determined through the pilot study and the validity through a panel of experts. Data collection was done on a one to one basis using self report method. Informed consent was obtained prior to data collection after explaining study objectives. Setting permission was obtained from head of institutions of selected study settings.

RESULTS

Socio-demographic data of study subjects

The mean age of all schoolgirls in the final sample was 15.51 years with a minimum age of 14 and maximum age of 18 years. The majority was secondary schoolgirls (77.7%). All the schoolgirls reported that the duration of their menstrual cycle was from 25 to 45 days ($\bar{x} = 30.52$, $SD = 3.86$) and that the length of menstrual flow for the most recent cycle was from 3 to 8 days ($\bar{x} = 5.56$, $SD = 1.14$).

The mean age of menarche was 12.05 ($SD = 1.24$). Two schoolgirls started their menarche as early as 9 years (2.1%) while another two schoolgirls started at the age of 15 (2.1%). The mean number of post menarche years at the time of the data collection was 3.46 ($SD = 1.51$) (with a range of 1-8) and was calculated by subtracting the year of menarche from their age.

The height of students in both groups ranged from 145 to 180 cm (\bar{x} = 159.54, SD = 6.41) and weight ranged from 35 to 73 kg (\bar{x} = 47.59, SD = 6.96). The height and weight of the schoolgirls were converted to a single unit of measurement [body mass index (BMI)] and was also used for subsequent analyses. The mean BMI was 18.80 (SD = 2.93).

Knowledge regarding premenstrual discomfort

Level of knowledge	Frequency	Percentage	Mean	SD
Poor	89	44.6%	26.45	2.89
Average	75	37.4%		
Good	36	18%		

Awareness about life style measures

Level of awareness	Frequency	Percentage	Mean	SD
Adequate	73	36.5%	22.18	3.26
In-adequate	127	63.5%		

DISCUSSION

According to literature review done above PMS is highly prevalent among female students. The study result revealed that 44.6 % study subjects had poor knowledge toward premenstrual discomfort and 63.5% study subjects have inadequate awareness about life style measures.

In Hong Kong, about 10% of the secondary schools were found to have no education on the topic of menstruation (The Family Planning Association of Hong Kong, 1989). Less than half of the secondary schools in Hong Kong who responded to a survey (n = 348 schools) indicated that the schools had formulated an overall policy in the implementation of menstrual education (Hong Kong Education Department, 1994). Thus when these adolescent girls approach puberty, those with lack of support or education may not be well prepared to handle all the associated changes accompanying their menstruation.

Every adolescent girl must be aware of premenstrual syndrome and its effect and how it can be managed. It is vital that health education programs regarding PMS and other menstrual problems must be included in the curriculum of secondary schools to bring down the prevalence of such problems and more teaching methods to be used by future researchers in regards to PMS. Teaching methods has been effective in improving the knowledge of PMS among girls (STP and VATM), and more of such should be done to educate the girls. Future studies can be done by assessing premenstrual discomfort in rural areas because according to the above reviewed most rural girls have little or no knowledge about the same and the prevalence are as well high in their population.

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