



TO ASSESS THE KNOWLEDGE REGARDING DYSMENORRHEA AMONG ADOLESCENT GIRLS AND MARRIED WOMEN'S

Nursing

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ABSTRACT

God created women in general for mankind. Women share a common human dignity. The term women may also refer to a girl (a female child or adolescent). The plural women are something used for female humans regardless of age, as in phrases Such as women's rights. Women are the indispensable part of society. Women have always worked whether in paid jobs or at home often in both. A comparative study to assess the knowledge regarding dysmenorrhea among adolescent girls and married women's in selected area of district Chamba (H.P.). The aim of study was to assess the knowledge regarding dysmenorrhea among adolescent girls and married women's. A quantitative research approach and comparative research design was adopted to conduct study. The non-probability purposive sampling technique was used to select 30 adolescent girls and 30 married women in district Chamba, Himachal Pradesh. A self-structured questionnaire was used to assess the level of knowledge regarding dysmenorrhea among adolescent girls and married women. Analysis of collected data was done according to the objectives of study and data analyzed by using descriptive and inferential statistics. The findings of study revealed that the adolescent girls had more knowledge regarding dysmenorrhea as compared to married women's. Hence, the research hypothesis (H1) was accepted and null hypothesis (H0) was rejected.

KEYWORDS

Dysmenorrhea, adolescent girls, married women's

INTRODUCTION:

Women health is linked to the status of women in society and the cultured that brows within this structure. There are women health issues which include a breast cancer, ovarian cancer, menopause, dysmenorrhea and other but there are a few health Condition that tend to ignore or overlook that are killing Women. Women's health refers to the branch of medicine that focus on the treatment and diagnosis of disease and conditions that affect a women physical and emotional wellbeing.¹

Menstrual cramps or dysmenorrhea happen when a chemical released called prostaglandin make the uterus contract if the uterus contract to strongly it can press nearby blood vessels cutting of supply of oxygen to muscles tissue feel pain. The main cause of dysmenorrhea is primary cause and secondary causes. Primary causes are abnormal contraction of the uterus due to chemical imbalance in the body. Secondary dysmenorrhea is caused by other medical condition most often endometritis, pelvic inflammatory disease, uterine fibroids. During painful menstruation women or girls feel lethargy, tiredness, depression, irritability, headache, nausea, abdominal pain, vomiting, tenderness of breast, pain and swelling in ankle and knee joint, sleepiness and gastrointestinal symptoms, fainting, loss of appetite etc.²

Dysmenorrhea can be managed by pharmacological and non-pharmacological management Pharmacological management such as anti-inflammatory drugs ibuprofen, analgesic drugs acetaminophen, diclofenac, tocolytic agent meftal etc. The non-pharmacological management of dysmenorrhea is eaten healthy diet, heat pad, acupuncture or acupressure, yoga, relaxation or breathing exercises. Ginger has a long history of traditional use it is an anti-inflammatory. Non-pharmacological management is safe as comparison to pharmacological management.³

A descriptive study of dysmenorrhea among adolescent girls in pre-University College in Gwalior district (October 2019). The total sample size was 970 girls (15 -20 years). The data was collected by using probability sampling method of multistage cluster sampling technique. The tools of data collection used were semi structured dysmenorrhea questionnaire. The finding of study revealed that 237(33.95%) have dysmenorrhea every month, 118(16.90%) have most of the months, 126(18.05%) have occasionally, 217(31.09%) have rarely, and 272 have no dysmenorrhea.

The present study finding showed a high prevalence of dysmenorrhea i.e. 71.96% among adolescent girls of Gwalior and lesser prevalence in other 28.04%. hence, it was concluded that dysmenorrhea is very common problem among adolescent girls and they experience a number of physical and emotional symptoms associated with dysmenorrhea with increased intensity of pain. Adolescent girls mostly silently suffer the pain by dysmenorrhea and discomfort associated with it due to lack of knowledge about reproductive health.⁴

METHODOLOGY:

Research design:

A quantitative research approach was used to assess the knowledge regarding dysmenorrhea among adolescent girls and married women's.

Variables:-

- Independent variables: Level of knowledge
- Dependent variables: Adolescent girls and married women's.
- Extraneous variables: Socio-demographic variables

Sampling Technique

The samples of adolescent girls and married women's were selected by using non-probability purposive technique.

Target Population

In this research study, target population was adolescent girls and married women's in selected areas of district Chamba.

Selection And Development Of Tools

The tool was formulated after an extensive review of literature and discussion with experts and guides. The investigators develop structured socio-demographic variables, self-structured questionnaires.

Description Of Tool:

Section A: Socio- Demographic Variables-

There were 10 items to collect socio-demographic information such as age, education, occupation, types of family, family income, dietary pattern, religion, family history of dysmenorrhea, substance abuse, source of information.

Section B: Self-structured Questionnaires-

It consists of self-structured questionnaire which seeks information regarding dysmenorrhea among adolescent girls and married women. Total 30 questionnaires regarding dysmenorrhea and the responded were instructed to tick one of right answer from given options for each question. Each correct answer was scored 1 and each wrong answer was scored 0. Maximum marks of the questionnaires are 30 and minimum marks of the questionnaires are 0.

Criterion Measures:

LEVEL OF KNOWLEDGE		
Good	21-30	>67%
Average	11-20	34-66%
Poor	0-10	<33%

Data Collection Procedure

Data collection was collected after obtaining permission from concerned authorities of Chamba. Non- probability purposive sampling technique was used for the study. The participants of research study were explained about purpose and objectives of study. On day

one, pretest was conducted by administering the self-structured questionnaire. The data collection process was terminated after thanking each respondent from their participation and cooperation.

Ethical Considerations

- Ethical approval was obtained from institutional research committee.
- Permission was obtained from municipal councillor of selected areas to conduct the study.
- The purpose of the study was explained to all the subjects and written informed consent was taken from them for their participation in the study.
- The responses were kept confidential and the professional interpersonal relationship with subjects was maintained.
- Routine work of subjects was not disturbed in both groups.

Plan For Data Analysis

Analysis and interpretation of data was based on objectives and was done by using descriptive and inferential statistics that is by calculating Mean, mean score, Percentage, Standard deviation, Chi square, T-Test and analysis of variant (ANOVA) to assess level of knowledge among adolescent girls and married women's. The level of significance choosed was $P < 0.05$.

RESULTS AND DISCUSSION:

Table-1

Frequency (f) and percentage (%) distribution of adolescent girls (group I) and married women's (group II) with their socio-demographic variables-

Socio-demographic Variables	Group-1 (n-30)		Group-2 (n-30)		df	X2
	f	%	f	%		
1.Age (in years)						
(a)16-18	17	57	0	0	3	24.84*
(b)18-21	13	43	3	10		
(c)21-23	0	0	12	40		
(d)23-25	0	0	15	50		
2.Education						
(a)up to primary	1	3	4	13	4	21.948*
(b)up to secondary	8	27	2	7		
(c)senior secondary	16	53	4	13		
(d)graduate	5	17	18	60		
(e)above graduate	0	0	2	7		
3. occupation						
(a)student	27	90	7	23	2	27.327*
(b) working	1	3	4	14		
(c) non – working	2	7	19	63		
4.Type of family						
(a)nuclear	20	67	8	27	2	9.943*
(b) joint	9	30	21	70		
(c) expanded	1	3	1	3		
5.Family income(in(rs/mont h))						
(a) <10,000	8	27	11	37	3	5.386(NS)
(b) 10,001-20,000	10	33	3	10		
(c) 20,001-30,000	5	17	9	30		
(d)>30,000	7	23	7	23		
6.Dietary pattern						
(a) vegetarian	11	37	5	17	2	3.107(NS)
(b) non vegetarian	18	60		80		
			24			
(c) eggetarian	1	3	1	3		
7. Religion						
(a) Hindu	28	93			3	0.351(NS)
			29	97		
(b) Muslims	2	7	1	3		
(c) Sikhism	0	0	0	0		
(d) Christians	0	0	0	0		
8. Family history of dysmenorrhea						

(a) yes	17	57	15	50	1	0.268(NS)
(b) no	13	43	15	50		
9.Any history of substance abuse (such as alcohol, smoking etc.)						
(a) yes	5	17	30	100	1	42.857*
(b) no	25	83	0	0		
10.source of information						
(a) mass media	6	20	8	26	2	0.64(NS)
(b) health care personnel	4	13	5	17		
(c) family members and relative	20	67	17	57		

Table-2 Frequency and percentage (%) distribution among adolescent girls and married women according to level of knowledge in group-I and group-II N-60

Level of knowledge	Criteria measure	Group-I		Group-II	
		N	%	n	%
Good	21-30	11	37	2	7
Average	11-20	19	63	25	83
Poor	0-10	0	0	3	10

Table-3 Findings related to comparison of pre-test level of knowledge regarding dysmenorrhea among adolescent girls and married women's that is group-I and group-II

Level of knowledge	Group-I		Group-II		Df	t-value
	Mean	SD	Mean	SD		
	19.5	4.4	15.36	3.65	59	9.50

NS-Non-Significant $p < 0.05$ Level of significance

The data depicted in this table 3 shows comparison of pre-test knowledge in which the group-I Mean was 19.5 and Standard deviation (SD) was 4.4, in group-II the Mean was 15.36 and standard deviation (SD) was 3.65. The degree of freedom was 59 and t-value is 9.50, Hence research hypothesis H1 was accepted.

Hong Ju, Mark Jones, Gita Mishra, A comprehensive review was performed on longitudinal or case control or cross-sectional studies with large community-based samples to accurately determine the prevalence and incidence and risk factor of dysmenorrhea. The prevalence of dysmenorrhea varies between 16% and 19% in women of reproductive age with severe pain in 2%-29% of women studied. The review confirms that dysmenorrhea improves with the increased age, parity, and use of oral contraceptives and is positively associated with stress and family history of dysmenorrhea.⁵

Simarjeet Kaur, Poonam shoeran, Jyoti shoeran,(2015) dysmenorrhea means painful menstruation. The menstruation period is a natural phenomenon which occurs throughout the reproductive years of every woman. The objective of the study was to assess the comparison of dysmenorrhea in term of severity of pain and utilization of NSAIDS among unmarried and married women. The research design was used comparative research design. The sample was comprised of 163 women which includes 100 unmarried and 63 married women selected by purposive sampling techniques. The finding of study was revealed that majority (78.57%) of unmarried women experienced worst pain whereas majority (80%) of married women reported mild pain during menstruation.⁵

CONCLUSION

The findings of the study revealed that adolescent's girls had more knowledge regarding the dysmenorrhea as compared to married women's.

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