



To assess the perception and knowledge regrading Premenstrual syndrome among females of selected community Haryana

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ABSTRACT

Objectives: Assess the perception and knowledge regarding premenstrual syndrome among 200 females of selected community of Ambala Haryana. Methods: A descriptive non experimental design was used. Setting of the study was selected village Mullana, Barara, Simbla Ambala, and Haryana. This study consists of a sample of 300 female residing in rural community by non-probability purposive sampling technique. The result revealed that 47.7% women have average level of knowledge. The mean Score and Standard deviation of knowledge 15.5 and 3.53. Perception majority of the females 55 % (110) having favorable perceptions, 42% (84) having a moderate level of perception, and 3% (6) having unfavorable perceptions. The study concluded that majority of the subjects had average knowledge there was a need to improve their knowledge and change their Perception regarding PMS.

Key Words : Premenstrual syndrome, Perception, Knowledge

Introduction: Premenstrual syndrome is a combination of physical and emotional disturbances that occur after a woman ovulates and ends with menstruation. Monthly premenstrual syndrome (PMS) lasts for 6 days up until menopause. During women's reproductive years they experience an estimated number of severe symptoms for 3000 days. According (WHO) World Health Organization, sadness loss of confidence, low self-esteem and less energy are more common among females¹.

In India, about one –fourth (27%) of the female population falls in the 15-29 years of age group. This age is a transition phase of life associated with spurt of physical, mental, emotional and social development. Some degree of premenstrual problems is experienced especially in the initial of years of reproductive life by majority of young women. Epidemiological surveys have estimated that as many as 80% of women of reproductive age experience some symptoms attributed to the premenstrual phase of the menstrual cycle.²

The morbidity associated with PMS is because of severity of symptoms, chronicity, the resulting emotional distress or impairment in work, relationships and activities. The level of impairment of PMS is significantly higher than community norms on assessment by standard measures and similar to that of major depression. Women with PMS report significant impairment in personal relationships compromised work level and increased absent from work, school or college. There are very few studies assessing PMS in young girls³.

There is very little attentiveness about sexual education among girls and what they experience as they are growing up. Social prohibitions and negative attitude of elders in discussing the related issues openly has blocked the access of adolescent girls to right kind of information especially in rural, urban and tribal community. In India the adolescent girls institute a vulnerable group where the neglected one is a female child. Sexual education is still regarded as taboo in Indian society. Due to the lack of focus on PMS among adolescent girls and lack of sufficient studies on prevalence and knowledge of PMs among adolescent girls this present study is aimed to evaluate the prevalence and knowledge of PMS among this group of girls.⁴

PMS affects not only women but also families and societies, as it causes purposeful impairment in efficiency at school/work, impaired relations with friends, colleagues and family members, poor social life activities and home responsibilities. This syndrome in young women is a significant public health problem, as increased incidence of depression and anxiety disorders were found in women suffering with PMS, which could economically burden the society indirectly in the form absenteeism at work, frequent hospitalization and suicides when it is severe. Moderate to severe symptoms are present often in adolescents, 14-88% of adolescent girls are affected, with younger adolescents less likely to have PMS symptoms than the older adolescents.⁵

In India reported prevalence of PMS to be 20% in general population and severe symptoms in 8%. The study which was conducted by WHO on premenstrual syndrome. Considering all the factors above and going through various studies, investigator felt that there is a need to assess knowledge on premenstrual syndrome and this will help to know more about the risk population of reproductive age group, the socio-demographic factors responsible for poor knowledge level.⁶

MATERIALS AND METHODS A descriptive study was conducted to To assess the perception and knowledge regarding Premenstrual syndrome among 300 females of selected community Haryana State, India. This study consists of a sample of 300 female residing in rural community by non-probability purposive sampling technique. Setting of the study was selected village Mullana, Barara, Simbla Ambala, and Haryana Age, types of residence, types of family, religion, family income per month, dietary pattern and age of puberty were demographic variables of the study which were independent variables whereas perception and knowledge related to premenstrual syndrome was the research variable respectively. Data Collection Method Data collection was done by using structured knowledge questionnaire that was written in English. After permission and verbal consent of participants, it ensures that the study is ethically conducted, objectives and benefits of the study were explained and confidentiality of the information was strictly ensured. The data was collected in a time period of 25 days.

DATA ANALYSIS : According to the objectives and hypotheses of the study and opinion of experts was planned to organize, tabulate and interpret the data by using both descriptive and inferential statistics i.e. Mean, Median and standard deviation, and Chi square

RESULT

Table 1

Frequency and Percentage distribution of female in terms of sample characteristics

N=300

SN	Sample	f(%)
1	Age	
1.1.	10-15	1(.3)
1.2	16-20	19(6.3)
1.3	21-25	141(47)
1.4	26-30	92(30.7)
1.4	More than 30	47(15.6)
2.	Religion	
2.1	Hindu	203(67.7)
2.2	Muslim	38(12.7)
2.3	Sikh	50(16.7)
2.4	Christian	9(3)
3	Marital Status	
3.1	Married	130(43.3)
3.2	Unmarried	170(56.7)
4	Education	
4.1	Non-Literate	14(4.6)
4.2	Primary	14(4.6)
4.3	Secondary	24(8)
4.4	Senior Secondary	45(15)
4.5	Graduate and more	203(67.6)
5	Occupation	
5.1	Employed	131(43.6)
5.2	Unemployed	169(56.3)
6	Type of family	
6.1	Nuclear	152(50.6)

6.2	Joint	141(47)
6.3	Extended	7(2.3)
7	Family Income	
7.1	<10000	63(21)
7.2	10000-30000	102(34)
7.3	31000-50000	91(30.3)
7.4	>50000	44(14.6)
8	Area of residence	
8.1	Urban	113(37.7)
8.2	Rural	181(60.3)
8.3	Slum	6(2)
9	Family History of PMS	
9.1	No	185(61.6)
9.2	Yes	115(38.4)
10	Do you experience PMS	
10.1	No	130(43.3)
10.2	Yes	170(56.6)

Table 2 : Frequency and percentage distribution of females in terms of level of knowledge regarding Premenstrual Syndrome

N=300

Level of Knowledge	Frequency(%)	(%)
Below Average(<10)	104	
Average (11-16)	143	
Good (17-24)	53	

Table 2 depicted that 47.7% had average knowledge regarding Premenstrual syndrome .

Table 3: Range Mean ,median ,Standard deviation of knowledge score of females regarding Premenstrual Syndrome

N=300

Variable	Mean	SD	Median
Knowledge	15.5	3.53	14

Table : 4 Frequency and Percentage of Perception regarding Premenstrual Syndrome

N=300

Level of Knowledge	Frequency(%)	(%)
favorable perceptions	110	
Moderate favorable perception	84	
unfavorable perceptions	6	

Table 4: This table depicted Perception majority of the females 55 % (110) having favorable perceptions, 42% (84) having a moderate level of perception, and 3% (6) having unfavorable perceptions.

There is no significant association between level of knowledge and Perception level with selected demographics variables.

Discussion: The analysis of the data collected revealed that majority of the females 141(47%) belong to age group of 21-25 years and 92(30.7%) belong to age group of 26-30 years. Majority 181 (60.3%) of adolescent girls were residing in rural area, 113 (37.7%) was residing in Urban area. Majority 152(50.6%) were living in nuclear family while 141(47%) were living with joint family.

The result revealed that 47.7% women have average level of knowledge. The mean Score and Standard deviation of knowledge 15.5 and 3.53. In contrast the study was conducted to assess the existence, knowledge and attitude regarding premenstrual syndrome among 448 female university students in Karachi the study findings reveals that The majority (96.4%) of female students were aware of PMS, while only 19% females unaware about premenstrual disorder⁷.

Perception majority of the females 55 % (110) having favorable perceptions, 42% (84) having a moderate level of perception, and 3% (6) having unfavorable perceptions. The study done by Surbhi Teotia et al done revealed that 80% of female participants knew about PMS while only (43.8%) knew about PMDD (8). Regarding Perception majority of the woman, 55 % (33) had favorable perceptions, 42% (25) had a moderate level of perception and 3% (2) had unfavorable perceptions.⁸

CONCLUSION Conclusions were drawn on the basis of the findings of the study which revealed that, the study concluded that majority of the subjects had average knowledge there was a need to improve their knowledge and change their Perception regarding PMS. 47.7% women have average level of knowledge. The mean Score and Standard deviation of knowledge 15.5 and 3.53. more than half female 55 % (110) having favorable perceptions, 42% (84) having a moderate level of perception, and 3% (6) having unfavorable perceptions.

RECOMMENDATIONS 1. The study can be replicated on a larger sample, thereby findings can be generalized for a larger population.

2. A similar study can be conducted to determine the effectiveness of information booklet.

3. A study can be conducted to find out the attitudes of students and parents regarding premenstrual syndrome.

4. A similar study can be conducted in college in a rural area.

5. Educational Programme regarding premenstrual syndrome can be conducted by the community health sector.

IMPLICATIONS OF STUDY The following implications have been drawn from the study, which are vital concern for nursing practice, nursing administration, nursing education and recommendations for using research:

Nursing practice: As the nurse plays a vital role increasing awareness about premenstrual syndrome among young girls of the community. The awareness should begin from the base level of the society such as school and college which involves adolescent girls more. This will signify nurses to impart knowledge to young people regarding premenstrual syndrome

Nursing education: As a nurse educator, nurses can insist more about symptoms and home remedies of premenstrual syndrome to the adolescent girls of the society.

Nursing administration: As an administrator she can organize mass campaign programme to the various schools and colleges to disseminate or propagate the information regarding premenstrual syndrome.

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