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A Quasi Experimental Study to assess the effectiveness of Structured Teaching Program (STP) on knowledge regarding Premenstrual Syndrome and its Management among Adolescent girls in selected High Schools of District Budgam, Kashmir.

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ABSTRACT

Premenstrual syndrome (PMS), which occurs 7–14 days before the onset of menstruation and subsides with the commencement of menstrual flow, affects women during their reproductive age, and is associated with physical, psychological and behavioural changes A quasi-experimental non- randomized control group pre-test post-test research design was used to assess the effectiveness of STP on knowledge regarding PMS and its management among adolescent girls. A total of 30 adolescent girls 15 in experimental and 15 in control group were selected through non- probability purposive sampling technique. A Self-structured Knowledge Questionnaire was constructed for assessing the knowledge of adolescent girls regards PMS and its management. Pre-test of both the groups was conducted and STP was administered only to the Experimental group on the same day. The post- test was conducted after 5 days in both experimental and control groups. The collected data were analysed through descriptive and inferential statistics. The descriptive statistics of frequency counts and percentage, mean, standard deviation and inferential statistics of Chi - square (x2) and correlation coefficient was used to analyse the data. Result: It revealed that the pre-test mean score of knowledge among adolescent girls in experimental group was 8.27 with a SD +/- 3.7. Similarly the pre-test mean score of knowledge among adolescent girls in control group was 6.07with a SD +/- 3.1. The observed 't' value of 1.761, P value of 0.89 was lower than the table value indicating that the observed difference in mean score among experimental and control group in the pre-test was not significant. The post-test mean Score of knowledge among adolescent girls in experimental group after administration of STP were 32.47 with a SD +/- 3.09. Similarly the Mean score of knowledge among adolescent girls in the control group was 10.80 with a SD +/- 3.96 and un-paired 't' test was computed to show whether there was any significance difference in mean knowledge score of experimental and control group. The observed 't' value of 16.6 was higher than that of table value and it was inferred that there was a statistical significance and result was highly significant at $P < 0.001$. Thus according to our results STP on PMS and it's management was successful in improving the knowledge of adolescent girls.

Introduction

Menstruation is a normal physiological process that begins at adolescence and continues till menopause. The onset of menstruation is menarche, which is a part of maturation process, besides being one of the significant milestones in women's health. Although, a natural physiological process, there is huge variability in menstrual cycle and characteristics and menstrual disorders are common. Menstrual problems are said to be the major gynaecological problems especially among adolescent girls. Menstrual problems can be the warning signal of some underlying disease. Premenstrual Syndrome is one of the most common disorders of reproductive age that can be seen in different intensities in 85-90% of women. It refers to the emotional, behavioural, and physical changes that occur in the late luteal phase of a woman's menstrual cycle (one to two weeks before her periods). Symptoms usually last for six days and are resolved with the onset of menstruation, with a symptom-free interval afterwards. Though more than 200 symptoms have been known to occur, the most frequently occurring symptoms include headache, fatigue, abdominal bloating, backache, breast tenderness, anxiety, irritability, social withdrawal, and depression. The underlying cause(s) of PMS remain unclear. It is believed that the trigger behind PMS is multi-factorial in nature, with perturbations in reproductive hormone levels being one of the major causes. The hormones responsible for PMS are oestrogen, progesterone, and serotonin.

BACKGROUND OF THE STUDY Adolescence is a journey from the world of the child to adult. It is a time of physical and emotional change as the body matures. Adolescence is a critical transitional period that includes the biological changes of puberty and the need to negotiate key developmental task and it requires special attention and protection. (1) Health of today's adolescents is hope for tomorrow's world. The World Health Organization definition officially designates an adolescent as someone between the ages of 10 and 19. (2) Adolescence in girls has been recognized as a special period in their life cycle that requires specific attention. This period is marked with onset of menarche .Adolescent girls constitute a vulnerable group, particularly in India where female child is discriminated in the society. (3) The physical influence in the girls during adolescence is significant and the changes occur in the body, both internally and externally. (1) Menstruation is a normal physiological process that begins at adolescence and continues till menopause. The onset of menstruation is menarche and is a part of maturation process, besides being one of the significant milestones in women's health. (4) Menstruation is still regarded as something unclean or dirty in India and the reaction to menstruation depends upon awareness and knowledge about the subject. (3) Although, a natural physiological process, there is huge variability in menstrual cycle and characteristics and menstrual disorders are common. Menstrual problems are said to be the major gynaecological problems especially among adolescent girls. Menstrual health plays an important role in women's sexual and reproductive life. Menstrual problems can be the warning signal of some underlying disease. Changes in menstrual pattern may affect her physical, psychological, social wellbeing besides creating great anxiety. It is an important component of overall health yet is ignored and given least priority. (4)

NEED FOR THE STUDY Worldwide prevalence shows that 5% to 20% of women of reproductive age have moderate-to-severe premenstrual complaints and up to 75% of all women of reproductive age may experience symptoms of PMS. PMS, which is characterized by one or more physical, emotional or behavioural symptoms during the days before menstruation, was found in 94.8% of women of reproductive age (15 to 49 years). (11) The prevalence of PMS among the university students of different countries are as follows 33.82% in China. 37% in Ethiopia, 39.9% in Taiwan, 65% in Egypt, 72.1% to 91.8% in Turkey, and 79% in JapanStudies have identified how suicide attempts in women are positively associated with particular menstrual cycle phases and with fluctuating levels of the female sex hormones oestrogen and progesterone. In addition to findings for attempted suicide, several autopsy studies have also identified significantly increased incidences of completed suicides during both the luteal and menses phases, leading researchers to conclude that menstrual related changes are an important mediating factor. In a Cross-Sectional Study "Prevalence of Various Menstrual Disorders Among Females of Reproductive Age-Group of Kashmir" conducted by Dr Sheema Samreen et al (2016), it was found that PMS was the second most prevalent menstrual disorder among Kashmiri women. Much of the regional studies could not be traced out by the investigator in this area might be due to lack of systematic data from Indian women regarding an important aspect of women's life. This necessitates an in-depth 16 evaluation and assessment of Pre-menstrual syndrome. Hence, the research felt the need to find out the knowledge of PMS and its management among adolescent girls and to develop a STP which will be useful

for educating them and to reduce the prevalence and improve the management of premenstrual syndrome. The Nurses need to be aware about premenstrual syndrome and its consequences in the present scenario, because the adolescent girls are more prone to develop these symptoms due to numerous causes such as stressful life, domestic violence, mood disorders, substance abuse, emotional trauma etc. Further, adolescent girls are excited, scared, and wondering about the first period. We need to get them ready and help them through this time in their lives. Lack of knowledge and negative attitude towards PMS among females is of great concern. So the challenges and opportunities of the medical and nursing profession are to find the appropriate solution for this problem. As the nurses are interacting more with adolescent girls in various settings like schools, colleges, hospitals, community health centres etc. Hence the knowledge on pre-menstrual syndrome and its management by nurses will be a God's gift to solve many problems faced by adolescent girls. Through our STP, we will tell the adolescent girls about the occurrence of PMS and how can it be prevented by modifying lifestyle and dietary pattern. Therefore, this study will help in seeking early preventive measures to overcome this health issue and also in managing the signs and symptoms. The present study assessed the effectiveness of structured teaching program (STP) on knowledge regarding Premenstrual Syndrome among adolescent girls of Government Girls' Secondary School Ompora Budgam Kashmir.The design adopted by the investigator in this study was Quasi- Experimental (Non-Randomized Control Group Pre-test Post-test Research Design). A total of 30 adolescent girls were selected from the Government Girls' Secondary School Ompora Budgam Kashmir by using non-probability purposive sampling technique. The purpose of the study was explained to the students and consent was taken from all the participants. Structured pre-test questionnaire related to Pre-menstrual Syndrome was administered to the study subjects for scoring knowledge. The study found that adolescent girls had inadequate knowledge regarding Premenstrual Syndrome in pre-test. After the administration of STP on Pre-menstrual Syndrome there was a significant improvement in knowledge of the adolescent girls regarding Pre-Menstrual syndrome. The study concluded that the STP was effective in improving the knowledge of the adolescent girls regarding Premenstrual Syndrome. The formulate, alternate Hypothesis (H1.1) was supported.

A Quasi Experimental Study to assess the effectiveness of Structured Teaching Program regarding Premenstrual Syndrome and its Management among Adolescent girls in of Government Girls' Secondary School Ompora Budgam Kashmir.

1. Masheal Al _ shafai, Aisha Al _ Romaihi 2022. A cross-sectional study was conducted among Qatar University students using an online survey. Multivariable regression analyses were used to identify factors associated with PMS knowledge and attitude. A total of 476 students participated in the study; 424 (89.1%) were females; two-thirds were 18–21 years old. Only 100 participants had heard about PMS. Knowledge of PMS was significantly associated with females, students enrolled in a health-related college, and nonconsanguineous marriage of a participant's parents. The majority of the participants agreed that genetic diseases are psychological and economic burdens. For attitude, only 178 participants were willing to cancel marriages, given incompatible PMS results. The following factors were positively associated with attitude: PMS knowledge, enrolment in a health-related college, and the belief that PMS does not interfere with destiny. Our study findings revealed that despite the mandatory PMS in Qatar, the study participants, future couples, had low knowledge about the program. Therefore, strategies to increase awareness of PMS should be considered toward improving its outcomes. (17)

2. Ana Paula Rodrigues, Marcello Ramos, Fernanda Rassi ,2022 Feb. This cross-sectional study included 1,115 university students aged ≥ 18 years from the University of Rio Verde, Goiás. Premenstrual syndrome and PMDD were identified using the Premenstrual Symptoms Screening Tool. Associations with sociodemographic, behavioural, reproductive, nutritional, and health factors were investigated using the Poisson regression. Results-The prevalence of PMS was 46.9% (95% confidence interval [CI] 44.0–49.8), and of PMDD, 11.1% (95% CI 9.3–13.0). The most prevalent symptoms were physical, such as breast tenderness, bloating, e weight gain (73%); followed by psychological ones such as overeating/food cravings, tearful/more sensitive to rejection (> 60%). More than 30% of the patients reported that the symptoms interfered in a moderate-to-severe way in their social and academic activities. After adjusted analysis, PMS was more prevalent in those who were attending the 1st /2nd semester of college (prevalence ratio [PR] 1.44; 95% CI 1.14–1.80), those who consumed alcohol in the last 30 days (PR 1.23; 95% CI 1.04–1.47), and those who had depression (PR 1.49; 95% CI 1.30– 1.71). Conclusion: Almost half of the university students had PMS and ~

11%, PMDD. Physical symptoms were the most common and interfered in a moderate-to-severe way in various aspects of life. Attending the first semesters, consuming alcohol, and having depression were risk factors for PMS. The identification of risk factors for PMS is essential to prevent symptoms and reduce the impact of the syndrome. (18) 21

3. Swati Vishwakarma, Sujata Deo, Pooja Mahaur 2019 to 2019.This was a cross-sectional questionnaire-based study was conducted from 2019 to 2020 in Department of Obstetrics and Gynaecology, King Georges Medical University, Lucknow. After getting informed consent 358 female participant was enrolment. All participants were screened first according to PMS ACOG guideline then further DSM IV based premenstrual symptom screening tool (PSST) was applied by enquiring detail about last 3 menstrual cycles. The subjects which are diagnosed were given WHO-QOL-BREF scale. Results: The work efficiency or productivity, relationship with co-workers, relationship with your family, social life activities and home responsibilities were 27.63%, 26.31%, 22.36%, 15.78% and 15.13% in no/mild PMS, 94.73%, 86.84%, 73.68%, 60.52% and 42.10% in moderate to severe PMS and 100.00%, 85.71%, 57.14%, 42.85%, and 2.85% PMDD. The mean percentages of physical health domain were 64.43±8.29, 58.47±6.91, and 52.86±6.20; psychological health domain was 66.39±9.39, 62.47±7.73 and 56.29±4.64; social relationship domain was 62.29±12.45, 60.61±11.67 and 56.00±5.32 and environmental health domain was 64.52±9.64, 61.13±9.39 and 58.86±3.72 in no/mild PMS, moderate to severe PMS and PMDD participants group, respectively. Conclusions: The changes of physical health domain, psychological health domain were significantly negative correlated with moderate to severe PMS that means participant with moderate and severe PMS have poor quality of physical and psychological health whereas, social relationship domain and environmental health domain were also negative correlated but not significantly associated with moderate to severe PMS. (19)

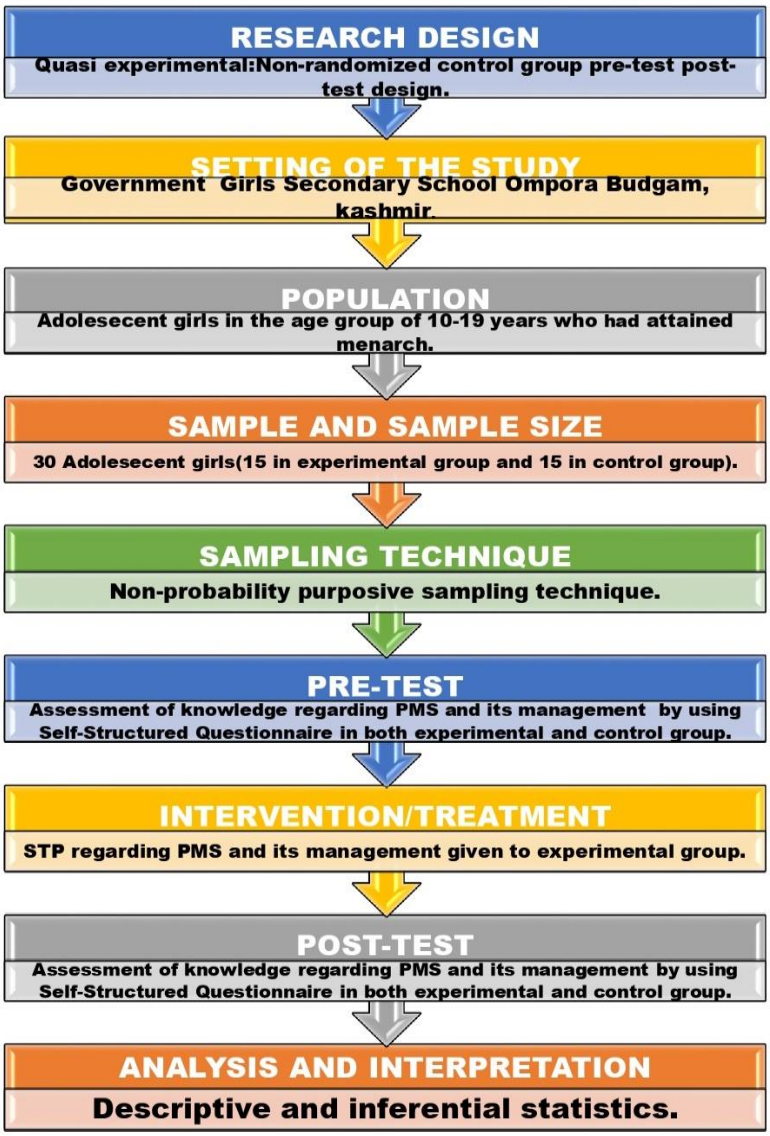

Figure2.Schematic Representation of research methodology.

Section I: Description of demographic/clinical variables by using frequency and percentage in experimental and control group:

S.NO.	Demographic Variables	Experimental Group (n=15) Frequency (%)		Control Group (n=15) Frequency (%)
1.	Age			
	10-11 years	0(00.00)		8(50.88)
	14-17 years	14(93.24)		7(46.62)
	17-19 years	1(6.66)		0(00.00)
	Above 19 years	0(00.00)		0(00.00)
2.	Educational Status			
	6th	0(00.00)		7(46.62)
	7th	1(06.66)		6(39.96)
	8th	2(13.32)		1(06.66)
	9th	12(79.92)		1(06.66)
3.	Type of family			
	Nuclear	8(53.28)		10(66.6)
	Joint	7(46.62)		3(19.98)
	Extended	0(00.00)		2(13.32)
4.	Residential Status			
	Rural	4(26.64)		5(33.3)
	Urban	11(73.28)		10(66.6)
5.	Family income per month			
	< Rs 25000	3(19.98)		9(89.94)
	Rs 25000-50000	7(46.62)		3(19.98)
	Rs 75000-100000	3(19.98)		1(6.66)
	>Rs 100000	2(13.32)		2(13.32)
6.	Mothers' educational status			
	Illiterate	7(46.62)		6(39.96)

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	Primary	4(26.64)		4(26.64)
	Secondary	3(19.98)		4(26.64)
	Higher secondary and above	1(6.66)		1(6.66)
	Post Graduation	0(0.00)		0(0.00)
7.	Mothers' occupation			
	Housewife	15(100.0)		13(96.58)
	Govt. employee	0(0.00)		0(0.00)
	Private employee	0(0.00)		2(13.32)
	Self employed	0(0.00)		0(0.00)
8.	Fathers' occupation			
	Self employed	2(13.32)		5(33.3)
	Govt. employee	4(26.64)		4(26.64)
	Private sector employee	3(19.98)		2(13.32)
	Business	6(39.96)		4(26.64)
	Agriculture	0(0.00)		0(0.00)
9.	Age at menarche			
	< 9 years	3(19.98)		6(39.96)
	10-12 years	12(79.92)		7(46.62)
	13-15 years	0(0.00)		2(13.32)
	16-19 years	0(0.00)		0(0.00)
	Above 19 years	0(0.00)		0(0.00)
10.	Previous knowledge on menstrual hygiene			
	Yes	15(100)		13(86.58)
	No	0(00.00)		2(13.32)
11.	Source of knowledge on menstrual hygiene			
	Siblings	3(19.98)		4(26.64)
	Family	8(53.28)		5(33.33)
	Relatives	3(19.98)		

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	Friends	1(6.66)		4(26.64)
	Teachers	0(0.00)		2(13.32)
12.	Duration of menstrual flow			0(0.00)
	< 2 days	3(19.98)		3(19.98)
	2-3 days	6(39.96)		8(53.28)
	4-5 days	6(39.96)		3(19.98)
	6-7 days	0(0.00)		1(6.66)
	>7days	0(0.00)		0(0.00)
13.	Length of menstrual cycle			
	18-21 days	4(26.64)		2(13.32)
	21-24 days	6(39.96)		3(19.98)
	25-28 days	3(19.98)		8(19.98)
	29-32 days	2(13.32)		2(13.32)
	33-36 days	0(0.00)		0(0.00)
14.	Number of soaked pads per day			
	< 2 pads/day	5(33.3)		4(26.64)
	2-3 pads/day	7(46.62)		7(46.62)
	4-5 pads/day	2(13.32)		3(19.98)
	>5 pads/day	1(6.66)		1(6.66)
	5-6 pads/day	0(0.00)		0(0.00)

Table 1: Frequency and percentage distribution of demographic/clinical variables are given below:

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Major Findings

Table 1: Depicts, the distribution of adolescent girls according to their demographic/clinical variables

In type of family, majority of them 8(53.28%) were from nuclear family and 7(46.62%) were from joint family in experimental group. In control group, majority 10(6.66%) were from nuclear family, 3(19.98%) were from joint family and 2(13.32%) were from extended family.

Considering Area of residence in experimental group majority 11(73.28%) were residing in the urban area and 4(26.64%) in rural area. In control group majority 10(66.6 %) were residing in urban area and 5(33.3%) were residing rural area.

Most of the subjects in experimental group, had the monthly family income 7(46.62%) of Rs 25000-50000, 3(19.98%) had the monthly family income of < Rs 25000 and Rs 75000-100000 both, and 2(13.32) had the monthly family income of > Rs10000. In control group, majority of the study subjects had monthly income of 9(59.94%) of < Rs25000, 3(19.98%) had monthly income of Rs25000-50000, 2(13.32%) had family income of > Rs 100000, and 1(6.66%) had family income of Rs 75000-100000.

Mothers of majority of subjects in experimental group i.e., 7(46.62%) were illiterate, 4(26.64%) had studied up to primary level, 3(19.98%) had studied up to secondary level and 1(6.66%) had studied up to higher secondary level and above. In control group, mothers of majority of study subjects 6(39.96%) were illiterate, 4(26.64%) had studied up to primary and secondary level and 1(6.66%) had studied up to higher secondary level and above.

Concerning the occupation of mothers of subjects all 15(100%) were housewives in experimental group. In control group majority of the mothers of study subjects 13(96.58%) were housewives and 2(13.32%) were having private job.

Concerning the occupation of fathers of subjects' majority 6(39.96%) were businessmen, 4(26.64%) were Govt. employees, 3(19.98%) were private sector employees, 2(13.32%) were self-employed, in experimental group. In control group, majority 5(33.3%) were self-employed, 4(26.64%) were Govt. employees and businessmen, 2(13.32%) were Private sector employees.

Concerning age at menarche in experimental group, majority of the subjects 12(79.92%) had attained menarche at the age of 10-12 years and 3(19.98%) had attained age < 9 years. In control group, majority 7(46.62%) had attained menarche at the age of 10-12 years, 6(39.96%) at < 9years and 2(13.32%) at the age of 13-15 years.

In experimental group all the subjects 15(100%) had previous knowledge regarding menstrual hygiene. In control group, majority of the subjects 13(86.58%) had previous knowledge regarding menstrual hygiene and 2(13.32%) had no previous knowledge regarding menstrual hygiene.

In experimental group majority of subjects 8(53.28%) had family as the source of previous knowledge regarding menstrual hygiene, 3(19.98%0 had siblings and relatives, and 1(6.66%) had friends as the source of previous knowledge regarding menstrual hygiene. In control group, majority of subjects 5(33.33%) had family as the source of previous knowledge regarding menstrual hygiene, 4(26.64%) had siblings and relatives and 2(13.32%) had friends as the source of previous knowledge regarding menstrual hygiene.

In experimental group, majority of the subjects 6(39.96%) had 2-3 days and 4-5 days duration of menstrual flow and 3(19.98%) had < 2days duration of menstrual flow. In control group, majority of the subjects 8(53.28%) had 2-3 days duration of menstrual flow, 3(19.98%) had < 2days and 4-5 days duration of menstrual flow and 1(6.66%) had 6-7 days duration of menstrual flow.

In experimental group, majority of subjects had 21-24days menstrual cycle, 4(26.64%) had 18-21 days of menstrual cycle, 3(19.98%) had 25-28 days, 2(13.32%) had 29-32 days menstrual cycle. In control group, majority of subjects 8(53.28%) had 25-28 days menstrual cycle, 3(19.98%) had 21-24 days menstrual cycle, 2(13.32%) had 18-21 days and 29-32 days menstrual cycle.

Majority of the subjects 7(46.62%) changed 2-3 soaked pads/day both in experimental and control groups. 5(33.33%) and 4(26.64%) changed < 2 soaked pads/day in experimental and control group respectively. 2(13.32%) and 3(19.98%) changed 4-5 soaked pads/day in experimental and control group respectively. 1(6.66%) changed > 5 soaked pads/day in both experimental and control group.

Section II: Assessment of pre-test knowledge score regarding PMS and its management among adolescent girls in experimental and control group.

Objective 1: To assess the pre-test knowledge score of adolescent girls regarding Premenstrual Syndrome and its management among adolescent girls in Selected High schools of District Budgam, Kashmir.

(n=30)

Pretest groups	Mean	n	Standard Deviation	T-value	P value
Experimental Group	8.27	15	3.7	1.761	0.89
Control Group	6.07	15	3.1		

Table2: Showing Pre-test knowledge score of study subjects by mean standard deviation regarding Premenstrual syndrome and its management in experimental and control group.

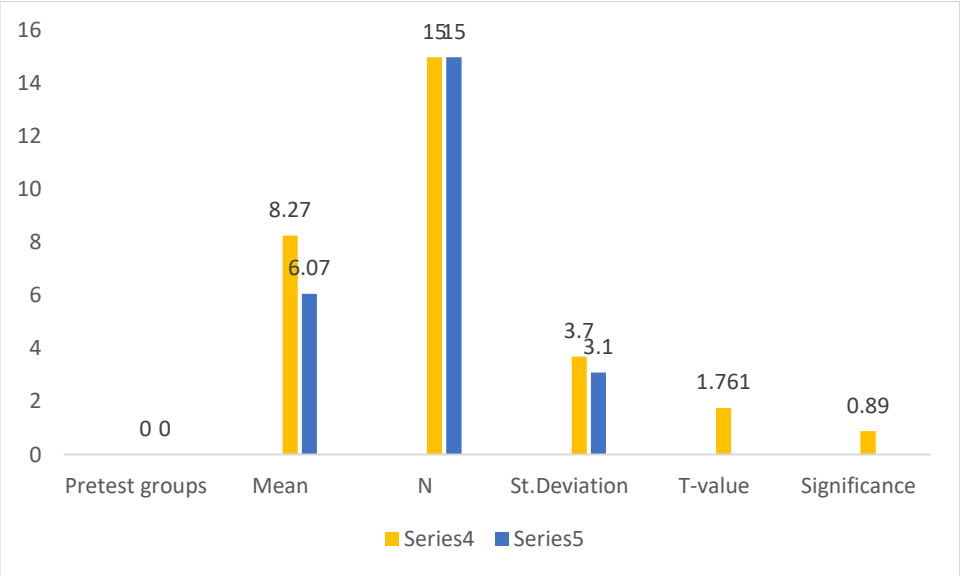

Figure 4: Bar diagram showing Pre-test knowledge score of study subjects by mean and standard deviation regarding Premenstrual syndrome and its management in experimental and control group (series4-experimental group and series5 control group)

Data mentioned in above table and bar diagram shows:

In experimental group

- ❑ The mean pre-test knowledge score was 8.27 with standard deviation of 3.7.

In control group

- ❑ The mean pre-test knowledge score was 6.07 with standard deviation of 3.1.

Conclusion: Mean pre-test knowledge score of experimental group is more than control group.

SECTION III: Assessment of post-test knowledge score regarding PMS and its management among adolescent girls in experimental and control group.

Objective 3: To assess the post-test knowledge score of regarding Premenstrual Syndrome and its management among adolescent girls in Selected High schools of District Budgam, Kashmir.

(n=30)

Post test groups	Mean	n	Standard Deviation	T-value	P value
Experimental Group	32.47	15	3.09	16.6	.000
Control Group	10.80	15	3.96		

Table 3: Showing post-test Knowledge score of the study subjects by mean and standard deviation regarding Premenstrual syndrome and its management in the experimental and control group.

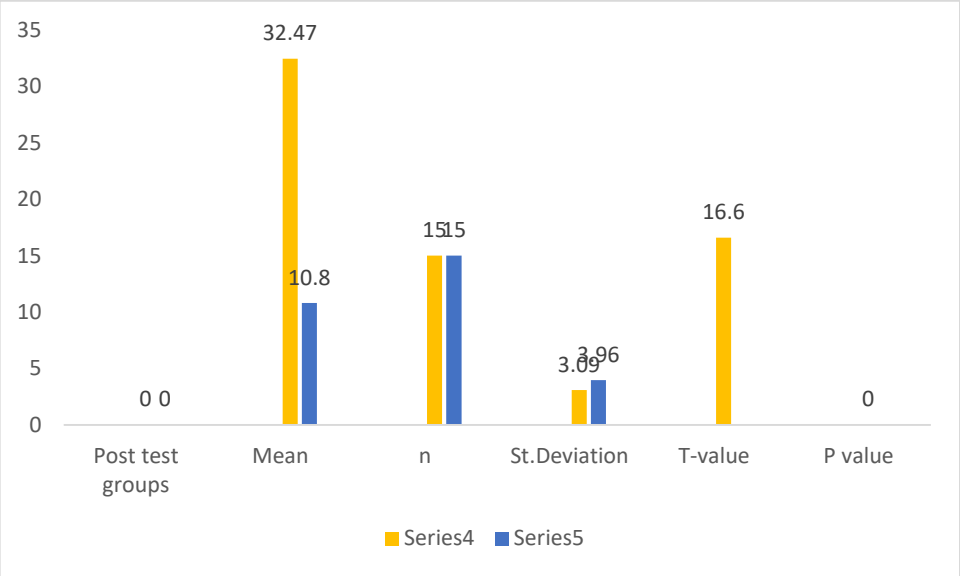

Figure 5: Bar diagram shows Post-test knowledge score of study subjects by mean and standard deviation regarding Premenstrual syndrome and its management in the experimental and control groups.(series4- experimental group and series5- control group)

The table and figure above show that:

In experimental group

- ❑ The mean pre-test knowledge score was 32.47 with standard deviation of 3.09.

In control group

- ❑ The mean pre-test knowledge score was 10.80 with standard deviation of 3.96.

Conclusion: Mean pre-test knowledge score of experimental group is much more than control group.

Section IV: Comparison of pre-test and post-test knowledge score regarding PMS and its management among adolescent girls in experimental and control group by using paired sample statistics (‘t’ test).

Objective 4: To compare the pre-test and post-test knowledge scores regarding Premenstrual Syndrome and its management among adolescent girls in the selected High Schools of District Budgam Kashmir.

(n=30)

Paired sample statistics							
	Control Group	**Experimental Group**	**Combined Mean**	**N**	**Standard Deviation**	**T-value**	**Significance**
Pre-test Mean	**6.07**	**8.27**	7.17	30	3.54	-7.29	.000
Post-test Mean	**10.80**	**32.47**	21.63	30	11.56		

Table 4: Showing comparison between pre-test and post-test Knowledge score regarding Premenstrual syndrome and its management among adolescent girls in experimental and control groups.

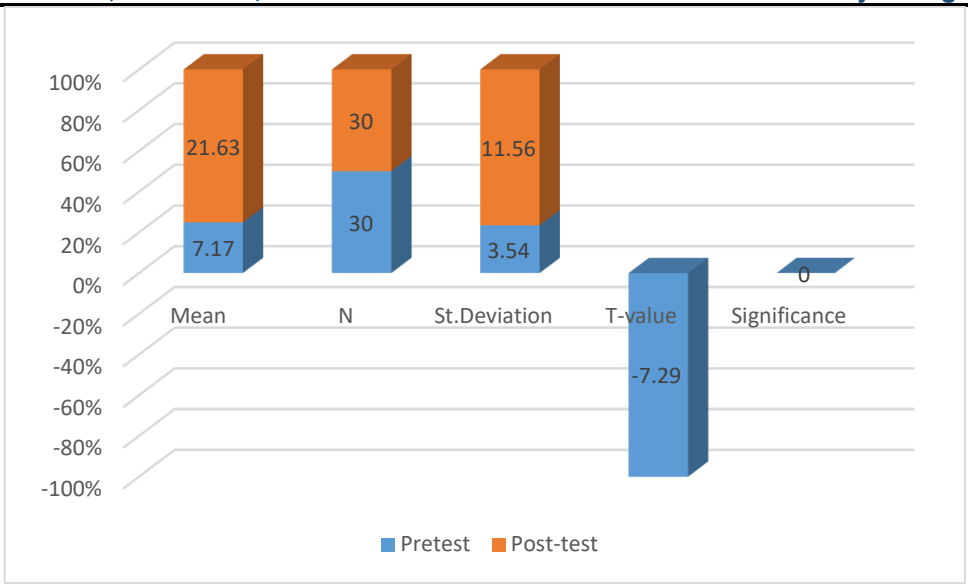

Figure 6: Percentage graph showing comparison of pre-test and post-test knowledge score regarding Premenstrual syndrome and its management among adolescent girls in the experimental and control group.

The Table and figure shows:

- The findings revealed that mean difference between pre-test and post-test knowledge in experimental group was 24.2, which shows that structured teaching Program was effective in improving the knowledge regarding PMS and its management.
- Difference between combined mean of pre-test knowledge score and post-test knowledge score is 14.46, indicating that our intervention was successful in increasing the knowledge of adolescent girls regarding PMS and its management.
- The computed p value=.000 which is less than 0.05, hence there is a statistical significance between pre-test knowledge score and post-test knowledge score. Data mentioned in above table shows that mean post-test score knowledge regarding Premenstrual syndrome and its management among adolescent girls in the selected High schools of District Budgam Kashmir is significantly higher than that of pre-test knowledge score at 5% level of significance. Hence the Alternative Hypothesis (H1.1) is accepted which states that, there will be significant difference between pre-test and post-test knowledge score of regarding Pre-menstrual Syndrome and its management among adolescent girls in the selected High schools of District Budgam Kashmir at ,0.05 level of significance.

Section V: Association of level of knowledge regarding PMS and its management among adolescent girls with their selected demographic variables in experimental and control group by using Pearsons's test.

Objective 5: To determine the association between pre-test knowledge score regarding the Premenstrual Syndrome and its management among adolescent girls in the Selected High Schools of District Budgam Kashmir with selected demographic variables (age in years, educational status, type of family, residential status, family income per month in rupees, mothers' educational status, mothers' occupation, fathers' occupation).

Association of pre-test knowledge score of control group study subjects with their selected demographic variables (Age, Educational status, type of family, residential status, family income, mothers' educational status, mothers' occupation, fathers' occupation). For association we have done Pearsons's test with following results given below

s.no	Variables	P value	Remarks
1	**Age**	**0.049**	**Significant**
2	Educational status	0.07	Non-significant
3	type of family	**0.04**	**Significant**
4	Residential status	0.08	Non-significant
5	Family income	0.12	Non-significant
6	Mothers' educational status	0.06	Non-significant
7	Mothers' occupation	0.06	Non-significant
8	Fathers' occupation	**0.03**	**Significant**

Table 5. Showing association of pre-test knowledge score of control group study subjects with their selected demographic variables

Data presented in the above table shows that there is significant association of pre-test knowledge score of control group study subjects with their selected demographic variables (Age, type of family and Fathers occupation).

Association of pre-test knowledge score of experimental Group study subjects with their selected demographic variables (Age, Educational status, type of family, residential status, family income, mothers' educational status, mothers' occupation, fathers' occupation). For association we have done Pearsons's test with following results given below

s.no	Variables	P value	Remarks
1	**Age**	**0.03**	**Significant**
2	Educational status	0.01	**Significant**
3	type of family	0.04	**Significant**
4	Residential status	0.07	**Significant**
5	Family income	0.10	Non-significant
6	Mothers' educational status	0.06	Non-significant
7	Mothers' occupation	0.06	Non-significant
8	Fathers' occupation	0.02	**Significant**

Table 6. Association of pre-test knowledge score of experimental group study subjects with their selected demographic variables

Data presented in the above table shows that there is significant association of pre-test knowledge score of experimental study subjects with their selected demographic variables (Age, Educational Status, type of family, Residential Status, Fathers occupation).

So alternate Hypothesis (H1.2) which states that there will be significant association between pretest knowledge score of adolescent girls regarding Premenstrual Syndrome and its management with their selected demographic variables, was also accepted.

CONCLUSION:

Adolescent girls' understanding about PMS and its management improved as a result of Structured Teaching Programme, according to a self-structured questionnaire. In addition, the statistics indicates that the computed value of "t" is significant amount more than the figure shown in the table. As a result, the data demonstrates that there was an increase in post-test knowledge regarding PMS and it's management among adolescent girls in selected high schools of district Budgam, Kashmir.

References

1. https://www.jchm.in/html-article/16949
2. https://en.wikipedia.org/wiki/Adolescence

3. https://jmscr.igmpublication.org/v7-i5/158%20jmscr.pdf

4.https://www.researchgate.net/publication/321867962_Prevalence_of_various_menstrual_disorders_among_females_of_reproductive_age-group_of_Kashmir_a_crosssectional_study

5.https://journals.lww.com/kleu/fulltext/2023/16030/knowledge_regarding_premenstrual_syndrome_among.4.aspx

6. https://en.wikipedia.org/wiki/Premenstrual_syndrome

7.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3972521/#:~:text=PMS%20is%20occur%20during%20the,associated%20with%20PMS%20%5B6%5D

8. https://www.ncbi.nlm.nih.gov/books/NBK565629/

9. https://pubmed.ncbi.nlm.nih.gov/32809533/

10.https://www.ncbi.nlm.nih.gov/books/NBK560698/

11.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7395298/

12.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7395298/#:~:text=In%20India%2C%20it%20was%20shown,of%20concentration%20during%20study%20hours.&text=Different%20community%2Dbased%20surveys%20showed,from%201.2%25%20to%206.4%25.

13.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7979645/

14.https://www.mayoclinic.org/diseasesconditions/premenstrual-syndrome/symptoms-causes/syc-20376780.

15.https://www.mayoclinic.org/diseasesconditions/premenstrual-syndrome/symptoms-causes/syc-

20376780#symptoms

16. https://www.mayoclinic.org/diseasesconditions/premenstrual-syndrome/diagnosis-treatment/drc-20376787

17.https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=studies+conducted++on+knowledge+of+pms+in+2022&btnG=#d=gs_qabs&t=1714067093892&u=%23p%3DZCfO9f37BBAJ

18. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9948150/

19.https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=studies+conducted+on+premenstrual+syndrome+in+2021+in+india&btnG=#d=gs_qabs&t=1714063587047&u=%23p%3DQTWVf 2yYzxEJ

20.https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=studies+conducted+on+premenstrual+syndrome++in+2022&btnG=#d=gs_qabs&t=1714063417548&u=%23p%3D75N4APBC5he

21.https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=studies+conducted+on+premenstrual+syndrome+in+2021+in+india&btnG=#d=gs_qabs&t=1714059804000&u=%23p%3Da3FCx GsYyFEJ

22. https://www.sciencedirect.com/science/article/pii/S2213398423000210.

23.https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=studies+conducted+on+premenstrual+syndrome+in+2021+in+india&btnG=#d=gs_qabs&t=1714059567604&u=%23p%3DmajAeJ Y1q3MJ.

24.https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=studies+conducted+on+premenstrual+syndrome++in+2022&btnG=#d=gs_qabs&t=1713531951022&u=%23p%3D6O3lLucn6fgJ.

25. https://www.jpns.in/html-article/13633

26.https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=studies++conducted++on+pms+prevelence++in+kashmir+in+2020&btnG=#d=gs_qabs&t=1714060689409&u=%23p%3D5h04flV DmrkJ.

27.https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=studies+conducted+on+premenstrual+syndrome++risk+factors+in+kashmir+in+2020&btnG=#d=gs_qabs&t=1714060995290&u=%23p%3DWkRBiWr5Fb0J.

28.https://journals.lww.com/mhhb/fulltext/2022/27010/premenstrual_syndrome_among_college_students_and.4.aspx.

29.https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=studies+conducted+on+premenstrual+syndrome++in+2022&btnG=#d=gs_qabs&t=1713532850427&u=%23p%3DRRy3PP9vSeIJ

30.https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=studies+conducted+on+premenstrual+syndrome+management+++in+2024&btnG=#d=gs_qabs&t=1714059027286&u=%23p%3 DKsm_dCyEy-YJ

31.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10275287/.

32.https://journals.sagepub.com/doi/10.1177/00912174231189936?icid=int.sj-full-text.similar-article s.8

33.https://journals.sagepub.com/doi/10.1177/00912174231189936?icid=int.sj-full-text.similar-article s.8

34.https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=studies+conducted+on+premenstrual+syndrome+n+its+management++in+2022&btnG=#d=gs_qabs&t=1714068188443&u=%23p

35. https://ijanm.com/AbstractView.aspx?PID=2019-7-4-14.

36. https://www.igi-global.com/chapter/premenstrual-symptoms-and-general-health-among-young-adolescent-girls/319834.