

# Explore the Knowledge and Impact on Dysmenorrhea among Nursing Students of Selected College

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## ABSTRACT

Dysmenorrhea is defined as difficult menstrual flow or painful menstruation. It is an ordinary gynecological problem among adolescent ladies which is severe enough to keep them from functioning at home, college or work place for a day or a two every month.

**Objective:** To assess the knowledge and impact of dysmenorrhea among nursing students

**Material & Method :** A descriptive study was carried out among 201 nursing students selected by purposive technique at M.M university, ambala Haryana by using structured knowledge questionnaire(KR 20= 0.72) and impact rating scale(chron  $\alpha$ = 0.87) respectively from January 2016 to February 2017.

**Result:** Most of students were of 19 to 21 yrs in age and 95% were unmarried. 78.6% received knowledge of dysmenorria from mothers. 100% students experienced dysmenorria in which 87.6% had regular cycle, 51.7% felt intermittent pain. Majority (57.2%) have good knowledge regarding dysmenorria and mildly affected by it followed by 41.3% are moderately affected by dysmenorria. age, course of study and marital status are significantly associated with knowledge regarding dysmenorrhea whereas level of pain and measures to relieve dysmenorria is significantly associated with impact of dysmenorrhea.

**Conclusion:** Formal, informal and special mass media educational programmes may be taken to educate the girls on dysmenorria and measures to relieve .community health nurse and school health nurse need to concerned about it.

**KEYWORDS:** *Dysmenorrhea, Nursing students*

## INTRODUCTION

Dysmenorrhea is extract from the Greek word, “dys” means difficult or painful, “meno” means month and “rrhea” means flows. Dysmenorrhea is defined as difficult menstrual flow or painful menstruation. It is an ordinary gynecological problem among adolescent ladies which is severe enough to keep them from functioning at home, college or work place for a day or a two every month. Dysmenorrhea is characterized into two that is primary or spasmodic and secondary or congestive. Primary Dysmenorrhea arises when the menstrual pain is not related to any macroscopic pelvic pathology and having the normal ovulatory cycle. Although the exact cause of the primary Dysmenorrhea is not known. This condition is mainly seen in the adolescence population<sup>1</sup>. Although the etiology of primary Dysmenorrhea is not completely understood symptoms are generally associated with increase the production of prostaglandins in the endometrium with menses, and approximately 80% of patients can experience pain relief by taking prostaglandins inhibitors including proponics and phenamates<sup>2</sup>

A variety of physiological environmental and behavioral factors are reported to influence Dysmenorrhea. The confounding factors that have been referred frequently

include early menarche, younger age, low BMI, prolonged or aberrant menstrual flow, pre- menstrual somatic complaints, somatization, psychological disturbances, pelvic infections and smoking<sup>3</sup>. Dysmenorrhea can decrease productivity, creativity and work performance due to serious daily stress and social and economic loss. Beginning a few hours preceding immediately after Menstruation, Dysmenorrhea typically last 48-72 hours and include symptoms such as lower abdominal cramps, back pain, nausea, vomiting, loss of appetite, fatigue and nervousness.<sup>4</sup>

The prevalence of Dysmenorrhea among adolescence varies country to country. Various studies in India reveals that the prevalence of Dysmenorrhea varies from 33% -77.67%, however the true incidence and prevalence of the Dysmenorrhea are not clearly establishing in India.<sup>5</sup> A study conducted to find the incidence of Dysmenorrhea among 1648 adolescent girls in selected institute of Karnataka. In that the incidence of Dysmenorrhea found to be 87%, of these 46.69% have severe pain during Menstruation. Among those 63% of girls experiences Dysmenorrhea before the onset of bleeding and 37% experience after the onset of bleeding<sup>6</sup>.

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A study was conducted on menstrual knowledge, primary Dysmenorrhea and evaluated level of pain and treatment modalities among adolescent girls in Nigeria. The knowledge and practice of 150 randomly selected healthy Nigerian adolescent girls were studied. The findings revealed that the level of knowledge of adolescence is less regarding menstruation and Dysmenorrhea. There is a need for education and school nurses should be able to assist the adolescence in management of primary Dysmenorrhea.<sup>7</sup>

A descriptive study was conducted to evaluate the types and frequency of problems related to menstruation and the effect of these problems on daily routine among 198 adolescent girls in New Delhi. Data was collected by personal interview. Results showed that 67 were suffering from Dysmenorrhea and daily routine of 60 girls was affected due to bed rest and decrease the appetite, 18% had to miss a class and 25% had to abstain from the work<sup>8</sup>.

From the above studies and statistical report it is showed that adolescent girl and women do not have sufficient knowledge regarding Dysmenorrhea and its management and Dysmenorrhea shows an impact on their daily activities. Aim of the study is to assess the knowledge regarding Dysmenorrhea and its impact on Nursing girl students in selected college of Ambala.

#### MATERIAL AND METHOD

This descriptive survey design is used to assess knowledge and impact on dysmenorrhea among nursing students. The study was conducted at M.M college of nursing, M.M

#### RESULT

This study was descriptive survey design conducted at selected area of Ambala among the nursing students with a view to assess the knowledge and impact of dysmenorrhea. A total of 201 nursing students were administered with knowledge questionnaire and impact rating scale.

university Ambala district, Haryana by convenience sampling. The study participants were selected by purposive sampling technique with sample size of 201 student nurses.

Ethical consideration was taken from M.M university institutional ethical committee. Written informed consent was also obtained from all the participants before starting the study. Knowledge on dysmenorrhea was assessed using structured knowledge questionnaire which includes 24 multiple choice items covering content of introduction, definition, sign & symptoms, causes, types & management of dysmenorrhea with maximum possible score of 24. Impact of dysmenorrhea was assessed by using 20 statement impact rating scale which was scored as mildly affected (0), moderately affected (1) and severely affected (2). Both were validated by 7 experts from the various nursing fields.

After Formal administrative approval from the principal of M.M college, mullana ambala was taken, introduction to self and nature of study was explained to the nursing students and were assured about the confidentiality of their responses after establishment of rapport, tool for knowledge questionnaire and impact rating scale was administered.

Data were entered into Microsoft excel 2009 and analysed using SPSS 17.0 version. Categorical data are present as mean (SD) or median based on distribution of data, statistical analysis was performed by using chi square and for coefficient of correlation categorical variables. P value of 0.05 was considered significant

**TABLE 1 Distribution of the respondents according to socio demographic characteristics**

SELECTED VARIABLE	FREQUENCY (f)	PERCENTAGE (%)
<b>1. Age</b>		
a. 16-18 Yrs	35	17.4
b. 19-21 Yrs	121	60.2
c. 22-24 Yrs	37	18.4
d. 25-28 Yrs	8	4.0
<b>2. Course of Study</b>		
a. B.Sc. Nursing	158	78.6
b. Post Basic B.Sc. Nursing	43	21.4
<b>3. Year of Study</b>		
a. 1 <sup>st</sup> Year	76	37.8
b. 2 <sup>nd</sup> Year	71	35.3
c. 3 <sup>rd</sup> Year	54	26.9
<b>4. Weight</b>		
a. 35-50 Kg	105	52.2
b. 51-65 Kg	76	37.8
c. 66-80 Kg	20	10.0
<b>5. Education of mother</b>		
a. Non literate	11	5.5
b. Primary	54	26.9
c. Secondary	84	41.8
d. Graduate	52	25.9
<b>6. Type of Family</b>		
a. Nuclear	150	74.6
b. Joint	51	25.4

<b>7. Marital Status</b>		
a. Married	10	5.0
b. Unmarried	191	95.0
<b>8. Dietary Habits</b>		
a. Vegetarian	134	66.7
b. Non-Vegetarian	50	24.9
c. Eggetarian	17	8.5
<b>9. Residence</b>		
a. Hosteller	107	53.2
b. Day Scholar	87	43.3
c. Rent/P.G	7	3.5
<b>10. Age at Menarche</b>		
a. <11Years	3	1.5
b. 11-12 Years	37	18.4
c. 13-14 Years	117	58.2
d. >14 Years	44	21.9
<b>11. Duration of Menstruation</b>		
a. 1-2 Days	11	5.5
b. 3-4 Days	116	57.7
c. 5-6 Days	74	36.8
<b>12. Source of Information</b>		
a. Friends	28	13.9
b. Mother	158	78.6
c. Sibling	11	5.5
d. Other	4	2.0
<b>14. Regularity of Cycle</b>		
a. Regular	176	87.6
b. Irregular	25	12.4
<b>14.1 If Irregular in days</b>		
a. Twice a Month	6	
b. After 40 days	19	24
<b>15. Onset of Dysmenorrhea</b>		
a. Before Mensturation	58	28.9
b. With onset of Mensturation	126	62.7
c. After 24 hours of Mensturation	17	8.5
<b>16. Number of soaked pads changed per day</b>		
a. < 2 pad	29	14.4
b. 2-3 pads	118	58.7
c. 4-5 pads	47	23.4
d. > 5 Pads	7	3.5
<b>17. Type of pain</b>		
a. Continue pain	60	29.9
b. Intermittent pain	104	51.7
c. Radiating pain	37	18.4
<b>18. Level of Pain</b>		
a. 2	24	11.9
b. 4	63	31.3
c. 6	62	30.8
d. 8	33	16.4
e. 10	19	9.5
<b>19. Measures you taken to relieve Dysmenorrhea</b>		
a. Hot Application	48	23.9
b. Rest	110	54.7
c. Drugs	34	16.9
d. Other	9	4.5

Study result reveals 57.2% were having good knowledge where as 34.8% have very good knowledge and 8% got poor knowledge regarding dysmenorrheal and its management also the mean knowledge score was  $13.76 \pm 2.96$  along with median 14.

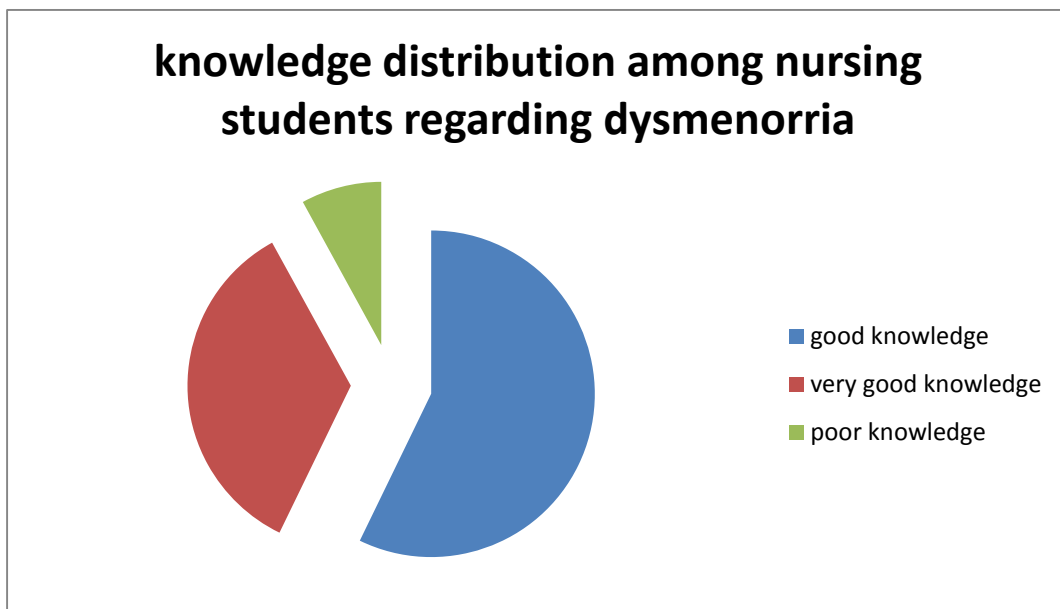
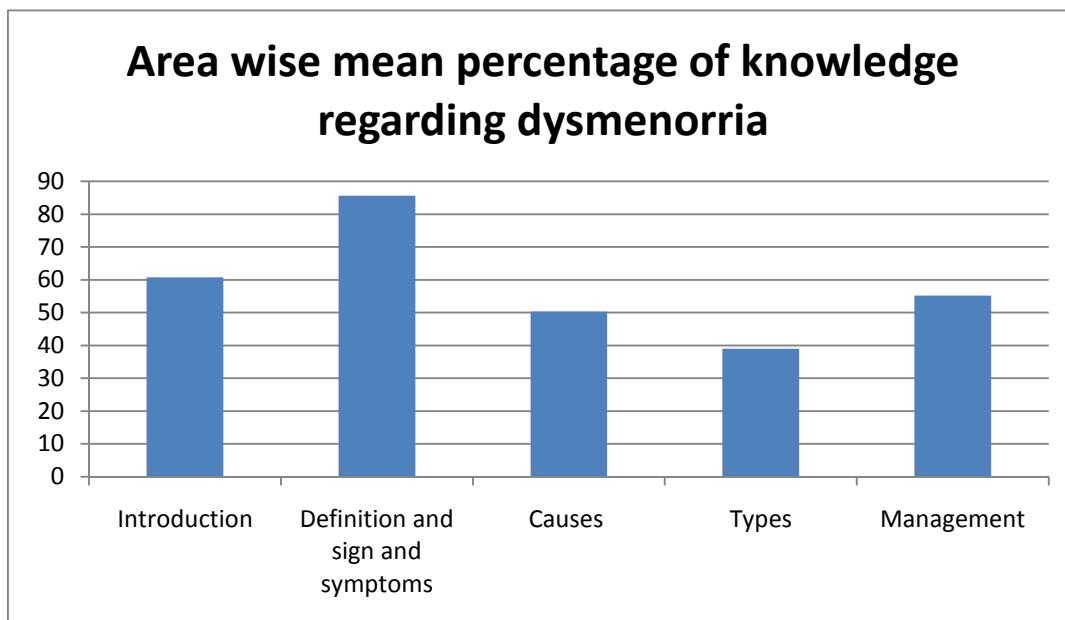
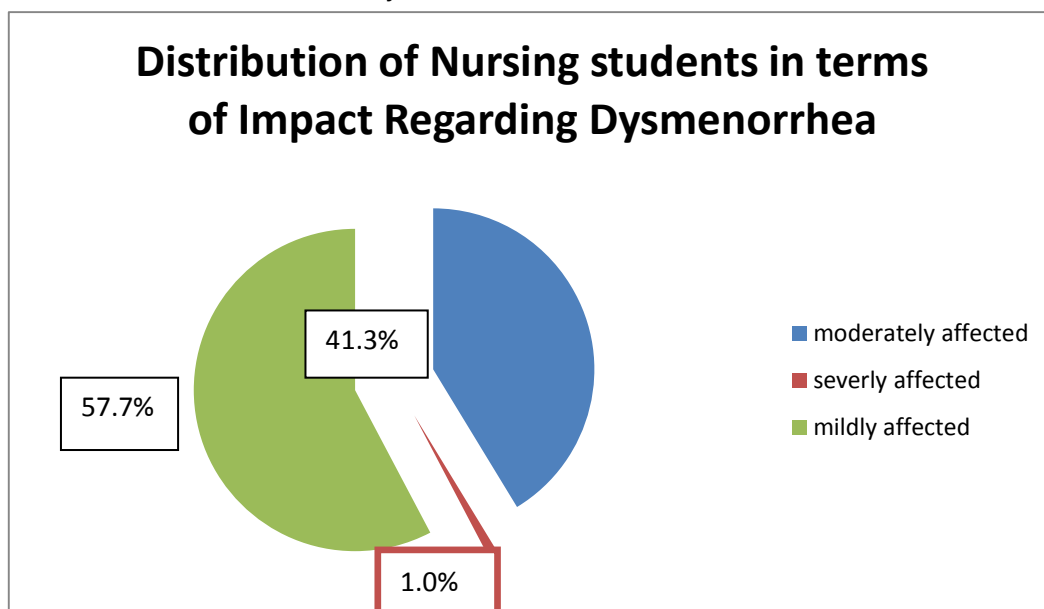


Figure 2: Area Wise Mean Percentage Score of knowledge Regarding Dysmenorrhoea Of nursing students



Result also shows that in terms of dysmenorrhoea among nursing students 116 were mildly affected 83 students were moderately affected and 2 students were severely affected.



The mean and standard deviation of impact score of student regarding dysmenorrhea were  $17.95 \pm 5.021$  along with median 18.

association of level of knowledge of nursing students with variables were significant at 0.05 level. Thus knowledge of nursing students regarding dysmenorrhea was dependent on the selected variables which are significant such as age (25.412), course of study (17.261), year of study (21.495), marital status (7.182), residence (13.128), regularity of cycle (6.618). Where as weight (7.586), education of mother (9.724), type of family (0.970), dietary habits (6.303), age at menarche (4.734), duration of menstruation (5.595), source of information regarding dysmenorrhea (6.389), onset of dysmenorrhea (5.310), no. of soaked pads changed per day (6.216), type of pain (7.950), level of pain (6.285), measures you taken to relieve dysmenorrhea (6.998) regarding knowledge was found to be statistically non significant. Hence null hypothesis was partially rejected and research hypothesis was partially accepted. And in terms of impact of dysmenorrhea on nursing students was dependent on the selected variables which are significant such as type of pain (17.059), level of pain (41.715), measures to be take to relieve pain (24.385). where as age (6.5187), course of study (2.504), year of study (4.187), weight (4.762), education of mother (4.806), type of family (0.727), marital status (0.119), dietary habits (1.150), residence (1.548), age at menarche (6.265), duration of menstruation (2.084), source of information regarding dysmenorrhea (2.65), regularity of cycle (0.756), onset of dysmenorrhea (2.445), no. of soaked pads changed per day (9.311) regarding the level of impact was found to be statistically non significant. Hence null hypothesis was partially rejected and research hypothesis was partially accepted.

## CONCLUSION

Formal, informal and special mass media educational programmes may be taken to educate the girls on dysmenorrhea and measures to relieve. community health nurse and school health nurse need to concerned about it.

Level of pain tolerance is different in every individual but dysmenorrheal pain tolerance power has in girls only. It has impact on their routine life activities.

## CONFLICT OF INTEREST

Authors have no conflict of interest.

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