"A descriptive study to assess the knowledge regarding Premenstrual Syndrome among late adolescents in selected high school, Nammakal''

Ms Uma Ranga[1*], Dr. Sumit Padihar[2]

[1]Ph.D Scholar, Mansarovar Global University, Nammakal, Madhya Pradesh

[2]Research Supervisor, Mansarovar Global University, Nammakal, Madhya Pradesh

Abstract-

The current study has been undertaken to assess the knowledge score regarding Premenstrual Syndrome among Late adolescents in selected high school, Nammakal. The research design used for study was descriptive in nature. The tool for study was self-structured knowledge questionnaire which consists of 2 parts-PART- I consisted questions related to Socio-demographic data; PART-II consisted of self -structured knowledge questionnaire to assess the knowledge score regarding Premenstrual Syndrome among Late adolescents in selected high school. The data was analyzed by using descriptive & inferential statistical methods. The most significant finding was that 75.0% subjects have poor knowledge, 25.0% have average knowledge score while 0.0% Late adolescents in selected high school were having good knowledge score.

Keyword- Premenstrual Syndrome and Late adolescents, school.

I. Introduction

Premenstrual syndrome (PMS) is a recurrent luteal-phase disorder characterized by irritability, anxiety, emotional lability, depression, edema, breast pain, and headaches, occurring during the 5 days before and usually ending a few hours after onset of menses. Premenstrual dysphoric disorder is a severe form of PMS. Diagnosis is clinical, often based on the patient's daily recording of symptoms. Type and intensity of PMS symptoms vary from woman to woman and from cycle to cycle. Symptoms typically start during the 5 days before menses and ending within a few hours of when menses begins. Symptoms may become more severe during stress or perimenopause. In perimenopausal women, symptoms may persist until after menses. The most common symptoms are irritability, anxiety, agitation, anger, insomnia, difficulty concentrating, lethargy, depression, and severe fatigue. Fluid retention causes edema, transient weight gain, and breast fullness and pain. Pelvic heaviness or pressure and backache may occur. Some women, particularly younger ones, have dysmenorrhea when menses begins. Other nonspecific symptoms may include headache, vertigo, paresthesias of the extremities, syncope, palpitations, constipation, nausea, vomiting, and changes in appetite. Acne and neurodermatitis may also occur. Treatment is symptomatic and includes diet, medications, and counselling.

II. Need of the study

In India 2023, the prevalence of the premenstrual syndrome (PMS) was found to be.

86%, while studies conducted in NCR (Delhi), Ahmedabad, Hyderabad, Maharashtra, Palestine, Lebanon and Egypt the prevalence was found to be 63.2%, 18.9%, 75%, 67%, 100%, 63% and 80.2% respectively. The difference in the prevalence can be due to different PMS diagnostic tools used, study population, socio-demographic, lifestyle characteristics and cultural beliefs. The most common PMS symptoms reported were fatigue (55.2%), general body pain (71.9%), irritability (76.9%), poor concentration, mood swings (75.9%), loss of interest (64%), back pain (77.8%), difficulty in making decisions, short temper (61.9%), abdominal cramps (68.3%), and anxiety (65.7%), headache (53.8%), anger (73%), food cravings (55.9%), uncontrollable anger (55.2%). Therefore, symptoms described in this study are less or more correspondent with the other studies.

III. Objective of the study

1. To assess the knowledge scores regarding Premenstrual Syndrome among Late adolescents in selected high school.
2. To find out association between knowledge score regarding Premenstrual Syndrome among Late adolescents in selected high school with their selected demographic variables.

IV. Hypotheses:

RH_0: There will be no significant association between pre-test score on Premenstrual Syndrome among Late adolescents in selected high school with their selected demographic variables.

RH_1: There will be significant association between pre-test score on Premenstrual Syndrome among Late adolescents in selected high school with their selected demographic variables.

V. Methodology

A descriptive research design was used to assess the knowledge score regarding Premenstrual Syndrome among Late adolescents in selected high school, Nammakal. The study was carried out on 40 Late adolescents in selected high school selected by purposive sampling technique. Demographical variable and self-structured 30 knowledge questionnaire were used to assess the Knowledge score regarding Premenstrual Syndrome by survey method.

VI. Analysis and interpretation

SECTION-I Table -1 Frequency & percentage distribution of samples according to their demographic variables.

n = 40

S. No	Demographic Variables	Frequency	Percentage
1	**Age in Years**		
a.	16	7	17.5
b.	17	26	65.0
c.	18 and above	7	17.5
2	**Gender**		
a.	Male	24	60.0
b	Female	16	40.0
3.	**Types of family**		
a.	Nuclear	23	57.5
b.	Joint	17	42.5
4	**Religion**		
a.	Hindu	15	37.5
b.	Muslim	22	55.0
c.	Christian	2	5.0
d.	Others	1	2.5
5.	**Living area**		
a.	Rural	25	62.5
b.	Urban	15	37.5

SECTION-II- Table- 2.1.1- Frequency and percentage distribution of knowledge score of studied subjects:

Category and test Score	Frequency (N=40)	Frequency Percentage (%)
POOR (1-10)	30	75.0
AVERAGE (11-20)	10	25.0
GOOD (21-30)	0	0.0
TOTAL	40	100.0

The present table 2.1.1 concerned with the existing knowledge regarding Premenstrual Syndrome among Late adolescents in selected high school were shown by pre-test score and it is observed that most of the Late adolescents in selected high school 30 (75.0%) were poor (01-10) knowledge, 10 (25.0%) were have average (11-20) knowledge score and rest of the Late adolescents in selected high school have 0 (0.0%) were from good (21-30) category.

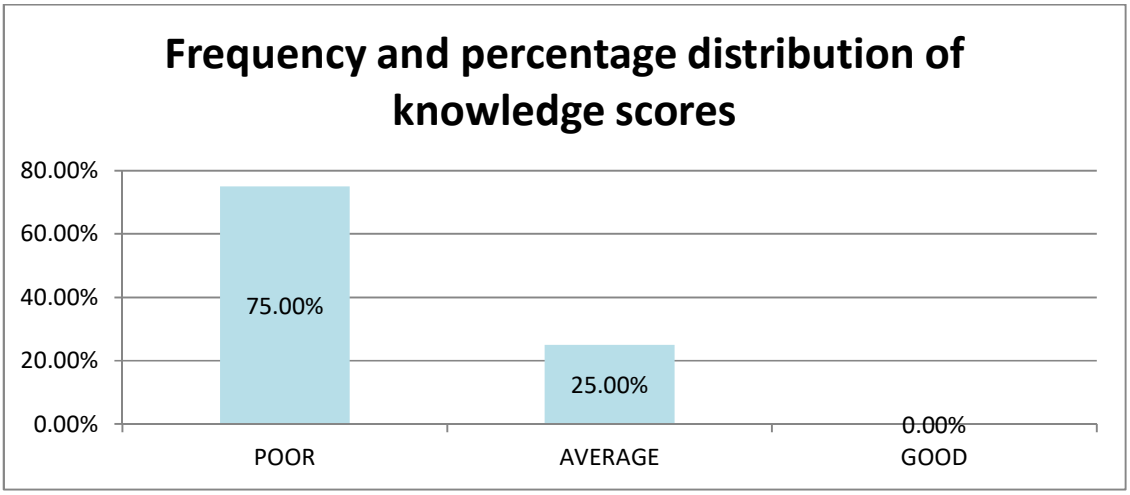

FIG.-2.1.1- Frequency and percentage distribution of Knowledge score of studied subjects

Table-2.1.2. - Mean ($\overline{X}$) and standard Deviation (s) of knowledge scores:

Knowledge **Pre –test**	**Mean** **($\overline{X}$)**	**Std Dev** **(S)**
Pre-test score	8.70	2.40

The information regarding mean, percentage of mean and standard deviation of test scores in shown in table 2.1.2 knowledge in mean pre-test score was 8.70 ± 2.40 while in knowledge regarding Premenstrual Syndrome among Late adolescents in selected high school.

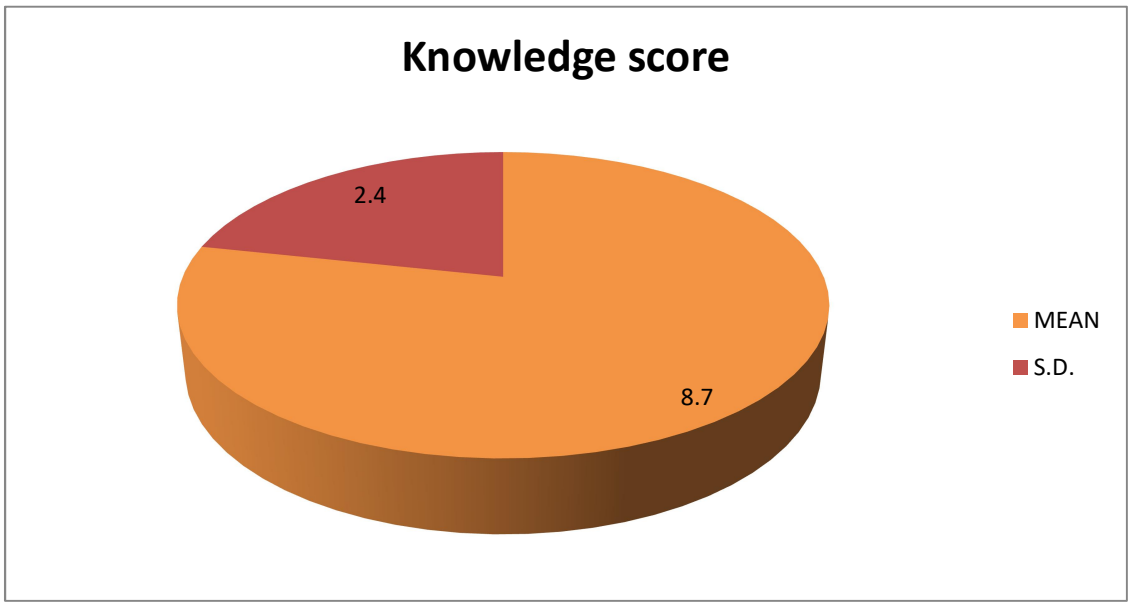

Figure no.-1 Mean and SD of knowledge score of Late adolescents in selected high school.

SECTION-III Association of knowledge scores between test and selected demographic variables:

Table- 3.1 Association of age of Late adolescents in selected high school with knowledge score:

Age	**Test scores**			**Total**
(In years)	**POOR (1-10)**	**AVERAGE (11-20)**	**GOOD (21-30)**	
16	5	2	0	**7**
17	19	7	0	**26**
18 & above	6	1	0	**7**
Total	**30**	**10**	**0**	**40**
	X= 0.52	p>0.05 (Insignificant)		

The association of age & test scores is shown in present table 3.1. The probability value for Chi-Square test is 0.52 for 2 DF which indicated insignificant value (p>0.05). Hence, it is identified that there is insignificant association between age & test scores. Moreover, it is reflected that age isn't influenced with current problem.

Table- 3.2 Association of Gender with knowledge score:

Gender	**Test scores**			**Total**
	POOR (1-10)	**AVERAGE (11-20)**	**GOOD (21-30)**	
Male	18	6	0	**24**
Female	12	4	0	**16**
Total	**30**	**10**	**0**	**40**
	X= 0.000	p>0.05 (insignificant)		

The association of gender & test scores is shown in present table 3.2. The probability value for Chi-Square test is 0.000 for 1 df which indicated gender & test scores. Moreover, it is reflected that gender is not influenced with current problem.

Table- 3.3 Association of living area with knowledge score:

Living area	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Rural	16	9	0	**25**
Urban	14	1	0	**15**
Total	**30**	**10**	**0**	**40**
	X= 4.30	p<0.05 (significant)		

The association of living area & test scores is shown in present table 3.3. The probability value for Chi-Square test is 4.30 for 1 df which indicated living area & test scores. Moreover, it is reflected that living area is influenced with current problem.

Table- 3.4 Association of types of family with knowledge score:

types of family	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Nuclear	18	5	0	**23**
Joint	12	5	0	**17**
Total	**30**	**10**	**0**	**40**
	X= 0.30	p>0.05 (insignificant)		

The association of type of family & test scores is shown in present table 3.4. The probability value for Chi-Square test is 0.30 for 1 df which indicated type of family & test scores. Moreover, it is reflected that type of family is not influenced with current problem.

Table- 3.5 Association of religion with knowledge score:

Religion	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Hindu	9	6	0	**15**
Muslim	19	3	0	**22**
Christian	2	0	0	**2**
Others	0	1	0	**1**
Total	**30**	**10**	**0**	**40**
X= 6.98		p>0.05 (Insignificant)		

The association of religion & test score is shown in present table 3.5. The probability value for Chi-Square test is 6.98 for 3 degrees of freedom which indicated religion and test scores. Moreover, it is reflected that religion isn't influenced with present problem.

VII. Results

The findings of the study revealed that 75.0% subjects have poor knowledge, 25.0% have average knowledge score while 0.0% Late adolescents in selected high school were having good knowledge score towards Premenstrual Syndrome in children. The mean knowledge score of subjects was 8.70 ± 2.40. The association of knowledge score of Late adolescents in selected high school was found to be statistically significant with Living area. ($p<0.05$).

VIII. Conclusion

It was concluded that majority of Late adolescents in selected high school had poor knowledge score regarding Premenstrual Syndrome in children. Late adolescents in selected high school should also educate regarding Premenstrual Syndrome to control disease.

IX. Limitations

- This was limited to Selected high school, Nammakal.
- This was limited to 40 Late adolescents in selected high school.

X. Reference

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