

## Assessment on Level of Knowledge Regarding Home Remedies for Dysmenorrhoea among Adolescent Girls at SRM College of Nursing

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How to cite this article:

Abirami P, Jayabharathi B. Assessment on Level of Knowledge Regarding Home Remedies for Dysmenorrhoea among Adolescent Girls at SRM College of Nursing. *J Nurse Midwifery Matern Health*. 2019;5(3):93-97.

### Abstract

Adolescence is a time of moving from the immaturity of childhood into the maturity of adulthood. Period of life from puberty to adulthood characterized by marked physiological changes, development of sexual feelings, efforts toward the construction of identity, and a progression from concrete to abstract thought. *Objective:* The aim of this study was assess the knowledge on home remedies for dysmenorrhea among adolescent girls at SRM college of nursing and to associate the knowledge on home remedies for dysmenorrhea among adolescent girls at SRM college of nursing with their demographic variables. *Methods:* Quantitative approach and non-experimental descriptive research design was used. The data collection included two parts. Part A: Demographic variables, Part B: A Structured questionnaire to assess knowledge on home remedies for dysmenorrhea. 52 Adolescent girls who fulfilled the inclusion criteria were selected as samples using non probability convenient sampling technique. The study was conducted at SRM College of Nursing, Kancheepuram dt. *Results:* The data were analyzed and interpreted based on the objectives using descriptive and inferential statistics. Among adolescent girls 82.7% of them had Moderately adequate knowledge, 17.3% of them had Inadequate knowledge and none of them had adequate knowledge. The *p*-values regarding the demographic variables "Place of Living and Occupation" are significant at 5% level of significance. *Conclusion:* Statistical report states that the prevalence rate of dysmenorrhea in India was 81%, so health education can essential for improvement of knowledge regarding the dysmenorrhea.

**Keywords:** Dysmenorrhoea; Adolescents; Homeremedies.

### Introduction

Menarche expresses normal, regular menstruation that lasts for a few days, but anywhere from 2 to 8 days is considered normal.<sup>2</sup> The average blood loss

during menstruation is 35 mille liters with 10-80 ml considered normal. Menstruation can be defined as a periodic physiologic discharge of blood mucous and other cellular debris from the uterine mucosa. Many women experience menstrual problem

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specially adolescent girls. After the menarche the period may be irregular. Systemic symptoms of nausea, vomiting, diarrhea, fatigue, fever, uterine cramps and headache are fairly common. The uterine cramps, also referred to as dysmenorrhea.

Dysmenorrhea is a painful menstruation. It is classified as either primary or secondary. Primary dysmenorrhea is occurring usually in the year of the first menstrual period. The pain tends to decrease with age and every often resolves after child birth. Secondary dysmenorrhea is due to any other conditions. The primary dysmenorrhea is most common in adolescents. There is a wide variation in the estimate of dysmenorrhea from studies around the world reporting a range between 28% and 71.7% and in India the prevalence of dysmenorrhea is 78.2%.<sup>1</sup>

The prevalence of menstrual symptoms are tiredness (47.9%), backache (38.3%), anger (38.4%). The prevalence of dysmenorrhea in adolescent girls is found to be 79.67%.<sup>5</sup> Some individual studies showed that dysmenorrhea adversely affected the student's daily activities. Dysmenorrhea had an adverse effect on school performance reflected in low concentration during classes, difficulties in accomplishing home work and school absenteeism. It also limited participation in sports and social activities.<sup>2</sup>

Numerous women and adolescent girls suffer from severe dysmenorrhea every month. These cramps may be more painful because there is reduced blood supply to the myometrium.<sup>6</sup> Significant home care treatment help to reduce the pain of dysmenorrhea. These measures are very effective than medication and gives pain relief benefit. Most of the woman's used home remedies for relieving the dysmenorrhea. Therefore, most of the home remedies for menstrual cramps are centered around dilating the blood vessels and easing the muscles. The home remedies for dysmenorrhea includes, hot application measures, exercise, diet, herbs and rest and sleep.<sup>2</sup>

About 80 percent of the time, cramps are part of the primary dysmenorrhea syndrome. Which is associated with back pain, headaches, nausea and vomiting, dizziness, and/or diarrhea accompany menstrual cramps. These symptoms may begin a day or so before the menstrual flow begins; they usually peak by the second day of flow. Many research studies states that nonmedical remedies be used in pain, is best treatment for cramps.<sup>2</sup>

The pain during menstruation, affects 40% to 95% of menstruating women, and has been reported as

the most common cause of regular absenteeism among adolescents. In India the prevalence rate ranged from 1.7% to 97% in 106 studies, pelvic pain in UK reported were between 45% to 97% for dysmenorrhea in community based studies and between 41% to 62% in hospital based studies. In India 2002 statistical studies reported that the rate of dysmenorrhea between 16.8% to 81%. There was substantial heterogeneity in forest plots and statistic was 98%.<sup>3</sup>

A study was conducted on the prevalence of dysmenorrhea among adolescent girls (101 girls in urban areas and 79 girls in rural areas) in Andrapradesh, India. This study concludes that the prevalence of dysmenorrhea is 54%. In this 53% girls in urban areas and 56% girls in rural areas. Sickness and absenteeism 28% to 48%. Socio economic losses and perceived quality of life losses are more prevalent among girls in urban area than girls in rural area.<sup>4</sup>

For the year 2008 October, a study was conducted on the prevalence and severity of dysmenorrhea in India by Indian Physiological and Pharmacological department. The study subject was 107 female medical students. The study concludes that the prevalence of dysmenorrhea was 73.83%. Approximately 4.67% of dysmenorrhic subject had severe dysmenorrhea. Among female medical students who reported dysmenorrhea 31.67% and 8.68% were frequently missing college and classes' respectively.

## Materials and Methods

Quantitative approach and non-experimental descriptive research design was used quantitative approach and non-experimental descriptive research design was used. The data collection included two parts. Part A: Demographic variables, Part B: A structured questionnaire to assess knowledge on home remedies for dysmenorrhea. 52 Adolescent girls who fulfilled the inclusion criteria were selected as samples using non probability convenient sampling technique. The study was conducted at SRM College of Nursing, Kancheepuram dt. The Study variable was knowledge on home remedies for dysmenorrhea and the demographic variable were age, type of family, number of children in the family, dietary pattern, monthly income, education, religion, occupation, type of work and Place of Living. Formal approval was obtained from the Institutional Review Board and Institutional Ethical Committee of SRM IST, Head of the Department, College of Nursing, Kattankulathur, In addition, the

participants were informed of their right to withdraw anytime during the study. The tool consists of 2 sections. Part: A deals with demographic Variables and Part: B consisted of 30 questions to assess the knowledge on home remedies for dysmenorrhea which was developed by the investigator based on the review of literature, discussion with experts and investigators personal experience.

**Scoring key**

Each question was given 4 options. Each correct answer was awarded Score 1. Each incorrect answer was awarded Score ‘‘0’’

**Scoring interpretation**

Level of knowledge	Score	Percentage %
Inadequate knowledge	1 to 10	1 to 33
Moderately adequate knowledge	11 to 20	34 to 67
Adequate knowledge	21 to 30	68 to 100

**Method of Data Collection**

The investigator explained the objectives, method

of data collection to the clients and reassured the client that the collection will be kept confidential Verbal concern was obtained from the samples. The samples was chosen through non probability Convenient sampling technique. A total number of 52 clients who met the inclusion criteria were selected. The investigator assessed the Knowledge and it was assessed by Structured Questionnaire on knowledge on home remedies for dysmenorrheal. In case of any doubts the investigator clarified the doubts.

The investigator collected information regarding Section A [demographic data] and Section B [knowledge assessment tools] and the responses marked simultaneously. It took around 15 minutes from each sample to obtain the necessary data. The investigator thanked the participants for extending their fullest co-operation.

Statistical analysis was conducted using Statistical Package for Social Sciences 16.

**Results**

Results are given below in Table 1 and Table 2.

**Table 1:** Frequency and percentage distribution of demographic variable of adolescent girls N = 52

S. No.	Demographic variables	No. of respondents (n)	(%)	
1.	Age	18–19 years	24	46.2
		20–21 years	11	21.2
		Above 21 years	5	9.6
2.	Type of family	Nuclear family	32	61.5
		Joint family	20	38.5
3.	Dietary pattern	Vegetarian	28	53.8
		Non-vegetarian	24	46.2
4.	Monthly income	Below ₹2000	18	34.6
		2,000–3,000	12	23.1
		3500–5000	11	21.2
		Above 5000	11	21.2
5.	Type of work	Sedentary	31	59.6
		Moderate	18	34.6
		Heavy	3	5.8
6.	Place of living	Rural	29	55.8
		Urban	23	44.2
7.	Religion	Hindu	26	50.0
		Muslim	10	19.2
		Christian	16	30.8
8.	Occupation	Employed	29	55.8
		Housewife	23	44.2
9.	Menstrual bleeding-	Normal	20	38.5
		Absence of bleeding	15	28.8
		Mild bleeding	8	15.4
		Severe bleeding	9	17.3

S. No.	Demographic variables		No. of respondents (n)	(%)
10.	Age at menarche	<10 years	18	34.6
		11-14 years	20	38.4
		>14 years	14	26.9
11.	Duration of Menstruation	<3 days	24	46.2
		3-5 days	11	21.2
		> 5 days	5	9.6
12.	Interval Between Menstrual Cycle	<1 month	18	34.6
		1-2 months	20	38.4
		>2 months	14	26.9

**Table 2:** Frequency and percentage distribution of level of knowledge on home remedies for dysmenorrhea *N* = 52

S. No.	Knowledge Level	No. of respondents (n)	Percentage distribution (%)
1	In adequate knowledge	9	17.3
2	Moderately knowledge	43	82.7
3	Adequate knowledge	0	0.0

## Discussion

Adolescence is a time of moving from the immaturity of childhood into the maturity of adulthood. Period of life from puberty to adulthood characterized by marked physiological changes, development of sexual feelings, efforts toward the construction of identity, and a progression from concrete to abstract thought. Sometimes women will experience painful cramping while she is having her menstrual period. When cramping and pain are intense and regular, she may be suffering from dysmenorrhea. It affects mostly women below 25 years of age. For some it may disappear with age or after child birth but for some it continues till menopause. These painful conditions are classified as being either primary or secondary dysmenorrhea. Period pains, or dysmenorrhea, affect 40-70% of women of reproductive age. For about one in 10 women the discomfort and pain is bad enough to interfere with their daily lives. The pain typically occurs in the lower abdomen and/or pelvis and can radiate to the back and along the thighs, lasting somewhere between 8 and 72 hours.<sup>5</sup>

In managing their period pain, many young women primarily use self-care. Self-care includes physical (e.g exercise, stretching or rest), pharmacological (e.g analgesic medication), non-pharmacological (e.g herbal medicine, heat) or psychological strategies (e.g prayer or meditation) that are usually undertaken by women themselves

A study was conducted on the level of knowledge among adolescent girls regarding effective

treatment of dysmenorrhea, in Chicago. The study sample was 182 adolescent girls at the age 14-18 years to assess the prevalence, knowledge and morbidity. A multiple choice questionnaire was used to assess the knowledge. Of the study group 72.7% reported pain or discomfort, 58.9% reported decreased activity, and 45.6% reported school or work absenteeism. In dysmenorrhic sample 15.5% used as prescribed medication and only 14.7% used natural home treatment. The study concluded that there was substantial ignorance or misinformation among adolescent females regarding effective natural home management for dysmenorrhea.<sup>6</sup>

A cross-sectional descriptive study was conducted on the knowledge of primary dysmenorrhea and natural remedies in Nigeria. The sample for the study was 50 adolescent school girls. A pre-tested semi-structured questionnaire was used to collect the data. Findings revealed the adolescent had a knowledge deficit regarding dysmenorrhea and natural remedies. 58% of respondents reported pain and majority used inappropriate methods to manage primary dysmenorrhea. The study concluded that school nurses are able to assist adolescent and their mothers in proper management of primary dysmenorrhea.<sup>7</sup>

A descriptive study was conducted on the prevalence of dysmenorrhea severity and its associated symptoms among adolescent girls in Gwalior, India. The study sample was nine hundred and seventy adolescent girls of age 15-20 years studying in the higher secondary school of Gwalior. Percentages, chi-square test, test-retest method are used. In this study most of them 37.96% suffered

regularly from dysmenorrheal severally. The study conclude that, three most common symptoms present on these days are tiredness, depression and inability to concentrate in work and symptoms on the day after the stoppage of menstruation is depression. The prevalence of dysmenorrheal in adolescent girls was found to be 79.67%.<sup>8</sup>

### Conclusion

Dysmenorrhea was common amongst young women, and the majority of self-care was undertaken without medical advice. Educational interventions which discuss the effective use Home Remedies and the incorporation of effective non-pharmacological management strategies, such as using exercise and heat, should be offered as these are likely to reduce the negative impact of dysmenorrhea on young women.

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