

Original Research Article

Topic: “An Exploratory Study To Assess The Factors Leading To Dysmenorrhea Among Adolescent Girls Studying In Selected Higher Secondary Schools.”

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RESEARCH ABSTRACT

INTRODUCTION:

Adolescent population and health of adolescents is very special issue and is focus of attention globally for various reasons. The world today is home to the largest generation of 10-19 year olds in our history and number over one billion and their population is continuously increasing. The demands on young people are new and unprecedented; their parents could not have predicted many of the pressures they face. How we help adolescents meet these demands and equip them with the kind of education, skills, and outlook they will need in a changing environment will depend on how well we understand their world.

Adolescent girls, almost always, silently suffer the pain by dysmenorrhea and the discomfort associated with it due to lack of knowledge about reproductive health.

One of the major physiological changes that take place in adolescent girls is onset of menarche, which is associated with dysmenorrhea, excessive bleeding and irregular menstruation of these, dysmenorrhea is one of the common problem experienced by many adolescent girls.

STATEMENT OF THE STUDY:

“An exploratory study to assess the factors leading to dysmenorrhea among adolescent girls studying in selected higher secondary schools.”

OBJECTIVES OF THE STUDY:

1. To assess the menstrual history among adolescent girls.
2. To assess the factors leading to dysmenorrhea among adolescent girls.
3. To find out correlation between factors leading to dysmenorrhea among adolescent girls.
4. To determine the association between factors leading to dysmenorrhea with selected demographic variables.

ASSUMPTIONS:

1. Adolescent girls suffer with mild/moderate/severe dysmenorrhea.
2. The various factors like physical, psychological, dietary, personal habits, lifestyle changes and medical factors lead to dysmenorrhea.
3. The adolescent girls may have some knowledge regarding dysmenorrhea, its causes and remedies.

METHODOLOGY:

1. **Research Approach:** Quantitative research approach was used in the study.
2. **Research Design:** Non experimental explorative research design was utilized to achieve the objectives of the study.
3. **Research Setting:** This study was conducted in the natural setting at higher secondary schools in selected urban area of the city.
4. **Study Population:** The study population consisted of adolescent girls studying in higher secondary schools in selected urban area of the city.
5. **Sample size:** The study sample was consisted of total 100 adolescent girls.
6. **Sampling Technique:** The non-probability convenient sampling technique was used to obtain desired number of samples.
7. **Conceptual Framework:** The conceptual framework for this research study was based on health belief model revised (Rosenstock, Strecher and Beckers).
8. **Tools:** The tool used for data collection was semi structured questionnaires containing four sections such as A & B with total 51 questions.
9. **Techniques:** The self-report technique was used to collect data from samples.
10. **Validity & Reliability of the tool:** The content validity of the tool was established in consultation with 16 subject experts. The tool reliability was obtained by test retest method. The reliability score was 0.8, it indicating tool was reliable & feasible.
11. **PILOT STUDY:** The pilot study was conducted on 10 samples at selected higher secondary school of urban area in city.
12. **DATA COLLECTION METHOD:** The data was collected from adolescent girls in selected higher secondary schools in urban area. The researcher provided detailed information about the present study & explained the objectives of the study. Those who were willing to participate in study, the informed written consent were obtained from parents and samples. Semi structured questionnaires was given to assess the factors leading to dysmenorrhea among adolescent girls. The self-reporting technique was followed to collect the data from the samples. This process was continued till the desire sample size was obtained.

MOJOR FINDINGS OF THE STUDY:**I) Findings related to selected demographic variable, anthropometric measurements and menstrual data of samples**

In the present study finding related to sociodemographic data showed that maximum number of samples 50(50%) which were the age group of 15-16 years, maximum number of the samples 51 (51%) from the 12th standard, maximum number of the samples 37 (37%) were from the science faculty, maximum number of the samples 77 (77%) from the Hindu religion, maximum number of the sample being 14 (14%) were from the higher-class, maximum number of the samples 58 (58%) from the nuclear family.

II) Findings related to factors leading to dysmenorrhea

In the present study finding related to factors leading to dysmenorrhea showed that maximum number of the sample 35(35%) responded that they have sometimes worried life, maximum number of the sample 39(39%) responded that they have nervousness in life, maximum number of the sample 2(52%) responded that they get tension in exam, maximum number of the sample 38(38%) responded that they sometimes having family tension, maximum number of the sample 1 (41%) responded that they sometime have anxiety, maximum number of the sample 41(41%) responded that they sometime have stressful relationship with friends.

The maximum number of the sample 48(48%) followed non vegetarian diet preferred, less than half 34(34%) of the samples said that they preferred meal twice time, maximum number of the sample 34(34%) said that they consuming junk food twice a week, maximum number of the sample

40(40%) said that they take dairy product 2-3 times in week, maximum number of the sample 34 (34%) responded that they did not eat sweet, maximum number of the sample 29(29 said that they drink hot beverages once in day, maximum number of the sample 31(31%) said that they did not drink cold drinks, maximum number of the sample 33(33%) responded that they drink water 7-8 glass in a day, maximum number of the sample 38(38%) responded that they did not drink hot water.

III) Findings related to correlation between factors and dysmenorrhea

As the obtained value of physical factor 0.50 which indicated that there was not significant correlation between physical factor & dysmenorrhea. As obtained value of psychological factor 0.00 which indicated that there was significant correlation between psychological factor & dysmenorrhea. As obtained value of dietary factor 0.00 it indicated that there was significant correlation between dietary factor & dysmenorrhea. As obtained value of personal habits p value 0.03 which indicated that there was significant correlation between personal factor & dysmenorrhea. As obtained value of lifestyle changes factor 0.00 which indicated that there was significant correlation between lifestyle changes factor & dysmenorrhea. As obtained value of medical factor 0.00 which indicated that there was significant correlation between medical factor & dysmenorrhea.

IV) Findings related to association of dysmenorrhea with selected demographic variables

As obtained value significant association for the selected demographic variables like age of the students, the p value of the association test with dysmenorrhea was less than 0.05 it indicated there was significant association of age of the students with dysmenorrhea. For the selected demographic variables like faculty, standard, religion, socio economic status, type of family, height and weight, the p value of the association test with dysmenorrhea was more than 0.05 it indicate there was no significant association of these demographic variables with dysmenorrhea.

As obtained value significant association for the few selected demographic variable socio economic status, the p value of the association test with psychological factors was less than 0.05, and it indicated there was significant association of economic status with psychological factors. For the selected demographic variable religion, the p value of the association test with dietary factors was less than 0.05, it indicated there was significant association of religion with dietary factors.

For the remaining selected demographic variables standard, religion, socio economic status, type of family, height and weight, the p value of the association test with factors leading to dysmenorrhea was more than 0.05 it indicated there was no significant association of these demographic variables with factors leading to dysmenorrhea among samples.

CONCLUSION OF THE STUDY:

The study concluded that the majority of samples of the study had in the study 86% of the girls had mild, 14% girls had moderate and no one of them had severe type of dysmenorrhea. The Physical factor positively significant correlation with dysmenorrhea, psychological factor positively significant correlation with dysmenorrhea, dietary factor positively significant correlation with dysmenorrhea, Personal habits r value not significant correlation with dysmenorrhea, lifestyle changes factor positively significant correlation with dysmenorrhea, medical factor r value positively significant correlation with dysmenorrhea,

There was no significant association of faculty of study with dysmenorrhea among samples. There was significant association of economic status with psychological factors. There was no significant association of religion with dietary factors.