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A study to assess the prevalence and coping strategies regarding premenstrual syndrome among women of the reproductive age group with a view to prepare an information pamphlet in selected hospital

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Abstract

Background: Premenstrual syndrome, also described as premenstrual tension is a symptom complex recognized primarily by cyclic changes associated with ovulatory cycles. It occurs 7-14 days prior to menstruation, and is more frequently encountered in middle aged women. It is important for two reasons, firstly because the symptoms of premenstrual tension are responsible for socio economic loss and secondly because of associated legal and women's rights issues that have arisen in conjunction with personal accountability during the premenstrual period.

Objectives:

1. To assess the prevalence of premenstrual syndrome among reproductive age group women.
2. To assess the coping strategies of premenstrual syndrome among reproductive age group women.
3. To find out the association between coping strategies of premenstrual syndrome with selected baseline variables.

Methods: A descriptive study was conducted to assess the prevalence and coping strategies regarding premenstrual syndrome among women of the reproductive age group with a view to prepare an information pamphlet in selected hospital. 100 samples were selected by using convenience sampling technique. Formal permission to conduct the study was obtained. The samples were selected based on inclusion and exclusion criteria.

Result: The results revealed that the mean percentage of prevalence of premenstrual syndrome among women of the reproductive age group is 53% had mild symptoms, 40% had moderate symptoms and 7% had severe symptoms. There is significant association between age, and type of family, number of children and remedies with coping strategies at 0.05 level of significance. The result of the study serve as a data base for the future study. The study suggested that majority of women of the reproductive age group have mild symptoms (53%) of premenstrual syndrome.

Keywords: Premenstrual syndrome, reproductive age group, prevalence, coping strategies, information pamphlet

Introduction

The periodic discharge of blood and cellular debris from the female genital tract is termed as menstruation. The clinical changes occurring from one menstruation to the next comprise a menstrual cycle. The duration the menstrual cycle is about 28_+ 4 days ^[1].

Premenstrual syndrome (PMS), also described as premenstrual tension (PMT) is a symptom complex recognized primarily by cyclic changes associated with ovulatory cycles. It occurs 7-14 days prior to menstruation, and is more frequently encountered in middle aged women. It is important for two reasons, firstly because the symptoms of PMT are responsible for socio economic loss and secondly because of associated legal and women's rights issues that have arisen in conjunction with personal accountability during the premenstrual period ^[2].

Symptoms of PMS are myriad. The classic description includes increasing breast tenderness, abdominal bloating, fatigue, emotional liability, mood swings and depression, fluid retention and weight gain beginning 7 to 14 days prior to menses. As menstruation approaches, psychological abnormalities like irritability and hostility increase. The dominant symptom in different groups

varies from anxiety, to depression, to fluid retention, bloating, headache and breast pain, to retention, bloating, headache and breast pain, to increased appetite and craving for sweet foods [3]. General supportive therapy is the first line of treatment and may suffice mild cases. Lifestyle changes like diet, exercises, calcium supplements and vitamin B6 are used. Potassium-sparing diuretics, spironolactone, are used when fluid retention is the main problem. Alternative therapies, especially oil of evening primrose, have been used with variable results. They are used in women with mastalgia, fluid retention and behavioural symptoms. Women with PMDD should be referred to a specialist for counselling and psychoactive drug therapy. [4]

A study was conducted by Biggs in 2011 on premenstrual syndrome and premenstrual dysphoric disorder, the prevalence of PMS has been reported in 20-32% of premenopausal women [5]. At least one of the following somatic & affective symptoms appears 5 days before menses or prior menstrual cycle. Affect symptoms are depression, mood swings, anger, and feeling overwhelmed, difficulty in concentrating, irritability, anxiety and tension [6]. While somatic symptoms include breast tenderness, abdominal bloating. These symptoms are relieved within 4 days of the onset of menses [7].

Etiology of this disorder remains uncertain. Researchers suggest that altered regulation of neuron hormones transmitters is involved. Between the age of 25-35 year upto 85% of menstruating women report having one or more PMS. During the follicular phase the woman should be full of symptoms. Dalton says PMS is caused by an imbalance during luteal phase of menstrual cycle. Successful treatments were reported with progesterone supplementation. PMS certainly seems to be associated with the luteal phase of the menstrual cycle that is the phase during which progesterone is produced [8].

Materials and Methods

Research design: The research design used in this study is descriptive survey, non-experimental design approach.

Sample: The samples for the study will be 18-45 years women of the reproductive age group attending the Gynecology OPD and Gynec Oncology OPD, of the selected hospital, and those who meet inclusion and exclusion criteria.

Sample size: 100

Sample technique: In this study, the sampling technique used is convenience sampling technique.

Instruments used

Section 1: Proforma to elicit baseline data. It includes age, marital status, education, occupation, type of family, number of children, history of gynecological disorders, history of PMS and treatments taken for PMS.

Section 2: Premenstrual syndrome scale: This tool consisted totally 40 items. These were used to ascertain the premenstrual symptoms. These items were rated on a scale of 1 to 5. Score: Never – 1, Rarely – 2, Sometimes – 3, Very Often – 4, Always – 5.

Section 3: Premenstrual syndrome coping measure scale: This tool consisted of 32 items. These are used to ascertain the coping measures. The items are rated on a scale of 1 to 5. Score: Doesn't apply to me – 1, Seldom applies to me – 2, Sometimes applies to me – 3, Applies to me – 4, Always applies to me – 5.

Data collection procedure

The study was conducted among the women of reproductive age groups from 18 to 45 years attending outpatient department. The study will begin after obtaining necessary permission and IEC clearance. Subjects was selected based on inclusion and exclusion criteria using convenience sampling technique. The purpose of the study was explained to the subjects using the subject information sheet. Informed consent was obtained. Interview method was used to collect the data. Baseline variables, premenstrual symptoms and coping strategies was assessed using PMS scale and PMC scale. The interview was conducted on a one to one basis. The data was collected within 30-45 mins

Results

The results revealed that 35% of the women belong to the age group 18-24 years, 32% of them belong to the age group of 25-31 years, 21% of them belong to the age group 32-38 years, 12% of them belong to the age group of 39-45 years. 1% of them have completed their primary school, 7% completed middle school, 16% completed high school, 22% of them completed intermediate, 38% completed their graduation, 16% completed post-graduation, 36% of them are unmarried, 63% are married, 1% was divorced. 61% of them are unemployed, 3% are unskilled, 5% are semi-skilled, 11% are skilled, 1% is shop owner, 3% are semi-professional, 16% are professionals. 82% belong to nuclear family, 18% belong to joint family, 0% of extended family. 55% have 0 children, 41% have 1-2 children, 4% have 2-3 children. 20% are known case of gynaecological disorders, 80% have no gynaecological disorders. 57% have a history of PMS, 43% have no history of PMS. 26% have taken remedies or treatments, 74% has not taken any remedies. The mean percentage of prevalence of premenstrual syndrome among women of the reproductive age group is 53% had mild symptoms, 40% had moderate symptoms and 7% had severe symptoms. There was significant association between age, type of family, no: of children and remedies with coping strategies at 0.05 level of significance.

Table 1: Frequency and percentage distribution of prevalence of premenstrual symptoms N=100

Level of symptoms	frequency	percentage
No symptoms	0	0
Mild symptoms	53	53%
Moderate symptoms	40	40%
Severe symptoms	7	7%
Very severe symptoms	0	0%

The above table shows 53% had mild symptoms, 40% had moderate symptoms and 7% had severe symptoms.

Table 2: Percentage distribution of coping strategies among women of reproductive age group N=100

Application of coping strategies	frequency	percentage
Doesn't apply	3	3%
Seldom applies	19	19%
Sometimes applies	23	23%
Applies	41	41%
Almost always applies to me	14	14%

The above table shows that 3% doesn't apply coping strategies, 19% seldom applies coping strategies, 23% sometimes applies coping strategies, 41% applies coping strategies and 14% almost always applies coping strategies.

Discussion

The main aim of the study was to assess the prevalence and coping strategies regarding premenstrual syndrome among women of reproductive age group in a selected hospital, Bangalore. A total of 100 patients participated in the study. Participants were provided with the premenstrual syndrome scale and premenstrual coping measure scale and information regarding premenstrual syndrome was given through pamphlets.

Objectives of the study

1. To assess the prevalence of premenstrual syndrome among reproductive age group women.
2. To assess the coping strategies of premenstrual syndrome among reproductive age group women.
3. To find out the association between coping strategies of premenstrual syndrome with selected baseline variables.

The discussion is made under the following headings

Section 1: Findings related to distribution of women of the reproductive age group according to baseline variables

Section 2: Findings related to distribution of prevalence of PMS among women of reproductive age group

Section 3: Findings related to Distribution of coping strategies among women of reproductive age group

Section 4: Findings related to association of coping strategies with the selected baseline variables.

Findings related to association between coping strategies of premenstrual syndrome with selected baseline variables

The results revealed that 35% of the women belong to the age group 18-24 years, 32% of them belong to the age group of 25-31 years, 21% of them belong to the age group 32-38 years, 12% of them belong to the age group of 39-45 years. 1% of them have completed their primary school, 7% completed middle school, (16)16% completed high school, 22% of them completed intermediate, 38% completed their graduation, 16% completed post-graduation. 36% of them are unmarried, 63% are married, 1% is divorced. 61% of them are unemployed, 3% are unskilled, 5% are semi-skilled, 11% are skilled, 1% is shop owner, 3% are semi-professional, 16% are professionals. 82% belong to nuclear family, 18% belong to joint family, 0% of extended family. 55% have 0 children, 41% have 1-2 children, 4% have 2-3 children. 20% are known case of gynaecological disorders, 80% have no gynaecological disorders. 57% have a history of PMS, 43% have no history of PMS. 26% have taken remedies or treatments, 74% has not taken any remedies.

The mean percentage of prevalence of premenstrual syndrome among women of the reproductive age group is (53) 53% had mild symptoms, (40) 40% had moderate symptoms and (7) 7% had severe symptoms.

There is significant association between age, type of family, no: of children and remedies with coping strategies at 0.05 level of significance.

The result of the study serve as a data base for the future study. The study suggested that majority of women of the reproductive age group have mild symptoms (53%) of premenstrual syndrome.

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Conflict of interest

Not available

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