



Knowledge And Attitude Regarding Dysmenorrhea And Health Seeking Behaviour Among Adolescent Girls In Selected Schools Of Guwahati, Assam: A Descriptive Study

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ABSTRACT

Background: Dysmenorrhea is a common complaint among women during their reproductive age, and associated with significant emotional, psychological, and functional health impacts. **Aims and Objectives:** To assess the knowledge and attitude regarding dysmenorrhea among and health seeking behaviour among adolescent girls. **Methods and materials:** A descriptive design was used in the study to accomplish the objectives using non-probability purposive sampling technique for obtaining adequate sample for the study. Study was done on 150 adolescent girls in selected schools of Guwahati, Assam. Structured knowledge questionnaire was used to assess the knowledge and 5-point Likert scale was used to assess the attitude level in school going adolescent girls. **Results:** Out of 150 adolescent girls majority i.e. 96(64%) had moderately adequate knowledge, 28(19%) had inadequate knowledge 26(17%) had adequate knowledge. On assessing the level of attitude, majority i.e. 111(74%) had desirable attitude, 37(25%) had moderately desirable attitude and 2(1%) had undesirable attitude. On assessing the health seeking behaviour among adolescent girls the results showed that 115(77%) had experienced dysmenorrhea, 109(72%) discuss with others on dysmenorrhea, 23(15%) had consulted with doctor during menstrual pain, 23(15%) had taken medication to relieve pain, 73(49%) managed dysmenorrhea by warm compress, 74(49%) managed dysmenorrhea by drinking warm fluids, 41(27%) managed dysmenorrhea by massage, 70(47%) managed dysmenorrhea by music therapy, 36(24%) managed dysmenorrhea by meditation, and majority i.e. 106(71%) managed by taking rest. **Conclusion:** The study shows that adolescent girls have moderately adequate knowledge and desirable attitude on dysmenorrhea. Therefore, the study concluded that effective planned teaching programme on knowledge, and management of dysmenorrhea among adolescent school going girls will improve their knowledge level and to make them aware of the reproductive health at the earliest age.

Key words: Knowledge, Attitude, Dysmenorrhea, Adolescent, Health seeking behaviour.

INTRODUCTION

WHO defines adolescent as individuals age group 10-19 years. Adolescence is the phase of life between childhood and adulthood. It is a unique stage of human development and an important time for laying the foundation of good health.¹ Menarche is a unique experience in the maturation of female reproduction organ. Menstrual cycle is one of key indicators of reproduction health function.³ Menstruation is the cyclic discharge of blood, mucous and cellular debris from the uterine lining.² Menstruation in adolescent is frequently related to the menstrual problems and poor treatment. Irregular menstrual cycle, Pre-Menstrual Syndrome (PMS), and excessive menstrual bleeding are problems of menstruation that influence female reproduction health and fertility.³ Dysmenorrhea is a Greek term for "painful monthly bleeding." Dysmenorrhea is a common complaint among women during their reproductive age, and associated with significant emotional, psychological, and functional health impacts.⁴ Dysmenorrhea have been classified as primary and secondary dysmenorrhea. Primary dysmenorrhea refers to lower abdominal pain during the menstrual cycle, which is not associated with other diseases or pathology. Whereas Secondary dysmenorrhea refers to abdominal pain during menstrual cycle which is usually associated with other disease or pathology inside or outside the uterus.⁴ The symptoms that are associated with dysmenorrhea includes gastrointestinal symptoms such as nausea, bloating, diarrhoea, constipation, or both, along with vomiting and indigestion. Also, irritability, headache, and low back pain are prevalent among women presenting with primary dysmenorrhea. Tiredness and dizziness are also associated with dysmenorrhea. The prevalence rate of dysmenorrhea and Pre-Menstrual Syndrome in adolescence is varied. It is estimated to be between 16% - 91% in active women of reproductive age with severe pain ranged between 2-29%. 12% of the monthly school and work activities are lost due to absenteeism because of dysmenorrhea.³ The management of dysmenorrhoea is based on two strategies i.e. pharmacological and non-pharmacological treatment. Non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, naproxen, and mefenamic acid, are usually used in women with Primary Dysmenorrhea. Other drugs, such as oral contraceptive pills (OCPs), antispasmodic medications, and acetaminophen, are also used. Long-term use of NSAIDs and OCPs may have adverse effects, such as injury to the gastrointestinal tract mucosa, thus leading to GI discomfort.⁵ Medicinal plants, such as fennel, ginger, and cinnamon, are also used worldwide by the physician because of their antinociceptive effects.

Local heat, exercise, rest, and fatty diet restriction have also shown beneficial effects in the management of Primary Dysmenorrhea, and no severe adverse effects have been reported. Despite the adverse effects of pharmacological treatments, they are still considered the most effective and reliable treatments for dysmenorrhoea.⁵

OBJECTIVES:

1. To assess the knowledge regarding dysmenorrhea among adolescent girls.
2. To assess the attitude regarding dysmenorrhea among adolescent girls
3. To assess the health seeking behaviour among adolescent girls
4. To find out the correlation of knowledge and attitude regarding dysmenorrhea among adolescent girls.
5. To find out the association of knowledge and attitude with selected demographic variables regarding dysmenorrhea among adolescent girls.

METHODS AND MATERIALS:

A descriptive design was used in the study to accomplish the objectives using non-probability purposive sampling technique for obtaining adequate sample for the study. Study was done on 150 adolescent girls in selected schools of Guwahati, Assam. Respondents were selected on the basis of inclusion and exclusion criteria. Structured knowledge questionnaire was used to assess the knowledge and 5-point Likert scale was used to assess the attitude level in school going adolescent girls.

DESCRIPTION OF TOOLS:

The tool used for the study consisted of three sections, it includes:

SECTION-I : Demographic data

SECTION-II : Knowledge questionnaire and health seeking behaviour

SECTION- III : 5-point Likert scale to assess the level of attitude

RESULTS

Section – I: Frequency and Percentage Distribution of Adolescent Girls According To the Demographic Variables.

Table – I: Frequency and Percentage Distribution of Adolescent Girls According to their Demographic Variables

n =150

| Demographic variables | Frequency (f) | Percentage % |
|-----------------------------------|---------------|--------------|
| Age (in years) | | |
| 10 | 6 | 4 |
| 11 | 20 | 13 |
| 12 | 34 | 23 |
| 13 | 25 | 17 |
| 14 | 27 | 18 |
| 15 | 38 | 25 |
| Age of menarche (in years) | | |
| 10 | 27 | 18 |
| 11 | 49 | 33 |
| 12 | 48 | 32 |
| 13 | 16 | 10 |
| 14 | 6 | 4 |
| 15 | 4 | 3 |
| Educational status | | |
| 5 th standard | 12 | 8 |
| 6 th standard | 36 | 24 |
| 7 th standard | 28 | 19 |
| 8 th standard | 21 | 14 |
| 9 th standard | 30 | 20 |
| 10 th standard | 23 | 15 |
| Previous information | | |
| Yes | 97 | 65 |
| No | 53 | 35 |
| Sources of information | | |
| Health personnel | 6 | 4 |
| Family members | 36 | 24 |
| Friends | 15 | 10 |
| Mass media | 33 | 22 |
| Others | 7 | 5 |

Table I shows that majority of the adolescent girls i.e. 38(25%) were aged 15 years, 49(33%) were aged 11 years at the age of menarche, 36(24%) were from 6th standard, 97(65%) had previous information and 36(24%) source of information is from family members.

Section – II: Assessment on level of knowledge of adolescent girls on dysmenorrhoea

Table – II : Frequency and percentage distribution on level of knowledge of adolescent girls on dysmenorrhoea

n=150

| Level of knowledge | Frequency (f) | Percentage % |
|---------------------|---------------|--------------|
| Inadequate | 28 | 19 |
| Moderately adequate | 96 | 64 |
| Adequate | 26 | 17 |

Table II shows that out of 150 adolescent girls, majority i.e. 96(64%) had moderately adequate knowledge, 26(19%) had inadequate knowledge 26(17%) had adequate knowledge.

Section III - Frequency and percentage distribution of health seeking behaviour among adolescent girls.

Table III: Frequency and percentage distribution of health seeking behaviour among adolescent girls.

n =150

| Health seeking behaviour | Frequency (f) | Percentage % |
|----------------------------------|---------------|--------------|
| Experienced dysmenorrhoea | | |
| Yes | 115 | 77 |
| no | 35 | 23 |
| Intensity of pain | | |
| Mild | 31 | 21 |
| Moderate | 55 | 37 |
| Severe | 18 | 12 |
| Very severe | 11 | 7 |
| Discussion with others | | |
| Yes | 109 | 72 |
| No | 41 | 28 |
| Discussion made with | | |
| Mother | 77 | 51 |
| sister | 12 | 8 |
| Grandmother | 2 | 1 |
| Friends | 18 | 12 |
| Consultation | | |
| Yes | 23 | 15 |
| No | 127 | 85 |
| Consultation made with | | |
| Hospitals | 8 | 5 |
| CHC | 3 | 2 |

| | | |
|------------------------------|-----|----|
| Private doctors | 11 | 7 |
| Private midwife | 1 | 1 |
| Take medication | | |
| Yes | 23 | 15 |
| No | 127 | 85 |
| Medication advised by | | |
| Doctor | 12 | 8 |
| Pharmacist | 2 | 1 |
| Self | 5 | 3 |
| Others | 4 | 3 |
| Manage dysmenorrhea | | |
| Warm compress | | |
| Yes | 73 | 49 |
| No | 77 | 51 |
| Drink warm fluids | | |
| Yes | 74 | 49 |
| No | 76 | 51 |
| Massage | | |
| Yes | 41 | 27 |
| No | 109 | 73 |
| Music therapy | | |
| Yes | 70 | 47 |
| No | 80 | 53 |
| Meditation | | |
| Yes | 36 | 24 |
| No | 114 | 76 |
| Taking rest | | |
| Yes | 106 | 71 |
| No | 44 | 29 |

Table III shows that majority of the adolescent girls, 115(77%) had experienced dysmenorrhoea, 55(37%) had moderate intensity of dysmenorrhoea, 109(72%) discuss with others, 77(51%) discussion made with mother, 127(85%) had consulted doctor for dysmenorrhea, 11(7%) had consulted with private doctors for dysmenorrhea, 127(85%) had not taken medications to relieve pain and out of those who had taken medications 12(8%) had been advised by doctor, 73(49%) managed dysmenorrhoea with warm compress, 74(49%) managed by drinking warm fluids, 41(27%) managed by massaged, 70(47%) managed by music therapy, 36(24%) managed by meditation and 106(71%) managed by taken rest.

Section – IV Assessment on level of attitude of adolescent girls on dysmenorrhoea

Table IV - Frequency and percentage distribution on level of attitude of adolescent girls on dysmenorrhoea

| Level of attitude | Frequency (f) | Percentage % |
|-----------------------------|---------------|--------------|
| Less desirable (0-23) | 2 | 1 |
| Moderately desirable(24-42) | 37 | 25 |
| Desirable (43-70) | 111 | 74 |

Table IV shows that out of 150 adolescent girls, i.e. majority 111(74%) had desirable attitude, 37(25%) had moderately desirable attitude and 2(1%) had undesirable attitude regarding dysmenorrhoea among adolescent girls.

Section V - Correlation between knowledge and attitude regarding dysmenorrhoea among adolescent girls.

Table V - Correlation between knowledge and attitude score on dysmenorrhoea among adolescent girls.

| Variables | Mean | S.D | Karl pearson's correlation 'r' value | 'p' value |
|-----------|-------|------|--------------------------------------|----------------|
| Knowledge | 7.29 | 2.17 | 0.461 | 0.0001 S*** |
| Attitude | 45.73 | 7.18 | | |

***p<0.001, S – Significant

Table V shows that the mean score of knowledge was 7.29 ± 2.17 and the mean score of attitude was 45.73 ± 7.18 . The calculated Karl Pearson's Correlation value of $r=0.461$ shows a positive correlation between knowledge and attitude which was found to be statistically significant at $p<0.001$ level.

Section –VI Association of level of knowledge and attitude on dysmenorrhoea among adolescent girls with their selected demographic variables.

Table – VI Association of level of knowledge on dysmenorrhoea among adolescent girls with their selected demographic variables.

| Demographic variabes | Fisher exact test p value | Remarks |
|------------------------|---------------------------|---------|
| Age | p=0.044 | S |
| Age of menarche | p=0.105 | NS |
| Educational status | p=0.020* | S |
| Previous information | p=0.167 | NS |
| Sources of information | p=0.043* | S |

*p<0.05, S – Significant, p>0.05, N.S – Not Significant

Table VI: shows the level of knowledge regarding dysmenorrhoea among adolescent girls with their selected demographic variables. It was observed that the demographic variables age (**p=0.044**), educational status (**p=0.020**) and source of information (**p=0.043**) had statistically significant association with level of knowledge at p<0.05 level respectively.

Table – VII Association of level of attitude on dysmenorrhoea among adolescent girls with their selected demographic variables.

| Demographic variables | Fisher exact test p value | remarks |
|------------------------|---------------------------|---------|
| Age | p=0.306 | NS |
| Age of menarche | p=0.702 | NS |
| Educational status | p=0.043* | S |
| Previous information | p=0.030* | S |
| Sources of information | p=0.309 | NS |

*p<0.05, S – Significant, p>0.05, N.S – Not Significant

Table VII: shows the level of attitude regarding dysmenorrhoea among adolescent girls with their selected demographic variables. It was observed that the demographic variables educational status (**p=0.043**), have you heard of the term dysmenorrhoea

(**p=0.030**) had statistically significant association with level of attitude at p<0.05 level.

Discussion

Part A – discussion of demographic variables

Age: majority i.e. 38 (25%) of the respondent belong to the age group of 15years

Menarche age : majority i.e. 49(33%) of the respondent menarche age is at 11years

Educational status: majority i.e. 36(24%) of the respondent belong to 6th standard,

Previous information: majority i.e. 97(65%) have heard of the term dysmenorrhea

Source of information: majority i.e. 36(24%) of the respondent source of information is from family members

Part B

The analysis revealed that, majority i.e. 96(64%) had moderately adequate knowledge, 28(19%) had inadequate knowledge, 26(17%) had adequate knowledge with mean 7.29 and SD ±2.17

Part C

The analysis revealed that majority 111(74%) had desirable attitude, 37(25%) had moderately desirable attitude and 2(1%) had undesirable attitude regarding dysmenorrhoea among adolescent girls with mean 45.73 and SD 7.18

Part D

The analysis revealed that majority i.e. 115(77%) had experienced dysmenorrhea, majority i.e. 109(72%) discuss with others on dysmenorrhea, only 23(15%) had consulted with doctor during menstrual pain, 23(15%) had taken medication to relieve pain, 73(49%) managed by warm compress, 74(49%) managed by drinking warm fluids, 41(27%) managed by massage, 70(47%) managed by music therapy, 36(24%) managed by meditation, and majority i.e. 106(71%) managed by taking rest.

Part E

In the present study, there was correlation between knowledge and attitude regarding dysmenorrhea among adolescent girls. The calculated Karl Pearson's Correlation value of r=0.461 shows a positive correlation between knowledge and attitude which was found to be statistically significant at p<0.001 level.

Part F

In the present study there was association between level of knowledge regarding dysmenorrhea among adolescent girls with selected demographic variables like age, educational status and source of information and there was association between levels of attitude towards dysmenorrhea among adolescent girls with selected demographic variables like educational status

Conclusion

Through this study, the investigator concluded that the adolescent girls have moderately adequate knowledge and desirable attitude towards dysmenorrhea. Therefore, the study recommended that effective planned teaching programme on knowledge and management regarding dysmenorrhea among adolescent girls as it will enhance more knowledge level among school going adolescent girls and to make them aware of the reproductive health at the earliest age.

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