

## EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON HOME REMEDIES OF DYSMENORRHEA

\*Gayathri K. V.

Assistant Professor, Sri Devaraj Urs College of Nursing, Tamaka, Kolar.

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### \*Corresponding Author

**Gayathri K. V.**

Assistant Professor, Sri  
Devaraj Urs College of  
Nursing, Tamaka, Kolar.

### ABSTRACT

**Background of the study:** Dysmenorrhea is a cramp like, dull, throbbing pain in the lower abdomen, occurs just before or during menstruation. Dysmenorrhea is associated with prolonged and heavier than normal menstrual flow, low body weight, body mass index, inadequate physical exercise, genetic predisposition, active and passive cigarette smoking, low socioeconomic status, diet, stress and mental illness. Studies around world had showed that a range between 20% to 90% womens suffers from dysmenorrhea.<sup>[1]</sup> **Objectives:** assess the effectiveness of planned teaching programme on home remedies of

dysmenorrhea and find association between demographic variables with pretest knowledge scores. **Material and methods:** pre- experimental, single group without control group design was selected to conduct the study. 50 samples were selected by simple random technique at sri devaraj Urs College of nursing. Data was collected using structured knowledge questionnaire, after collecting data planned teaching on home remedies of dysmenorrhea was conducted and post test was done after 15 days of pretest. **Results:** in pretest all 50(100%) had inadequate knowledge on home remedies of dysmenorrhea. In post test, majority 29(58%) had moderate knowledge, 11(22%) had adequate knowledge. Paired't' test value (10.30) showed that there was significant change in knowledge level after planned teaching programme and there was no association between knowledge and selected demographic variables. **Conclusion:** Providing health talk programmes is an ideal method to bring about awareness regarding the home redemies on dysmenorrhea which further can help adolescent girls to improve their reproductive health.

**KEYWORDS:** Planned teaching programmes, dysmenorrhea, adolescent girls, menstruation, menstrual problems, home remedies.

## INTRODUCTION

India has the fastest growing youth population in the world, with the estimated 190 million adolescents girls below 19 years of age comprise one quarter of India's rapidly growing population. One of the major physiological changes that take place in adolescent girls is the onset of menarche, which is often associated with problems of irregular menstruation, excessive bleeding and dysmenorrhea. Of these, dysmenorrhea is one of the common problems experienced by many adolescent girls.<sup>[2]</sup>

Dysmenorrhea is a gynecological medical condition of pain during menstruation that interferes with daily activities, as defined by ACOG. Dysmenorrhea can be classified as either primary or secondary. Primary dysmenorrhea is painful menstruation that is intrinsic to menstruation and not the result of disease. Secondary dysmenorrhea is dysmenorrhea which is associated with an existing condition. The most common causes of secondary dysmenorrhea are endometriosis. Other causes include leiomyoma, adenomyosis ovarian cysts and pelvic congestions. dysmenorrhea occurs in 50% of menstruating women and about 10% are incapacitated for 1-3 days each month. In the first year after menarche 38% of girls develop dysmenorrhea pain. In the second and third year after menarche 20% experience pain related to menstruation. The prevalence of dysmenorrhea is estimated to be approximately 25% of women. Reports of dysmenorrhea are greatest among individuals in their late teens and 20s, with reports usually declining with age.<sup>[2]</sup> the prevalence in adolescent females has been reported to be 68% to 90% worldwide. And in India it is 81%. It has been stated that there is no significant difference in prevalence or incidence between races.<sup>[3]</sup>

Dysmenorrhea is the leading cause of short-term school absenteeism. It is associated with a negative impact on social, academic and sports activities of many female adolescent.<sup>[4]</sup> hence importance of treatment on dysmenorrhea is a public health problem of this age group.

Significant home care treatment has proven from ancient period which helps in reducing 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 dysmenorrhea are centered on dilating the blood vessels and easing the muscles. So educating adolescence girls on home remedies helps in managing dysmenorrhea.

## MATERIAL AND METHODS

Based on the objectives of the study a structured questionnaire to assess the knowledge on home remedies of dysmenorrhea was prepared in English. Questionnaire consists of two parts. Section A: consists of demographic data, section B: consists of knowledge questionnaire on home remedies of dysmenorrhea. The tool was validated by five researchers to check for comprehensiveness, adequacy and appropriateness. Permission was obtained from the institution authorities to conduct the study and consent was obtained from 50 participating students who were selected by simple random technique and fulfilled inclusion and exclusion criteria. Pretest was conducted for 30 min followed by planned teaching programme was conducted for 1 hr 30 min. after fifteen days post test was conducted.

### Statistical data analysis

Socio-demographic data were analyzed in forms of frequency and mean percentage, standard deviation. Paired 't' test was used to compared pre test and post test score and chi-square was used to find the association between pre-test score and demographic variables. Statistical significance was considered at p-value of <0.05.

## RESULTS

1. The socio-demographic information of the students who participated in the study is presented in table1.

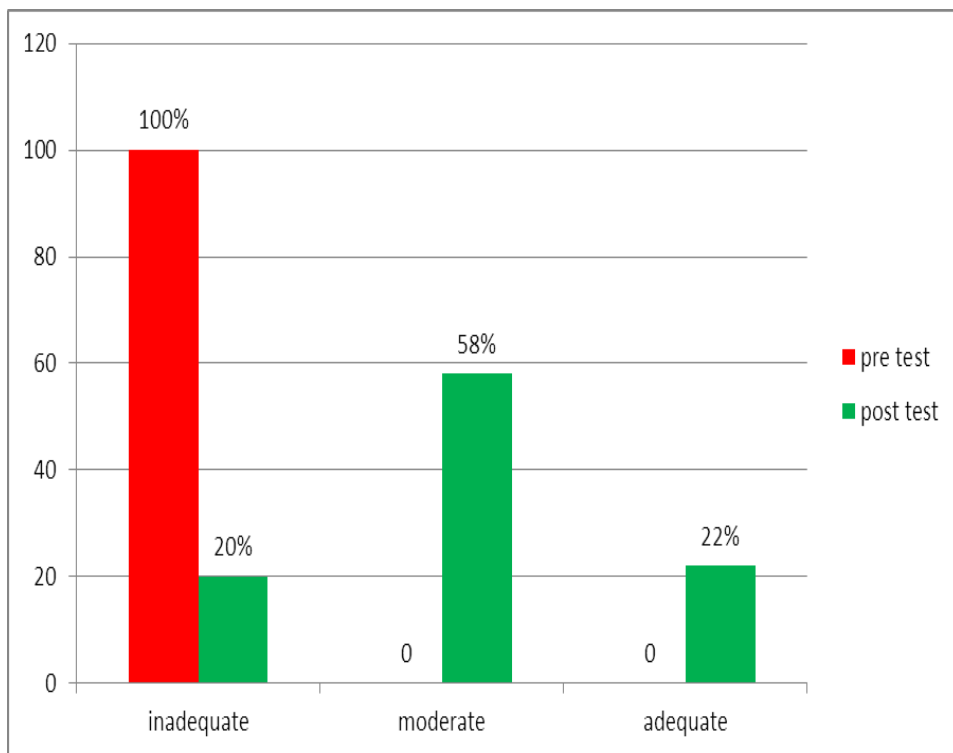
**Table 1: Distribution of students according to socio-demographic variables.**

Sl. No.	variables	frequency	percentage (%)
1	age in years		
	1.1) 16-17 yrs	01	2%
	1.2) 17-18 yrs	03	6%
	1.3) 18-19 yrs	46	92%
2	PUC combination		
	1.1) Science	41	82%
	1.2) Commerce	00	00%
	1.3) Arts	09	18%
3	area of residence		
	1.1) Rural	24	48%
	1.2) Urban	26	52%
4	previous knowledge on dysmenorrheal	06	12%
	1.1) Yes	04	88%
	1.2) No		
	if yes source of information	03	50%
		0	0%

	a. Mass media	03	50%
	b. Family members		
	c. Health professionals		
5	history of dysmenorrheal		
	1.1) Yes	08	16%
	1.2) No	42	84%
	if yes of treatment taken		
	a. Home remedies	03	38%
	b. Homeopathy	00	00%
	c. Allopathy	05	62%

**2. Over all Knowledge scores of students on home remedies of dysmenorrhea is presented in fig 1.**

Based on overall knowledge score, students are grouped under inadequate knowledge (who scored less than 50%), moderately adequate knowledge (50-75%) and adequate knowledge (above 75%) (fig 1).



### 3. Findings related to distribution of mean knowledge scores of study participants is presented in table 2.

**Table 2: Distribution of mean knowledge scores of study participants.**

Sl. No.	area of knowledge	no of items	max score	PRE TEST				POST TEST			
				range	mean	mean%	SD	range	mean	mean%	SD
1	general questions related to menstruation and dysmenorrhea	18	18	3-13	8.7	48.33	2.05	7-17	13.14	73	1.82
2	questions related to home remedies of dysmenorrhea	25	25	3-9	5.52	22.08	2.92	5-19	11.66	46.6	3.64

N=50

### 4. Findings related to pre-test and post-test mean percentage knowledge scores

**Table 3: showing overall pre-test and post-test knowledge score.**

Sl. No	Knowledge Assessment	Max Score	Range Score	Knowledge Score			T Value	Df	Inference
				mean	mean%	SD%			
1	pre-test	43	8-19	14.46	33.62	2.75	-	49	p<0.05 SS*
2	post-test	43	16-33	24.8	57.67	4.349	10.30		

N=50

\*SS: stastically significant

### 5. Findings related to association between pre-test knowledge scores and selected demographic variables.

Study findings showed that there was no association between knowledge scores and selected demographic variables like age, education, area of residence at 0.05 level of significance.

## DISCUSSION

### 1. Findings related to socio demographic variables

Study findings revealed that majority 46(92%) of students were under age of 18-19 yrs. Similar supporting findings was seen in the study conducted by leelavathi.<sup>[5]</sup> findings showed that majority 52% of students were under age group of 17-19yrs. regarding residence, findings showed that majority 26(52%) of students was from rural area. supportive findings was also seen in the study conducted by deepika<sup>[6]</sup>, which showed that majority 56% girls are from rural area. Adequate studies was not found related to education among B.SC(N) and G.N.M students, previous history of dysmenorrhea and previous knowledge about dysmenorrhea.

## 2. Over all Knowledge scores of students on home remedies of dysmenorrhea

Based on overall knowledge score, pre-test results showed 50(100%) students had inadequate knowledge regarding home remedies of dysmenorrhea and post-test results showed that 40(80%) had gained knowledge regarding home remedies of treating dysmenorrhea. Similar findings was seen in the study conducted by Deepika.<sup>[6]</sup> Findings showed that maximum(83.3%) had adequate knowledge regarding home remedies of dysmenorrhea.

## 3. Findings related to knowledge of study participants regarding home remedies of dysmenorrhea and planned teaching programme

The study revealed that 100% of students are unaware about home remedies of dysmenorrhea before planned teaching programme and after planned teaching programme 80% had adequate knowledge on home remedies for dysmenorrhea. Similar findings was seen in the study conducted by Adesola A<sup>[7]</sup> which showed majority 58% of respondents are aware of home remedies of dysmenorrhea after health teaching.

## 4. Findings related to association between pre-test knowledge scores and selected demographic variables

Study findings showed that there was no association between knowledge scores and selected demographic variables like age, education, area of residence at 0.05 level of significance. similar findings was seen in the study conducted by leelavathi<sup>[5]</sup> which showed there was no association between knowledge scores and selected demographic variables.

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