ARTICLES

A DESCRIPTIVE STUDY ON PREMENSTRUAL SYMPTOMS AND COPING BEHAVIOUR AMONG STUDENTS IN SELECTED NURSING COLLEGES OF HOSHIARPUR IN PUNJAB

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ABSTRACT

*Aim: The aim of study was to assess premenstrual symptoms and coping behaviour among students in selected nursing colleges. **Background:** Menstruation is the shedding of the uterine lining through the vagina. The start of menstruation is a momentous event in a girl's life indeed, unless it is in every way properly and duly performed. Premenstrual syndrome is characterised by the cyclic recurrence of certain physical, psychological, and behavioural symptoms, beginning the week before menses and disappearing within a few days after the onset of menses. The treatment of the symptoms varies from women to women; the patient is advised on various treatment modalities like diet, home remedies, contraceptives, exercise, herbal treatment, dietary supplements and diuretics. **Design:** A non-experimental descriptive research design was used to find out association of premenstrual symptoms and coping behaviour among students and their selected socio demographic variables. **Material & Methods:** The study consisted of 500 students selected by stratified random sampling technique. Data was collected by using standardised premenstrual symptom screening tool (PSST) and premenstrual coping measure tool. Analysis was done by both descriptive and inferential statistics. **Findings:** majority of students i.e. 60.4% had moderate to severe PMS, 28% had mild and remaining 11.6 % had severe PMS. In case of coping behaviour, maximum students showed awareness and acceptance of premenstrual change as the most common coping behaviour. **Conclusion:** our assumption proved wrong in respect to premenstrual symptoms as students had moderate to severe premenstrual symptoms instead of mild. While assumption related to coping behaviour towards premenstrual symptoms was proved right as students had adequate coping behaviour.*

Key Words: premenstrual symptoms, coping behaviour, students, nursing colleges.

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INTRODUCTION

WHO identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10-19 years. The major landmark in adolescents is puberty and for females is menarche i.e. the onset of menstruation, which occurs on average between ages 12-13 years. Puberty which starts earlier than usual is known as precocious puberty and which starts later than usual is known as delayed puberty

Menstruation is the shedding of the uterine lining through the vagina. The start of menstruation is a momentous event in a girl's life indeed, unless it is in every way properly and duly performed. Pre-menstrual syndrome is characterised by the cyclic recurrence of certain physical, psychological, and behavioural symptoms, beginning the week before menses and disappearing within a few days after the onset of menses. Premenstrual symptoms include irritability, malaise, headache, acne, abdominal pain etc. The menstruation in majority of women is asymptomatic apart from vaginal bleeding; however some may have pain in abdomen with or without gastrointestinal upsets like anorexia and vomiting.

Research findings have suggested differences in premenstrual symptomatology related to socio cultural aspects, such as ethnic background, urbanisation, marital status, parity, education, and occupation among others. It has been found that Mexican women with professional degrees report more severe premenstrual symptoms than those with less formal education.

PMS is characterised by intense physical, psychological and behavioural changes that interrupt interpersonal relationships and disrupts the lives of affected women. A wide range of therapeutic interventions has been proved effective in reducing PMS symptoms. Management of premenstrual syndrome in young women focus on pharmacological treatments for PMS in the form of hormonal interventions, antidepressants, high-dose oestrogen as transdermal patches or subcutaneous implants, non-steroidal anti-inflammatory drugs for severe degrees as well as non-pharmacological methods like heat, dietary supplements, support etc.

OBJECTIVE

To assess premenstrual symptoms and coping behaviour among students

ASSUMPTION

Students will have mild premenstrual symptoms and adequate coping behaviour towards premenstrual symptoms.

MATERIAL AND METHODS

Research approach: A quantitative research approach was considered appropriate.

Research design: A non-experimental descriptive research design was used.

Research setting: The study was conducted in Shri Guru Ram Dass college of nursing, Hoshiarpur; Mother Mary's Institute of nursing, Nasrala and College of Nursing, Public Khalsa college for women, Kandhala Jattan.

Variables of the study

Dependent variables: Premenstrual symptoms and coping behaviour.

Independent variables: Demographic variables such as age (in years), age at menarche (in years), duration of menstruation (in days), interval of menstruation (in days), amount, regularity of menses, type of family, family income (ì/month), dietary habits, family history of premenstrual symptoms and nutritional status.

Target population: The target population for present study was students studying in selected nursing colleges in Hoshiarpur, Punjab.

Sample and sampling technique

Power analysis formula was used to determine the sample size of 500 students. Stratified random sampling technique was used to select 500 students.

Criteria for sample selection:

Inclusion criteria: Students who —

- were in the age group of 17-26 years

- were willing to participate in the study

Exclusion criteria: Students who

- were with pregnancy

- had any history of menstrual disorder

- were on hormonal or vitamin therapy

- were into substance abuse or alcoholic

- were taking treatment for any psychiatric disorder, endocrine or cardiac disease

- were taking any medication for PMS

- had parental separation or death of family member

RESULTS

Table - 1

Frequency and percentage distribution of students according to severity of premenstrual symptoms

N = 500

Severity of premenstrual symptoms	Mild		Moderate to severe		Severe	
	N	%	n	%	n	%
Premenstrual symptoms	140	28	302	60.4	—	—
Premenstrual Dysphoric Disorder	—	—	—	—	58	11.6

Maximum Score = 57

Minimum Score = 19

Table - 1 depicts that majority of the students i.e. 60.4% had moderate to severe premenstrual symptoms.

Table - 2
Frequency and percentage of students according to severity of individual premenstrual symptoms

N=500

Sl. No.	Premenstrual symptoms	Not at all n (%)	Mild n (%)	Moderate n (%)	Severe n (%)
1	Anger/ irritability	34(6.8)	241(48.2)	169 (33.8)	56 (11.2)
2	Anxiety/ tension	112(22.4)	251(50.2)	112 (22.4)	25 (5)
3	Tearful/ increased sensitivity to rejection	200(40)	147(29.4)	117 (23.4)	36 (7.2)
4	Depressed mood/ hopelessness	120(24)	207(41.4)	143 (28.6)	30 (6)
5	Decreased interest in work activities	14(2.8)	197(39.4)	248 (49.6)	41 (8.2)
6	Decreased interest in home activities	20(4)	173(34.6)	242 (48.4)	65 (13)
7	Decreased interest in social activities	14(2.8)	166(33.2)	250 (50.0)	70 (14)
8	Difficulty concentrating	27(5.4)	151(30.2)	217 (43.4)	105 (21)
9	Fatigue/ lack of energy	7(1.4)	162(32.4)	203 (40.6)	128 (25.6)
10	Overeating/ food cravings	128(25.6)	158(31.6)	124 (24.8)	90 (18)
11	Insomnia	178(35.6)	135(27)	103 (20.6)	84 (16.8)
12	Hypersomnia (needing more sleep)	111(22.2)	172(34.4)	131 (26.2)	86 (17.2)
13	Feeling overwhelmed or out of control	180(36)	163(32.6)	82 (16.4)	75 (15)
14	Physical symptoms: breast tenderness, headaches, joint/ muscle pain, bloating weight gain	42(8.4)	267(53.4)	147 (29.4)	44 (8.8)

Table – 2 depicts frequency and percentage of students according to severity of individual premenstrual symptoms. As per individual premenstrual symptoms, 48.2% of the students had mild anger/ irritability, 50.2% had mild anxiety/ tension, 40% had no tearful/ increased sensitivity to rejection, 41.4% had mild depressed mood/ hopelessness, 49.6% had moderate decrease in interest in work, 48.4% had moderate decrease in interest in home activities, 50% had moderate decrease in interest in social activities, 43.4% had moderate difficulty in concentrating, 40.6% had moderate fatigue/ lack of energy, 31.6% had mild overeating/ food cravings, 35.6% had no insomnia, 34.4% had mild hypersomnia, 36% had no feeling of being overwhelmed or out of control and 53.4% had no physical symptoms like breast tenderness, headaches, joint pain, bloating, weight gain.

Table - 3

Frequency and percentage distribution of students according to severity of functional impairment related to premenstrual symptoms

N=500

Sl. No.	Premenstrual symptoms	Not at all n (%)	Mild n (%)	Moderate n (%)	Severe n (%)
15 (a)	Your work efficiency or productivity	15(3)	180(36)	254 (50.8)	51 (10.2)
16 (b)	Your relationships with co-workers	20(4)	248(49.6)	174 (34.8)	58 (11.6)
17 (c)	Your relationships with your family	22(4.4)	149(29.8)	223 (44.6)	106 (21.2)
18 (d)	Your social life activities	13(2.6)	147(29.4)	247 (49.4)	93 (18.6)
19 (e)	Your home responsibilities	9(1.8)	63(12.6)	402 (80.4)	26 (5.2)

Table - 3 depicts frequency and percentage distribution of students according to severity of functional impairment related to premenstrual symptoms. It showed 50.8% of the students had moderate impairment of work efficiency or productivity, 49.6% had mild impairment of relationships with co-workers, 44.6% had moderate impairment of relationships with family,
49.4% had moderate impairment in social life activities and 80.4% had moderate impairment in home responsibilities.

Table - 4

Mean, standard deviation and rank order of premenstrual symptoms among students.

N=500

Sl. No.	Premenstrual symptoms	Mean	SD	Rank
1	Anger/ irritability	1.49	0.78	11
2	Anxiety/ tension	1.10	0.79	18
3	Tearful/ increased sensitivity to rejection	0.98	0.96	19
4	Depressed mood/ hopelessness	1.17	0.86	16
5	Decreased interest in work activities	1.63	0.67	9
6	Decreased interest in home activities	1.70	0.74	7
7	Decreased interest in social activities	1.75	0.72	6
8	Difficulty concentrating	1.80	0.83	5
9	Fatigue/ lack of energy	1.90	0.79	1
10	Overeating/ food cravings	1.35	1.05	14
11	Insomnia	1.19	1.09	15
12	Hypersomnia (needing more sleep)	1.38	1.01	13
13	Feeling overwhelmed or out of control	1.10	1.06	17
14	Physical symptoms: breast tenderness, headaches, joint/ muscle pain, bloating weight gain	1.39	0.76	12
15	Your work efficiency or productivity	1.68	0.69	8
16	Your relationships with co-workers	1.54	0.75	10
17	Your relationships with your family	1.82	0.81	4
18	Your social life activities	1.84	0.75	3
19	Your home responsibilities	1.89	0.49	2

Table - 4 concluded that most common premenstrual symptom was fatigue/ lack of energy and the least was tearful/ increased sensitivity to rejection.

Table - 5
Mean, standard deviation and rank order of coping behaviour among students.

N=500

Sl. No.	Coping statements	Mean	SD	Rank
1	I avoid situations that have the potential to provoke me	2.19	1.18	29
2	I avoid people that have the potential to provoke me	2.19	1.15	29
3	I avoid raising topics that have the potential to create conflict	2.37	1.35	28
4	I remove myself from a situation if it starts to provoke me	2.43	1.30	25
5	I avoid situations where I know I will feel vulnerable	2.42	1.31	27
6	I avoid having conversations that are liable to upset me	2.69	1.29	17
7	I try to avoid dealing with difficult family issues	2.15	1.37	30
8	I challenge my negative thoughts	2.42	1.40	26
9	I accept my changeable moods	3.05	1.29	13
10	I am aware that my premenstrual changes are only temporary	3.35	1.39	9
11	I think it is okay to be feeling differently when I am premenstrual	3.002	1.37	14
12	I am aware of my bodily changes	3.55	1.21	2
13	I think it is okay to be more emotional or sensitive when I am premenstrual	2.93	1.42	15
14	I am aware of my emotional changes	3.41	1.28	7
15	I think that my premenstrual changes are a normal part of a woman's experience	3.55	1.25	3
16	I know that other women go through this	3.57	1.27	1
17	I think it is okay that my physical needs may be different	3.25	1.35	10
18	I know what I need to do to support myself	3.39	1.28	8
19	I vent my feelings through emotional outbursts	2.49	1.39	23
20	I decrease my social activities	2.52	1.25	22
21	I focus less on the needs of others	2.44	1.36	24
22	I exercise less	2.70	1.44	16
23	I eat more sugary foods	2.05	1.31	31
24	I spend time doing things that help me relax, e.g. have a bath, massage, read a book	3.07	1.32	12
25	I take time to focus on my own needs	3.12	1.28	11
26	I allow myself extra time to rest	3.42	1.25	5
27	I do things to make myself more comfortable	3.41	1.22	6
28	I feel confident to tell people how I feel	2.67	1.31	18
29	I feel confident to tell people what I need	2.64	1.29	19
30	I tell others about how I am feeling	2.60	1.28	20
31	I try not to express how I am feeling	3.45	1.33	4
32	I ask for help from others	2.55	1.33	21

Table - 5 concluded that maximum students thought 'the other women go through this' as most common coping behaviour and least students ate more sugary foods.

Table - 6

Mean, mean percentage, standard deviation and rank order of domains of coping behaviour among students.

N=500

Sl. No.	Domains	Mean	Mean percentage	Rank
1.	Avoiding harm	18.88	34.00	5
2.	Awareness and acceptance of premenstrual change	33.03	57.57	1
3.	Adjusting energy	12.21	36.05	4
4.	Self-care	13.03	56.43	2
5.	Communicating	13.91	44.55	3

Subscales	Minimum score	Maximum score
Avoiding harm	8	40
Awareness and acceptance of premenstrual change	10	50
Adjusting energy	5	25
Self-care	4	20
Communicating	5	25

Table - 6 concluded that maximum students adopted awareness and acceptance of premenstrual change as the most common coping behaviour.

IMPLICATIONS

- Nurse educator should emphasise on this topic and create awareness amongst students, who in turn can provide health education to adolescent girls suffering from PMS and disseminate the knowledge they have gained.
- Health personnel can take active part in providing health education to the adolescent girls about PMS symptoms.
- Nurse administrator can utilise the findings of the study and instructional module for imparting health education to the people from the community regarding PMS.
- The same study can be replicated and the data can be used to disseminate this knowledge to a large population regarding PMS symptoms.

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