



A qualitative study to explore the experience of women regarding premenstrual syndrome (PMS) and how it affects the DLA and strategies used by them to overcome it

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Abstract

Premenstrual syndrome (PMS) can be said to be the physical, psychological and behavioral symptoms that can occur in the two weeks before a woman's monthly period. A qualitative study was conducted with a goal to study in depth regarding Premenstrual syndrome (PMS) among women of reproductive age (20-45years). The study was conducted on 14 female faculties and PG students. Focal group interview was conducted on the participants which extended up to 45 minutes. In focus group majority 12 (70.58%) of participants was from the age group of 25-30 years and 8 (47.06%) of the study participants were faculties of the college. Total 5 themes were generated which are Physical consequences, Psychological problems, Family & Social Consequences, diversional therapy & Environmental Modifications. the findings of the study can open up new strategies to identify PMS and its coping strategies.

Keywords: PMS, coping strategies, DLA, women of reproductive age

Introduction

Being a women is a greatest blessing, you have to face many changes in your life as well as your body. One among that is premenstrual syndrome which is a common issue that is faced by almost every women. Premenstrual syndrome (PMS) can be said to be the physical, psychological and behavioral symptoms that can occur in the two weeks before a woman's monthly period. It's also known as premenstrual tension (PMT). Premenstrual syndrome (PMS) exhibit a wide variety of signs and symptoms, including mood swings, tender breasts, food cravings, fatigue, irritability and depression. Studies estimates that many as 3 of every 4 menstruating women have experienced some form of premenstrual syndrome. It also reminds us the fact the every women may experience physical, psychological or emotional symptoms of PMS but it may not be the same for all.

Research Goal

- To study in depth regarding Premenstrual syndrome (PMS) among women of reproductive age (20-45years).

Purpose

- To explore the experience of women regarding Premenstrual syndrome (PMS) and how it affects the DLA and strategies used by them to overcome it.

Research Questions

1. What is your experience about Premenstrual syndrome (PMS)
2. How does PMS affects your DLA.

3. What strategies are you using to overcome the Premenstrual syndrome (PMS)

Review of Literature

The investigator carried out an extensive review of literature on the research topic in order to gain deeper insight into the problem as well as to collect maximum relevant information for building up the present study.

Fikru Wakjira Tolossa conducted a cross-sectional study was conducted among systematically selected female students of Mekelle University College of Health Sciences, Mekelle town, northern Ethiopia from March to April 2013. A structured and pretested self-administered questionnaire was employed for data collection. The study concluded that a high prevalence and negative impact of PMS on students of Mekelle University. Therefore, health education, appropriate medical treatment and counseling services, as part of the overall health service, should be availed and provided to affected women.

K Bhuvanewari and *et al.* conducted a study to find out the Prevalence of premenstrual syndrome and its impact on quality of life among selected college students in Puducherry. The study included 300 students attending the science stream at a women's college of Puducherry were administered self-reported questionnaires to obtain socio-demographic, dietary, lifestyle and family details. The Shortened Premenstrual Assessment Form was used to assess PMS, a symptom checklist was used to assess premenstrual dysphoric disorder and Short form was used to assess quality of life. The study concluded that the prevalence of PMS was 62.7% and dietary and lifestyle

factors such as consumption of sweets and lack of physical activity were associated with the presence of PMS. (3)

Research Methodology

Research Approach: A Qualitative research approach with the research design of phenomenological frame work was carried out to achieve the objectives of the study.

Setting: The study was conducted in selected College of Nursing Indore, focus group interview was conducted in conference room of selected College of Nursing.

Sample, Sample Size and sampling methods: A purposive sampling technique was used to select 14 women of reproductive age as a sample for focus group interview. Data collection tool consist of two section which include Socio-demographic data and a structured open ended questions for the in-depth assessment of pre-menopausal syndrome.

Sampling criteria

Inclusion criteria

- Who are willing to participate in the study
- Those women in reproductive age between 20-45 years
- Staff and PG students from Bombay Hospital college of Nursing, Indore

Exclusion criteria

- Not willing to participate
- Who were absent at the time of data collection.

Method of data collection

After obtaining permission from the college authority. The aim, objective and nature of the study were explained to the participants. Confidentiality was assured to get their co-operation throughout the process of data collection. Informed consent was obtained from the study sample. Before starting the focus group interview samples were requested to fill the socio-demographic tool which includes Age, Religion, Type of family, Marital status, Parity, Educational status, Employment status, Source of Information. Structured open-ended questions asked during the interview aims to explore the premenstrual syndrome and its impact on daily living. For a deeper and better understanding of participants experience and to explore the data subsequent questions (What do you mean? Why do you think so? Please explain little more) were asked based on the preliminary responses. The researcher always asked to give an example for the better extraction of information from study participants. Interview session was extended for approximately 30-45 minutes. Audio data is collected during interview was reviewed many times for an accurate data transcription. Triangulation and Member checking was done to check the validity of the participant's response. Transcript interpretation and coding was done with ATLAS.ti.8. Theme was generated on the basis of codes.

Results

Distribution of Socio- Demographic Variable

In focus group majority 12 (70.58%) of participants was from the age group of 25-30 years. In regard with religion 15 (88.23%) were Hindu. 13 (76.48%) of them are living in

nuclear family, only 6 (35.29%) of them are married. 11(64.70%) of the participants received information from parents/family/friends. In concern with employment status 9 (52.94%) are students and 8 (47.06%) of the study participants were faculties of the college.

The analysis of the qualitative data was based on research questions. Coding was done using ATLAS.ti.8 Software and 5 themes were generated which are Physical consequences, Psychological problems, Family & Social Consequences, diversional therapy & Environmental Modifications.

Physical consequences: When enquired about physical changes experienced during PMS the participants responded that they faced physical symptoms such as abdominal pain, bloating, headache, backache, sore and tender breasts. They also experienced exhaustion and fatigue. Some of the focal group members also experienced diarrhoea while others had constipation. One among the group quoted that "I experience pre menstruation symptoms like backache, weakness and nauseated 4-5 days before onset of my menses" Another participant replied that "I experience slight gain in weight before menses which reduces after menstruation ends"

Psychological problems: Many of the participants experienced changes in the dietary pattern which includes overeating, craving for chocolates sweets and ice-creams, drinking caffeine drinks such as Tea & Coffee. One of the participants quoted "Sometimes before Menstruation I am having abdominal bloating & craving for chocolates". Another participant mentioned that "I feel like binge eating. I am also a person who doesn't like to eat sweet but during PMS I crave for one"

The other behavioral problems includes irritability, Sleep disturbances, excessive anxiety, mood swings and emotional outbursts. One among the participant vented out that "I feel irritated when somebody comes near to me or touches me and I lose my temper on them even when it's not their mistake which I regret later"

Family & Social Consequences: "Social gathering???? a big no!!!!!! because I don't want my family members to feel awkward because my mood swings". These were the word of one of the interviewee. Other factors associated with this are: Avoidance of social gathering, weak interaction between friends, colleagues and students, defective IPR, Aggression and anger towards family, co-workers and friends.

Diversional Therapy: One sample replied that "I indulge myself in some activities which I like or I work out" whereas other participants commented that "I prefer to be dead asleep on my bed" Some other responses were cooking favorites food, order food from online food stores, hanging out with friends, listening to music, watching Television, talking on phone with parents or friends helps them to feel good. One of the participants uses social media as a diversional measure.

Environmental Modifications: Most of the participants told they feel better when they are in calm and quiet environment. Others told walking on green grass makes them feel awesome. One of the participant told "taking a

stroll with my husband after dinner makes my mood fresh”. Another participant told they avoid the stimulants which aggravate their anger.

Conclusion

As very less literature was available on the PMS, the findings of the study can open up new strategies to identify PMS and its coping strategies. A larger target population would produce more generalizable results. Total 5 themes were generated which were Physical consequences, Psychological problems, Family & Social Consequences, diversional therapy & Environmental Modifications.

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