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Effectiveness of Selected Intervention on dysmenorrhoea among adolescent girls at selected colleges in Indore

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Introduction

The health of adolescent females has an impact on both their own well-being and the health of future generations. More than a quarter of India's population is anticipated to be females under the age of twenty-one. As a result of the onset of menarche, it is common for adolescents to experience irregular menstruation, excessive bleeding, and dysmenorrhea.

According to a national poll, 40% of girls in high school and college reported missing school or college owing to severe menstrual pains. Dysmenorrhea, the most common adolescent problem, leads to significant absences from work and school.

Numerous studies on the morbidity status of kids have been undertaken by individual researchers in India's urban and rural locations. The school health committee's mission is to teach students about healthy living and to prevent health problems that can be avoided.

Dysmenorrhoea is a common ailment among women of childbearing age and a leading cause of girls' recurrent short-term absences from school. Primary dysmenorrhoea affects around 70% of women worldwide, with 60% of those women experiencing incapacitating pain as a result of the disorder. The soreness is most commonly felt in the lower abdomen, but it can also affect the back and thighs. In the United States, 91 percent of high school students polled reported having dysmenorrhoea.

The impact of disease on the country was emphasised by 55% of those polled, who said symptoms were interfering with their academic work .

Adolescents are more vulnerable to poor reproductive health and the difficulties that come with it all over the world. With an estimated one billion teenagers, the world is experiencing its largest teenage population in history. Adolescent reproductive health has become an important aspect of global health. .

Primary dysmenorrhoea screenings are important for college women for a variety of reasons, including avoiding unnecessary pain and disturbance to their work schedules. After doing an extensive literature analysis on hot applications, the researcher is motivated to perform a study on the impact of heat application on dysmenorrhea in nursing college adolescent females.

Methodology

The study focused on adolescent girls with dysmenorrhoea, with the goal of determining the degree of pain they experienced and evaluating the usefulness of heat treatment in the management of abdominal discomfort in adolescents with dysmenorrhoea. Pain and severity in dysmenorrhea adolescent females following hot application were hypothesised to differ considerably, and pain level and certain demographic characteristics were strongly linked. Adolescents have been investigated for abdominal pain in dysmenorrhoea. The 50 adolescent girls who had a heat treatment on the lower abdomen were chosen using purposive sampling. A questionnaire and the McCaffery numerical pain scale were used to collect data. The study found that when adolescent girls with dysmenorrhoea were given heat compresses, their stomach pain lessened dramatically.

Results

The study's initial purpose was to find out how much dysmenorrhoea discomfort adolescent girls in the study sample had. The current study indicated that 26% of 50 adolescent girls suffered light discomfort, 30% experienced moderate pain, and 44% experienced severe pain before the test. During the post-test, 11 (22 percent) of 50 adolescent girls reported no pain, 24 (48 percent) mild pain, 14 (28 percent) moderate pain, and 1 (2%) severe pain.

The study's second purpose was to examine if hot application might help adolescent girls with stomach pain caused by dysmenorrhoea. According to the study's findings, the post-test mean pain level score of 2.3 was lower than the pre-test mean pain level score of 5.9. The 'Z' value of 8.245 was found to be significant at a 0.05 significance level. As a result, the original hypothesis was confirmed to be correct.

Finally, the researchers wanted to see if there was a link between post-test pain intensity and demographic factors in teenagers with dysmenorrhea. The age and pain level of adolescent females were shown to be connected, with a chi square of 9.89 being statistically significant at the 0.05 level. There was no link between the severity of adolescent girls' dysmenorrhoea discomfort and their religious affiliation. The chi square value of 5.60 found for the relationship between adolescent females' body build and their pain level of dysmenorrhoea was not significant at the 0.05 level.

A chi square value of 12.76 was found to be related to dysmenorrhoea pain levels and menarche onset, which was significant at the 0.05 level. The chi square value of 2.67 reached by teenagers with dysmenorrhoea and a history of menstruation was not significant at the 0.05 level of significance. The link between the pain degree of dysmenorrhoea in adolescent females and the number of days they experienced menstrual flow had a chi square value of 7.67, which was significant at the 0.05 level. A high link was found between the pain degree of dysmenorrhoea in adolescent females and their daily use of pads, with a chi square value of 9.19 calculated at a 0.05 significance level.

The chi square value for adolescent girls with dysmenorrhoea was 4.76, which was not statistically significant at the 0.05 level of significance. At the 0.05 level, the chi-square value of 3.59 reached by adolescent girls in connection to the intensity of their dysmenorrhoea was not significant. The chi square value of 10.13 was shown to be linked with the pain level of dysmenorrhoea in adolescent girls with a family history of dysmenorrhoea at the 0.05 level of significance.

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