



PREMENSTRUAL SYNDROME AND QUALITY OF LIFE: A STUDY OF ADOLESCENT GIRLS IN CHANDIGARH

Rajesh Kumar

Beenu Varma

Associate Professor & Head, Department of
Psychology, Post Graduate Govt. College,
Sector-46, Chandigarh

Assistant Professor, Department of
Psychology, Post Graduate Govt. College,
Sector-46, Chandigarh

ABSTRACT

Menstruation is the monthly outflow of blood that starts in the teen age years and continues till menopause. The lining of the uterus or womb is shed out and that causes bleeding which comes out from the uterus passing through the cervix and the phenomenon continues till the completion of the period. Premenstrual syndrome (PMS) is a cyclic recurrence of distressing somatic and affective symptoms starting from the luteal phase to the follicular phase. QOL refers to the state of holistic positive health that reflects the well-being of the individual. With regard to the PMS, the QOL would relate to the cognitive and affective burden of the disorder. The severity of the symptoms of PMS would have a direct impact on the lifestyle of the patient. In the present research a sample of 100 girls were selected from various schools in Chandigarh ranging in the age of 15 to 18 years. For the purpose of this study the Daily Record of Severity of Problems by Jean Endicott and Wilma Harrison (2006) and Quality of Life (QOL) by Dr. Vandana Kaushik and Ms. Purva Jaggi, (2008) were administered on the sample and for the analysis descriptive statistics and t test were used. The results revealed that there exist significant differences in the quality of life of the girls with PMS and Non PMS as the t value comes out to be 22.15. Quality of life of the girls without PMS found to be better as compared to the girls with PMS.

Keywords: PMS, NPMS, quality of life, syndrome, menstruation

INTRODUCTION

Menstruation is the monthly outflow of blood that starts in the teen age years and continues till menopause. The lining of the uterus or womb is shed out and that causes bleeding which comes out from the uterus passing through the cervix and the phenomenon continues till the completion of the period. On an average the number of days of the period ranges from 3-5

days. The menstrual cycle is considered from day one of bleeding to the day one of the next time of bleeding. It has been observed that most women in these childbearing years experience discomfort before and/or during their menstrual cycle. It usually begins a few days before the cycle and subsides once the menstruation starts. Sometimes the discomfort is severe enough for the patient that it affects her day-to-day functioning negatively and/or interpersonal relationships. This is known as Premenstrual Syndrome or PMS. Emerging of PMS symptoms during the teen years complicate the process of puberty and may even affect their interpersonal relationships, social and educational performance in a negative way, resulting in poor self-esteem and a sense of dissatisfaction and inadequacy. To elaborate, Premenstrual syndrome (PMS) is a cyclic recurrence of distressing somatic and affective symptoms starting from the luteal phase to the follicular phase.

Diagnostic Criteria for PMS (ACOG- American College of Obstetricians and Gynecologists)

A. Symptoms must occur during the 5 days before menses for at least 3 menstrual cycles in a row. At least one affective and one somatic symptom must be present.	
<p>Affective Symptoms</p> <p>Depression</p> <p>Irritability</p> <p>Anxiety</p> <p>Confusion</p> <p>Social withdrawal</p> <p>Angry outbursts</p>	<p>Somatic Symptoms</p> <p>Breast tenderness</p> <p>Abdominal bloating</p> <p>Headache</p> <p>Swelling of extremities</p>
B. Symptoms are relieved within 4 days without recurrence until cycle day 13	
C. Symptoms are present in the absence of medicine, hormone ingestion or alcohol use	
D. Symptoms occur during 2 cycles prospectively	
E. Patient suffer social or economic dysfunction	

Quality of Life (QOL) relates to the subjective judgment of the person’s overall life experiences and is multidimensional in nature, which includes the current life circumstances, and physical, mental, social and emotional health. It is understood that when one rates his or her experiences of life as having quality, then he or she will have a higher sense of self-esteem and pride, and better mental health.

The stigma related to menstruation for the Indian girls leaves a deep impact on their overall social and mental development. Menstruation is also associated with many social taboos especially in India. Girls and women are subjected to many restrictions in their normal day activities. They are denied entry into the temples or offer prayers during this time. In some households they are not allowed to enter the kitchen and prepare food, as it is believed that they would contaminate the food. These cultural norms and religious taboos are often compounded by traditional associations with evil spirits, shame and embarrassment. In some parts of India, there are certain dietary restrictions imposed on the menstruating women as well, such as curd, tamarind, pickles are not to be consumed. In many parts around the country, women are not allowed to shower and clean themselves. The socio-cultural taboos in our country are a direct result of the lack of knowledge and understanding of puberty, menstruation, and the reproductive health.

The myths around menstruation seemed to have arisen due to the lack of information. Some anthropological theories suggest that menstruation was considered magical even poisonous because the physiology of the woman's body was not understood. Individuals could not understand how women who were not wounded could bleed for 5 days every month without being seriously weakened or killed. Since men did not bleed themselves, they must have been afraid of this phenomenon worrying that women may do them some harm.

REVIEW OF LITERATURE

Sahin and Ozdemir (2017) conducted a cross-sectional study with students (age range: 17-25). The results stated that the frequency of premenstrual syndrome was found to be lower in overweight/obese students ($p < 0.05$). Average scores of students with PMS were lower in all domains of quality of life ($p < 0.05$ for each domain). The researchers concluded that, premenstrual syndrome is an important health problem among university students, which adversely affects the quality of life.

Acikoz et al 2017, undertook a study to determine the prevalence of and factors influencing premenstrual syndrome (PMS) in first-year students at a university health campus and to evaluate the relationship between depression and PMS. This cross-sectional study was conducted on a population of 618 university students. Premenstrual syndrome was found in more than half of the students who participated in the study. Premenstrual syndrome was higher in

students who had a chronic disease and/or an unhealthy lifestyle. There was a statistically significant relationship between PMS and risk of depression.

According to Alpaslan and Avci (2017) Premenstrual Syndrome (PMS) is a heterogeneous disorder, which includes physical, cognitive, affective and behavioral symptoms. The prevalence of PMS in our sample was 66.6%. The contributing factors to PMS were having a history of psychiatric treatment and having a smoking habit ($p < 0.05$). The PMS group showed higher scores than the non-PMS group on all the items of the TAS-20.

Tehrani, R. et al. (2017) claimed that the premenstrual syndrome (PMS) is characterized by physical, cognitive, and behavioral symptoms that occur cyclically, from several days to 2 weeks before menses, which resolve either quickly or during the early days of menstruation. In conclusion, it was found that in this study, factors associated with severity of PMS were age, marital status, family income, and familial history of PMS.

Pinar and Colak (2017) carried out a study with a purpose to analyze the frequency of Premenstrual Syndrome (PMS) in college students, the factors affecting Premenstrual Syndrome and the effect of Premenstrual Syndrome on life quality. PMS was detected in 72.1% of the students. The most frequent symptoms recorded were mainly low back pain, stress-discomfort, nervous-anger, and distention and breast tenderness. PMS was found significantly high in those students who seemed to have menstrual irregularity. It was determined that the life quality decreases as PMS score average increases ($p < 0.05$). The researchers found that the PMS rate is high in college students and this adversely affects the life quality

RATIONALE OF THE STUDY

Adolescence is a time period where there is heightened vulnerability as a consequence of potential dysjunctions between developing brain, behavioral and cognitive systems that mature separately at different times. During adolescence the young people experience some very significant life changes, they not just go through biological changes in their bodies but also, they have to make very important personal and career decisions which will have a deep lasting impact on the rest of their lives. The hormones interacting with the psychosocial environment can greatly impact their decisions. The attachment styles that they develop with the family members affect the way they interact with others in the society as well. If they do not get enough support from their families they may develop patterns that would be harmful in the long run.

For girls, in this day and age it has become even more imperative, because they need to find their balance between work and family life. On one hand, their responsibilities as a homemaker have not changed, while on the other hand, they have to constantly prove their worth in the outside world as a productive member of the community. The adolescent girls have to make their life's decisions based on a number of factors, which include not just their families and friends but also their biological conditions. The puberty brings along with it many changes which the girls need to effectively deal with so that they can overcome the difficulties associated with it and eventually make social, cultural, familial and personal contributions.

Girls who go through the difficult process of having painful periods have another problem at hand to deal with. They not just have to overcome all the difficulties of growing up and making significant decisions but at the same time dealing effectively with all the symptoms and problems associated with heavy and painful monthly cycles, all in the midst of a society that looks at the menstrual periods as taboo. They have to maintain a balance in all the aspects of their life.

Considering the above scenario, PMS maybe misdiagnosed or not diagnosed at all because it is perceived that the mood swings in the teenagers is because of the hormonal changes rather than the effect of menstrual cyclicity. Severe PMS may start shortly after puberty and these cases are brought to medical attention by the parent who probably recognises the symptoms from her own experience. There is a possible genetic predisposition to the condition. This missed diagnosis may significantly impair the quality of life for the teenager. The purpose of this study is to assess the correlation of PMS with the Quality of everyday life for the adolescent.

The study will help the teachers, parents and care givers to understand the complexity of PMS and its related consequences. It will help to sensitise them to the issue that haunts a large population of women. As a consequence of the lack of knowledge and understanding of this problem as 'a normal part of being a woman', a lot of women are denied proper health care facilities and therapy.

Especially in the younger years when the adolescent is under considerable pressure of focussing on academics and choosing a career all for a brighter future, the least one can do is provide them with a safe environment to deal with their changing bodies and the difficulties that they have to inevitably face every month.

METHODOLOGY

Objectives of the Study:

1. To study Premenstrual Syndrome (PMS) among adolescent girls.
2. To study the quality of life among adolescent girls with or without PMS.

Hypotheses:

1. There is negative effect of PMS on quality of life among adolescent girls.
2. There is significant difference in the quality of life among adolescent girls with PMS as compared to adolescent girls without PMS.

Sample:

A sample of 100 adolescent girls ranging in the age of 15 to 18 years was identified from various schools in Chandigarh for the study. The subjects from Grade 11 and 12 were selected and prior consent from each subject was taken in written.

Tools:

For the purpose of the study, the following scales are considered which have been found to be valid and reliable.

1. Daily Record of Severity of Problems developed by Jean Endicott and Wilma Harrison (2006) based upon suggested criteria by DSM IV – Daily scoring sheet for the patients to track symptoms related to Premenstrual Syndrome. This form was developed to aid the clinicians in the assessment of the DSM IV criteria for Premenstrual Dysphoric Disorder as well as to assess severity of symptoms and impairment at various phases of the menstrual cycle. The test-retest reliability of this form was found to be 0.90.
2. Quality of Life (QOL) by Dr. Vandana Kaushik, Udaipur and Ms. Purva Jaggi, (2008) published by Agra Psychological Research Cell, Agra. A scale for measuring Quality Of Life of adult male, female was developed using likert summated rating method. The test-retest reliability using Karl-Pearson correlation coefficient was found to be 0.759. The Criterion related validity of the scale was established by calculating the Index of reliability. Index of Reliability score of the scale was 0.871. It is a 28-item scale that measures there a broad range of human experiences related to one's overall well-being.

Items are negatively worded, thus agreement to them will earn the respondent lesser scores, indicating poor Quality of Life. On the other-hand agreement to positively worded statements will provide higher scores.

Procedure:

Before the actual carrying out of the tests permission was taken from the authorities of the different schools located in Chandigarh. Proper rapport was build up with the subjects and then data was collected by administering the selected scale with adolescents. Initially 150 data was collected and scoring was done with the help of scoring keys and manual. Then the 50 PMS and 50 NPMS was included in the study to maintain the balance between the two groups that is PMS and NPMS. They were informed about the nature and utility of the study. They were requested to feel free while responding the each item in the scale.

Statistical Analysis:

To analyse the data SPSS version 21 was used. The most pertinent analytical methods used were mean, standard deviation and t-test.

RESULTS AND DISCUSSION

Table 1

Mean, standard deviation, t-value of the quality of life of adolescents with PMS and NPMS

Quality of Life	Syndrome	N	Mean	SD	t-value
	PMS	50	1113.68	38.79	41.22
	NPMS	50	851.32	22.80	

The above mentioned table depicts the mean, SD and t value of the quality of life of adolescents with premenstrual and non premenstrual syndrome. Mean and standard deviation of the quality of life of the adolescents with PMS and NPMS found to be 1113.68 ± 38.79 and 851.32 ± 22.80 respectively. The t value comes out to be 41.22 and it clearly revealed that it was significant at 0.01 level. The mean value of the quality of life (1113.68) also determined that quality of life was better among PMS group as compare to the mean score of the quality of life (851.32) of the NPMS group. It means that there was significant difference in the quality of life

of the girl adolescents with premenstrual syndrome and girl adolescents with non premenstrual syndrome.

Quality of life of the girl adolescents was better or high who were not suffered from premenstrual syndrome. PMS is not the smaller problem that is why it adversely affects the quality of life of the girls. Ackizon (2017) also concluded that the girls with PMS has the greater risk of depression. Pinar and Colak (2017) also opined that quality of life decreases due to premenstrual syndrome as its symptoms are very unhealthy like low back pain, anger, uncomfort, headache, withdrawal from society etc. It depicts that quality of life decreases as the PMS scores increases.

CONCLUSION AND IMPLICATIONS

The study will help the teachers, parents and care givers to understand the complexity of PMS and its related consequences. It will help to sensitise them to the issue that haunts a large population of women. It was revealed that the preventive, instructive and consultancy roles of the medical staff became more of an issue in reducing the effect of the factors causing and/or aggravating these symptoms in order to decrease PMS incidence and to improve the life quality of the students. Thus this study will helps a lot for the medical staff as well as for the girl adolescents.

At last this study can enhance the knowledge and eliminates the myths regarding these issues among adolescents and other persons in the society.

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