A Study to assess the Effectiveness of Psychological Interventional Package in reducing Affective Symptoms in Premenstrual Syndrome among the teenage girls in selected High Schools of Vijayapur

Ms. Aishwarya Ugran*, Mr. Nazeersab Balagar**, Ms. Bhagyashree Biradar* and Ms. Shreedevi Police Patil*

* 4th Yr B. Sc (N), BLDEA’s Shri B M Patil Institute of Nursing Sciences, Vijayapur-Karnataka
** Asst Prof/HOD Dept of Mental Health Nursing, BLDEA’s Shri B M Patil Institute of Nursing Sciences, Vijayapur-Karnataka


Abstract- Background
Premenstrual syndrome (PMS), which begins 7-14 days before the onset of menstruation and declines with the onset of menstrual flow, affects women during their reproductive years and is connected with physical, psychological, and behavioral abnormalities. Premenstrual dysphoric disorder (PMDD) is a severe type of premenstrual syndrome that generally becomes problematic during late adolescence and can damage their quality of life. The non-pharmacological method is indicated to lessen the intensity of the symptoms early on without producing adverse effects. Although the origin of PMS is unknown, training women to exercise self-care methods to lessen the intensity of symptoms is a significant focus in therapy, in addition to pharmacological medication. In this study, the psychological interventional package is a collection of individual intervention competences that includes Brisk.

Aim
To assess the efficacy of a psychological interventional package in lowering the emotional symptoms of Premenstrual Syndrome in adolescent girls.

Methodology
The efficacy of a psychological interventional Package was determined using a quasi-experimental, non-equivalent pre-test-post-test control group approach. The Simple Random Sampling Technique was used to choose the sample. The sample size was set at 100. The sample size was estimated using prior findings from research (95% confidence level and 5% confidence range). The Premenstrual Syndrome Scale (PMSS) instrument was used to collect data. There were two groups: one experimental and one control. Two instructional sessions on PMS and related self-care practices were given to the experimental individuals. Following the collection of post-test data, the control group individuals got the identical teaching sessions. Both groups took PMS pre- and post-tests.

Results
There was a significant difference in mean pre-test and post-test affective symptom score of experimental with p-value less than 0.0001. With a higher p-value, there was no significant difference between Mean before test and post test affective symptom score of teenage females in the control group. There was a significant change in the mean post-intervention ratings of emotional symptoms between the experimental and control groups among teenage females. Affective symptoms were considerably decreased in the experimental group compared to the control group using a psychological interventional package.

Conclusion: Psychological Interventional Package could have been the source of the reduction in PMS symptoms of the experimental group of young teenage girls.

Index Terms- Assess, Psychological Interventional Package, Affective Symptoms, Premenstrual Syndrome and Teenage Girl

I. INTRODUCTION
Premenstrual syndrome (PMS) is a disruptive mix of mental and physical symptoms that occur one to two weeks before the onset of each menstrual cycle. Symptoms subside about the time monthly bleeding begins. Different ladies have different symptoms. Premenstrual syndrome is characterized by one or more physical, emotional, or behavioral symptoms that disappear with menstruation. Breast soreness, bloating, headache, mood swings, melancholy, anxiety, rage, and irritability are the most prevalent symptoms. To be classified as PMS rather than a typical monthly cycle pain, these symptoms must interfere with everyday functioning throughout two menstrual cycles of prospective recording. PMS-related symptoms are frequently present for around six days. PMS symptoms might fluctuate over time.

II. OBJECTIVES
1. To Assess the Affective Symptoms of PMS
2. To compare pre and post intervention scores of Affective symptoms of experimental and control group of teenage girls
3. To compare post intervention scores of Affective symptoms between experimental and control group of teenagers
4. To find out association between Affective Symptoms of PMS with selected socio demographic Variables

Hypothesis
Will be tested at 0.05 level of significance

**H**: There will be a significant difference between Mean pre test and post test affective symptom score of experimental and control group subjects at 2 Months follow up.

**H**: There will be a significant difference in Mean of post intervention scores of affective symptom between experimental group and control group subjects at 2 Months follow up.

**H**: There will be a statistically significant association between affective symptoms of Premenstrual Syndrome with selected socio demographic Characteristics of teenage girls

Assumptions
1. Psychological Interventional Package May Reduce Affective symptoms of PMS
2. Psychological Interventional Package May improve the coping capacities of teenager to combat Affective symptoms of PMS

Delimitations
The Study will be delimited to:
- Teenage girls aged between 13-19 years.
- Teenage girls of mild to moderate PMS
- Self expressed responses of Teenage girls of mild to moderate PMS
- Administration of Psychological interventional package for only once.
- Assessment of all dependent variable will be done for 3 months only.

III. MATERIALS AND METHODS

Research Approach
Quantitative experimental research approach will be used for this study.

Research Design
Quasi experimental Pre-test post-test control group design will be used for the present study

Variable:
Independent Variable- Psychological Interventional Package
Dependent Variable- Affective Symptoms of PMS
Demographic variables- like age, Age at Menarche etc

Inclusion Criteria:
1. Teenage girls who attained Menarche
2. Teenage girls who are been Diagnosed as PMS

Exclusion criteria
This publication is licensed under Creative Commons Attribution CC BY.
group had no family history of PMS, with the remaining 18 having a family history of PMS.

II. Frequency and percentage distribution of assessment of affective symptoms of PMS among teenage girls

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Experimental Group (n=50)</th>
<th>Control Group (n=50)</th>
<th>t-value</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Mean ±SD 31.14±5.10</td>
<td>Mean ±SD 31.84±7.54</td>
<td>-0.54</td>
<td>0.58(NS)</td>
</tr>
<tr>
<td>Psychological</td>
<td>Mean ±SD 24.32±0.96</td>
<td>Mean ±SD 23.34±0.47</td>
<td>6.47</td>
<td>&lt;0.0001(S)</td>
</tr>
<tr>
<td>Behavioral</td>
<td>Mean ±SD 27.9±4.10</td>
<td>Mean ±SD 28.66±1.27</td>
<td>-1.25</td>
<td>0.21(NS)</td>
</tr>
</tbody>
</table>

According to the table above, mean physical and behavioral symptoms do not differ substantially between experimental and control groups, but mean psychological symptom score was considerably higher in the experimental group (24.32) than in the control group (23.34).

III. Comparison of pre and post intervention scores of Affective symptoms of teenage girls in the experimental group

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>t-value</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Mean ±SD 31.14±5.10</td>
<td>Mean ±SD 18.38±2.06</td>
<td>21.80</td>
<td>&lt;0.0001(S)</td>
</tr>
<tr>
<td>Psychological</td>
<td>Mean ±SD 24.32±0.96</td>
<td>Mean ±SD 13.6±0.47</td>
<td>59.2</td>
<td>&lt;0.0001(S)</td>
</tr>
<tr>
<td>Behavioral</td>
<td>Mean ±SD 27.9±4.10</td>
<td>Mean ±SD 14.32±1.73</td>
<td>31.06</td>
<td>&lt;0.0001(S)</td>
</tr>
</tbody>
</table>

According to the above table, there was a significant difference between the mean pre test and post test affective symptom score of the experimental group with a p-value less than 0.0001. The Psychological Interventional Package was extremely efficient in lowering the emotional symptoms of Premenstrual Syndrome in the trial group of teenage girls.

V. Comparison of pre and post intervention scores of Affective symptoms of teenage girls in the control group

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>t-value</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Mean ±SD 31.84±7.54</td>
<td>Mean ±SD 31.82±7.55</td>
<td>0.44</td>
<td>0.65(NS)</td>
</tr>
<tr>
<td>Psychological</td>
<td>Mean ±SD 23.34±0.47</td>
<td>Mean ±SD 23.32±0.59</td>
<td>0.57</td>
<td>0.56(NS)</td>
</tr>
<tr>
<td>Behavioral</td>
<td>Mean ±SD 28.66±1.27</td>
<td>Mean ±SD 28.66±1.25</td>
<td>0.00</td>
<td>1.00(NS)</td>
</tr>
</tbody>
</table>

According to the above table, there was no significant difference between Mean pre test and post test affective symptom score of teenage females in the control group with a higher p-value. The emotional symptoms were the same before and after the exam.
V. Comparison post intervention scores of Affective symptoms between experimental and control group of teenage girls

<table>
<thead>
<tr>
<th>Physical symptoms</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>t-value</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>EG</td>
<td>18.38</td>
<td>2.0691</td>
<td>48</td>
<td>12.1</td>
<td>&lt; 0.0001(S)</td>
</tr>
<tr>
<td>CG</td>
<td>31.82</td>
<td>7.5476</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological symptoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EG</td>
<td>13.66</td>
<td>.47852</td>
<td>48</td>
<td>90.2</td>
<td>&lt; 0.0001(S)</td>
</tr>
<tr>
<td>CG</td>
<td>23.32</td>
<td>.58693</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral symptoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EG</td>
<td>14.32</td>
<td>1.73134</td>
<td>48</td>
<td>47.51</td>
<td>&lt; 0.0001(S)</td>
</tr>
<tr>
<td>CG</td>
<td>28.68</td>
<td>1.25259</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

According to the above data, there was a significant difference in the mean of post intervention scores of emotional symptoms among teenage females between the experimental and control groups. The Psychological Interventional Package considerably decreased Affective symptoms in the experimental group compared to the control group.

VI. Association between Affective Symptoms of PMS with selected socio demographic Variables

Affective symptoms of PMS in adolescent girls were not connected with their chosen socio demographic variables such as age, age at menarche, location of living, religion, family types, food, family history, and treatment used.

VII. CONCLUSION

Premenstrual syndrome (PMS), which starts 7-14 days before menstruation and diminishes once menstruation begins, affects women during their reproductive years and is related with physical, psychological, and behavioral abnormalities. Recently, premenstrual dysphoric disorder (PMDD) has been identified as a severe type of premenstrual syndrome that typically becomes troublesome around late adolescence and can have a negative impact on adolescent quality of life. To lessen the intensity of the symptoms early and without creating side effects, a non-pharmacological strategy is indicated. The decrease in PMS symptoms in the experimental group of young adolescent females might have been caused by the Psychological Interventional Package.

ACKNOWLEDGEMENT

We thank Rajiv Gandhi University of Health Sciences-Bangalore for providing funding for this research project. We would like to express our deepest appreciation to the principals and headmasters of high schools for creating a suitable atmosphere for successful completion of studies. Also, we would like to express our deepest appreciation to our beloved Principal and the Mental Health Nursing Department, as well as the teaching and non-teaching staffs, for their unwavering support and direction in completing the study work.

CONFLICT OF INTEREST- None declared

ETHICALCLEARENCE- Ethical Clearance Certificate was obtained by Institutional Ethical Committee.

REFERENCES


AUTHORS

First Author – Ms. Aishwarya Ugran, 4th Yr B. Sc (N), BLDEA’s Shri B M Patil Institute of Nursing Sciences, Vijayapur-Karnataka

Second Author – Mr. Nazeersab Balagar, Asst Prof/HOD Dept of Mental Health Nursing, BLDEA’s Shri B M Patil Institute of Nursing Sciences, Vijayapur-Karnataka

Third Author – Ms. Bhagyashree Biradar, 4th Yr B. Sc (N), BLDEA’s Shri B M Patil Institute of Nursing Sciences, Vijayapur-Karnataka

Fourth Author – Ms. Shreedevi Police Patil, 4th Yr B. Sc (N), BLDEA’s Shri B M Patil Institute of Nursing Sciences, Vijayapur-Karnataka