Relationship Between Quality of Life And Coping Measures During Pre Menstrual Period in College Students.

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Abstract: Descriptive survey approach adopted and collected data from 200 randomly selected college students. Short Form - 36 (SF- 36) was used to assess the Quality of life during PMS .Coping check list was utilised to assess coping measures adopted during PMS. Most of the students were in the age group of 18 -19 years, attained menarche in the age of 14 years. Most (69) of the students reported good quality of life. Quality of life in physical domain Mean (15.77) was found to be high. Nearly 82% of the students accepted themselves, 81% reported having argued with other people , experienced nervousness 75.5%,students(81.5%) reported excellent in health during PMS , Half of the students adopted satisfactory coping measures to deal with PMS .One third of the students not able to cope up with PMS. Negative correlation was found between total Quality of life (0.768) and total coping (- 0.316).
Key Words: Premenstrual symptoms, Quality of life, Coping measures, College students.

I. INTRODUCTION

Premenstrual syndrome is the symptoms which occur during one week before menstruation and some time symptoms are severe enough to disturb life cycle of a women. A change in mood, behaviour, appearance of some abnormal vague symptoms is often noticed in second half of the cycle(Camy Bhagat,Paras Bhura ,2016).The common symptoms of PMS swelling, breast tenderness, headache, aches, bloating, sleep disturbances, appetite change, poor concentration, decreased interest, social withdrawal, irritability, mood swings, anxiety/tension, depression and feeling out of control of these ,six symptoms identified as core symptoms suggesting that clinical diagnosis of PMS can be developed around a core symptom group. The identified core symptoms are anxiety/tension, mood swings, aches, appetite/ food cravings, cramps and decreased interest in activate (Manal Ahmad AI-Batanony ,2014).

PMS is thus prevalent in women of all ages causing substantial morbidity with obvious detriment to inter personal relationships, social interactions, lifestyle, work performance, emotional well-being and overall health-related quality of life(Nusrat Nisar ,2008) .These symptoms are relieved within 4 days of the onset of menses. During follicular phase the woman should be full symptoms (Camy Bhagat, Paras Bhura ,2016). Quality of life (QOL) can be defined as a subjective feeling that the individual's life is changing entirely for the better and may also be described as how the individual perceives her state within the culture and value system. PMS impairs the quality of life and social functioning, the presence of only PMS symptoms is mostly not perceived as either distressing or debilitating, During teen years, premenstrual symptoms can complicate the process of puberty, interpersonal relationships, social and educational performance. They can result in poor self-esteem, a sense of dissatisfaction, inadequacy and unhealthy life style ,(Sevil Sahin ,s2014). Studies have also shown Dennerstein et al (2010) found that up to 35% of women with reproductive age in Europe and Latin America were moderately or severely affected in activities of women's daily life(ADL)by cyclical premenstrual symptoms. This study show that limited work nearly 43%, difficulty performing work 67% in premenstrual period.

II. OBJECTIVES

1. To find out quality of life during premenstrual period among university students.
2. To assess the coping measures adopted by the university students during premenstrual period.
3. To find out the correlation between quality of life and coping measures.
4. To find out the association between Quality of life and Coping measures with selected demographic variables.

Hypothesis .

H_1: - There is significant association between quality of life during PMS with selected socio-demographic variables

H_2: - There is significant association between adaptation of coping measures during PMS with the selected socio-demographic variables.

III. METHODOLOGY

Descriptive survey research approach was used to carry out the study. The study was conducted in the Sri Padmavathi Women's Degree College located at Padmavathi puram ,Tirupati . Purposive sample of students aged between 17 -20 years, which lived in hostel at the time of data collection. The number of female students in the University in 2016 -2017 academic year was 200 students from science group English medium. Participation was voluntary. Questionnaires were handed out to the students and collected after they had been filled up. Primarily for demographic variables, secondarily for menstrual characteristics then the Short Form Health Survey -36(SF-36), premenstrual symptoms screening tool (PMS), Modified Coping Check List was administered. Prior to data collection questionnaire and checklist was validated from nursing experts and obstetrical experts. Permission was obtained from TTD Educational officer, Tirupati. The questionnaire was included on socio-demographic characteristics (age, area, religion family income, mother's educational status) some menstruation –related characteristics(age at menarche, duration of menstrual flow, use of drugs for menstrual regulation , presence of dysmenorrhoea and family history of PMS) PMS screening questionnaire prepared by SF-36 Health Related QOL questionnaire was used to assess quality of life. The modified questionnaire consists of 27 items and assesses QOL in 4 domains (physical domain, psychological domain, social domain, and spiritual domain) domain scores of the questionnaire range between 0-100 and higher scores represent a better quality of life. Domain scores reflect endorsement totals weighted one point each. After reverse scoring, larger values are indicative of higher QOL. In present study 200 subjects were studied. The results of observation were calculated by finding out the Chi-squared test, mean, Standard deviation, frequency, Percentage . Obtained data was assessed with SPSS 20 version. The observations were put under different table and plot on bar diagram, pie chart.

**Findings Demographic Profile Of Students.**

Majority (66%) were in the age group of 18-19 years,belongs to hindu religion, nearly twothirds of the students belongs to rural areas.Most of the students(39%) attained menarche at the of 14 years.Most of the students reported regular menstrual cycles.

Quality of life during pre menstrual period

Table 1: Total quality of life during Premenstrual period. (n=200)

S .no	Quality of level	frequency	Percent	Mean	Std. Deviation
1	Poor	22	11.00	39.32	1.62
2	Satisfactory	39	19.50	44.69	1.28
3	Good	139	69.00	51.41	2.85

Table 1: Reveals quality of life during premenstrual period .The study revealed that majority of students 69% experienced good quality of life with the mean value (51.41 ±2.85), moderate quality of life was reported by 39%of students the mean value (44.69 ±1.28), while poor quality of life was stated by 11% of the sample with the mean value (39.32 ± 1.62).
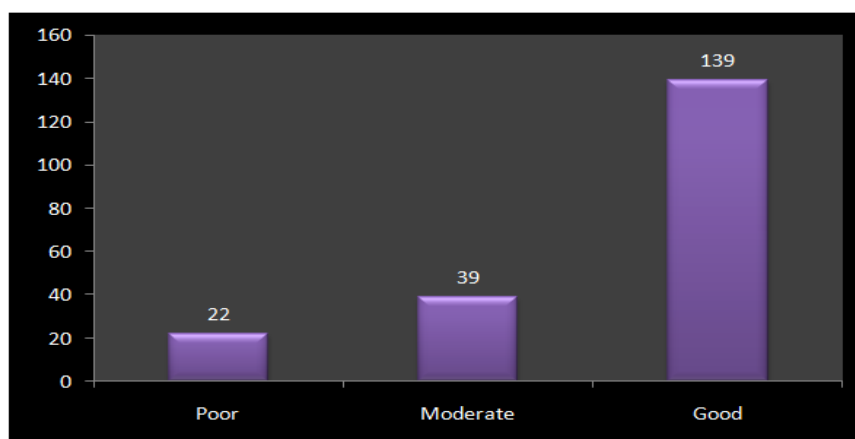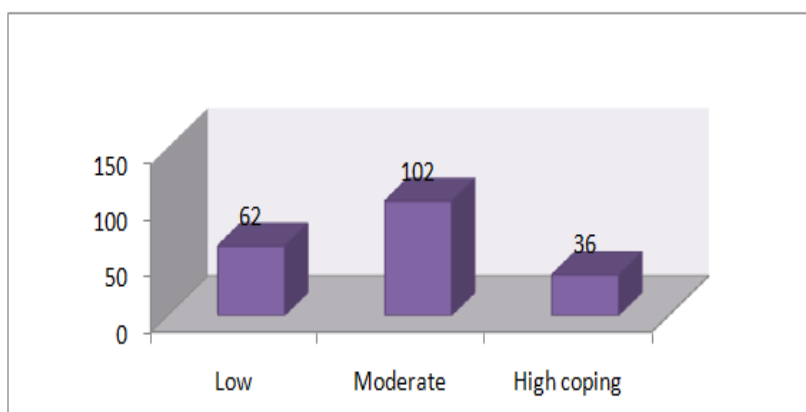

Fig.No 1: Level of Total Quality of Life coping measures adopted by univeristy students

Table 2: Total level of coping in premenstrual period.   (n=200)

S.no	Level of coping	n(%)
1.	Low	62(31.00)
2.	Satisfactory	102(51.00)
3.	High coping	36(18.00)

Table2: Illustrates level of coping during premenstrual period half (51%) of the subjects were adopted satisfactory ,very few members(18%) were adopted high coping measures, following 31% subjects were adopted less coping measures.

Fig No 2: Total level of coping in premenstrual period.

Correlation between Quality of life and coping measures during premenstrual period

Table No 3: correlation between Quality of life and coping measures   (n=200)

	Quality of life	Coping measures
Quality of life	1	-.391(**)
		0
Coping measures	-.391(**)	1
	0	
** Correlation is significant at the 0.01 level (2-tailed)		

The table 3 depicts that there is negative correlation between Quality of life and Coping measures ,It indicates that as the quality of life increases among university students during premenstrual period the coping measures gradually decreases .

Table 4.6: Item- wise analysis of quality of life.

(n=200)

S.no	Item	Yes n(%)	No n(%)
1.	To stay in bed	141(70.50)	59(29.50)
2.	Limited work	85(42.50)	115(57.50)
3.	Regular pain	93(46.50)	107(53.50)
4.	Health has been excellent	163(81.50)	37(18.50)
5.	Avoided friends and relatives	136(68.00)	64(32.00)
6.	Pain has interfered with my friends	71(35.50)	129(64.50)
7.	Have been nervous	151(75.50)	49(24.50)
8.	Worried about health.	101(50.50)	99(49.50)
9.	I have worried about things.	62(31.00)	138(69.00)
10.	Frequently felt anxious	130(65.00)	70(35.00)
11.	Often felt tense	96(48.00)	104(52.00)

12.	Often felt irritable	141(70.50)	59(29.5)
13.	Have felt depressed	87(43.50)	113(56.50)
14.	Felt emotionally stable	116(58.00)	84(42.00)
15.	Problems have interfered with my study life	99(49.50)	101(50.50)
16.	More arguments with people	162(81.00)	38(19.00)
17.	Have felt peaceful	107(53.50)	93(46.50
18.	Had trouble feeling peace of mind	72(36.00)	128(64.00)
19.	Felt sad	131(65.50)	69(34.50)
20.	Able to enjoy life	82(41.00)	118(59.00)
21.	Outlook was good	70(35.00)	130(65.00)
22.	Difficulty performing the work	134(67.00)	66(33.00)
23.	Felt worn out	139(69.50)	61(30.50)
24.	Have pain	142(71.00)	58(29.00)
25.	Coping with life	154(77.00)	46(23.00)
26.	Accepted my self	165(82.50)	35(17.50)
27.	Have been a happy person	119(59.50)	81(40.50)

Table 4.6 depicts item-wise analysis of the quality of life during premenstrual period. Most of the students 82.50% accepted themselves and 81.50% stated that their health had been excellent, 81% argued more with people, 77% coping with life, three fourth of the subjects felt nervous,71% experienced pain , 70.50% felt irritable and preferred to stay in bed, 69.50%, felt worn out, 68% felt like avoiding friends and relatives, 67% were facing difficulty performing the work, 65.50% felt sad, 65% frequently felt anxious, 59.50% had been happy, 58% emotionally stable, 53.50% felt peaceful, 50.50%worried about health , 49.50% had interfered with their study life, 48% felt tense, 46.50% had regular pain, 43.50% felt depressed, 42.50% had limited work, 36% had trouble feeling, 35% had general outlook as good and pain was interfered with their friends , 31% members reported worried about things pertaining to friends and relatives without good reason .

Table 4.7: Item Wise Coping Analysis.

(n=200)

S.no	Coping items	Yes n (%)	No n(%)
1.	Think about the problem	136(68.00)	64(32.00)
2.	Accept the problem	183(91.50)	17(8.50)
3.	Shared with family member	178(89.00)	22(11.00)
4.	Take a rest or vacation	112(56.00)	88(44.00)
5.	Compare with others	163(81.50)	37(18.50)
6.	Could change what was happened	139(69.50)	61(30.50)
7.	Seek support from family members.	177(88.50)	23(11.50)
8	Taking drugs herself	33(16.50)	167(83.50)
9.	Console about bad things	172(86.00)	28(14.00)
10.	Accept the next thing	182(91.00)	18(9.00)
11.	Think about fantastic things	126(63.00)	74(37.00)
12.	Go for long walks	112(56.00)	88(44.00)
13.	Blame the fate	131(65.50)	69(34.50)
14.	Wear a lucky charm	56(28.00)	144(72.00)
15.	Talk with a friend about Problem	179(89.50)	21(10.50)
16.	Pray to god	189(94.50)	11(5.50)
17.	Listen to music	179(89.50)	21(10.50)
18.	Cope with different solutions	139(69.50)	61(30.50)
19.	Avoid being with isolation	107(53.50)	93(46.50)
20.	Consult a faith healer	49(24.50)	151(75.50)

21.	Without medical advice taking drugs	26(13.00)	174(87.00)
22.	Refuse to believe that it Happened	119(59.50)	81(40.50)
23.	Attend religious discourses and talks	124(62.00)	76(38.00)
24.	Start yoga/meditation	45(22.50)	155(77.00)
25.	Hope miracle will happen	155(77.50)	45(22.50)
25.	Help others in trouble	194(97.00)	6(3.00)
26.	Feel that will remedy things	112(56.00)	88(44.00)
27.	Write letters to significant others	41(20.50)	159(79.50)
29.	Prepare you self for the worst to come	169(84.50)	31(15.50)
30.	Pace up and down thinking about the problem	160(80.00)	40(20.00)

Table 4.7: reveals that most of the subjects 97% stated that they help others in distress , 94.5% Pray to God, 91.5% accepted the problem , 89.5% listen to music and talk with a friend about the problem , 88.5% seek support from family members, 86% console about bad things, 84.5% prepare themselves for the worst outcome, 80% pace up and down thinking about the problem, 77.5% hope that miracle will happen, 69.5% cope with different solutions and could change with what was happens, 68% think about the problem, 65.5% blame the fate, 56% take rest or take leave or think of the some remedy like going for long walks, 53.5% avoid being in isolation, 28% wear lucky charm, 24.50% consult faith healers,16.50% take drugs and only 13% take medicines without medical advice .

Table 4: Association between quality of life with demographic variables.(n=200)

S.no	Variable	Chi-square	p value	Sig
1	Age in years	1.465	0.965	@
2	Area	7.162	0.028	*
3	Religion	0.974	0.914	@
4	Family income status	15.482	0.216	@
5	Mothers education	5.618	0.467	@
6	Age at menarche	18.674	0.005	**

The table 4 Shows significant association between area of living and quality of life (X^2= .162 ,p = 0.028) at 0.05 level ,age at menarche (X^2= 18.674, p=0.005) at 0.01 level. No significant association was found between age, religion, family Income and mother's education and quality of life during PMS

Table 5: Association between coping with demographic variables. (n=200)

s.no	Demographic variable	Chi-square	P value	Sig
1	Age in years	13.067	0.042	*
2	Area	1.085	0.581	@
3	Religion	2.176	0.703	@
4	Family income status	24.599	0.017	*
5	Mothers educational status	6.086	0.414	@
6	Age at menarche	2.540	0.864	@

Table 5: describes an association between coping measures and demographic variables in the premenstrual subjects .The data presented in the table shows that ,there was significant association between age in years ,family income status among coping measures. Remaining demographic variables such as Area, religion, mothers educational status, age at menarche does not have significant association with coping measures in university students.

IV.   DISCUSSION

PMS,a disorder of menstrual cycle in adolescent females ,though has been defined on different scientific and cultural approaches by both scientists and medical practitioners .It may be considered as a medical condition or a scientific issue based on gender based social customs and dealing with behaviour and moods hence variety of cultures may give it a different perception.

The present study was conducted on 200 students revealed that majority of students 66% were in the age group 18-19 years of age . majority of students 97.5% were belongs to Hindu religion, majority 39% had menarche at 14 years of age ,had at interval of menstrual cycle between 28-30 days ,70.50%had duration of menstrual cycle 4-5 days.

Mahin Delara et.al study shows that (2012) poor health related QOL especially on role emotional, role physical and social functioning .In this study 18% subjects were have good QOL, equal percentage (41%) were reported satisfactory and poor QOL,Social functioning 47.50% were reported satisfactory,11% were have poor social domain (3.30±0.66). Majority 69%(51.41±2.85) of subjects were reported good QOL as measured by the SF-36.Navdeep Kaur(2009)study shows that majority of students were using healthy coping strategies and accept it as a natural process as nothing can be done and try to cope up in healthy way .i.e,89 .11% do not blame themselves for this problem, 75.4% accept it in healthy way that nothing can be done,72.98%take hot or cold drinks.71.77%do not express their anger on others . In present study 91.5% accepted their problem 34.5% do not blame the fate,139% cope with different solutions.PMS is an important health problem that affects women's quality of life adversely. Although it is not a life threatening factor, PMS affects quality of life and productivity of women ,causes reduction in labour productivity and therefore economic losses, and adversely affects self-confidence, social relation and school attendance particularly among adolescent girls. While Hardie et al (1997)reported that PMS increases absenteeism at work among women , Ince (2001)suggested that PMS results in higher absenteeism in school among adolescents .In this study health – related quality of life in all domains of SF-36 questionnaire was found to be significant at the 0.01 level.

V. CONCLUSION

It was concluded from the findings of the study that majority of students were having good quality of life this finding suggested that no need to adopt coping measures .

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