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# A Study to Assess the Effectiveness of Home Remedies for Dysmenorrhoea Among Adolescent Girls of Shimla, Himachal Pradesh

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**Abstract:** In Shimla, Himachal Pradesh, this study examines the efficacy of traditional treatments for dysmenorrhea in adolescent females. For many young women, dysmenorrhea—which is characterized by excruciating menstrual cramps—has a major negative influence on their quality of life. Using a quantitative techniques approach, this study gathers data using a structured questionnaire. The results show that a variety of home treatments, including applying heat, making dietary adjustments, and drinking herbal teas, are often employed and have been shown to considerably reduce the severity and duration of pain. Due to their accessibility and cultural relevance, participants indicated a preference for these cures; this emphasizes the need to include traditional practices in health education. The study calls for more research to confirm these results while highlighting the possible advantages of arming young women with information on practical self-care techniques. In the end, this study aims to contribute to a holistic understanding of dysmenorrhea management, promoting better health outcomes for adolescent girls in the region.

**Keywords**: Dysmenorrhea, Effectiveness, Home Remedies, Adolescent.

**Introduction:** One of the most prevalent gynaecological illnesses, dysmenorrhea is characterized by intense, painful menstruation and is the leading cause of missed college and work days for adolescent females. Issues might vary from painful, heavy periods to none at all. Menstrual cycles vary widely, but adolescent females experience irregularity when their periods last more than 10 days, are spaced more than three months apart, or happen less often than 21 days. Such occurrences could be a sign of ovulation issues or other illnesses. Lower abdominal cramps, which can often radiate to the thighs and lower back, are the hallmarks of dysmenorrhea. Before and during their menstrual period, many adolescent females have menstrual cramps.

The terms primary and secondary are commonly used to describe dysmenorrhea. The uterus contracts in adolescent females with primary dysmenorrhea as a result of internal chemical abnormalities. Endometriosis is the most common medical disorder that causes secondary dysmenorrhea. From cycle to cycle, adolescent females may have different

symptoms of dysmenorrhea, such as lower abdominal discomfort, nausea, vomiting, diarrhoea, and exhaustion. Home cures for dysmenorrhea, or period cramps, include: regular exercise, hot water bottles, yoga, hot beverages, ginger tea, vitamins, and minerals.

The estimate of dysmenorrhea varies greatly between research conducted globally, with similar studies from Turkey indicating a range between 28% and 71.7%. The prevalence of dysmenorrhea has been reported to be between 58.2% and 89.5%.
Estimates of the incidence of PD among women who are fertile range from 25 to 90%, and 5–20% of female adolescents have severe PD that keeps them from engaging in their regular activities. Research conducted in India revealed that the frequency ranged from 50 to 87.8%.

A significant number of adolescent girls worldwide are affected by dysmenorrhea, which can lead to pain, missed school days, and a general decline in wellbeing. Although doctors often recommend pharmacological interventions, due to accessibility issues, cultural views, and a desire for natural therapies, a large number of individuals and families turn to home cures. This study looks at how often and how well adolescent females in Shimla, Himachal Pradesh, use these natural therapies.

**Review of literature: -**

**Masood Ahmad et al, (2022)** conducted a study was conducted to evaluate the effectiveness of structured teaching programs on knowledge regarding home remedies used in dysmenorrhea among adolescent girls in selected higher secondary schools of district Kishtwar. 30 subjects were selected by stratified random sampling technique. After data collection, a structured close-ended knowledge questionnaire was used to assess the knowledge among subjects. The data were analysed by descriptive and inferential statistics using the chi-square and t-test. The findings revealed that the mean post-test knowledge score (24.9) standard deviation 0. Of 69 was significantly higher than the mean pre-test knowledge score of 12.7 standard deviations of 1.16 among the study subjects which indicated that a structured teaching program was highly effective in enhancing the knowledge in adolescent girls at the mean difference of 17.17.

The study also concluded that there was statistically no significant association between demographic variables (p= 0. 000) of adolescent girls with their pre-test knowledge scores at a 0.05 level of significance.

**Deepika David (2014)** A non-experimental, descriptive study was conducted in two selected schools in Ludhiana, Punjab. The study sample consisted of a total of 60 adolescent girls from the selected schools. Data was collected by self-structured questionnaire analysed by inferential statistics and presented through tables and figures. Findings revealed that the maximum (83.3%) adolescent girls had average knowledge followed by (10%) good and (6.67%) had the lowest average score. Variables i.e. age, class, area of residence, age of menarche, duration of the menstrual cycle, and duration of the menstrual period were found to be non-significant, and variables i.e. religion, education of parents, the flow of menstruation, and source of information were found to be significant.

**Rima Gupta (2013)** A quasi-experimental study was conducted in two colleges of nursing to assess the effectiveness of active exercise on primary dysmenorrhea among adolescent girls with 60 students between the age group of 17-19 years. A standardized tool i.e. numerical rating pain score and menstrual distress questionnaire were used for assessing the severity of primary dysmenorrhoea. The study results reveal that active exercise is effective in reducing menstrual pain.

**Research Methodology:**

*Objective:* To Assess the Effectiveness of Home Remedies for Dysmenorrhoea Among Adolescent Girls of Shimla, Himachal Pradesh

*Hypothesis:*

$H_0$: There is no significant difference regarding the effectiveness of home remedies for dysmenorrhoea among adolescent girls of Shimla, Himachal Pradesh

$H_1$: There is a significant difference regarding the effectiveness of home remedies for dysmenorrhea among adolescent girls of Shimla, Himachal Pradesh

*Operational definition:*

*Effectiveness* is the capability of producing a desired result or the ability to produce desired output.

Home remedies a non-medical treatment to attempt to cure or treat an ailment with common household items or food.

*Dysmenorrhoea* is characterized by severe and frequent menstrual cramps and pain during the period.

*Sample size*: -The 106 adolescent girls selected from Shimla (H.P)

*Sample technique*: A convenient sampling technique.

*Development of tool*: Structured questionnaires consisting of 18 multiple-choice questions were developed and utilized for the data collection.

**Data Analysis:**

Table 1 presents the demographic data collected from 106 individuals. 40.6% of the adolescent girls were in the age range of under 18. 19–21 years old made up 37.7% of the total, followed by 22–24 years old at 13.2% and older than 24 at 8.5%. 46.2% of the 106 adolescent females are from joint families, while 53.8% are from nuclear households. 52.8 percent of these adolescent girls weigh less than 50, and 36.8% weigh between 50 and 59. The height of the majority of adolescent females who were 5 feet to 5'11 was 72.6%, 4'22, and the bulk of these girls were below 4' were 6, 5.7%. Vegetarian 58.4%, non-vegetarian 40.6% of diet patterns. Religion: 0.9% Buddhist, 0.9% Sikh, and 98.1% Hindu.

| PARTICULARS | | FREQUENCIES | PERCENTAGE |
|---|---|---|---|
| Age | Below 18 years | 43 | 40.6% |
| | 19-21 years | 40 | 37.7% |
| | 22-24 years | 14 | 13.2% |
| | Above 24 years | 09 | 8.5% |
| Type of family | Joint | 49 | 46.2% |
| | Nuclear | 57 | 53.8% |
| Height | Below 4 feet | 6 | 5.7% |
| | 4 feet to 4.11 feet | 22 | 20.8% |
| | 5 feet to 5.11 feet | 77 | 72.6% |
| | 6 feet to 6.11 feet | 1 | 0.9% |
| Weight | Below 50 | 56 | 52.8% |
| | 50 to 59 | 39 | 36.8% |
| | 60 to 69 | 9 | 8.5% |
| | 70 to 79 | 2 | 1.9% |
| | 80 & Above | 0 | 0% |
| Diet pattern | Non-vegetarian | 43 | 40.6% |
| | Vegetarian | 63 | 49.4% |
| Religion | Hindu | 104 | 98.1% |
| | Sikh | 1 | 0.9% |
| | Muslim | 0 | 0% |
| | Christian | 0 | 0% |
| | Buddhist | 1 | 0.9% |

**Table 1 Demographic Variable**

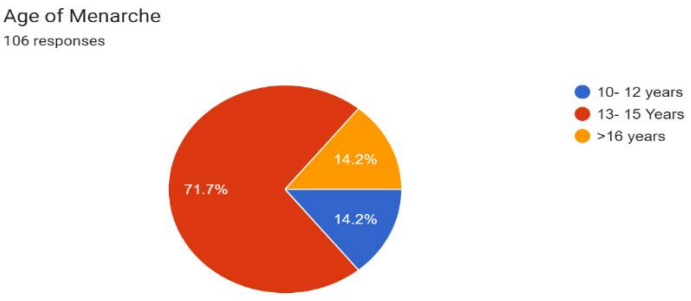


**Figure 1: Age of Menarche**

Figure 1 shows that 71.7% of the typical data were between the ages of 13 and 15, 14.2% were between the ages of 10 and 12, and 14.2% were younger than 16 years old.

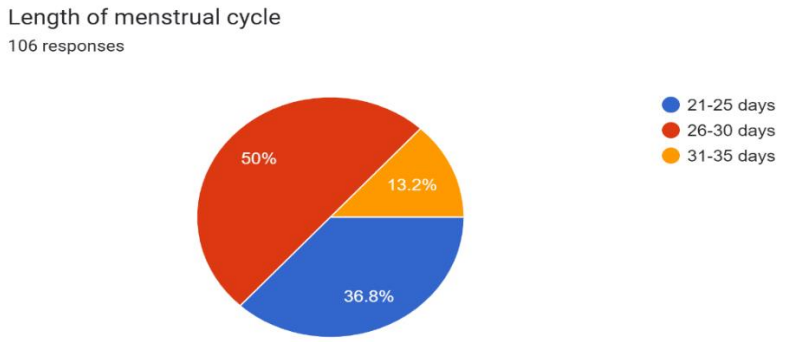


**Figure 2: Length of menstrual**

The menstrual length shown in Figure 2 is 50%, 26–30 days, and 36.8%, 21–25 days, 13.2%, and 31–35 days.

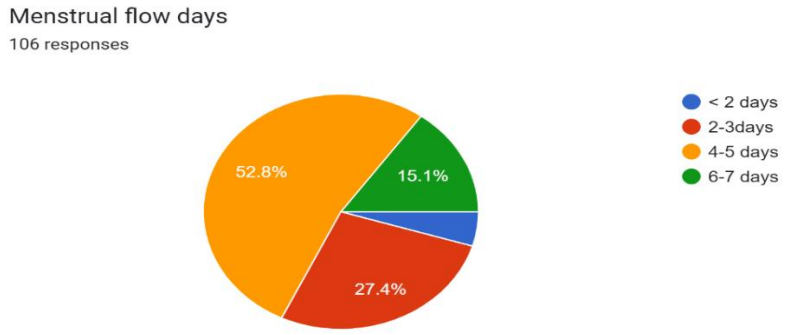


**Figure 3: Menstrual flow days**

Menstruation flow days are 52.8%, above 4-5 days, 27.4%, 2-3 days, 15.1%, and 6-7 days, according to the data shown in Figure 3.

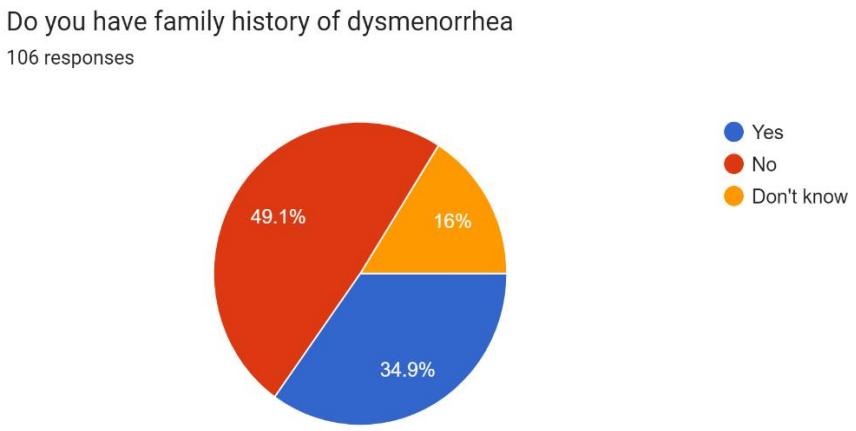


**Figure 4: Family dysmenorrhea history**

Figure 4 shows the history of dysmenorrhea in the family.49.1% No, 34.9% Indeed yes, sixteen percent Not sure.

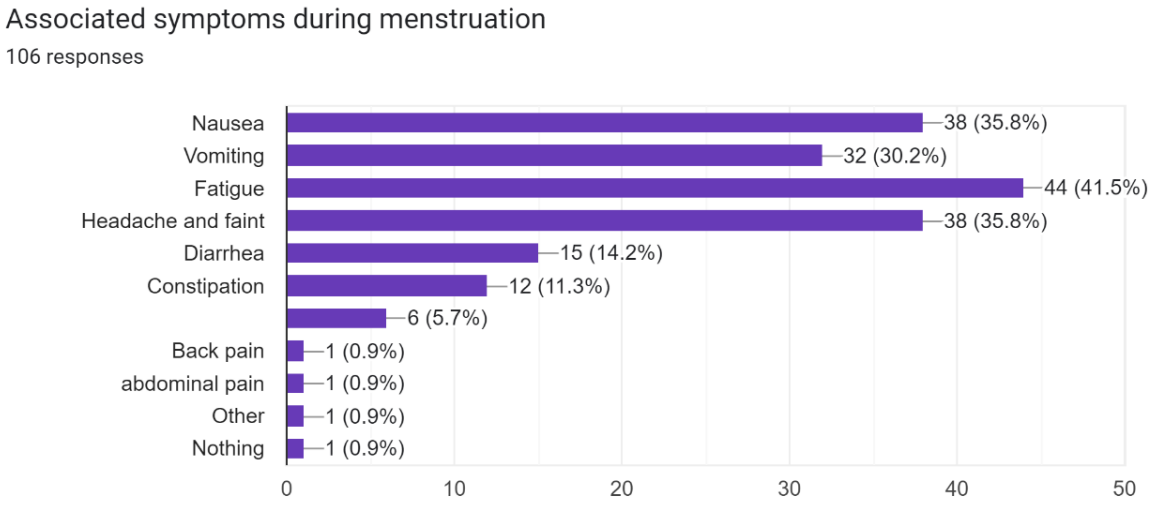


**Figure 5: Associated symptoms during menstruation**

Figure 5 shows that nausea (35.8%), vomiting (30.2%), fatigue (41.5%), headache and dizziness (35.6%), diarrhoea (14.2%), constipation (11.3%), back pain (0.9%), abdominal pain (0.9%), other (0.9%), and nothing (0.09%) make up the bulk of the typical data for related menstrual symptoms.

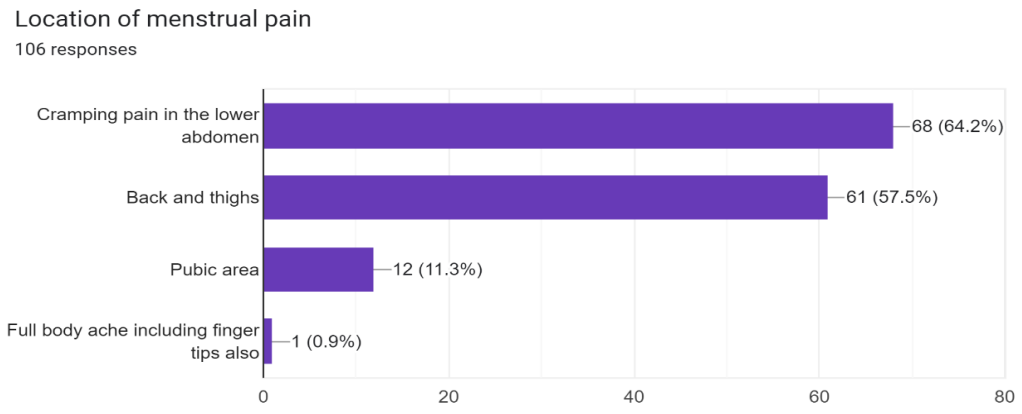


**Figure 6: Location of menstrual pain**

Menstrual discomfort and cramping are located in the lower abdomen (64.2%), back and thighs (57.5%), and pubic area (11.3%), as seen in Figure 6.

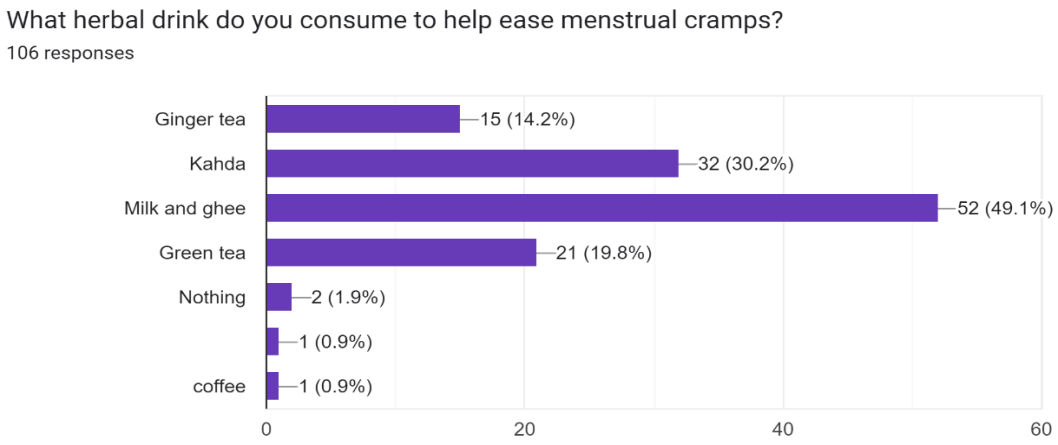


**Figure 7: Drink that helps ease menstrual cramps**

Figure 7 above depicts a drink that relieves menstruation cramps. Coffee 0.9%, green tea 19.8%, nothing 1.9%, milk and ghee 49.1%, ginger tea 14.25, and kahda 30.2%.

The inclination towards home remedies was shown to be influenced by cultural beliefs, accessibility, and the want to circumvent any adverse drug reactions. The usage of herbal teas and heat treatment was well regarded by the participants, who described them as calming and dependable.

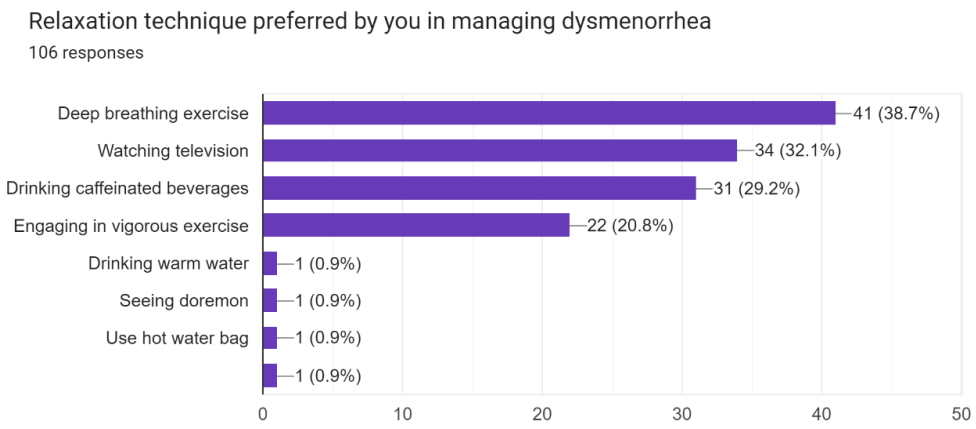


**Figure 8: Relaxation technique preferred to manage dysmenorrhea**

The best relaxation approach for managing dysmenorrhea is seen in Figure 8. Deep breathing exercises: 38.7%; television watching: 32.1%; coffee consumption: 29.2%; intense exercise: 20.8%; warm water consumption: 0.09%; use of a hot water bag: 0.9%.

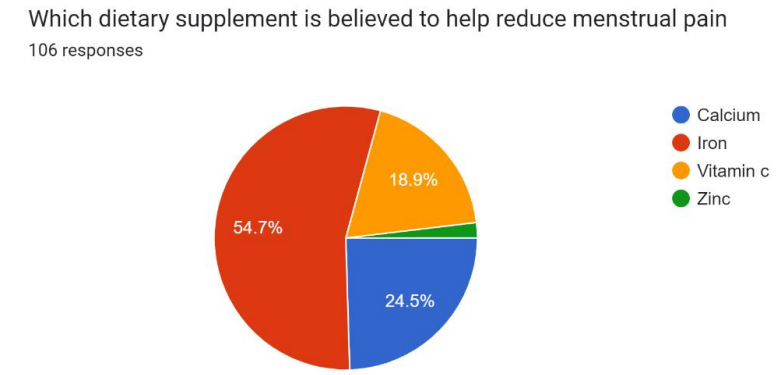


**Figure 9: dietary supplement is believed to help reduce menstrual pain**

Based on the information gathered in Figure 9, it is thought that nutritional supplements containing 54.7% iron, 24.5% calcium, and 18.9% vitamin C can lessen menstruation discomfort.

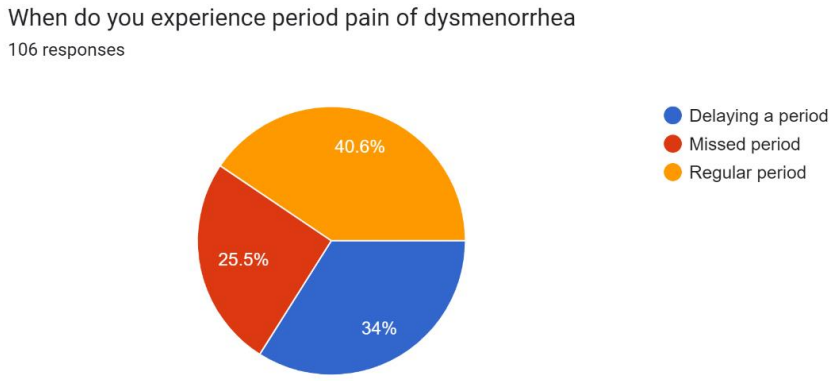


**Figure 10: when do you experience period pain**

The majority of adolescent females, or 40.6%, report having period discomfort during their normal period, according to Figure 10. 34% were the result of missing periods, and others were due to delayed periods.

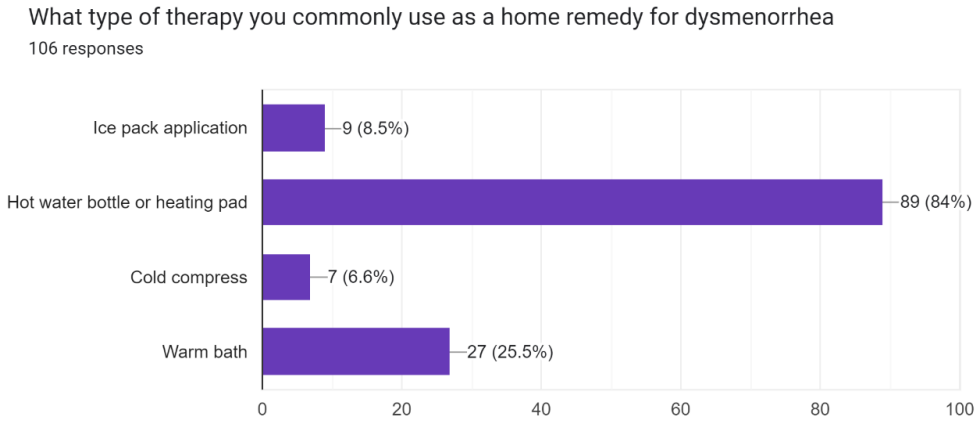


**Figure 11: Home remedy for dysmenorrhea**

The home cure for dysmenorrhea that adolescent girls use is seen in Figure 11. The majority of them use hot water bottles or heating pads (84%) followed by warm baths (25.5%), cold compresses (6.6%), and applying ice packs (8.5%).

The results show that adolescent females in Shimla may successfully manage their dysmenorrhea using home treatments, notably heat therapy and herbal teas. These treatments fit well with cultural customs and preferences in addition to being easily available and reasonably priced. However, because of conflicting results, further research is needed to determine if physical activity is useful.

**Conclusion**:

Menstrual discomfort was significantly reduced by using a variety of home remedies, according to the results of this study, which evaluated the efficacy of home remedies for dysmenorrhea among adolescent females in Shimla, Himachal Pradesh. Based on participant data, several girls stated that using some home-based therapies, such as applying heat, making dietary changes, and brewing herbal teas, reduced the severity and duration of their discomfort.

The findings imply that these treatments not only offer alleviation but also give young women the confidence to take charge of their menstrual health proactively. The significance of incorporating these treatments into more comprehensive health education programs is highlighted by Shimla's traditional cultural background. The report also emphasizes how important it is for healthcare professionals to recognize and include these strategies in treatment plans, ensuring a holistic approach to managing dysmenorrhea.

In conclusion, even though many people find success with home remedies, more study is necessary to confirm these results and examine the long-term effects of these practices. Adolescent girls suffering from dysmenorrhea might benefit from increased knowledge about safe and efficient home treatments, which will eventually improve their general health and health literacy.

Adolescent females in Shimla find that using home remedies significantly reduces the symptoms of dysmenorrhea. Herbal teas and heat treatment in particular have shown to be quite beneficial. To investigate the long-term advantages and potential synergistic effects of mixing several home treatments, more study is required.

Recommendations

1. Health education programs in schools should include information on effective home remedies for dysmenorrhea.
2. Further studies should investigate the biochemical mechanisms underlying the effectiveness of these remedies.
3. Policymakers should consider integrating home remedy education into public health strategies to provide comprehensive menstrual health support.

**References:**

1. Kaur Sandeep., (2019). Textbook of Midwifery & Gynaecological nursing (1st edition). New Delhi. CBS Publishers and Distributors Pvt Ltd, Pp506.
2. Alaettin Unsal, et al. (2010).Prevalence of dysmenorrhoea and its effect on the quality of life among a group of female university students.
3. Sudhakar, et al. (2021).Prevalence of primary Dysmenorrhea in Pharma Students: A Cross-Sectional Study. P.
4. Sheikh Ahmad Masood et al (2022) Pre-Experimental study to assess the effectiveness of structured teaching program on knowledge regarding home remedies used in selected higher secondary schools district kishiw
5. Gupta Rima (2013) A quasi-experimental study to assess the effectiveness of active exercise on primary dysmenorrhoea among adolescent girls. International Journal of Current Research Vol. 6, 10, pp. 9282—9282, October, 2014.Journalcra.com
6. Deborah Tolulope Esan, Sharon Ayobami Ariyo, Elizabeth Folabomi Akinlolu, Oluwadamilare Akingbade, Oluwaseyi Isaiah Olabisi, David Bamidele Olawade, Theresa Olaitan Bamigboye, Adesola Adenike Ogunfowokan, Prevalence of dysmenorrhea and its effect on the quality of life of female undergraduate students in Nigeria, Journal of Endometriosis and Uterine Disorders, Volume 5, 2024, 100059, ISSN 2949-8384, https://doi.org/10.1016/j.jeud.2024.100059.
7. Itani R, Soubra L, Karout S, Rahme D, Karout L, Khojah HMJ. Primary Dysmenorrhea: Pathophysiology, Diagnosis, and Treatment Updates. Korean J Fam Med. 2022 Mar; 43(2):101-108. doi: 10.4082/kjfm.21.0103. Epub 2022 Mar 17. PMID: 35320895; PMCID: PMC8943241.
8. Coco, A S. “Primary dysmenorrhea.” American family physician vol. 60, 2 (1999): 489-96.
9. Hong Ju, Mark Jones, Gita Mishra, The Prevalence and Risk Factors of Dysmenorrhea, Epidemiologic Reviews, Volume 36, Issue 1, 2014, Pages 104–113, https://doi.org/10.1093/epirev/mxt009