

**EFFECTIVENESS OF NURSING CARE ON HOME
MANAGEMENT OF DYSMENORRHOEA AMONG
THE ADOLESCENT GIRLS AT VENMALAGARAM**

By
Ms. M. SUGUNA



Dissertation Submitted to
**THE TAMILNADU DR.M.G.R MEDICAL UNIVERSITY,
CHENNAI**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING**

MARCH - 2010

CERTIFICATE

This is to certify that “**EFFECTIVENESS OF NURSING CARE ON HOME MANAGEMENT OF DYSMENORRHOEA AMONG THE ADOLESCENT GIRLS AT VENMALAGARAM** ” is a bonafide work done by **Ms. M. SUGUNA**, Adhiparasakthi College of Nursing, Melmaruvathur – 603 319 in partial fulfillment for the University rules and regulations towards the award of degree of Master of science in Nursing, **Branch – IV, COMMUNITY HEALTH NURSING**, under our guidance and supervision during the academic period 2008 – 2010.

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CHAPTER – I

INTRODUCTION

Health is the basic and one of the most primary needs of each human being. It can be neither be demanded, nor given; it can neither be bought, nor sold; but the circumstance and services that are a prerequisite and received as a right – universal availability of essential of health living.

1/8 of the total population in India are adolescent, in that half of the population are female. Adolescent stage is the golden period of investment of health to build a healthy and wealthy India. In this stage, rapid growth and physical changes will occur, secondary sexually characteristics will be developed. In adolescent girls the second most common problem is dysmenorrhoea. 50 percent of the adolescent girls have been suffering from dysmenorrhoea.

Dysmenorrhoea refers to the syndrome of painful menstruation. The term dysmenorhoea is derived from the Greek words

Dys – difficult /painful/abnormal

Meno – month

Rrhoea – flow

Dysmenorrhoea is one of the most common gynecologic complaints in young adolescent.

The prevalence of dysmenorrhoea is estimated to be between 45% and 90% among reproductive age but it will not be a life threatening problem. It can be debilitating and psychologically affecting many girls and is one of the leading causes of absenteeism from work and school.

Dysmenorrhoea is defined as menstrual pain resulting from anatomic and /or macroscopic pelvic pathology, such as that seen in women with endometriosis or chronic pelvic inflammatory disease. It can disrupt personal life and is a significant public health problem associated with substantial economic loss related to work absence.

Dysmenorrhoea is classified as primary and secondary.

- **Primary dysmenorrhoea** - from the beginning and usually lifelong; severe and frequent menstrual cramping caused by severe and abnormal uterine contractions.
- **Secondary dysmenorrhoea** - due to some physical cause and usually of later onset; painful menstrual periods caused by another medical condition present in the body (i.e., pelvic inflammatory disease, endometriosis).
- The pain begins with the onset of menstruation (or just shortly before) and persists throughout the first 1-3 days. The pain has been described as spasmodic and superimposed over a background of constant lower abdominal pain, which radiates to the back or anterior and/or medial thigh.
- Associated general symptoms, such as malaise, fatigue (85%), nausea and vomiting (89%), diarrhea (60%), lower backache (60%), and headache (45%), may be present with primary dysmenorrhoea. Dizziness, nervousness, and even collapse are also associated with dysmenorrhoea.

Any female can develop dysmenorrhoea, the following female may be have increased risk for the condition:

- females who smoke
- female who consume alcohol during menses (alcohol tends to prolong menstrual pain)
- female who are overweight
- female who had attain menarche before the age of 11

Using heating pads and taking warm bath will reduce the pain. Medicines combined with aspirin or acetaminophen with caffeine, antihistamines or diuretics would also reduce the pain . Some brand names are Midol, Pamprin and Premsyn PMS.

NEED FOR THE STUDY

Dysmenorrhoea may exist extensively in late adolescence and in the early 20s. In an epidemiologic study of an adolescent population [12-17 years], was than by Klein and litt, reported that prevalence of dysmenorrhoea of 59.7% of patient reporting pain, 12% described it as severe. 37% as moderate and 49% as mild, dysmenorrhoeal caused 14% of patient to miss the schooling.

Dysmenorrhoea is one of the most common of gynecologic complaints it affects half of all female adolescents today and represent the leading cause of periodic college and school, absenteeism among that population.

In United States, dysmenorrhoea may affect more than half of menstruating women and its reported prevalence have been highly variable and survey of 113 patients in a family practice setting showed a prevalence of dysmenorrhoea of 29.44% but prevalence rates as high as 90% in women aged 16-18 years have been reported.

In India, Pain during menstruation or dysmenorrhoea occurs in 50% of menstruating women and about 10% are incapacitated for 1-3 days each month in the first year after menarche 38% of girls develop dysmenorrhoeal pain. In the second and third year after menarche – 20% experience the rest of the 20% is beyond the 3 years to 5 years. About 80% of adolescent girls who develop dysmenorrhoea also within three years of menarche.

Ozerdogan N. et. al., (2009) conducted a study on prevalence and predictors of dysmenorrhoea among students at a university in Turkey. the prevalence of dysmenorrhoea was 55.5% Risk of dysmenorrhoea was approximately 1.5-times higher in women with satisfactory spending allowance, 3.5-times higher in women with a family history of dysmenorrhoeal 1.5-times higher in women who were underweight , 1.5-times higher in women with smoking.

Eryilmaz G. et. al., (2009) stated that dysmenorrhoea is common for adolescents. Girls, consulting health professional 8.9%, taking self medication 46.1%, nonmedicinal activities, and other empirical strategies 24.4%, medication was recommended mostly by mothers 39.0%/. More than one-third of girls didn't take any medicines.

Dawood M.Y. (2006) reported on primary dysmenorrhoea: advances in pathogenesis and management, and stated primary dysmenorrhoea is painful menstrual cramps without any evident pathology to account for them, and it occurs in up to 50% of menstruating females and causes significant disruption in quality of life and absenteeism. Current understanding implicates an

excessive or imbalanced amount of prostanoids and possibly eicosanoids released from the endometrium during menstruation.

As a part of our community posting we organized school health programmes at high schools of Venmalagaram, we found many adolescent girls were absent in these school, on knowing of the reason, they complaints about dysmenorrhoea. We went to home visit at Venmalagaram, the total population of the village was 753. Among the population 60 were adolescent girls. 60 adolescent girls, 43 girls complaints of dysmenorrhoea. We would like to help and find a solution to manage the community health problem. So the scholar was interested to undergo the study.

STATEMENT OF THE PROBLEM

**EFFECTIVENESS OF NURSING CARE ON HOME
MANAGEMENT OF DYSMENORRHOEA AMONG
ADOLESCENT GIRLS AT VENMALAGARAM VILLAGE.**

OBJECTIVES

1. to assess the health status of adolescent girls with dysmenorrhoea.
2. to evaluate the effectiveness of nursing care on home management of dysmenorrhoea among adolescent girls.
3. to find out the correlation between the selected demographic variables with the effectiveness of nursing care on home management of dysmenorrhoea among adolescent girls .

OPERATIONAL DEFINITION

Effectiveness

It refers to evaluating the Excellency of nursing care to promote the health status of adolescent girls with dysmenorrhoea in the term of improvement in general health status.

Nursing Care

Nursing care refers to the complete intervention done by the scholar such as assessment of health status, pain reliving measures including Hot fermentation, changing the position, diversion therapy (watching T.V, Reading books), physical exercise, diet supplementation include fenugreek seed (5g Twice a day orally) and health education regarding menstrual hygiene.

Home management

Home management refers to provide a nursing care on dysmenorrhoea, reduce the pain for utilization of available resource in home and local community.

Dysmenorrhoea

Dysmenorrhoea refers to painful menstruation.

Adolescent Girls

Adolescent Girls refers to the who are all in 12 – 19 yrs of age.

ASSUMPTION

- ❖ Timely appropriate nursing care to adolescent girls with dysmenorrhoea will result in good prognosis and help for speedy recovery, functional ability to the patient self care activities.

LIMITATIONS

- ❖ 30 sample.
- ❖ adolescent girls who were all residing at Venmalagaram.
- ❖ Total duration of the study was 6 weeks.

PROJECTED OUTCOME

The result of the study will increase the responsibilities of community health nurse to plan for ongoing nursing care activities in the community.

CONCEPTUAL FRAMEWORK

A conceptual frame refers to concepts that structure to offer a framework of prepositions for conducting research. The study is designed to elite the effectiveness of nursing care for mothers who underwent instrumental delivery.

This section deals with theories and conceptual framework related to the study. A theory refers to an abstract generalization that present a systematic explanation about new phenomena or inter related phenomena. The conceptual framework adopted for this study is based on the Ernestine Wiedenbach's helping art of clinical nursing theory (1970).

As the study is on the concept of reducing the pain for the adolescent girls with dysmenorrhoea the investigator has modified Wiedenbach's helping art of clinical nursing theory (1970).

WIEDENBACH'S HELPING ART OF CLINICAL NURSING THEORY (1970)

According to Weidenbach's ; nursing is an art based on goal directed care. It consists of helping art and its three steps.

HELPING ART

In helping art the investigator explores adolescent girls with pain due to dysmenorrhoea.

CENTRAL PURPOSE

- To reduce the pain and promote the comfort
- To maintain health status of the adolescent girls

MINISTRATION PHASE

Nursing Intervention

- Hot fomentation
- Fenugreek seed (5 gm twice a day orally)
- Abdominal Meridion massage (Kyongrak)
- Changing the position
- Exercise
- Diversion therapy
- Health Education (Menstrual hygiene)

REALITIES

AGENT	– Investigator
RECIPIENT	– Adolescent girls with dysmenorrhoea
GOAL	– To reduce the pain
MEAN	– Hot fomentation
ENVIRONMENT	– Venmalagaram

STEP I – IDENTIFYING THE NEED FOR HELP

Adolescent girls who have dysmenorrhoea compare with general health status.

STEP II – MINISTERING PHASE

Here the investigator formulated a plan with the adolescent girls acceptance to implement the plan.

STEP III – VALIDATING THAT A NEED FOR THE HELP WAS MET

The word success is the sum of small efforts, repeated day in and day out. It validates the need help that was delivered in achieving the central purpose.

This approach there by provides convincing evidence and effectiveness of nursing care for adolescent girls with dysmenorrhoea. This enables investigator to make suitable decision and recommended to either continue or withdraw, modify the nursing intervention.

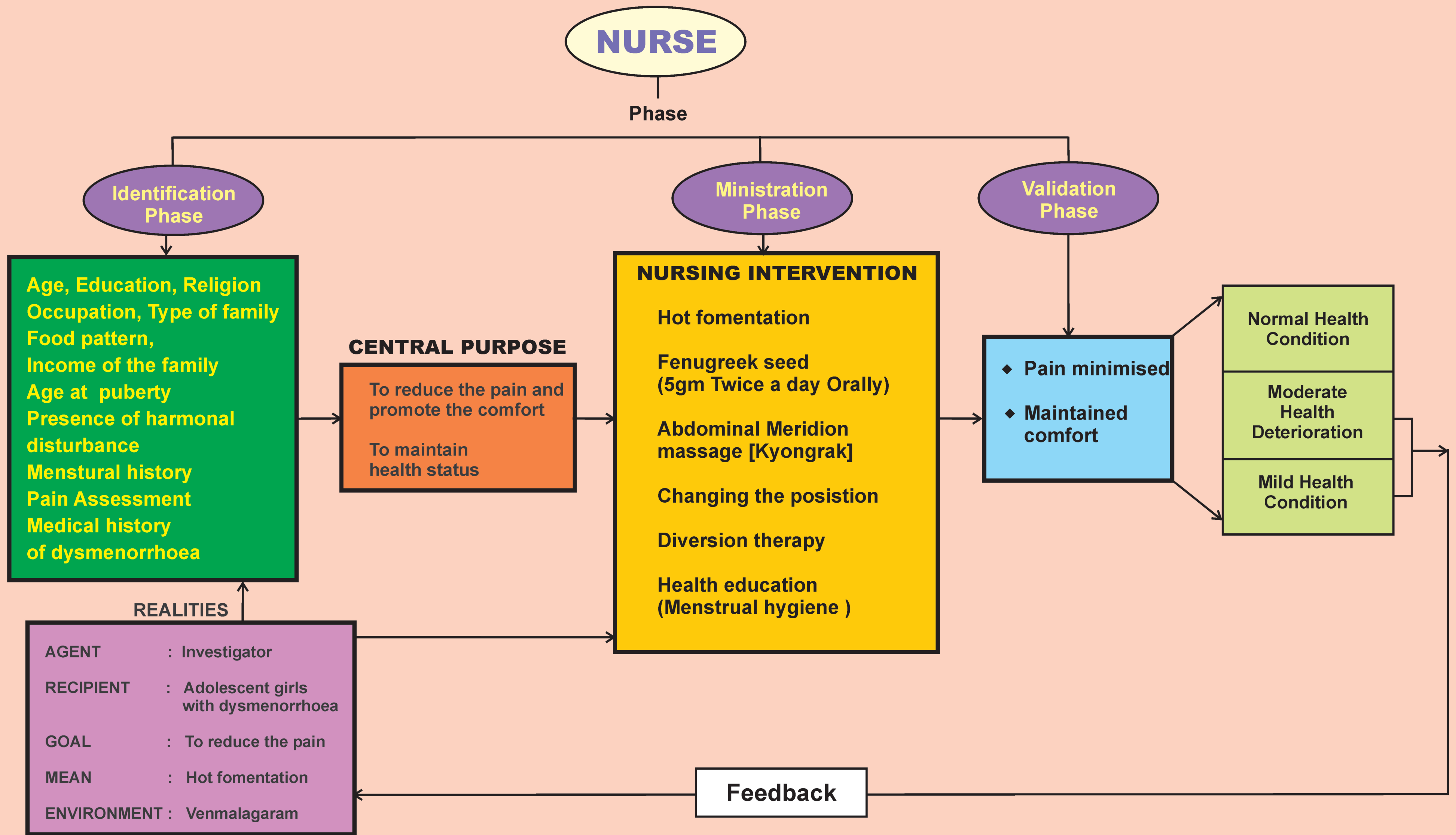


FIG 1.1 MODIFIED WEIDENBACH'S CONCEPTUAL FRAME WORK (1970)

CHAPTER – II

REVIEW OF LITERATURE

A review of selected literature an insight into the various aspects related to the study, which in turn develops the link between the previously existing knowledge and the current study, and enables to study the various problems encountered during the course of the study and helps the direction in finding ways to increase the effectiveness of data analysis and their interpretation.

Part I - LITERATURE RELATED TO CAUSES,INCIDENCE & DIAGNOSIS OF DYSMENORRHOEA:

Part II - LITERATURE RELATED TO NURSING INTERVENTION OF DYSMENORRHOEA:

Part III - LITERATURE RELATED TO MEDICAL MANAGEMENT OF DYSMENORRHOEA:

Part IV- LITERATURE RELATED TO ALTERNATIVE SYSTEM OF MEDICINE FOR DYSMENORRHOEA:

Part V- LITERATURE RELATED TO EXERCISE DIET &HEALTH EDUCATION OF DYSMENORRHOEA:

LITERATURE RELATED TO CAUSES OF DYSMENORRHOEA:

Chapa HO. Et. al., (2009) conducted a study on, endometrial ablation and clinical correlation of reduced menstrual blood loss and effects on dysmenorrhoea and premenstrual symptomatology. To evaluate in-office Thermachoice III endometrial ablation on subsequent dysmenorrhoea and premenstrual mood symptoms in relation to decreased menstrual blood loss. Prospective cohort study design used. In-office Thermachoice III endometrial ablation results in decreased dysmenorrhoea and improved mood in relation to decreased menstrual blood loss.

Chung FF, et. al., (2005) stated the menstrual function and life style /working condition influence dysmenorrhoea. Family history of dysmenorrhoea, menstrual cycle regularity, age, marital status and perceived life satisfaction, were significantly related to dysmenorrhoea.

Weissman AM, et.al.,(2004) suggested that the cause of primary dysmenorrhoea is common nature for most of the women throughout the menstrual years. Dysmenorrhoea is severe it cause absence from work occurs in less than 5% of women.

Although improvement and worsening are equally likely for all women, improvement is more likely in women who bear children.

Balbi C. et. al., (2000) concluded that many factors influence of menstrual factors in adolescence age. Primary dysmenorrhoea is very common in young women. The risk factors for this pathology are early menarche, long and heavy menstrual flow, and lower consumption of fish, eggs, and fruit.

LITERATURE RELATED TO INCIDENCE OF DYSMENORRHOEA

Eryilmaz G, (2009) Concluded that dysmenorrhoea was experienced by 81.7% of women, it mostly occurred during the first 1 – 3 years (65.6%). Pain was mostly initiated a day before (38.8%) or at the beginning of (45.8%) menstrual flow and lasted for 1 – 3 days.

Dawood M.Y. (2006) reported on primary dysmenorrhoea: advances in pathogenesis and management, and stated Primary dysmenorrhoea is painful menstrual cramps without any evident pathology to account for them, and it occurs in up to 50% of menstruating females and causes significant disruption in quality of

life and absenteeism. Current understanding implicates an excessive or imbalanced amount of prostanoids and possibly eicosanoids released from the endometrium during menstruation.

LITERATURE RELATED TO DIAGNOSIS OF DYSMENORRHOEA

Ugarriza D.N. et. al., (2006) suggested that Premenstrual syndrome is a recurrent disorder that occurs in the luteal phase of the menstrual cycle. It is characterized by intense physical, psychologic, and behavioral changes that interrupt interpersonal relationships and disrupt the lives of affected women.

Wolf LL, et.al., (2005) concluded dysmenorrhoea is a common complaint that causes considerable disruption in a woman's life. Accurate diagnosis of primary and secondary causes with appropriate therapeutic intervention leads to significant improvements in quality of life.

Ching-Hsing H. et. al., (2004) conducted a study on the development and psychometric testing of a self-care scale for dysmenorrhic adolescents. The study was to develop and test a self-care scale for dysmenorrhic adolescents. A focus group was employed

to obtain information on dysmenorrhic self-care behavior of adolescents. A convenience sample technique was used. It was concluded that the resulting scale was both reliable and valid.

LITERATURE RELATED TO NURSING INTERVENTION OF DYSMENORRHOEA

Altman G. et. al., (2006) concluded that the multiple symptoms reported by women with both irritable bowel syndrome and premenstrual distress syndrome suggest that this group may be particularly challenging to treat and may require a multicomponent (e.g., education, diet, relaxation, cognitive restructuring) approach.

Durain D. (2004) stated that a study on primary dysmenorrhoea: assessment and management was important. Many women are familiar with the experience of dysmenorrhoea, which can contribute to significant physical and emotional distress and life disruption. Midwives can provide valuable assistance to women in their explorations of the variety of treatment options available for the relief of dysmenorrhoea,

including lifestyle changes, complementary and alternative approaches, analgesics, and hormones.

LITERATURE RELATED TO MEDICAL MANAGEMENT OF DYSMENORRHOEA

Mannix L.K. et. al., (2009) conducted a study on combination treatment for menstrual migraine and dysmenorrhoea using sumatriptan-Naproxen. Sumatriptan-naproxen provided an effective pain-free response at 2 hours, which was maintained up to 48 hours in menstrual migraineurs with dysmenorrhoea. Sumatriptan-naproxen was well-tolerated and resulted in decreased rescue medication use and relief of nonpainful menstrual symptoms.

Wong C.L. et. al., (2009) suggested that combined oral contraceptive pill are recommended in the treatment of primary dysmenorrhoea. To determine the effectiveness and safety of combined oral contraceptive pills for the management of primary dysmenorrhoea. There is limited evidence for pain improvement with the use of the OCP (both low and medium dose oestrogen) in women with dysmenorrhoea. There is no evidence of a difference between different OCP preparations.

LITERATURE RELATED TO EXERCISE OF DYSMENORRHOEA

Blakey H. et. al., (2009), stated that to anecdotal beliefs that exercise is an effective treatment for primary dysmenorrhoea exercise have increased muscular activity, rush the blood supply of uterus it will help to reduce the pain.

Kim J.S. et. al., (2005) conducted a study on the effects of abdominal meridian massage on menstrual cramps and dysmenorrhoea in full-time employed women. This study was designed to examine the effects of abdominal meridian(Kyongrak) massage on menstrual cramps and dysmenorrhoea. Abdominal meridian(Kyongrak) massage was very effective for relief of menstrual cramps and dysmenorrhoea. Therefore, we suggest that abdominal Kyongrak massage can be a useful nursing intervention for women with menstrual cramps or dysmenorrhoea.

Kim Y.S. et., al (2004) concluded that the effect of self-foot reflexology on the relief of premenstrual syndrome and dysmenorrhoea. It will improve the blood supply and reduce the pain.

LITERATURE RELATED TO DIET FOR DYSMENORRHOEA

Tseng Y.F. et. al., (2005) conducted a study on rose tea for relief of primary dysmenorrhoea in adolescents. The study state that primary dysmenorrhoea occurs in as many as 50% of female adolescents. Complementary and alternative medicine treatment options are of interest to patients and health care providers. The use of rose tea to alleviate menstrual pain. Findings suggest that drinking rose tea is a safe, readily available, and simple treatment for dysmenorrhoea, which female adolescents may take to suit their individual needs.

LITERATURE RELATED TO ALTERNATIVE SYSTEM OF MEDICINE FOR DYSMENORRHOEA

hu X. (2009) The objective to explored the extent to which traditional Chinese medicine (TCM) diagnostic categories for primary dysmenorrhoea are useful in describing the clinical presentation of this condition in Australian women in comparison with Chinese women, and therefore the potential usefulness of these categories in guiding TCM treatment of Australian women. A comparative study design was used. Therefore, the TCM protocol used to diagnose primary dysmenorrhoea and guide treatment is unlikely to require adaptation for use with Australian women.

Witt C.M. et. al., (2009) suggested that homeopathic treatment will help to relieve the dysmenorrhoea. Quality of life, medical history, consultations, all treatments, other health services use. Patients with dysmenorrhoea improved under homeopathic treatment.

Zhu X. et. al., (2008) stated that Chinese herbal medicine help to minimize the pain in primary dysmenorrhoea. The primary dysmenorrhoea has a failure rate of 20% to 25% and may be contraindicated or not tolerated by some women. Chinese herbal medicine may be a suitable alternative. To determine the efficacy and safety of Chinese herbal medicine for primary dysmenorrhoea when compared with placebo, no treatment, and other treatment. The review found promising evidence supporting the use of Chinese herbal medicine for primary dysmenorrhoea; however, results are limited by the poor methodological quality of the included trials.

Cheng J.F. et. al (2008) concluded that a traditional Chinese herbal medicine used to treat dysmenorrhoea. Nurses should build up a partnership with their clients of Asian origins based on the use of an alternative therapy using different assessment criteria

that are related to healing and recovery based on bodily constitution balance.

Jun E.M. et. al., (2007) stated that the effects of acupressure on dysmenorrhoea and skin temperature changes in college students. Acupressure to the SP6 meridian can be an effective non-invasive nursing intervention for alleviation of primary dysmenorrhoea, with effects lasting two hours post treatment.

Han S.H, et. al., (2006) revealed that the effect of aromatherapy reduce the symptoms of dysmenorrhoea in college students. Aromatherapy using topically applied lavender, clary sage, and rose is effective in decreasing the severity of menstrual cramps. Aromatherapy can be offered as part of the nursing care to women experiencing menstrual cramps or dysmenorrhoea.

Jun E.M. (2004) stated that the effects of SP-6 acupressure help to reduce the pain of dysmenorrhoea, skin temperature of CV2 acupoint and temperature, in the college students. This study aims to identify effects of the SP-6 acupressure on dysmenorrhoea, the skin temperature of the CV2 acupoint and oral temperatures in the college students. The results showed that SP-

6 acupressure reduced the subjective perception of dysmenorrhoea.

LITERATURE RELATED TO HEALTH EDUCATION FOR DYSMENORRHOEA

Chiou M.H. et. al., (2007) conducted a study on effect of systematic menstrual health education on dysmenorrheic female adolescents' knowledge, attitudes, and self-care behavior. This study can serve as a guide to healthcare providers who want to design an effective systematic menstrual health education program for female adolescents.

Chen C.H. et. al., (2006) stated that the self-care strategies of girls with primary dysmenorrhoea help to reduce the symptoms. It explore adolescent girls' self-care strategies for dysmenorrhoea, Knowledge of beneficial food-related or herbal health practices can enable professionals to counsel this population more effectively.

CHAPTER – III

METHODOLOGY

This chapter deals with the description of different steps which were taken by the investigator for the present study. It includes research approach, setting, sampling technique, instrument and tools for data collection.

RESEARCH DESIGN

Evaluative research design was selected for this study of effectiveness of nursing care on home management of dysmenorrhoea among adolescent girls.

SETTINGS

This study was conducted at Venmalagaram Village, Kancheepuram District.

POPULATION

The population for this study included adolescent girls with dysmenorrhoea who were all residing at Venmalagaram.

SAMPLE SIZE

The total number of 30 sample was selected from adolescent girls with dysmenorrhoea and who full filled the inclusion criteria.

SAMPLING TECHNIQUE

Probability sampling method was adapted, Simple random sampling technique was employed for sample selection. The sample consist of 30 adolescent girls with dysmenorrhoea who were all residing at Venmalagaram.

CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria

- Adolescent girls with dysmenorrhoea who were all residing at Venmalagaram.
- Who could able to understand Tamil and English
- Adolescent girls who were willing to participate in the study.

Exclusion Criteria

- Above 19 years.
- Married adolescent girls.
- Presence of hormonal disturbance (Thyroid).

Instrument and tools of data collection

The instrument were calcified into 3 part s they are.

- Part – I** : a. Demographic variables
b. Demographic variables related to dysmenorrhoea.
- Part – II** : Self structured rating scale was used.
- Part – III** : It consist of check on nursing intervention of home management of dysmenorrhoea among adolescent girls and protocol for nursing care.

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collected from 30 samples on adolescent girls with dysmenorrhoea at Venmalagaram. This study was done by using numerical pain assessment scale, self structured rating scale and check list.

Data analysis was done by using descriptive and inferential statistic procedure. The items were scored after assessment and evaluation and the results were tabulated. The statistical methods used for analysis were mean, standard deviation and paired 't'- test.

DESCRIPTION OF THE TOOL

Details of the tools used in this study are given below

PART-I

a. Demographic variables

Demographic variables includes age, sex, educational status, monthly income of the family, religion, occupation, type of the family, food pattern, presence of hormonal disturbances and source of health information.

b. Demographic variables related to dysmenorrhoea

Demographic variables includes age at puberty, form of medicine, body build, preference for use during menstrual period, history of irregular menstrual cycle and family history of dysmenorrhoea.

PART- II

Self structured rating scale

Self structured rating scale was used to identify the improvement in the general health status of the adolescent girls with dysmenorrhoea. In this section consist of 13 numbers of questions regarding the health condition of the adolescent girls with dysmenorrhoea for each questions carries maximum score of 4. It was indicated that the total numbers of score is 52. The minimum score is 13.

Based on information data were classified as follows.

38 – 52 → Mild health deterioration of adolescent girls with dysmenorrhoea.

26 – 38 → Moderate health deterioration of adolescent girls with dysmenorrhoea

13 – 26 → Severe health deterioration of adolescent girls with dysmenorrhoea

PART- III

Check list

It consists of check list used to assess the general health status of the adolescent girls. It includes vital parameters of temperature, pulse, blood pressure, pain relieving measures, provide comfort measures, abdominal meridian massage, dietary supplementation, exercise and health education.

REPORT OF THE PILOT STUDY

Prior permission from the authorities was obtained and individual consent taken from the samples selected for the study. The pilot study was conducted in Kadaperi, Madurantakam district. The tools were used to find out the reliability, validity, feasibility and practicability of the tool and which was evaluated by experts of the research committee. Content validity was obtained from community health nursing experts. According to simple random sampling technique ten samples were taken and by using the checklist and Modified Rating Scale the health condition of the adolescent girls with dysmenorrhoea was assessed and then nursing care was given and the data was evaluated and analysed by using t-test. The result of the study revealed that the calculated value was 5.2 tabulated value was 4.60. The calculated value was

greater than tabulated value at 0.01 level of significance. Therefore there were certain significant effects in the adolescent girls with dysmenorrhoea.

VALIDITY

The assessment tool was developed by the investigator based on the review of literature, which was evaluated and accepted by experts of the research committee. Content validity was obtained from community health nursing experts.

RELIABILITY

The reliability was checked by inter rater method. The reliability was 0.72 (72%). Reliability and practicability of tool was tested through the pilot study and used for main study.

INFORMED CONSENT

The dissertation committee, prior to the pilot study approved the research proposal. Permission was obtained from the village president, Rural Primary Health Centre, Dean at Venmalagaram. The oral consent from each adolescent girls was obtained before starting the data collection. Assurance was given to adolescent girls that confidentiality would be maintained.

DATA COLLECTION PROCEDURE

The researcher introduce herself and maintain good communication with the community. The data was collected from the who were co-operative and accepted girls with dysmenorrhoea as the subject of the study. The data collection was done on the assessment day after getting the demographic data from the adolescent girls were selected for the study. Assessment was done with the help of the prepared tool. Nursing interventions were carried out the day, during the study period and on the third day the care was evaluated with the ongoing assessment tool.

SCORE INTERPRETATION

$$\text{Score interpretation} = \frac{\text{Obtained score}}{\text{Total score}} \times 100$$

Table 4.1

SCORE DESCRIPTION

Description	Percentage
Mild health condition	below 50%
Moderate health condition	50% - 75%
Good health condition	above 75%

After collecting the data the data were analyzed to find out the mean, the standard deviation and the percentage of score of adolescent girls with dysmenorrhoea.

STATISTICAL METHOD

The descriptive and inferential statistical analysis method was used to find out mean of the score, standard deviation of the score and percentage of the score. The paired 't' test was adopted and interpreted with each score and health progress result found adolescent girls with dysmenorrhoea.

Table 4.2

S. No.	Data analysis	Methods	Remarks
1.	Descriptive statistics.	The total number percentage, mean and standard deviation	To describe the demographic variables of adolescent girls with dysmenorrhoea period of 48 hours. To asses the effective nursing care
2.	Inferential statistical analysis.	Paired 't' test. Correlation test.	To analysis the effective of nursing care. To analysis the correlation between the selected demographic variable and the Nursing care.

Data analysis and interpretation have been done under following headings.

- Section – A : Distribution of demographic variables of dysmenorrhoea among the adolescent girls.
- Section – B : Assessment scoring about progress in health condition of dysmenorrhoea among the adolescent girls.
- Section – C : Comparison of mean and standard deviation of assessment and evaluation score of dysmenorrhoea among the adolescent girls
- Section – D : Mean and standard deviation of improvement score of dysmenorrhoea among the adolescent girls.
- Section – E : Correlation between demographic variables and effectiveness of nursing care on dysmenorrhoea among the adolescent girls.

SECTION – A
DEMOGRAPHIC VARIABLES OF DYSMENORRHOEA
AMONG THE ADOLESCENT GIRLS

TABLE – 4.3: Frequency and percentage distribution of demographic variables of dysmenorrhoea among the adolescent girls.

N = 30

S.No.	Variables	Frequency	Percentage
1.	Age		
	a. 12 – 13 yrs	6	20
	b. 14 – 15 yrs	8	27
	c. 16 – 17 yrs	7	23
	d. 18 – 19 yrs	9	30
2.	Religion		
	a. Hindu	17	57
	b. Christian	12	40
	c. Muslim	1	3
3.	Educational Status		
	a. Illiterate	4	13
	b. Middle school	8	27
	c. High school	16	53
	d. Graduate	2	7
4.	Occupation of adolescent		
	a. Doing school	13	43
	b. Dropout from school	8	27
	c. Working	9	30
5.	Type of family		
	a. Nuclear family	11	37
	b. Joint family	19	63

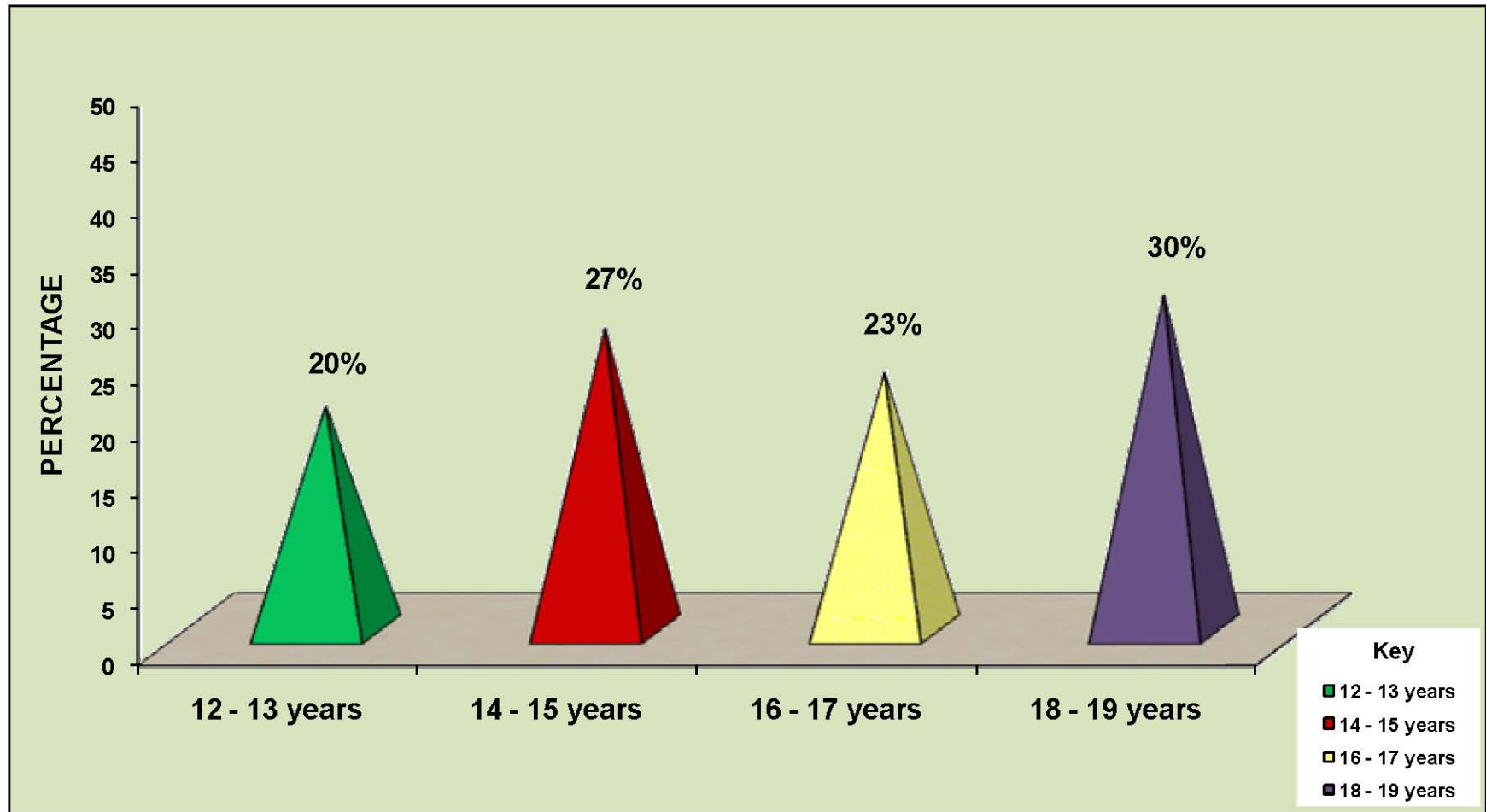


Fig.4.1 PERCENTAGE DISTRIBUTION OF ADOLESCENT GIRLS WITH DYSMENORRHOEA BASED ON AGE

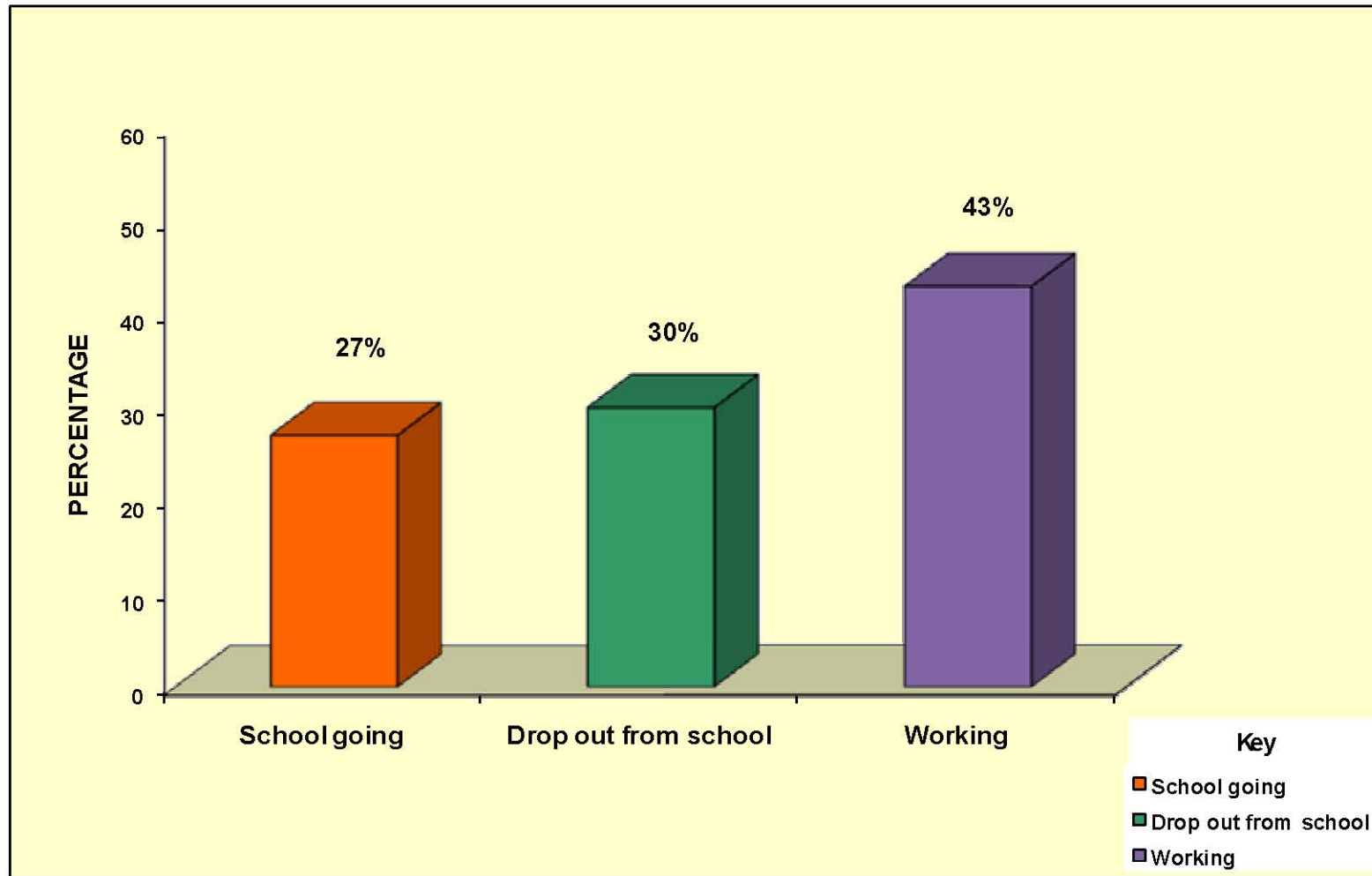


Fig 4.2 PERCENTAGE DISTRIBUTION OF ADOLESCENT GIRLS WITH DYSMENORRHOEA BASED ON OCCUPATION

6.	Food pattern		
	a. Vegetarian	4	13
	b. Non vegetarian	26	87
7.	Income of the family		
	a. Below Rs.3000/-	4	13
	b. Rs.3001 – 4000/-	9	30
	c. Rs.4001 – 5000/-	12	40
	d. Rs. Above 5000/-	5	17
8.	Presence of hormonal disturbance		
	a. Yes	5	17
	b. No	11	37
	c. Unknown	14	46
9.	Health information obtained through		
	a. Mass media	11	37
	b. Health personnel	6	20
	c. Friends and relatives	13	43

Table – 4.3 depicts the frequency and percentage distribution of the personal factors of demographic variables Includes age, educational status, occupation, type of the family, income of the family, Religion, source of health information.

It is evident from table-4.3, that adolescent girls 9(30 percent) were aged 18 to 19 years and six (20 percent) were in 12

– 13 years and religion 17(56 percent) were Hindu and one (3 percent) was Muslim.

On account of their educational status 16(53 percent) were high school and two (7percent) were Graduates and occupation of adolescent girls 13(43 percent) were working and 8(27 percent) were school going.

About the type of family 19(63 percent) were in joint family, 11(37 percent) were in nuclear family and food pattern of adolescent girls 26(87 percent) were Non-vegetarian, 4(13 percent) were vegetarian.

On the basis their family income 12(40 percent) were in Rs.4001- Rs.5000/- and four (13 percent) below Rs.3000/- and presence of hormonal disturbance, unknown 14 (46 percent) were in yes five (17 percent).

Regarding the source of health information 13(43 percent) had from friends and relatives, 11(37 percent) had from mass media, six (20 percent) had acquiring in health personnel.

TABLE – 4.4: Frequency and percentage distribution of demographic variables related to dysmenorrhoea of adolescent girls with dysmenorrhoea

N = 30

S.No.	Variables	Frequency	Percentage
1.	Age at puberty		
	a. 11 – 12 yrs	4	13
	b. 13 – 14 yrs	16	54
	c. Above 14 yrs	10	33
2.	Form of medicine		
	a. Allopathy	2	7
	b. Homeopathy	6	20
	c. Siddha	10	33
	d. Home management	12	40
3.	Body build		
	a. Obesity	6	20
	b. Moderate	11	37
	c. Thin	13	43
4.	Preference for use during menstrual period		
	a. Cloths	12	40
	b. Sanitary pads	18	60
5.	History of irregular menstrual cycle		
	a. Yes		
	If yes		
	i . Twice a month	2	7
	ii. Once in a two month	7	23
	iii. Once in three to six month	7	23
	b. No	14	47
6.	Family History of dysmenorrhoea		
	a. Yes		
	If yes		
	i . Mother	1	4
	ii. Sister	7	23
	iii. Others	4	13
	b. No	18	60

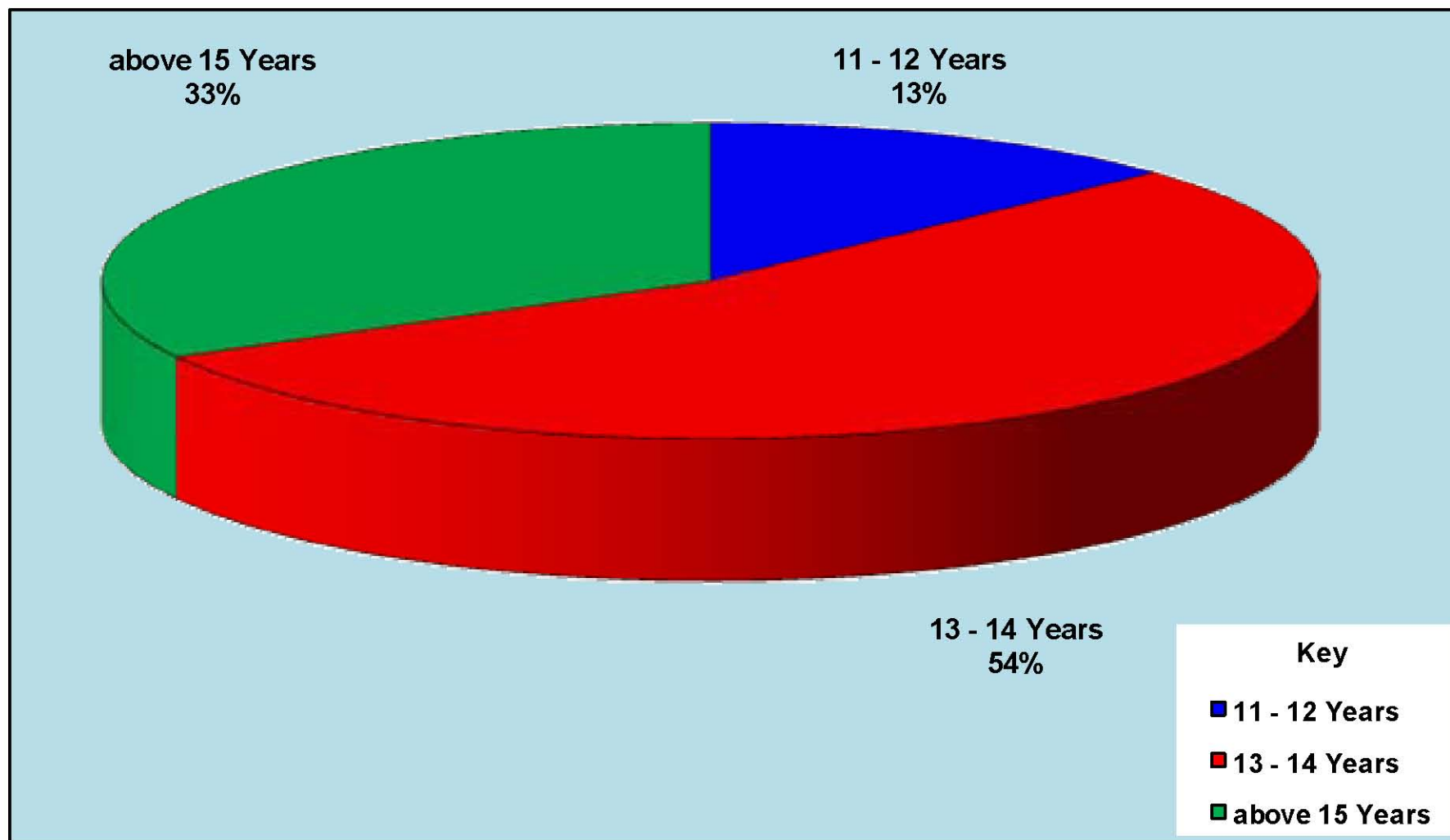


Fig.4.3 PERCENTAGE DISTRIBUTION OF ADOLESCENT GIRLS WITH DYSMENORRHOEA BASED ON AGE AT PUBERTY

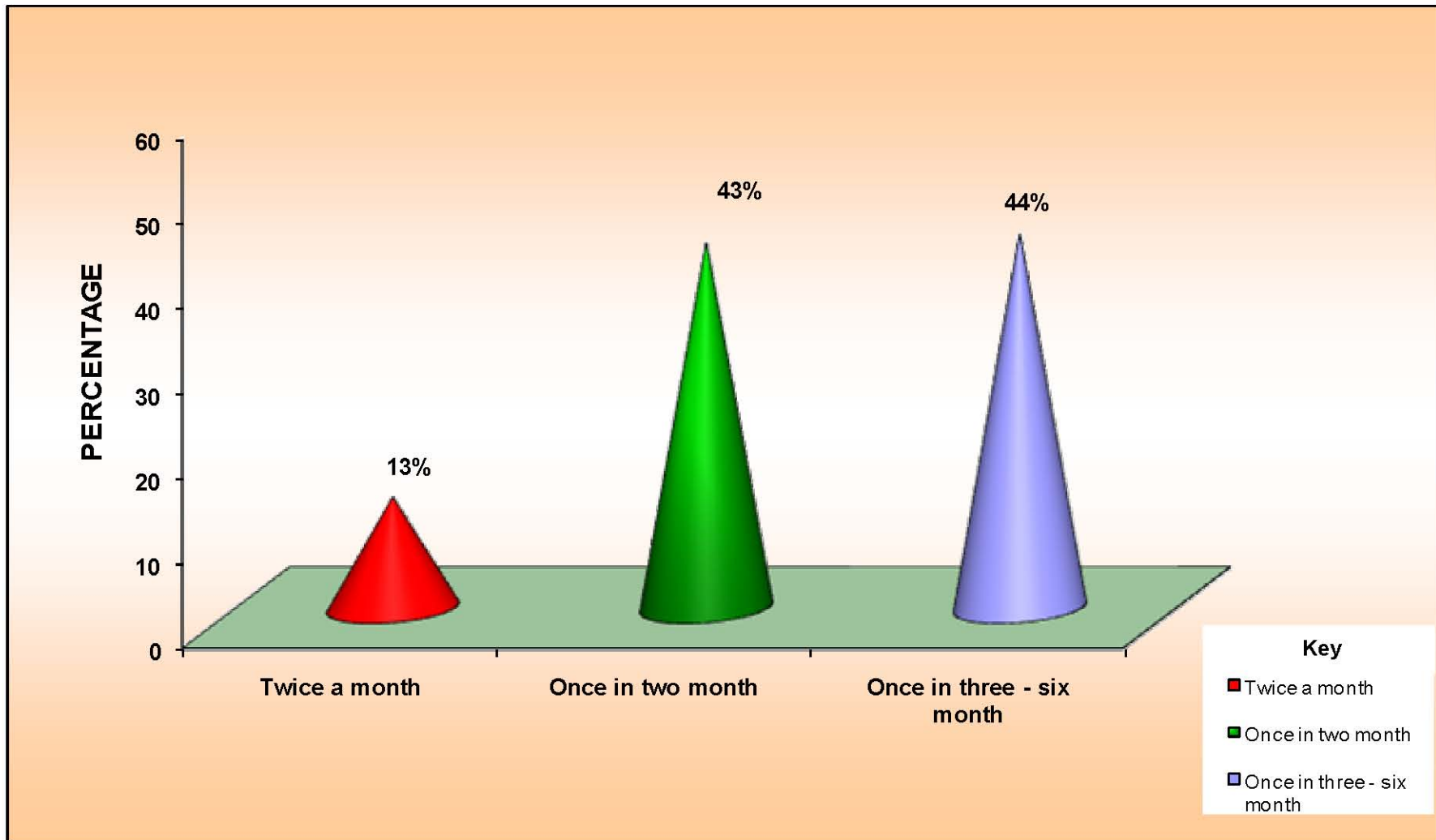


Fig.4.4 PERCENTAGE DISTRIBUTION OF ADOLESCENT GIRLS WITH DYSMENORRHOEA BASED ON HISTORY OF IRREGULAR MENSTRUAL CYCLE

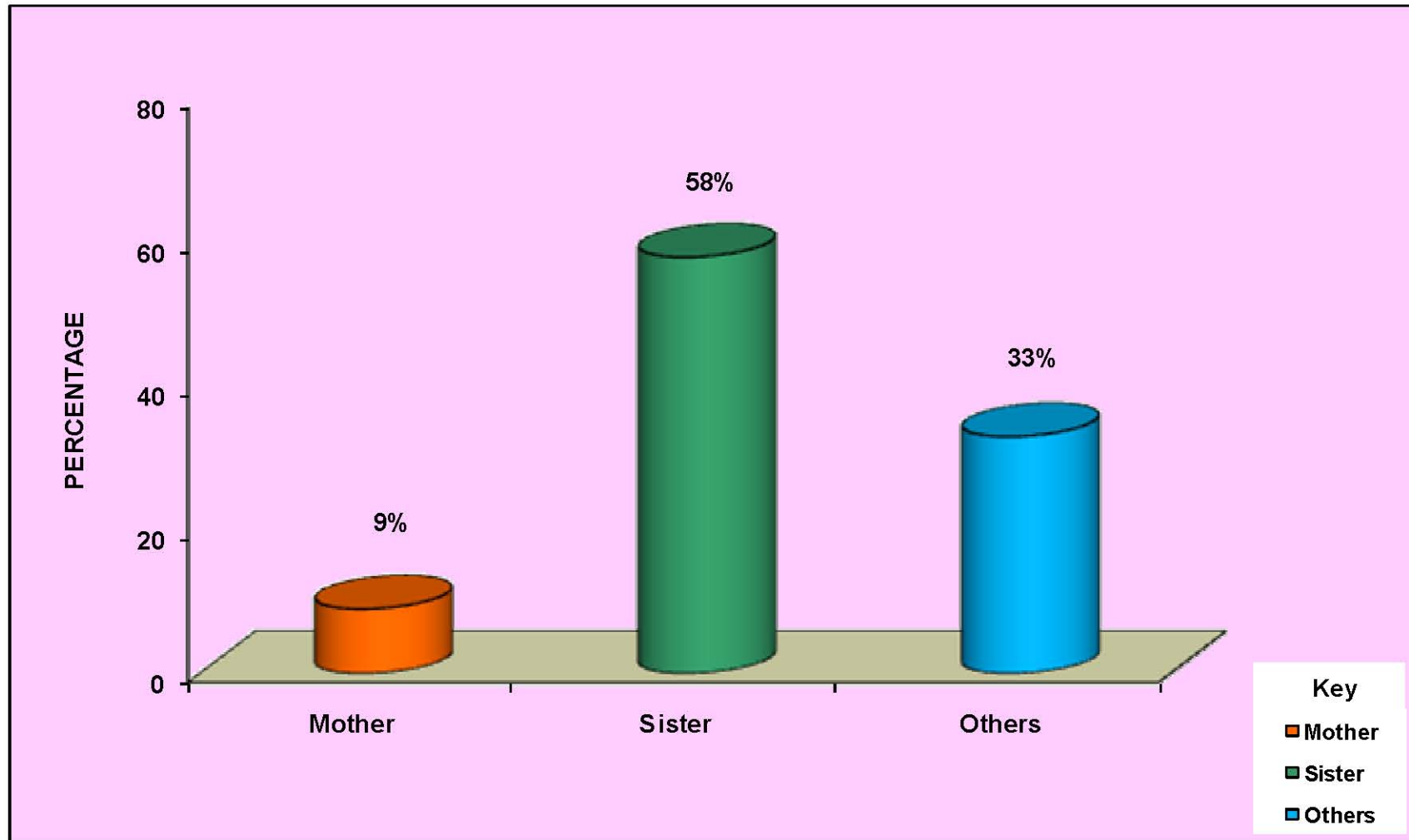


Fig.4.5 PERCENTAGE DISTRIBUTION OF ADOLESCENT GIRLS WITH DYSMENORRHOEA BASED ON FAMILY HISTORY OF DYSMENORRHOEA

Table – 4.4 depicts the frequency and percentage distribution of the personal factors of demographic variables related to dysmenorrhoea. It evident from table 4.4 age at puberty 13- 40 years were 16 (54 percent) and 11 – 12 years were 4 (13 percent), use of self medication 14(47 percent) and no 16 (53 percent).

On account of the body build 13(43 percent) were thin and 6(20 percent) were obesity, form of medicine 12(30 percent) were home management, 10(33 percent) were siddha. About the preference for use during menstrual period 12(40 percent) were in using cloth and 18 (60 percent) were using sanitary pad.

Most of the adolescent girls have irregular cycle 16 (53 percent) regular cycle 14 (47 percent), family history of dysmenorrhoea 12 (40 percent), No family history of dysmenorrhoea 18(60 percent)

SECTION-B

ASSESSMENT SCORING ABOUT PROGRESS IN HEALTH CONDITION OF ADOLESCENT GIRLS WITH DYSMENORRHOEA

TABLE 4.5 - Frequency and percentage distribution of assessment and evaluation score of adolescent girls with dysmenorrhoea

S. NO	HEALTH STATUS	ASSESSMENT DAY		EVALUATION DAY	
		No	Percent	No	Percent
1.	Mild Health deterioration	3	10	22	73
2.	Moderate Health deterioration	9	30	8	27
3.	Severe Health deterioration	18	60	–	–

Table - 4.5 shows that the health status of adolescent girls with dysmenorrhoea on assessment and evaluation day based on self structured rating scale. On assessment day 18(60 percent) were in severe health deterioration, nine (30 percent) moderate health deterioration, three (10 percent) had mild health deterioration. In evaluation day 22 (73 percent) of adolescent girls were in mild health deterioration, eight (27 percent) adolescent girls were in moderate health deterioration. There was no severe health deterioration.

SECTION – C: COMPARISON ON THE HEALTH CONDITION OF ADOLESCENT GIRLS WITH DYSMENORRHOEA BY ASSESSMENT AND EVALUATION SCORE

TABLE - 4.6 : Mean and standard deviation of assessment and evaluation score of adolescent girls with dysmenorrhoea.

S. NO	HEALTH STATUS	MEAN	S.D	C.I
1.	Assessment day	38.8	7.35	35.45 – 42.22
2.	Evaluation day	21.46	5.09	19.14 – 23.78

Table 4.6 shows that overall mean of health status of adolescent girls with dysmenorrhoea was 38.8 with the standard deviation of 7.35 on the assessment day and the mean in evaluation day was 21.46 with the standard deviation of 5.09. Statistically there was significant change in the health condition of adolescent girls.

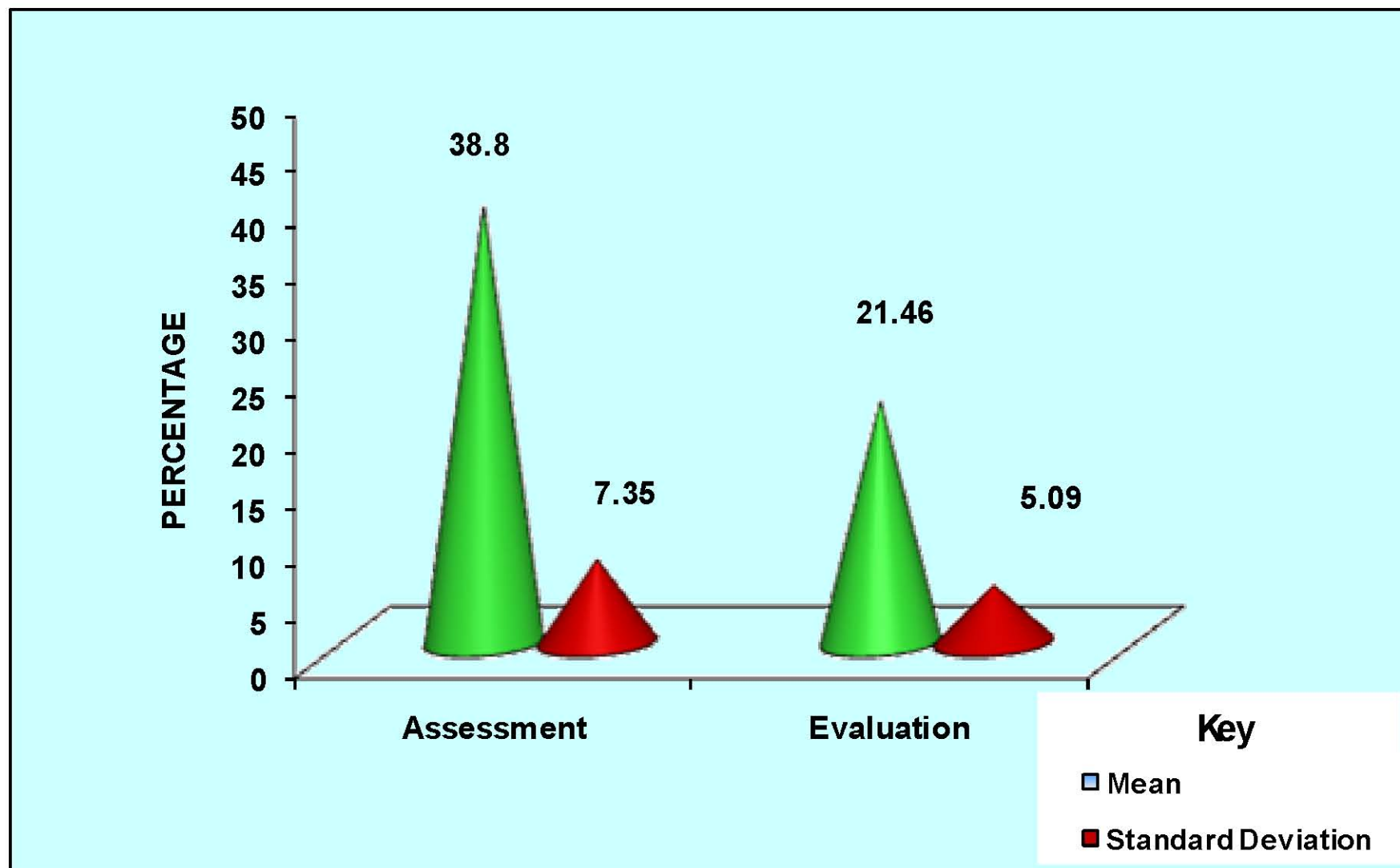


Fig.4.6 PERCENTAGE DISTRIBUTION OF MEAN AND STANDARD DEVIATION OF ASSESSMENT AND EVALUATION SCORE ON ADOLESCENT GIRLS WITH DYSMENORRHOEA

TABLE - 4.7 :

SECTION – D : MEAN AND STANDARD DEVIATION OF IMPROVEMENT SCORE FOR ADOLESCENT GIRLS WITH DYSMENORRHOEA

S. No	Health Status	Mean	S.D	T -Value
1.	Improvement score	16.8	6.47	15.2

Table 4.7 reveals that mean and standard deviation of the effectiveness of nursing intervention score. Among 30 adolescent girls with dysmenorrhoea the over all mean was 16.8 with the standard deviation 6.47, the paired 't' value of 15.2 which was statistically significant at $P < 0.001$ level and the calculated value was greater than the table value at the 0.01 level of significance. It implies that the nursing care provided by the investigator was effective and showed improvement in health status of adolescent girls with dysmenorrhoea.

TABLE – 4.8:

SECTION-E: CORRELATION BETWEEN DEMOGRAPHIC VARIABLES OF ADOLESCENT GIRLS WITH DYSMENORRHOEA

S. No.	Demographic variables	Assessment						Evaluation						r
		Mild Health condition		Moderate Health condition		Severe Health condition		Mild Health condition		Moderate Health condition		Severe Health condition		
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
1.	Age													
	a. 12 – 13 yrs	0	0	1	3	5	17	5	17	1	3	0	0	0.81*
	b. 14 – 15 yrs	2	7	3	10	3	10	6	20	2	7	0	0	
	c. 16 – 17 yrs	1	3	2	7	4	13	4	13	3	10	0	0	
d. 18 – 19 yrs	0	0	3	10	6	20	7	23	2	7	0	0		
2.	Religion													
	a. Hindu	3	10	6	20	8	27	12	40	5	17	0	0	0.95
	b. Christian	0	0	3	10	9	30	10	33	2	7	0	0	
c. Muslim	0	0	0	0	1	3	0	0	1	3	0	0		
3.	Educational status													
	a. illiterate	0	0	1	3	3	10	4	13	0	0	0	0	0.22
	b. middle school	1	3	4	13	3	10	6	20	2	6	0	0	
	c. high school	2	7	3	10	11	37	10	33	6	20	0	0	
d. graduate	0	0	1	3	1	3	2	6	0	0	0	0		
4.	Occupation of adolescent girls													
	a. Doing school	1	3	3	10	4	13	7	23	1	3	0	0	0.79*
	b. Dropout from school	1	3	3	10	5	17	6	20	3	10	0	0	
c. working	1	3	3	10	9	30	9	30	4	13	0	0		
5.	Type of family													
	a. Nuclear family	0	0	4	13	7	23	9	30	2	7	0	0	0.99*
b. Joint family	3	10	5	17	11	36	13	43	6	20	0	0		

S. No.	Demographic variables	Assessment						Evaluation						r
		Mild Health condition		Moderate Health condition		Severe Health condition		Mild Health condition		Moderate Health condition		Severe Health condition		
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
6.	Food pattern													
	a. Vegetarian	0	0	2	7	2	7	3	3	1	3	0	0	0.99
	b. Non vegetarian	3	10	7	23	16	53	19	63	7	23	0	0	
7.	Income													
	a. below 3000/-	0	0	1	3	3	10	2	7	2	7	0	0	0.21
	b. 3001 – 4000/-	2	7	2	7	5	17	7	23	2	7	0	0	
	c. 4001 – 5000/-	1	3	5	17	6	20	9	30	3	10	0	0	
	e. above 5001/-	0	0	1	3	4	13	4	13	1	3	0	0	
8.	Presence of hormonal disturbance													
	a. Yes	1	3	2	7	2	7	4	13	1	3	0	0	0.98
	b. No	0	0	3	10	8	27	8	27	3	10	0	0	
	c. unknown	2	7	4	13	8	27	10	33	4	13	0	0	
9.	Health information obtained through													
	a. Massmedia	1	3	5	17	5	17	8	27	3	10	0	0	0.27
	b. Health personnel	1	3	1	3	4	13	5	17	1	3	0	0	
	c. Friends relatives.	1	3	3	10	9	30	9	30	4	13	0	0	

* significant

p<0.01

Table – 4.8 illustrate the correlation between effectiveness of nursing care on adolescent girls with dysmenorrhoea with selected demographic variables relating to dysmenorrhoea like age, occupation and presence of hormonal disturbance.

	Demographic Variable	Yes				r	No.
		A	B	C	Total		
1.	History of irregular menstrual cycle						
	a. Yes						
	b. No						
	If yes						
	i . Twice a month	2	7	7	16	0.83*	14
	ii. Once in a two month						
	iii. Unable to define						
2.	Family History of dysmenorrhoea						
	a. Yes						
	b. No						
	If yes						
	i . Mother	1	7	4	12	0.50*	18
	ii. Sister						
	iii. Others						

* significant

p<0.01

Table – 4.9 illustrate the correlation between effectiveness of nursing care on adolescent girls with dysmenorrhoea with selected demographic variables relating to dysmenorrhoea like age at puberty, family history of dysmenorrhoea, history of irregular menstrual cycle.

CHAPTER-V

RESULTS AND DISCUSSION

The aim of the present study was to evaluate the effectiveness of nursing care on adolescent girls with dysmenorrhoea. A total number of 30 samples were selected for the study. Assessment was done by self structured rating scale. After the nursing care as per nursing protocol and at the third day the evaluation was done by using self structured rating scale.

The result, of the study had been discussed according to the objectives of the study, conceptual framework and on related literature. The study was conducted at Venmalagaram. Thirty adolescent girls with dysmenorrhoea, who met the inclusion criteria were included in the study. Each adolescent girl with dysmenorrhoea was assessed with questionnaire for demographic variables, demographic variables relating to dysmenorrhoea self structured rating scale and with checklist for vital parameters.

The first objective was to assess the health status of the adolescent girls with dysmenorrhoea.

Each adolescent girl was observed and rated by using modified assessment rating scale at the first day. In assessment day 18(60%) adolescent girls were in severe health deterioration, 9(30%) were in moderate health deterioration, 3(10%) were in mild health deterioration with mean of 38.8 and standard deviation of 7.35, It reveals that most of the girls in the severe dysmenorrhoea. They need nursing care to promote health status.

The second objective was to evaluate the effectiveness of nursing care on adolescent girls with dysmenorrhoea.

The nursing care as per the protocol provided to each adolescent girls was observed by using self structured rating scale. Comparison of assessment mean level of 38.8 and evaluation mean 21.46 showed the improvement score mean was 16.8 with standard deviation of 6.47. The paired 't' 15.2 provided the difference in health status between before and after the nursing care.

The Third objective was to correlate demographic variables and effectiveness of nursing care.

The correlation proved that there was significant correlation between the demographic variables (age and occupation) demographic variables related to dysmenorrhoea (age at puberty. History of irregular menstrual cycle, Family History of dysmenorrhoea). It shows effectiveness of nursing care and improvement of health status of adolescent girls with dysmenorrhoea. Thus, the effectiveness of nursing care was independent of the demographic variables.

From the statistical analysis the improvement score mean 16.8 with standard deviation of 6.47 the paired 't' value of 15.2 which was significantly at $P < 0.01$ level and the calculated value was greater than table value at the 0.01 level of significance. It implies that the nursing care provided by the investigator was effective and showed improvement in health status of adolescent girls with dysmenorrhoea.

CHAPTER – VI

SUMMARY AND CONCLUSION

SUMMARY

The present study was conducted to find out the effectiveness of home management of dysmenorrhoea among adolescent girls. The study was evaluative research design and total 30 adolescent girls with dysmenorrhoea were selected as per inclusion criteria.

Adolescent girls were selected from Venmalagarm with the complaints of dysmenorrhoea . The objective of the study is to assess the health status of adolescent girls with dysmenorrhoea, to evaluate the effectiveness of nursing care on home management of dysmenorrhoea among the adolescent girls , to find out the correlation between the selected demographic variables with the effectiveness of nursing care on home management of dysmenorrhoea among the adolescent girls.

CONCLUSION

From the assessment of adolescent girls with dysmenorrhoea showed that 60% were in severe health deterioration 30% were in moderate health deterioration and 10% were in mild health deterioration.

From the evaluation of adolescent girls with dysmenorrhoea with in three days after comprehensive nursing care as per protocol showed that majority of them were 67% in mild health deterioration 43% were in moderate health deterioration none of them was in severe health deterioration.

Most of them developed severe lower abdominal pain, back pain, nausea and vomiting, affected mood, inadequate self care activities. Nursing care would be implemented based on needs with the help of developed protocols.

In evaluation of nursing care the patients were in reduced state of pain, assumed in self care activities and had improvement in health status.

IMPLICATIONS

Only prompt and effective nursing measures of assessment and intervention along with treatment regiment can prevent the complications. Nurses those who are in health care services play a vital role in management of adolescent girls with dysmenorrhoea. The findings of the study have several implications in nursing as follows.

NURSING PRACTICE

- It preventive as well as curative aspects the emphasis should be given the present trend in the health care delivery system.
- The study will create awareness among the nurses in identifying the cause of infertility.
- The developed nursing protocol will help in planning nursing intervention in adolescent girls with dysmenorrhoea.
- The present nursing protocol can be used by the nurses in various health care setting.

NURSING EDUCATION

- The developed nursing protocol can be used to teach the novice nurse in various healthcare settings regarding the

nursing assessment and intervention of adolescent girls with dysmenorrhoea.

- The nurse educator whenever they plan to provide instruction regarding care of adolescent girls with dysmenorrhoea should be provided opportunity to develop the skill and attitude in handling the adolescent girls with dysmenorrhoea.
- The leader in nursing care confronted to understand the health needs of the most vulnerable by effective organization and management.
- The nurse administrator should take active part in health policy making, developing protocol, procedure and standing orders related to care of adolescent girls with dysmenorrhoea.

NURSING ADMINISTRATION

Nursing administrator should encourage his / her subordinate to do further research on the problems of adolescent girls with dysmenorrhoea.

Findings of this study help nurses administrators to allocate resources to do further studies in nursing care of adolescent girls with dysmenorrhoea.

Nurse administrator can also arrange a mass health education programme in schools and colleges to create awareness in prevention and home management of dysmenorrhoea.

Through research findings the institutions can formulate policy and procedure on care of adolescent girls with dysmenorrhoea at given setup by conducting further research in this area to standardize the nursing.

Nursing administrator can also make recommendation to staff nurses to follow guidelines as per protocol in providing care to the adolescent girls with dysmenorrhoea.

NURSING RESEARCH

The study findings will serve as a background for further study in the care of adolescent girls with dysmenorrhoea.

A study helps to provide effective nursing care for adolescent girls with dysmenorrhoea.

RECOMMENDATION

Similar study can be done for large number of samples.

- A comparative study can be conducted between urban and rural community.
- A comparative study can be conducted between working and school going adolescent girls.
- A descriptive study to assess the knowledge regarding home management for dysmenorrhoea.
- A comparative study to assess the effectiveness of yoga and exercise for management of dysmenorrhoea.
- The experimental study was done for new intervention under alternative system of medicine.
- Comparative study can be done on different age group of reproductive age group women.

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APPENDIX – I
PART - A

DEMOGRAPHIC VARIABLES

1. Age
 - a. 12 – 13 yrs
 - b. 14 – 15 yrs
 - c. 16 – 17 yrs
 - d. 18 – 19 yrs

2. Religion
 - a. Hindu
 - b. Christian
 - c. Muslim

3. Educational Status
 - a. Illiterate
 - b. Middle school
 - c. High school
 - d. Graduate

4. Occupation of adolescent
 - a. Doing school
 - b. Dropout from school
 - c. Working

5. Type of family
 - a. Nuclear family
 - b. Joint family

6. Food pattern
- a. Vegetarian
 - b. Non vegetarian
7. Income of the family
- a. Below Rs.3000/-
 - b. Rs.3001 – 4000/-
 - c. Rs.4001 – 5000/-
 - d. Rs. Above 5000/-
8. Health information obtained through
- a. Mass media
 - b. Health personnel
 - c. Friends and relatives
9. Presence of hormonal disturbances
- a. Yes
 - b. No
 - c. Unknown

PART - B
DEMOGRAPHIC VARIABLES RELATED TO DYSMENORRHOEA

1. Age at puberty
 - a. 11 – 12 yrs
 - b. 13 – 14 yrs
 - c. Above 14 yrs

2. Preference for use during menstrual period
 - a. Cloths
 - b. Sanitary pads

3. Body build
 - a. Obesity
 - b. Moderate
 - c. Thin

4. Form of medicine using
 - a. Allopathy
 - b. Homeopathy
 - c. Siddha
 - d. Home management

5. History of Irregular menstrual cycle
 - a. Regular
 - b. Irregular - If irregular
 1. Twice a month
 2. Once in two month
 3. once in three to six month

7. Family history of dysmenorrhoea
 - a. Yes - If yes
 - i. Mother
 - ii. Sister
 - iii. others
 - b. No

APPENDIX – II
PART - A

SELF STRUCTURED RATING SCALE OF ADOLESCENT GIRLS
WITH DYSMENORRHOEA

Sl. No.	Criteria	Score	Days		
			1	2	3
I.	Vital Signs				
1.	Temperature				
	a. Above 105° F	4			
	b. 103 – 102° F	3			
	c. 101 – 102° F	2			
	d. 99 – 100° F	1			
2	Pulse				
	a. 100 – 110 bpm	4			
	b. 90 – 100 bpm	3			
	c. 80 – 90 bpm	2			
	d. 70 – 80 bpm	1			
3	Blood pressure				
	a. 160 – 120 mmHg	4			
	b. 140 – 100 mmHg	3			
	c. 90 – 60 mmHg	2			
	d. 120 – 80 mmHg	1			
II	Symptoms				
1	Abdominal pain				
	a. Severe pain	4			
	b. Moderate pain	3			
	c. Mild pain	2			
	d. No pain	1			
2	Presence of nausea and vomiting				
	a. Throughout the day	4			
	b. Present more than 4 times	3			
	c. Present only for morning	2			
	d. Rarely	1			

Sl. No.	Criteria	Score	Days		
			1	2	3
3	Head ache				
	a. Persistent severe pain	4			
	b. Some time severe pain	3			
	c. Persistent dull pain	2			
	d. Rarely	1			
4	Presence of leg pain in				
	a. Both legs	4			
	b. Below knee	3			
	c. Above knee	2			
	d. Rarely	1			
5	Body pain				
	a. Always present	4			
	b. Morning only sever	3			
	c. Some time sever	2			
	d. Rarely	1			
6	Appetite				
	a. Not at all taking food	4			
	b. Loss of appetite	3			
	c. Crave for food	2			
	d. Normal appetite	1			
III.	Associated symptoms				
1.	Presence of irritable mood				
	a. Always	4			
	b. Frequently	3			
	c. Occasionally	2			
	d. Never	1			

Sl. No.	Criteria	Score	Days		
			1	2	3
2.	Sleep pattern				
	a. Insomnia	4			
	b. Disturbed sleep	3			
	c. Irritable sleep	2			
	d. Normal	1			
3.	Level of activity				
	a. Immobility	4			
	b. Impaired	3			
	c. Getting help from others	2			
	d. Normal	1			
4.	Presence of back pain				
	a. Mild	4			
	b. Moderate	3			
	c. Severe	2			
	d. No pain	1			

PART - B

CHECK LIST FOR NURSING

INTERVENTION OF ADOLESCENT GIRLS WITH DYSMENORRHOEA

S. No.	Nursing Intervention	1	2	3
1.	Monitor Vital signs			
1.	Temperature <ul style="list-style-type: none"> a. Above 105° F b. 103 – 102° F c. 101 – 102° F d. 99 – 100° F 			
2	Pulse <ul style="list-style-type: none"> a. 100 – 110 bpm b. 90 – 100 bpm c. 80 – 90 bpm d. 70 – 80 bpm 			
3	Blood pressure <ul style="list-style-type: none"> a. 160 – 120 mmHg b. 140 – 100 mmHg c. 90 – 60 mmHg 			
2.	Pain relieving measures (hot fomentation)			
3.	Provide comfort measures			
4.	Abdominal meridion massage (Kyongrak)			
5.	Dietary supplementation			
6.	exercises			
7.	Health Education			

PART - C

PROTOCOL FOR NURSING CARE ON ADOLESCENT GIRLS WITH DYSMENORRHOEA

S. No.	NURSING INTERVENTIONS	RATIONALE
1.	<p>Monitor Vital signs</p> <ul style="list-style-type: none"> ➤ Temperature ➤ Pulse rate ➤ Blood pressure 	<p>To get a base line data of information thereby helps to identify the health deviation.</p> <ul style="list-style-type: none"> ➤ To increase the blood supply of uterus helps to minimize the pain. ➤ Helps to maintain position and minimize the pain. ➤ Helps to release the prostaglandin. ➤ Helps to maintain the hemoglobin status ➤ Help to increase the vaso dialation, It will minimize the pain. ➤ Increase the blood supply to uterus and helps to minimize the pain. ➤ Helps to improve the blood supply.
2.	<p>Pain relieving measures</p> <ul style="list-style-type: none"> ➤ Hot fomentation [dry and moist heat] ➤ Provide comfort measures like comfortable bed and position, extra pillows. 	
3.	<p>Dietary supplementation</p> <ul style="list-style-type: none"> ➤ Advise to take omega 3 fatty food stuffs (5 gm fenugreek seeds twice a day orally) ➤ Iron rich food stuffs ➤ Vitamin C, Vitamin E, Zinc and thiamine. 	
4.	<p>Massage</p> <ul style="list-style-type: none"> ➤ Abdominal meridian massage (Kyongrak) ➤ Self foot reflexology massage. 	

S. No.	NURSING INTERVENTIONS	RATIONALE
5.	Exercise <ul style="list-style-type: none"> ➤ Mild exercise ➤ Regular daily exercise 	<ul style="list-style-type: none"> ➤ Minimize the pain ➤ Helps to improve the blood supply.
6.	Health education <ul style="list-style-type: none"> ➤ Diet ➤ Diversional therapy ➤ menstrual hygiene 	<ul style="list-style-type: none"> ➤ Helps to improve the health status. ➤ Helps to minimize the pain and divert the mind. ➤ Helps to prevent the infection.

APPENDIX – III

PART – A NURSING CARE PLAN

NURSING DIAGNOSIS

- Pain related to dysmenorrhoea as evidenced by headache, lower abdomen pain and back pain.
- Activity intolerance related to dysmenorrhoea as manifested by restricted self care activity.
- Impaired nutritional status less than body requirement related to dysmenorrhoea as manifested by nausea and vomiting.
- Risk for infection related to poor menstrual hygiene, Secondary to dysmenorrhoea.
- Anticipatory grieving related to threat of dysmenorrhoea as evidenced. by facial expression.
- Sleep pattern disturbance related to dysmenorrhoea as evidenced by pain, insominea.
- Knowledge deficit regarding home management of dysmenorrhoea related to adolescent age.

NURSING CARE PLAN

ASSESSMENT	NURSING DIAGNOSIS	GOAL	INTERVENTION	RATIONALE	IMPLEMENTATION	EVALUATION
<p>Subjective data:</p> <p>The clients complaints of lower abdomen pain, back pain.</p> <p>Objective data:</p> <p>Numerical scale score was 7.</p>	<p>Pain related to dysmenorrhoea as evidenced by lower abdomen pain and back pain.</p>	<p>The client pain will minimized</p>	<ul style="list-style-type: none"> ➤ Assess the pain characteristics Type Duration Intensity Location. ➤ Provide comfortable measures like position. ➤ Provide pain reducing measures . ➤ Teach relaxation technique ➤ Provide divertional therapy. 	<ul style="list-style-type: none"> Help to obtain baseline data ➤ Help to maintain the position. ➤ Help to minimize the pain ➤ Increase the pain tolerance. ➤ Help to divert the mood. 	<ul style="list-style-type: none"> ➤ Assessed the pain characteristics Aching pain Morning and Evening Severe Lower abdomen, back pain. ➤ Provided comfortable measures like position - extra pillows . ➤ Provided dry heat compress for back pain. Moist (warm) compress for lower abdominal pain. ➤ Taught progressive muscle relaxation technique. ➤ Provided divertional therapy. Watching T.V. 	<p>The client pain was minimized.</p>

ASSESSMENT	NURSING DIAGNOSIS	GOAL	INTERVENTION	RATIONALE	IMPLEMENTATION	EVALUATION
<p>Subjective data The clients complaints of discomfort, unable to move and work.</p> <p>Objective data Fatigue, malaise</p>	Activity intolerance related to dysmenorrhoea as manifested by restricted self care activity.	The client will maintain optimum level of activity	<ul style="list-style-type: none"> ➤ Assess the level of activity ➤ Provide activity schedule . ➤ Teach relaxation technique. ➤ Provide comfortable measure ➤ Advise the client to avoid heavy work. 	<ul style="list-style-type: none"> ➤ Pain affect the emotional and physical responses so that the client me be unable to focus on self care activity. ➤ Help to improve the activity. ➤ Increase the pain tolerance. ➤ Help to maintain the position it will reduce the pain. ➤ Helps to reduce the fatigue. 	<ul style="list-style-type: none"> ➤ Assessed the level of activity ➤ Provided activity schedule with adequate intervals and rest period. ➤ Taught progressive muscle relaxation technique. ➤ Provided comfortable position and supply of extra pillow. ➤ Advised the client to avoid heave work. 	The client was maintained optimum level of activity.

ASSESSMENT	NURSING DIAGNOSIS	GOAL	INTERVENTION	RATIONALE	IMPLEMENTATION	EVALUATION
<p>Subjective data The clients complaints of loss of appetite Feeling of vomiting sensation</p> <p>Objective data: Client feel nauseated. Vomited three times. Yellowish discolourisation.</p>	Impaired nutritional status less than body requirement related to dysmenorrhoea as manifested by nausea and vomiting.	Client will maintain normal nutritional status.	<ul style="list-style-type: none"> ➤ Assess the nutritional status of the client. ➤ Ask the likes and dislikes of the client. ➤ Encourage the client to modify the dietary pattern ➤ Provide the lime juice. ➤ Provide small and frequent food 	<ul style="list-style-type: none"> ➤ Help to obtain the baseline data. ➤ Help to plan a menu ➤ Helps in vaso dialation and thereby relieve the pain. ➤ Help to minimize the nausea and vomiting. ➤ Helps to easy digest. 	<ul style="list-style-type: none"> ➤ Assessed the nutritional status of the client by periodic checking of weight. ➤ Asked the likes and disliked of the client. ➤ Encouraged the client to modify the diet including omega three fatty acids like cauliflower, gabbage, mustard seed etc. ➤ Include magnesium vitE, zinc and thyamin in daily dietary intake. ➤ Provided the lime juice. ➤ Provided small and frequent diet with in the interval of two to three hours. 	Client. was maintained normal nutritional status.

ASSESSMENT	NURSING DIAGNOSIS	GOAL	INTERVENTION	RATIONALE	IMPLEMENTATION	EVALUATION
<p>Objective data</p> <p>Increased body temperature</p> <p>Urinary tract infection</p> <p>Increased WBC count</p>	<p>Risk for infection related to poor menstrual hygiene</p> <p>Secondary to dysmenorrhoea.</p>	<p>The client will reduce the risk for infection.</p>	<ul style="list-style-type: none"> ➤ Assess the signs and symptoms of infection. ➤ Record the vital signs. ➤ Teach about the menstrual hygiene. ➤ Teach about perineal hygiene <p>Advise the client use sanitary Napkin.</p>	<ul style="list-style-type: none"> ➤ Help to obtain baseline data ➤ Help to findout the infection. ➤ Help to gain knowledge about menstrual hygiene reduce the risk of infection and maintain good hygiene. ➤ Help to prevent the infection <p>Help to minimize the risk of infection.</p>	<ul style="list-style-type: none"> ➤ Assessed the signs and symptoms of infection like alteration in vital signs. ➤ Record to vital sign. ➤ Taught about the menstrual hygiene. Advise to wash the cloth with detol and dry under sunlight.. To change the pad frequently. ➤ Taught about perineal hygiene. Wash the perineal area after passing urine. <p>Advised the client to use sanitary Napkin.</p>	<p>The client infection was prevented.</p>

ASSESSMENT	NURSING DIAGNOSIS	GOAL	INTERVENTION	RATIONALE	IMPLEMENTATION	EVALUATION
<p>Subjective data The client complaint of fear and pray to avoid the menstruation</p> <p>Objective data: Client facial expression shows fear of menstrual cycle.</p>	Fear and anxiety related to dysmenorrhoea	The client will alleviate the level of fear and anxiety.	<ul style="list-style-type: none"> ➤ Assess the level of anxiety. ➤ Encourage the client to express her doubts ➤ Provide adequate information about pain management. ➤ Provide psychological support. ➤ Provide counseling 	<ul style="list-style-type: none"> ➤ Help to obtain baseline data for planning. ➤ Helps to reduce the anxiety. ➤ Help to anxiety and manage the pain. ➤ Alleviates the pain. ➤ Helps to reduce the threat of dysmenorrhoea 	<p>Assessed the client fascial expression it shows she is anxious.</p> <ul style="list-style-type: none"> ➤ Allowed the client to express her doubts ➤ Provided adequate information such as comfortable measures like position -extra pillows, dry heat compress for back pain. Moist (warm) compress for lower abdominal pain, progressive muscle relaxation technique . ➤ Provided psychological support. ➤ Provided counseling regarding normal pattern of menstrual cycle. 	The client alleviates the fear and anxiety.

PART - B

HEALTH EDUCATION

MENSTRUAL HYGIENE

- Advise to use the sanitary napkin
- If cloth are used advise the client to wash with detol and dry under sunlight.
- Encourage the girls to maintain good perineal hygiene and to wash the perineal area with soap and water.
- Frequently change the napkin

DIET

- Advise to take regular nutritious diet.
 - Omega 3 fatty food substance like cauliflower, cabbage, cloves with mustard seed, soyabeans, fish and cod liver oil.
- Adequate intake of iron and vitamin C diet.
- Encourage to take more amount of fluids.

EXERCISE

- Regular daily exercise for two times
 - Lie face up with legs and knees bent perform abdominal breathing about 10 times.
 - Stand holding backs of chair: lift one heel off the floor, then the other, repeat 20 times.
 - Stand holding back of chair then does 5 deep knee bends.
 - While lying on back lift and bring knees to touch chin, 10 times.
- Regular progressive muscle relaxation exercise
 - Walking
- Take adequate rest

RELAXATION TECHNIQUE

- Meditation
- Diversional therapy
 - Watching TV, reading books, walking
- Pain relieving measures
 - Hot fomentation
 - Position maintaining
 - Abdominal meridian massage

APPENDIX-IV

CASE ANALYSIS

SAMPLE NO : 1

On the day of home visit the client complaints the symptoms of dysmenorrhoea like abdominal pain nausea & vomiting, headache. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 2

On the day of home visit the client complaints the symptoms of dysmenorrhoea like abdominal pain and headache. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 3

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, backache and leg pain . Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 4

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 5

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, backache and leg pain . Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 3

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, backache and leg pain . Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 7

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 8

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, sleep pattern disturbance, loss of appetite, body pain, backache and leg pain. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 9

On the day of home visit the client complaints the symptoms of dysmenorrhoea like abdominal pain nausea, vomiting, headache, backache and leg pain . Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 10

On the day of home visit the client complaints the symptoms of dysmenorrhoea like abdominal pain and headache. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 11

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, backache and leg pain . Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 12

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, sleep pattern disturbance, loss of appetite, body pain, backache and leg pain. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 13

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain nausea & vomiting, headache. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 14

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, backache and leg pain . Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 15

On the day of home visit the client complaints the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, sleep pattern disturbance, loss of appetite, body pain, backache and leg pain. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 16

On the day of home visit the client complaints the symptoms of dysmenorrhoea like abdominal pain nausea & vomiting, headache. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 17

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, sleep pattern disturbance, loss of appetite, body pain, backache and leg pain. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 18

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, sleep pattern disturbance, loss of appetite, body pain and leg pain. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 19

On the day of home visit the client complaints the symptoms of dysmenorrhoea like abdominal pain nausea & vomiting, headache. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 20

On the day of home visit the client complaints the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, sleep pattern disturbance, loss of appetite, body pain and leg pain. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 21

On the day of home visit the client complaints the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, sleep pattern disturbance, loss of appetite, body pain and leg pain. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 22

On the day of home visit the client complaints the symptoms of dysmenorrhoea like abdominal pain nausea & vomiting, headache. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 23

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, sleep pattern disturbance, loss of appetite, body pain and leg pain. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 24

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, sleep pattern disturbance, loss of appetite, body pain and leg pain. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 25

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain and headache. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 26

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, sleep pattern disturbance, loss of appetite, body pain and leg pain. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 27

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, sleep pattern disturbance, loss of appetite, body pain and leg pain. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 28

On the day of home visit the client complains the symptoms of dysmenorrhoea like abdominal pain nausea & vomiting, headache. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 29

On the day of home visit the client complaints the symptoms of dysmenorrhoea like abdominal pain, nausea & vomiting, headache, sleep pattern disturbance, loss of appetite, body pain and leg pain. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.

SAMPLE NO : 30

On the day of home visit the client complaints the symptoms of dysmenorrhoea like abdominal pain nausea & vomiting, headache. Selected home based nursing intervention like management of pain such as hot fomentation (moist and dry heat), abdominal meridian massage, oral supplementation of 5 gm fenugreek seed twice a day, exercise and health education was given. On the day of evaluation the client pain was minimized and advise the client to maintain regular exercise.



SCHOLAR GIVING HOT FOMENTATION



SCHOLAR TEACHING EXERCISE



HEALTH EDUCATION