

Prevalence of Quality of Life on Levels of Premenstrual Syndrome, Age and Region among Tribal Girl Students of Ranchi District

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ABSTRACT

The objective of this study is to know the prevalence of Quality of life. Subjects were selected on Stratified Random Sample techniques. The data were collected with the help of PDQ and Quality of life Scale. In this study it was found that the level of quality of life was moderate in total and sample sub-groups as compared to high and low levels.

Keywords: Quality of life, Premenstrual syndrome, Age, Region, tribal girl

Concept of Quality of Life

Quality of life is a highly subjective measure of happiness that is an essential component of many financial decisions. Factors that play a role in the quality of life vary according to personal preferences but often include financial security as well as job satisfaction, family life, social connections, health, and safety. Financial decisions often involve a trade off in which present quality of life is decreased to save money or earn more money for the future.

Quality of life is strongly associated with financial factors beyond the basic necessities of food and shelter. More money often means access to greater comfort, freedom from many anxieties, and an optimistic outlook for the future.

Inevitably, job satisfaction is a key component of quality of life. For many of us, it determines our degree of satisfaction with half of our waking hours. Add in the importance of a pay check and it affects many other aspects of our lives.

If a job provides time to enjoy life but leaves the worker too tired, injured, stressed out, or otherwise unable to enjoy their earnings, it subtracts from quality of life. Today, it is common to weigh both salary and quality of life when considering how good or bad a job is. Quality of life is also an issue when developing a personal savings plan. In this case, the tradeoff involves sacrificing current quality of life to improve future quality of life. This may include postponing luxuries and leisure activities that improve our overall sense of well-being.

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Quality of life (QOL) can be characterized as an abstract inclination that the person's life is improving altogether and may likewise be depicted as how the individual sees his/her state inside the way of life and value system. It alludes to a person's perception of the situation in life, with regards to the way of life and social values in which they live, notwithstanding their objectives, expectations, standards, and concerns. It can also be identified as synonymous with happiness, personal satisfaction, the conditions of life, and lifestyle.

The concept of quality of life broadly encompasses how an individual measures the 'goodness' of multiple aspects of their life. These evaluations include one's emotional reactions to life occurrences, disposition, sense of life fulfillment and satisfaction, and satisfaction with work and personal relationships. In the literature, the term 'quality of life' is also often referred to as 'well-being'. The World Health Organization (1994) expanded the definition of health and included the concepts of physical, psychological and social well-being. The WHO characterizes quality of life (QOL) as an individual reason adjusted cultural and value framework by which an individual carries on with, comparative with their points, trusts, expectations for everyday comforts and interests.

According to V.E. Frankl (1963) Quality of life is related with the well-being of mental health and physical health. Various writers on the other hand have defined the concept of Being, belonging and becoming as the important domains of good Quality of life. Quality of Life is generally related with factors such as social, health, economic and environmental conditions. These factors generally affect human and social development. Quality of Life is the outcome of physical and mental health of person's wellbeing.

REVIEW OF LITERATURE

J.E. Borenstein, Dean, Endicott, Wong, Brown, V. Dickerson, K.A. Yonkers (2003) has studied a comprehensive review of the literature and **Parkin and Winer** recognized four types of studies that assessed the PMS impact on the quality of life personal satisfaction and for example announced that 'the full of feeling, conduct and physical manifestations of PMS have been appeared to unfavorably influence the quality of life related personal satisfaction to a handicapping degree, particularly in regards to relational associations with relatives and accomplice' or 'ladies with PMS endure weakness that is as serious as ladies with ongoing clinical despondency and that their luteal stage acclimation to social and recreation exercises is much more dreadful than ladies with different types of depression.

Smith et al. (2004) Studies show that ladies with PMS report diminished work productivity and more impedance with ordinary day by day undertake in and more noteworthy number of workdays missed for wellbeing reasons. Studies directed on burdensome and nervousness disorders see PMS as a sort of confusion with the observable psychological viewpoint that can adversely influence the quality of life. Past investigations have additionally indicated that ladies with premenstrual disorder have a chronic weakness related quality of life. In 1948 after World Health Organization characterized wellbeing as "a state of complete physical, mental and social well-being not only the absence of disease", Health studies changed their course from a flat out view about infection, incapacity, hazardous and undermining practices to a more sure and extended region, for example, quality of life (QOL) (**Dean et al., 2007**).

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Rapkin and Winer (2009) accepted that enhancements in HRQOL decreases the inconveniences related with this issue, or if nothing else makes it more average. To achieve this objective, we should first survey the quality of life in quite a while.

Chantelle Renee Katjiukuaet.et al, (2020), reviewed the prevalence and knowledge of PMS among adolescents and evaluated the effectiveness of teaching methods regarding PMS. 18 articles were reviewed from 2018-2019, it found that, in every study there were more than 50% of adolescent girls were suffering from PMS and related to knowledge the results showed that the girls had lack/little knowledge on PMS, but there was an enhancement in knowledge after implementing the educational programs related to PMS.

Karpagavalli G. I and Raj Rani (2020) investigated the effect of PMS on Quality of Life among nursing college students at Chennai. Two hundred students were selected and they had been administered with self- reported questionnaire which contains personal history, questions related to diet and information about family, the shortened Premenstrual Assessment Form used to assess PMS, a Symptom Checklist was used to assess PMDD and Short Form 36 was used to determine the Quality of Life. The study disseminated that the prevalence of PMS was 68.8%. The most common symptoms reported by the students were muscle aches, joint pain, back pain, followed by abdominal heaviness and discomfort. PMS was associated a poorer quality of life throughout all domains, whereas affective symptoms had been reported by 50% of the students during premenstrual phase. The study concluded that there was an association between dietary and life style factors like consumption of sweets and lack of bodily activity with PMS.

METHODOLOGY

Objectives of study

The objective of the present research was as follow:

To know the Prevalence of quality of life on levels of premenstrual syndrome, age and region among tribal girl students.

Hypothesis

The hypothesis of the present research was as follow:

The Prevalence of quality of life will vary on levels of premenstrual syndrome, age and region among tribal girl students.

Sample Design

The multi factorial design was based on 3X2X2 (Premenstrual syndrome, age and resign). The sample was consisted 240 students. Sample design is presented below:

Table-1

Sample groups	Urban		Rural		Total
	Age-I	Age-II	Age-I	Age-II	
Severe	20	20	20	20	80
Moderate	20	20	20	20	80
Mild	20	20	20	20	80
Total	60	60	60	60	240

Note: Age-I= 18-20 years, Age-II = 25-27 years, Severe = 121-160 in actual scores and 61-80 in percentage of scores, Moderate=81-120 in actual scores and 41-60 in percentage of scores and Mild=41-80 in actual scores and 21-40 in percentage of scores.

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Sample

For the present study the sample size was consider 240 students. The sample was selected stratified random sampling technique. Total 12 strata were formed according to 3x2x2 multi factorial design and 20 samples were equally divided into each group. The basis of sample stratification was:

- Levels of Premenstrual syndrome = 3(Severe, Moderate and Mild)
- Age= 2(Age-I (18-20years) and Age-II (25-27 years))
- Region= 2 (Urban and Rural)

Selection Criteria

Inclusion Criteria:

- Only tribal girl students included.
- Only Ranchi district girl students included.
- Subjects with age 18-20 and 25-27 years of tribal girl students.
- Urban and Rural region was included.
- Subjects who had completed or above higher secondary education.

Exclusion Criteria:

- Below 18 years, between 20 and 25 as well as 27 years above was excluded.
- Any major psychiatric disorder, neurosis and medical disorder.
- Subjects who had primary or high school were excluded.
- No premenstrual syndrome symptoms girls were excluded.
- Very severe premenstrual syndrome symptoms were excluded.

Tools for screening purpose

Personal Data Questionnaire (PDQ)

Personal Data Questionnaire (PDQ) was prepared by the Research Scholar. It was used to obtain information about respondents' name, class, age, annual income, region, name and location of college.

Premenstrual Syndrome Scale (PMSS)

Premenstrual Syndrome Scale (PMSS) was developed by Ms. P. Padmavathi, Dr. Raja Sankar, Dr. N. Kokilavani, K. Dhanapal & Ashok (2014). This scale consisted of 40 items. This is 5-point Likert- type scale. The measurement on the scale is according to the following scoring system: the response Never was scored as "1", rarely as "2", sometimes as "3", very often as "4" and always as "5" point. Based on the percentage of scores the levels of premenstrual symptoms are graded in five categories. They are "No symptoms", "Mild", "Moderate", "Severe", and "Very severe" symptoms. The ability of the Premenstrual syndrome Scale to predict the development of PUs (predictive validity) has been tested extensively. Inter- item reliability between .81 and .97 is reported.

For measuring dependent variables

i. Quality of Life Scale

Quality of Life Scale standardized by Sarika Sharama and Nakhat Nasreen (2014) were used for the assessment of quality of life among HIV/AIDS Patients among 20 years and above. The scale consists of 42 items, out of them 34 are positive and 8 are negative items with three responses (Always, Seldom and Never) respectively. Positive items scored as 3, 2, 1

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and negative items as 1, 2, and 3 respectively. The reliability of the scale 0.80 and 0.82 was found through Cronbach’s Alpha method, and the validity by face validity respectively.

Procedure

240 college girl students from different colleges of Ranchi district were selected according to above stratification. The details of socio demographic variables were recorded through Personal Data Questionnaire, prepared by the investigator. Quality of life scale will be administered on the selected sample. Scoring was made according to the using standard scoring procedure of the test manual.

Plan of Analysis

The data obtained was analyzed using appropriate statistical techniques.

Analysis

In order to know the prevalence of Quality of Life, Quality of Life Scale was used on the tribal girl students. This scale had 42 items. The range of score was 42-126. Higher score indicates the higher level of quality of life.

On the basis of score, the following three levels of quality of life were assessed:

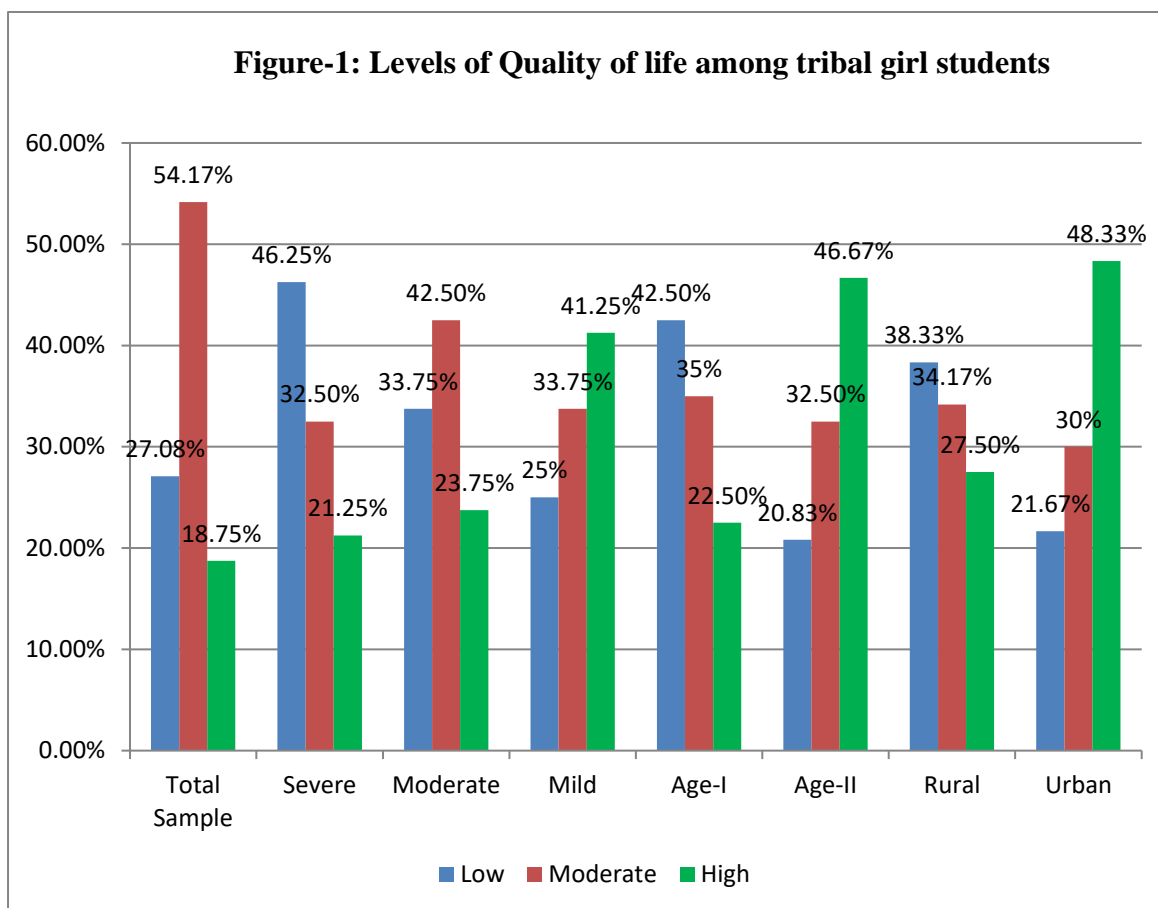
Scores	Levels of quality of life
42-69	Low Level of quality of life
70-98	Moderate Level of quality of life
99-126	High Level of quality of life

On the basis of obtained scores on quality of life scale, the numbers of students having low, moderate and high levels of quality of life were counted and converted into percentage. The results were presented in Table-2 and Figure-1. The following trends were observed here:

Table- 2 Levels of Quality of life among tribal girl students

Groups	Low		Moderate		High	
	N	%	N	%	N	%
Total Sample	65	27.08	130	54.17	45	18.75
Severe	37	46.25	26	32.50	17	21.25
Moderate	27	33.75	34	42.50	19	23.75
Mild	20	25.00	27	33.75	33	41.25
Age-I	51	42.50	42	35.00	27	22.50
Age-II	25	20.83	39	32.50	56	46.67
Rural	46	38.33	41	34.17	33	27.50
Urban	26	21.67	36	30.00	58	48.33

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- In the total sample, 27.08 % tribal girl students had low, 54.17 % had moderate and 18.75 % had high quality of life.
- In the Severe sample, 46.25 % tribal girl students had low, 32.50 % had moderate and 21.25 % had high quality of life.
- In the Moderate sample, 33.75 % tribal girl students had low, 42.50 % had moderate and 23.75 % had high quality of life.
- In the Mild sample, 25.00 % tribal girl students had low, 33.75 % had moderate and 41.25 % had high quality of life.
- In the Age-I sample, 42.50% tribal girl students had low quality of life, 35.00 % had moderate and 22.50 % had high quality of life.
- In the Age-II sample, 20.83 % tribal girl students had low, 32.50 % had moderate and 46.67 % had high quality of life.
- In the Rural sample, 38.33 % tribal girl students had low, 34.17 % had moderate and 27.50 % had high quality of life.
- In the Urban sample, 21.67 tribal girl students had low quality of life, 30.00 % had moderate and 48.33 % had high quality of life.

CONCLUSION

The level of quality of life was moderate in total and sample sub-groups as compared to high and low levels.

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Conflict of Interest

The author(s) declared no conflict of interest.

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