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Research Paper

A Comparative Study of Self-Efficacy, Perceived Benefits, Perceived Barriers and Cues to Action in Female Experiencing Premenstrual Syndrome

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ABSTRACT

Premenstrual Syndrome (PMS) defined as a menstrual complication identifies with physiological, psychological and behavioral complaints. It has been reportedly impacting the life of females in varied forms. The current study aims to explore the difference if any on self-efficacy, perceived benefits, perceived barriers and cues to action in females experiencing high & low PMS symptoms. The sample comprises of 264 females of age ranged 15-30 yrs. For data analysis descriptive statistics and t-test were used. The analysis interprets that perceived barrier, self-efficacy and cues to action have a significant association with PMS.

Keywords: *Self-Efficacy, Premenstrual Syndrome, Cues to action, Perceived Benefits and Perceived Barriers*

The beginning of menstrual cycle has been identified as a milestone in female's life. The biological changes that occur during the menstrual cycle elicit the psychological and behavioral changes. All together such alterations in the females impact the personal, social and occupational functioning. At personal level it damages the self-efficacy, self- confidence and decision-making skills. At social level it alters the interpersonal and intrapersonal relationships whereas at occupational level the quality of work and productivity declines.

Premenstrual Syndrome (PMS) marked as a complex condition experienced during menstrual cycle. It has been experienced by majority of females ranged from mild to severe in symptom severity. The symptoms experienced are categorized in three broad categories. The physiological symptoms involve the presentation of breast tenderness, muscular pain, weight gain, nausea, vomiting, back pain etc. The psychological symptom presentation includes anxiety, depression, psychosis, etc whereas behavioral symptoms constitute irritation, anger, issue in maintaining concentration, isolation, etc. The incidence rate of PMS has been increasing all across the world. These increasing rates indicate an alarming situation for the female reproductive health. The research studies have stated the association of PMS in the development of PCOD and PCOS (Funnell et al., 2024). However, the lack of

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acknowledgement of the menstrual symptoms aggravates the complexities associated with female reproductive health Robinson and Swindle (2000). The interventions directing towards the acknowledgement of such symptoms and their factors need to be developed. The management inclusive of symptom and factor ratification could be beneficial (Borji-Navan et al., 2022; Kook, 2023).

Self-efficacy has been determined as a set of skill where an individual could self assess their potential to accomplish a task. The conviction held by an individual in regards to their potential determines the quality of outcome. Bandura (1977) emphasizes on the aspect that individual who posses higher level of self-efficacy pertain to manage the critical situations more effectively in comparison to the one having lower levels. The convictions related to one‘s self-efficacy helps an individual to regulate behavior pattern. Higher self-efficacy signifies higher levels of resilience and perseverance. It also helps in to regulate the levels of mental stress experienced in complicated situations. The quality of life and well-being of an individual has been effectively processed with higher self-efficacy (Mehindru & Soni, 2023; Morse et al., 2024). Mazumdar and Singh (2023) conducted a review enlightening on the interrelation between self-efficacy and interpersonal relationship among females experiencing PCOS and PCOD. The lack of awareness of PMS leads to lower rates of self-efficacy and restricts the healthy behaviour pattern. However, acceptance and awareness regarding the illness would be heightened if an individual holds higher self-efficacy.

Perceived benefits refers to the behavior patterns that are marked with a possible positive impact whereas perceived barriers are the conviction that certain behavior pattern would lead to hardships (Brites et al., 2020). Silwal et al. (2024) discusses the benefits healthy lifestyle patterns emit on the management of primary dysmenorrhoea. It has also been identified as one of the major menstrual complications. The study enlightened that certain lifestyle patterns were identified as beneficial and pursuing such behaviour patterns help in to sustain the menstruation cycle with a bit of ease. Brown (2005) conducted a study on college student wherein the conviction related to physical activity was evaluated. The results indicate the importance of perception and how further it shapes the behaviour pattern of an individual. It was also concluded that the behaviours that were perceived as benefit were followed more frequently in comparison to the one which were perceived as barrier. These all factors could possibly work out as a cue for channelizing the further action pattern.

METHODOLOGY

Rationale of the Study

PMS influences the well-being and quality of life of an individual. It hampers the decision making skills and self reliance conviction of females. Additionally, it could also influence the self-efficacy and perception related to certain behaviors. Many researches have been conducted in order to identify the association between varied variables. Still this variable has dearth of investigation and it provide scope for further exploration. Additionally, the difference of PMS within context to self-efficacy, perceived barriers, perceived benefits and cues to action have not yet explored. So, the current study aims to explore and understand the difference if any in the relationship between the stated variables.

Aim

To study the difference between the females experiencing high and low symptoms of PMS on self-efficacy, perceived benefit, perceived barrier and cues to action.

Objectives

- To analyze the differences in self-efficacy among females having high and low PMS symptom.
- To explore the difference of the perceived benefit among females with high and low PMS symptoms.
- To investigate the differences of perceived barrier among females having high and low PMS symptom.
- To examine the different cues to action among females having high and low PMS symptoms.

Hypotheses

- H_1 - Females experiencing high PMS symptoms have lower levels of self-efficacy.
- H_2- The level of perceived benefits is high among females having lower PMS symptoms.
- H_3 - The level of perceived barriers is high among females having higher PMS symptoms.
- H_4 - The level of cues to action is higher among females having low PMS symptoms.

Sample

The sample of the study includes 264 females of age ranged between 15-30yrs. The purposive sampling technique was used for data collection.

Inclusion criteria

- Females aged between 15-30 yrs.
- Females who are educated.
- Females who can understand and read English.
- Females who were screened out to have PMS.

Exclusion criteria

- Females aged below 15yrs or above 30yrs.
- Females who are illiterate.
- Females having diagnosed with any other physical or mental disorder.

Instruments

Following tools were used for the study:

i. Pre-Menstrual Syndrome Scale (PMSS; Padmavathi et al., 2013).

The scale is used to identify the PMS symptoms severity. It consists of 40 questions and is a 5-point likert scale. The questions are divided into three sub-scales which include physical, behavioral and psychological symptoms. The Cronbach's alpha coefficient has been found to be 0.75-0.93 and inter-rater reliability ranged 0.81-0.97 for the scale. The scale has predictive validity.

ii. Health Belief Model Based Instrument (Wall, 2009).

The instrument is used to evaluate the different aspects of health belief model. It consists of several questions that identifies with sub-scales. The questions 1-6 assess perceived susceptibility, 7-13 perceived severity, 14-17 perceived benefits, 18-25 perceived barriers and 26-33 cues to action. Also, questions 34-39 assess self-efficacy. Hence, the items that correlate with self-efficacy, perceived benefit and barriers were included in the evaluation. It is a 5-point likert scale. The Cronbach's alpha coefficient and test-retest reliability has found for the instrument. The instrument has content validity.

Procedure

The sample was contacted and those who gave their consent were included in the study. 264 participants were selected through purposive sampling. The assessment was conducted on them. On the basis of the PMS scores severity the participants were divided into two groups i.e., high and low. Further the statistical evaluation using SPSSv25 was conducted.

RESULTS

Table No. 1 Comparative analysis of perceived benefits, perceived barrier, self-efficacy and cues to action

Variables	Category	N	Mean	Std. Deviation	t-test	Sig. (2-tailed)
Perceived Benefit	Low PMS	162	9.26	3.15	.730	.466
	High PMS	101	9.54	2.96		
Perceived Barrier	Low PMS	162	12.00	4.01	3.316	.001*
	High PMS	101	13.78	4.59		
Self-Efficacy	Low PMS	162	12.75	4.86	3.284	.001*
	High PMS	101	14.74	4.67		
Cues To Action	Low PMS	162	17.25	6.25	3.380	.001*
	High PMS	101	19.90	6.05		

**Significant at 0.05 level (2-tailed)*

The above table interprets the statistical values of the variables, i.e. perceived benefit, perceived barrier, self-efficacy and cues to action. It represents the descriptive statistics, t-test and significance values of the stated variables of two groups. The group 1 identifies with females having lower levels of PMS symptoms whereas the group 2 identifies with female having higher PMS symptoms. The sample size of group1 and 2 came out to be 162 and 101 respectively. The mean value and standard deviation for perceived benefit among both the groups interprets no significant difference. The group1 came out to have 9.26 mean value and 3.15 standard deviation whereas group2 has 9.54 mean and 2.96 standard deviation. The t-value for the same came out to be .73. Perceived barrier, self-efficacy and cues to action interpret significant difference among both the groups. For perceived barrier the mean for both the groups came out to be 12.00 and 13.78 respectively. The standard deviation for the same variable came out to be 4.01 and 4.59 for group1 and 2 respectively. The t-value for the same variable came out to be 3.32. In context to self-efficacy mean 12.75 and 14.74 came out for group 1 and 2 respectively. The standard deviation for group 1 and 2 determined to be 4.86 and 4.67 respectively. The t-value for the same variable came out to be 3.28. For cues to action the mean came out to be 17.25 and 19.90 for group 1 and 2 respectively. The standard deviation came out to be 6.25 and 6.05 for both the groups respectively. The t-value came out to be 3.38.

DISCUSSION

The research was conducted in order to explore the differences if any in the relationship of self-efficacy, perceived benefit, perceived barrier and cues to action within context to PMS.

H_1 - Females experiencing high PMS symptoms have lower levels of self-efficacy.

The results accept the hypothesis. It indicates as the PMS severity increases the level of self-efficacy decreases. Burhan et al. (2023) stated that females having lower self-efficacy experience severe symptoms of PMS. Hence, they investigated the efficacy of a module-based intervention on females. The module was based on an education intervention wherein the females were educated for PMS to enhance their self-efficacy. The results showcase efficiency and higher improvement in the levels of self-efficacy. Sadeghi et al. (2022) investigated the role of self-efficacy and alexithymia among those females who have been diagnosed with migraine and experiencing PMS symptoms. The study concluded that 59.6% females experience PMS symptoms. Also, it was stated that self-efficacy was negatively and alexithymia was positively associated with PMS. Suggestions were made to develop an intervention considering the impact of both the factors.

H_2- The level of perceived benefits is high among females having lower PMS symptoms.

There was no significant difference observed for perceived benefit among the female experiencing high and low PMS symptoms. However, different studies evident the significance of perceived benefit on the levels of PMS symptoms. Jeihooni et al. (2023) conducted study emphasising on the impact caused by an educational intervention on females with PMS. For the study two groups were constructed comprising of 100 participants each. The intervention helps in to enhance the awareness regarding the PMS. The result concluded that intervention helps in to promote the self-efficacy, healthy behaviour patterns and social support among them who were in the experimental group. However, the control group females indicated no significant changes in the levels of any variable.

H_3 - The level of perceived barriers is high among females having higher PMS symptoms.

The stated hypothesis is accepted. It has been seen that the culture and surroundings associated with an individual manifest their attitude towards menstrual cycle. The individual showcasing constructive approach towards menstruation are more susceptible towards professional help-seeking behaviour. However, the one who holds abrogating approach towards the menstrual cycle dejects the help-seeking behaviour (Wong, 2011). Islas-Preciado et al. (2025) emphasised that the perception related to menstruation and menstrual cycle has been identified as taxing. It has been considered as a natural process wherein the female underwent physiological and psychological exertion. Hoga et al. (2010) conducted a narrative analysis to explore the convictions of females having PMS related to behaviour of their spouses during menstruation days. 20 females were interviewed on the domains inclusive of complications experienced during PMS, remedies inculcated in their lifestyle, lack of awareness among their spouses and conflicts caused due to the same in their marital relationship. Suggestions were made in order to consider all such factors while providing intervention for PMS.

H_4 - The level of cues to action is higher among females having low PMS symptoms.

This hypothesis is also accepted as the significant difference is observed at 0.05 levels. Healthy lifestyle habit would help in to manage the PMS symptoms. They work as coping behaviours and were considered as beneficial for sustaining the menstrual cycle complications (Abay & Kaplan, 2021; Daugherty, 1998; Khalilzadeh et al., 2023). A study concludes that females rely on specific partners to share their exertion in order to have suggestions. Additionally, it was concluded that females consider menstruation as fractious which restricts their functioning in each domain of life. Suggestions were made in order to inculcate more positive affirmations and invent more remedies towards the menstrual cycle (Reilly & Kremer, 1999).

Hence, the study concludes that significant difference is observable in females experiencing high and low PMS symptoms on self-efficacy, perceived barriers and cues to action. The perceived benefits are found out to be insignificant for the same.

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Conflict of Interest
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