



**PREVALENCE OF PRIMARY DYSMENORRHEA
AMONG UNDERGRADUATE NURSING
STUDENT AND ITS MANAGEMENT IN SCHOOL
OF HEALTH SCIENCES, UNIVERSITI SAINS
MALAYSIA, KELANTAN**

by

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LIST OF ABBREVIATIONS

USM	: Universiti Sains Malaysia
S.D	: Standard Deviation
PG	: Prostaglandin
LK	: Leukotriene
COX	: Cyclooxygenase
USA	: United State of America
UK	: United Kingdom
NSAIDs	: Nonsteroidal anti-inflammatory drugs
FDA	: Food and Drug Administration
OCP	: Oral Contraceptive Pills
VAS	; Visual Analogue Score
QoL	: Quality of Life
mg	: milligram
S.D	: Standard Deviation
%	: Percent
n	: frequency
<	: less than
>	: more than
≤	: Less than or equal
≥	: more than or equal
=	: equal to
X ²	: Chi square value

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IT'S MANAGEMENT AMONG UNDERGRADUATE NURSING
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ABSTRACT

This study was to determine the prevalence of dysmenorrhea and approaches taken by female degree nursing students in School of Health Sciences, Universiti Sains Malaysia in coping with menstrual pain. This is a cross sectional study and non-probability convenience sampling of 129 female students (19 to 35 years old) from Year one to Year four. A self-administered questionnaire was used to collect socio-demographic and menstrual data. Pain intensity for dysmenorrhea was measured using Visual Analogue Scale (VAS). Prevalence of dysmenorrhea found was 75.2% and mostly occurred ≥ 4 years (33%) and 29.9 % was not recalled. Pain was mostly occurs at the onset of menstruation period (65%) and lasted for less than 1 day (52.6%). It was felt in multiple locations but most commonly in the lower abdomen and lumbar region. Major symptoms associated with dysmenorrhea were abdominal cramps, irritability, headache, vomiting, diarrhea, frequency of micturition, constipation, as well as varying degrees of pain severity. Most respondents experienced mild to moderate degree of pain. Approaches taken to deal with dysmenorrhea were: consulting a physicians (22.7%), pharmacological (50.5%), and non-pharmacological strategies (93.8%). Medication was recommended mostly by friends (40.8%) and mothers (30.6%) and only took medication when became severe (49%). More than one-third of the respondents did not know which drug they took. Major non-pharmacologic measures were: hot compress (48.5%),

sleeping (74.2%), walking (12%), massaging (59.8%), listening to music (13.4%) and eating sweet foods (9.3%). Consulting a physician ($p < 0.05$) was associated with the duration of pain and taking medication ($p < 0.05$) was associated with severity of pain. Respondents should be encouraged to consult a physician and should be prescribed medication in addition to other measures to alleviate menstrual pain and shorten its duration.

**PREVALENS SENGUGUT PRIMER DAN
PENGURUSANNYA DI KALANGAN PELAJAR IJAZAH SARJANA
MUDA KEJURURAWATAN DI PUSAT SAINS KESIHATAN,
UNIVERSITI SAINS MALAYSIA, KELANTAN.**

ABSTRAK

Kajian ini untuk mengenalpasti prevalen dan pendekatan yang diambil oleh pelajar perempuan ijazah sarjana muda kejururawatan di Pusat Pengajian Sains Kesihatan, Universiti Sains Malaysia untuk mengatasi sakit senggugut. Kajian ini merupakan kajian rentas dan persampelan '*convenience*' bukan kebarangkalian terhadap 129 orang pelajar perempuan (berumur 19 hingga 35 tahun). Mereka diberi borang soal-selidik yang berkaitan dengan sosio-demografik dan menstruasi. Tahap kesakitan senggugut diukur dengan menggunakan Skala Analog Visual. Prevalens senggugut yang diperoleh ialah 75.2% dan kebanyakannya berlaku ≥ 4 tahun (33%) dan 29.9% responden tidak ingat. Kesakitan kebanyakannya berlaku semasa kemuncak senggugut (65%) dan berakhir kurang daripada 1 hari (52.6%). Ia dirasai di pelbagai bahagian tetapi kebiasaannya di bahagian bawah abdomen dan lumbar. Gejala utama yang berkaitan dengan senggugut adalah kekejangan abdomen, mudah tersinggung, pening kepala, muntah, cirit-birit, kerap buang air kencing, sembelit dengan pelbagai tahap kesakitan. Sebahagian besar responden mengalami kesakitan dari kurang ke sederhana sakit. Pendekatan yang diambil untuk mengatasi senggugut termasuklah berunding dengan doktor (22.7%), cara farmakologi (50.5%), dan strategi bukan farmakologi (93.8%). Sebahagian besar ubatan yang diambil adalah disyorkan oleh kawan (40.8%) diikuti ibu (30.6%) dan responden hanya mengambil ubat apabila

kesakitan menjadi teruk (49%). Lebih daripada satu per tiga daripada responden tidak tahu nama ubat yang diambil. Sebahagian besar cara bukan farmakologi yang diamalkan adalah: kompres panas (36.4%), tidur (55.8%), berjalan (6.2%), mengurut (4.5%), mendengar muzik (10.1%) dan makan makanan manis (7%). Berunding dengan doktor ($p < 0.05$) dikaitkan dengan tempoh kesakitan manakala pengambilan ubat ($p < 0.05$) dikaitkan dengan tahap kesakitan senggugut. Responden digalakkan untuk berunding dengan doktor dan perlu mengambil ubat yang dipreskripsi selain daripada cara bukan farmakologi untuk mengurangkan sakit senggugut dan memendekkan tempoh kesakitan senggugut.