

A Study to Evaluate the Effectiveness of Peer Group Education on Knowledge regarding the Use of Home Remedy to Manage Dysmenorrhoea among Adolescent Girls in Selected College at Bangalore

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Abstract: *Background of the Study:* Adolescence is a transition period from childhood to adulthood and is characterized by a spurt in physical, endocrinal, emotional, and mental growth, with a change from complete dependence to relative independence. The period of adolescence for a girl is a period of physical and psychological preparation for safe motherhood. As the direct reproducers of future generations, the health of adolescent girls influences not only their own health, but also the health of the future population. One of the major physiological changes that take place in adolescent girls is the onset of menarche, which is often associated with problems of irregular menstruation, excessive bleeding, and dysmenorrhoea. Of these, dysmenorrhoea is one of the common problems experienced by many adolescent girls. *Objectives of the Study:* 1) To assess the existing knowledge regarding the use of home remedy to manage dysmenorrhoea among adolescent girls. 2) To evaluate the effectiveness of peer group education on knowledge regarding the use of home remedy to manage dysmenorrhoea among adolescent girls. 3) To determine the association between the pre - test knowledge scores regarding the use of home remedy to manage dysmenorrhoea among adolescent girls with their selected socio - demographic variables. *Hypothesis:* H1: The mean post test knowledge score will be significantly higher than the mean pre test score regarding the use of home remedy to manage dysmenorrhoea among adolescent girls. H2: There will be significant association between pre - test knowledge scores regarding the use of home remedy to manage dysmenorrhoea among adolescent girls with their selected socio - demographic variables. *Methods:* A Quasi - Experimental one group pre - test and post - test design was adapted in the present study. Convenient sampling technique was used to select 60 adolescent girls. The data was collected using a self - administered knowledge questionnaire. A Peer group education was developed with a view to educate the adolescent girls on home remedy to manage dysmenorrhoea. Content validity of the self - administered questionnaire and the Peer group education content was obtained from the experts of related specialties. When the reliability of the tool was determined using Spearman Brown's prophecy formula, it was found to be 0.76 which means that the tool is highly reliable. Following this, a pilot study was conducted to test the feasibility and the practicality of the study. On the first day of the data collection for the main study, the participants' knowledge was assessed using the self - administered questionnaire (Pre - test) following which; the Peer group education was administered. On the seventh day, the participants' knowledge was reassessed using the same self - administered knowledge questionnaire (Post - test). *Results:* The overall mean score on the level of knowledge regarding home remedy to manage dysmenorrhea was 5.25, before peer group education, and 16.98 after peer group education. This shows that majority of the adolescent girls had inadequate knowledge regarding home remedy to manage dysmenorrhea before peer group education. However, the respondents gained more knowledge after administration of peer group education. The peer group education was significantly effective in promoting the knowledge regarding home remedy to manage dysmenorrhea. *Interpretation And Conclusion:* The effectiveness of the peer group education was further tested using inferential statistics using the paired 't' test. At 5% level of significance, a significant difference of 16.98 t - values was found between the Pre - test and the Post - test knowledge scores of the respondents. Hence the peer group education was found to be effective in improving the knowledge regarding home remedy to manage dysmenorrhea among adolescent girls and there is a significant association between knowledge and prevalence of dysmenorrhea, duration between two periods, amount of menstruation blood flow, prevalence of other disorder and missing college and classes among adolescent girls.

Keywords: peer group education, home remedy, dysmenorrhea, adolescent girls

1. Introduction

"We must turn to nature itself, to the observations of the body in health and in disease to learn the truth."

- Hippocrates

Adolescence is a transition period from childhood to adulthood and is characterized by a spurt in physical, endocrinal, emotional, and mental growth, with a change from complete dependence to relative independence. The period of adolescence for a girl is a period of physical and psychological preparation for safe motherhood. As the direct reproducers of future generations, the health of adolescent

girls influences not only their own health, but also the health of the future population. One of the major physiological changes that take place in adolescent girls is the onset of menarche, which is often associated with problems of irregular menstruation, excessive bleeding, and dysmenorrhoea. Of these, dysmenorrhoea is one of the common problems experienced by many adolescent girls. The first menstrual period is called menarche. It usually starts between the ages 11 and 14. But it can happen as early as age 9 or as late as 15. Menarche is the sign of growing up. In the days before the periods start, the adolescent may feel tense or emotional, gain water weight and feel bloated, pain in the abdomen, back or legs that lasts few hours or more. Globally adolescents account for 1/5th of the population that

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is more than 1 billion.⁴ out of 5 adolescents live in developing countries. According to Population Bureau in 1996, 30% of the total population was that of adolescents (284.02 million). Due to gradual decrease in the growth rate of the overall population, there is little increase in the number of adolescents in population projections till the year 2016 (Population projection 1996 - 2016) census of India. Although most women have some physical or emotional changes or discomfort linked to menstrual cycle, a small number of about 5% find that the problems are more serious and may have to seek some kind of treatment.³ Dysmenorrhoea or painful monthly flow is a common gynecological disorder in women of reproductive age. Menstrual disorders may not only reduce a woman's quality of life, but may also cause serious economic losses related to lost workdays and decreased productivity. Although limited data are available for dysmenorrhoea, epidemiological studies have shown a link between dysmenorrhoea and several environmental risk factors, including current cigarette smoking with a significant response relationship between exposure to environmental tobacco smoke and an increased incidence of dysmenorrhoea in young adolescent girls. The reported prevalence of primary dysmenorrhoea ranges from 43% - 90%.³ the pain of dysmenorrhoea derives from activation of primarily thoracolumbar and pelvic afferent innervations.⁴ Dysmenorrhoea complications are pain consists of suprapubic cramping and/or aching radiating down the anterior thighs and to the lumbosacral region, often accompanied by vomiting, fatigue, back pain, headaches, dizziness and diarrhea. The main complication of dysmenorrhoea is pain. It occurs in your lower abdomen during menstruation and may also be felt in your hips, lower back, or thighs. Other symptoms may include nausea, vomiting, diarrhea, lightheadedness, or general achiness. For most women, the pain usually starts shortly before or during their menstrual period, peaks after 24 hours, and subsides after 2 to 3 days. Sometimes clots or pieces of bloody tissue from the lining of the uterus are expelled from the uterus, causing pain. Dysmenorrhoea pain may be spasmodic (sharp pelvic cramps at the start of menstrual flow) ³ or congestive (deep, dull ache). The symptoms of secondary dysmenorrhoea often start sooner in the menstrual cycle than those of primary dysmenorrhoea, and usually last longer.⁵ Non pharmacological management of dysmenorrhoea is exercise before and during your period can ease some pain. Both acupuncture/acupressure and transcutaneous electrical nerve stimulation have been shown to be helpful for some women as well. Some patients also find yoga helpful. There is not much research to prove that it is effective. Use of supplements such as vitamin B1, vitamin B6, or fish oil may be helpful. Studies have shown that non - drug therapies can help to reduce pain levels and enhance pain coping. Dietary recommendations to ease cramps include increasing fiber, calcium, and complex carbohydrates, cutting fat, red meat, dairy products, caffeine, salt, and sugar. Smoking also has been found to worsen cramps. Recent research suggests that vitamin B supplements, primarily vitamin B6 in a complex, magnesium, and fish oil supplements also may help relieve cramps.

2. Methodology

Research methodology is a systematic way to solve a problem. It is the procedure by which researcher go about their work of describing, explaining, and predicting phenomena. It aims to give the work plan of research. The chapter deals with the method adopted for the study and includes the description of research approach, research design, setting of the study, variables, population, sample size, sampling technique, criteria for sample selection, description of tool, content validity, reliability, pilot study, method of data collection and plan for data analysis in relation to methodology adopted for the present study.

Research Approach

The research approach adapted for this study is evaluative research. Evaluative research is "an applied form of research that involves finding out how well a program, practice, procedure or policy is working; its main goal is to assess or evaluate the success of a program."

Research Design

The research design is the overall plan for obtaining answers to the research questions. It indicate how often data will be collected, what type of comparisons will be made and where the study will take place. The research design is the architectural backbone of the study.

The researcher adopted the one group pre - test post - test design under the classification of quasi experimental research design in this study.

3. Results

Data analysis is the systematic organization and synthesis of research data and testing the research hypothesis using those data. Interpretation is the process of making sense of the results of a study and examining the implications.

This chapter deals with the analysis and interpretation of data collected from 60 adolescent girls to evaluate the effectiveness of Peer group education Programme regarding Knowledge on home management of dysmenorrhoea. The purpose of the analysis was to reduce the collected data to an intelligible and interpretable form so that the relation of the research problem can be tested.

The finding based on descriptive and inferential statistical analysis are tabulated under the following headings.

Table 1: Distribution of demographic variables of the adolescent girls.

S. No	Demographic variables	Number	Percentage
1	Age in years		
	a) 16-17	32	53.33
	b) 18-19	28	46.67
2	Age at menarche		
	a. 10-12	14	23.33
	b. 12-14	35	58.33
	c. 14 above	11	18.33
3	Prevalence of dysmenorrhoe		
	a) no dysmenorrhoea	0	0
	b) mild	23	38.33

	c) moderate	27	45
	d) severe	10	16.67
4	Duration between two periods		
	a) regular	51	85
	b) irregular	9	15
5	Amount of menstrual blood flow		
	a) heavy	12	20
	b) normal	43	71.67
	c) less	5	8.33
6	Prevalence of other menstrual disorder		
	a) Yes	4	6.67
	b) no	56	93.33
7	Missing college and classes		
	a) yes	16	26.67
	b) no	44	73.33

Table 1 shows distribution of demographic variables of the caregivers

Regarding the age of caregivers, 32(53.33%) of them belong to 16 – 17 years of age and 28(46.67%) of them belong to 18– 19 years of age.

With regard to age at menarche, 14(23.33%) of them attained at the age of 10-12 years, 35(58.33%) of them attained at the age of 12-14 years and 11(18.33%) of them attained at the age of 14years and above.

Regarding Prevalence of dysmenorrhea, none of them were having no dysmenorrhea, 23(38.33%) of them had mild dysmenorrhea, 27(45%) of them had moderate dysmenorrhea and 10(16.67%) of them had severe dysmenorrhea.

While considering duration between two periods, 51(85%) of them had regular interval and 9(15%) of them had irregular interval in between two periods.

In concern with amount of menstrual blood flow, 12(20%) of them has heavy blood flow, 43(71.67%) of them has normal blood flow and 5(8.33%) of them has less blood flow.

With regard to Prevalence of other menstrual disorder, 4(6.67%) of them answer yes and 56(93.33%) of them answer no.

Regarding the missing college and classes, 16(26.67%) of them answer yes and 44(73.33%) of them answer no.

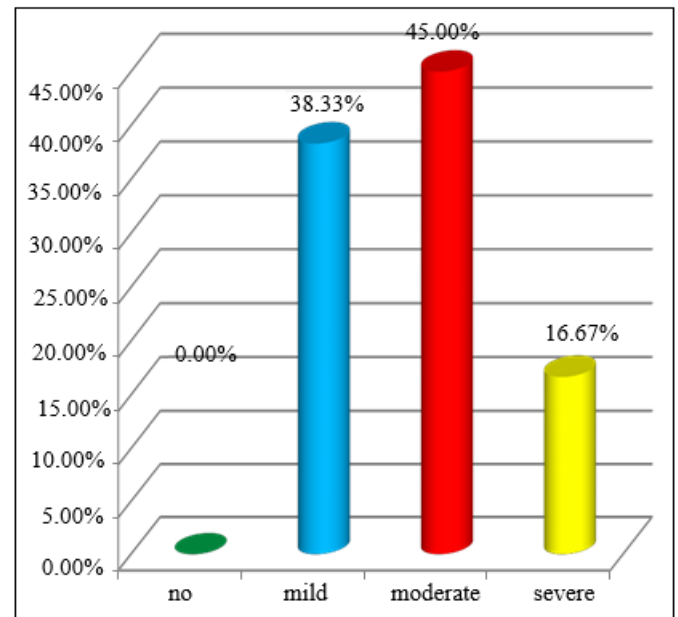


Figure 3: Distribution of prevalence of dysmenorrhea

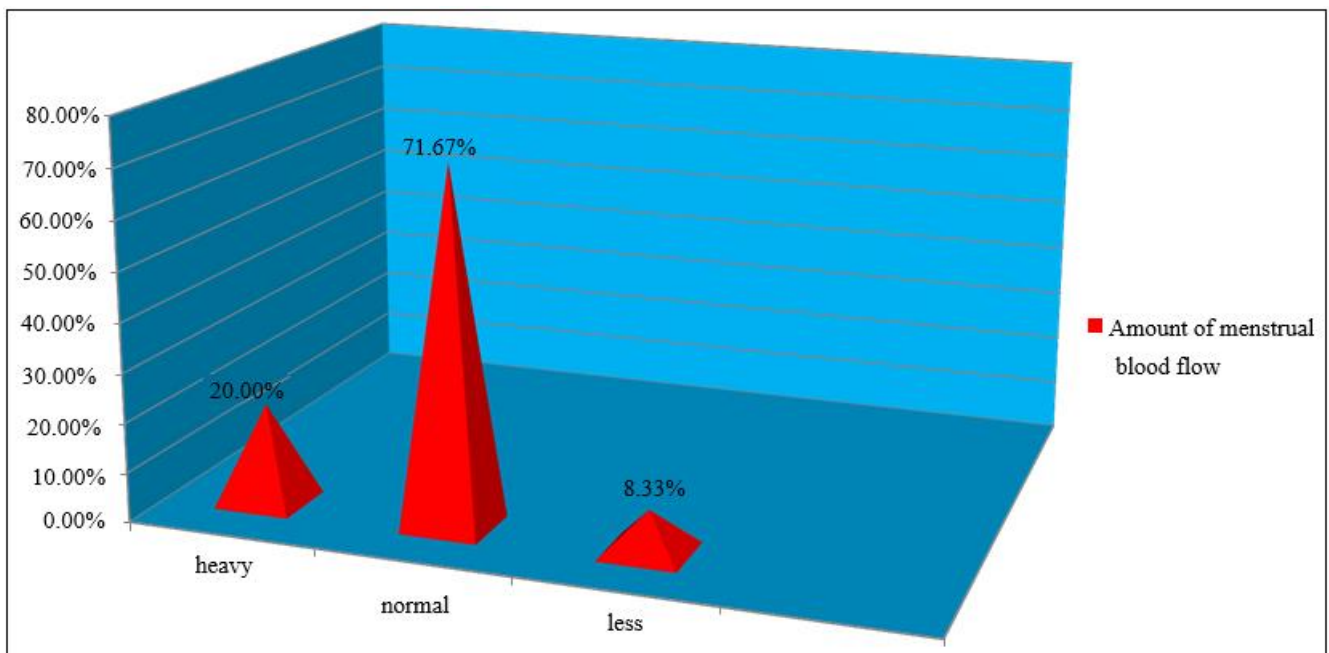


Figure 4: Distribution of Amount of menstrual blood flow



Figure 5: Distribution of Prevalence of other menstrual disorder

Table 2: Distribution of pre - test scores on level of knowledge regarding home remedy to manage dysmenorrhea.

S. No	Aspects of post dialysis home care	<50%		50-75%		≥75%	
		No	%	No	%	No	%
1	Introduction and types	59	98.33	1	1.67	-	-
2	Risk factors and symptoms	53	88.33	7	11.67	-	-
3	Home remedy to manage dysmenorrhea	59	98.33	3	1.67	-	-

Table 2 shows distribution of Pre-test scores on level of knowledge among adolescent girls regarding home remedy to manage dysmenorrhea.

Concerning the knowledge on **Introduction and types**, 59 (98.33%) of them had inadequate knowledge and 1(1.67%) of them had moderately adequate knowledge and none of them had adequate knowledge.

Regarding knowledge on risk factors and symptoms, 53(88.33%) of them had inadequate knowledge, 7(11.67%) of them had moderately adequate knowledge and none of them had adequate knowledge.

Concerning knowledge on home remedy for treating dysmenorrhea, 59 (98.33%) of them had inadequate knowledge and 1(1.67%) of them had moderately adequate knowledge and none of them had adequate knowledge.

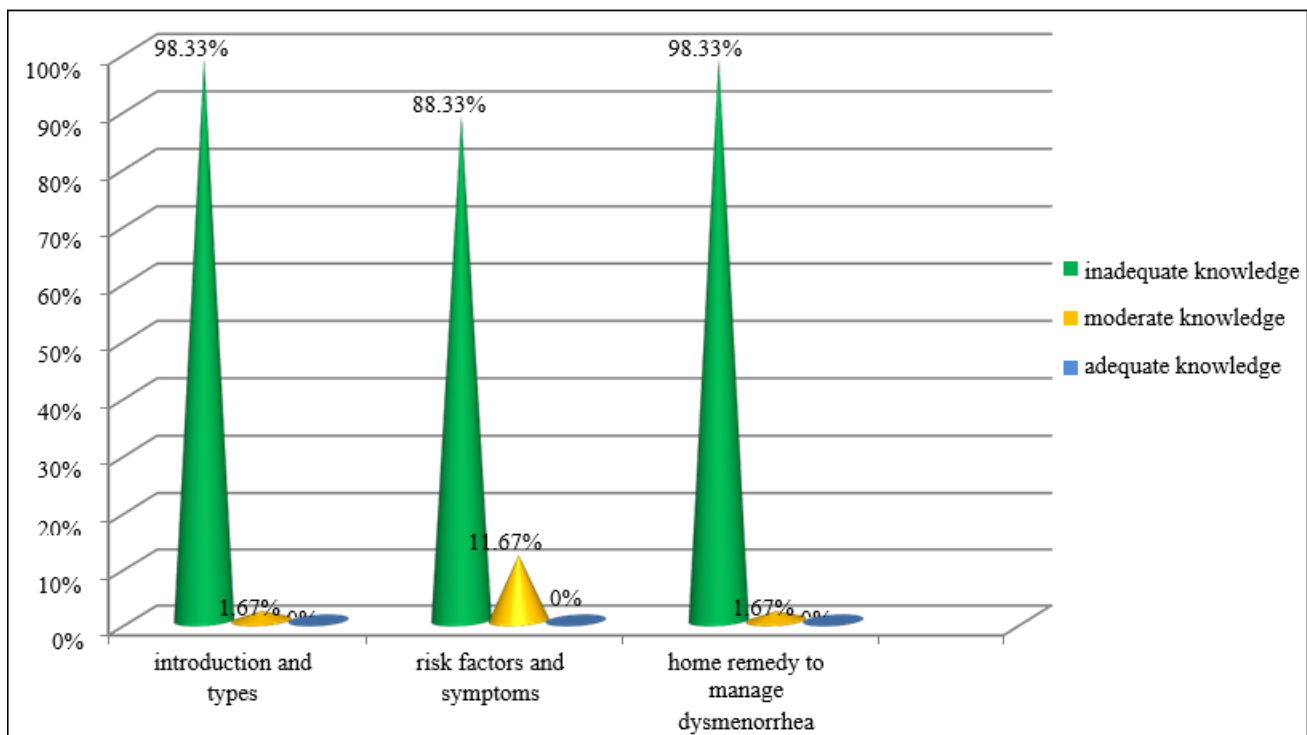


Figure 6: Distribution of pre-test scores on level of knowledge regarding home remedy to manage dysmenorrhea.

Table 3: Distribution of post - test scores on level of knowledge regarding home remedy to manage dysmenorrhea, n=60

S. No	Aspects of post dialysis home care	<50%		50-75%		≥75%	
		No	%	No	%	No	%
1	Introduction and types	1	1.67	44	73.33	15	25
2	Risk factors and symptoms	1	1.67	36	60	23	38.33
3	Home remedy to manage dysmenorrhea	39	65	18	30	3	5

Table 3 shows distribution of post-test scores on level of knowledge among adolescent girls regarding home remedy to manage dysmenorrhea.

Concerning the knowledge on Introduction and types, 1 (1.67%) of them had inadequate knowledge, 44(73.33%) of them had moderately adequate knowledge and 15(25%) of them had adequate knowledge.

Regarding knowledge on risk factors and symptoms, 1 (1.67%) of them had inadequate knowledge, 36(60%) of them had moderately adequate knowledge and 23(38.33%) of them had adequate knowledge.

Concerning knowledge on home remedy for treating dysmenorrhea, 39 (65%) of them had inadequate knowledge and 18(30%) of them had moderately adequate knowledge and 3(5%) of them had adequate knowledge.

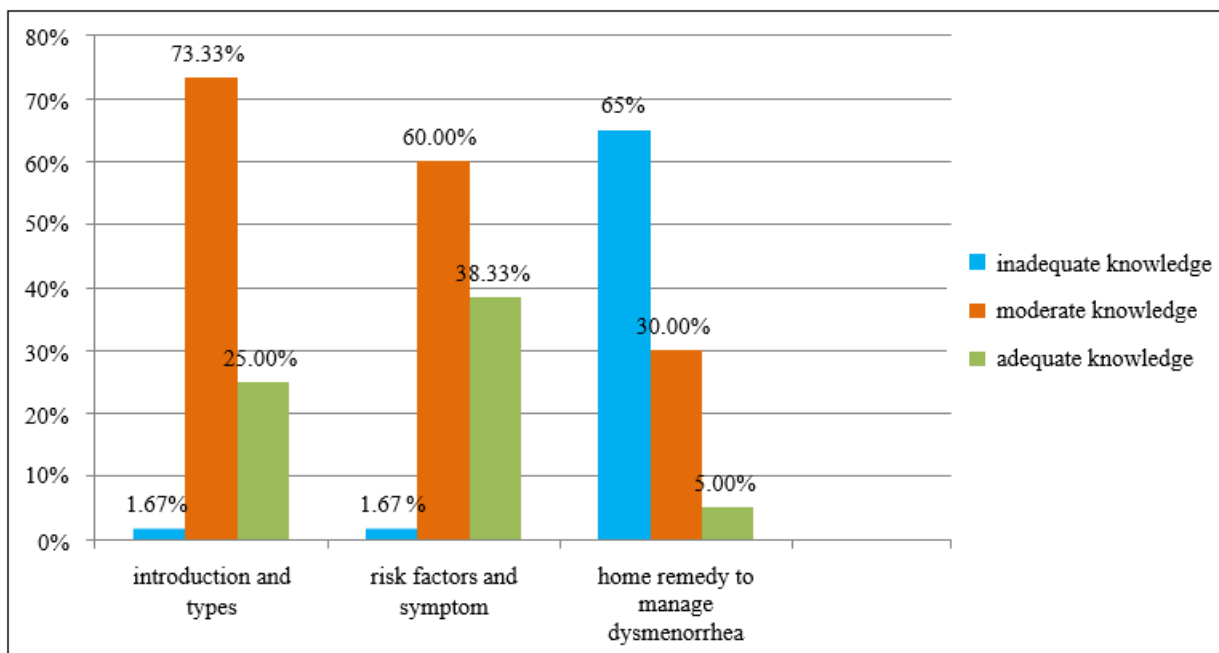


Figure 7: Distribution of post-test scores on level of knowledge regarding home remedy to manage dysmenorrhea

Table 4: Distribution of Pre - test and Post - test scores on level of knowledge regarding home remedy to manage dysmenorrhea, n= 60

S. No	Aspects of hemodialysis home care	Pre-test						Post-test					
		<50%		50-75%		≥75%		<50%		50-75%		≥75%	
		No	%	No	%	No	%	No	%	No	%	No	%
1	Introduction and types	59	98.33	1	1.67	-	-	1	1.67	44	73.33	15	25
2	Risk factors and symptoms	53	88.33	7	11.67	-	-	1	1.67	36	60	23	38.33
3	Home remedy to manage dysmenorrhea	59	98.33	1	1.67	-	-	39	65	18	30	3	5

Table 4 shows distribution of Pre-test and post-test scores on level of knowledge among adolescent girls regarding home remedy to manage dysmenorrhea.

Concerning the knowledge on introduction and types, 59 (98.33%) of them had inadequate knowledge and 1(1.67%) of them had moderately adequate knowledge and none of them had adequate knowledge in the pre- test. Whereas in the post test 1 (1.67%) of them had inadequate knowledge, 44(73.33%) of them had moderately adequate knowledge and 15(25%) of them had adequate knowledge.

Regarding knowledge on risk factors and symptoms, 53(88.33%) of them had inadequate knowledge, 7(11.67%)

of them had moderately adequate knowledge and none of them had adequate knowledge in the pre test. Whereas in the post test, 1 (1.67%) of them had inadequate knowledge, 36(60%) of them had moderately adequate knowledge and 23(38.33%) of them had adequate knowledge.

Concerning knowledge on home remedy for treating dysmenorrhea, 59 (98.33%) of them had inadequate knowledge and 1(1.67%) of them had moderately adequate knowledge and none of them had adequate knowledge in the pre test. Whereas in the post test, 39 (65%) of them had inadequate knowledge and 18(30%) of them had moderately adequate knowledge and 3(5%) of them had adequate knowledge.

Table 5: Comparison of aspect wise pre - test and post - test knowledge scores of adolescent girls regarding home remedy to manage dysmenorrhea, n= 60

S. No	Aspect of dialysis home care	Pre test		Post test		Calculated paired 't' value	Tabulate d value of 't' at 5% level of significance
		Mean	SD	Mean	SD		
1	Introduction and types	1.15	0.86	5.08	0.67	33.11*	2.05
2	Risk factors and symptoms	0.95	0.54	2.37	0.35	16.93*	
3	Home remedy to manage dysmenorrhea	3.13	1.01	9.57	6.92	16.89*	

***Significant at 5% level**

Table 5 shows comparison of pre-test and post-test knowledge scores of adolescent girls regarding home remedy to manage dysmenorrhea.

Calculated value of t is 33.11* in the aspect of introduction and types, which is greater than tabulated value t at 5% level of significance. The hypothesis is accepted. There is a significant difference between pre-test and post-test scores on knowledge of general introduction and types.

Calculated value of t is 16.93* in the aspect of risk factors and symptoms, which is greater than tabulated value t at 5% level of significance. The hypothesis is accepted. There is significant difference between pre-test and post-test scores on knowledge of risk factors and symptoms.

Calculated value of t is 16.89* in the aspect of home remedy to manage dysmenorrhea, which is greater than tabulated value t at 5% level of significance. The hypothesis is accepted. There is a significant difference between pre-test

and post-test scores on knowledge of home remedy to manage dysmenorrhea.

Table 6: Comparison of pre - test and post - test knowledge scores of adolescent girls regarding home remedy to manage dysmenorrhea, n= 60

Knowledge assessment	Max. score	Mean	Mean %	S.D.	Paied t test
Pre-test	30	5.25	17.50%	2.004	46.62*
Post-test	30	16.98	56.60%	6.25	

***Significant at 5% level**

Table 6 shows comparison of overall pre-test and post-test knowledge scores of adolescent girls regarding home remedy to manage dysmenorrhea.

Calculated value of t is 46.62* which is greater than tabulated value t at 5% level of significance. The hypothesis is accepted. There is a significant difference between pre-test and post-test scores on knowledge of adolescent girls regarding home remedy to manage dysmenorrhea.

Table 7: Association between the level of knowledge among adolescent girls with their selected demographic variables.

S. No	Variable	Below mean	Above mean	Calculated value of χ^2	df	Tabulated value of χ^2 at 5% level of significance
1	Age in years				1	0.455
	a) 16-17	31	1	0.0102		
	b) 18-19	27	1	(NS)		
2	Age of menarche				2	1.386
	a) 10-12 years	13	1	1.02		
	b) 12-14 years	34	1	(NS)		
	c) 14 years and above	11	0			
3	Prevalence of dysmenorrhea				2	1.386
	a) mild	23	0	2.21*		
	b) moderate	26	1	(S)		
	c) severe	9	1			
4	Duration between two periods				1	0.455
	a) regular	50	1	2.49*		
	b) irregular	8	1	(S)		
5	Amount of menstruation blood flow				2	1.386
	a) heavy	11	1	2.77*		
	b) normal	42	1	(S)		
	c) less	5	0			
6	Prevalence of other disorder				1	0.455
	a) yes	3	1	6.44*(S)		
	b) no	55	1			
7	Missing college and classes				1	0.455
	a) Yes	14	2	5.78*(N)		
	b) no	44	0			

[*(S) – significant; (NS) – Non-significant]

Table 7 shows association between the level of knowledge of caregivers with selected demographic variables in pre-test.

There is association between Prevalence of dysmenorrheal, duration between two periods, amount of menstruation blood

flow, prevalence of other disorder and missing college and classes with the level of knowledge of adolescent girls regarding home remedy to manage dysmenorrhea.

There of no association between age in years and age of menarche with the level of knowledge of adolescent girls regarding home remedy to manage dysmenorrhea.

4. Discussion

The purpose of the study was to evaluate the effectiveness of Peer group education Programme on knowledge of adolescent girls regarding home remedy to manage dysmenorrhea. The Findings of the study have been based on the findings obtained from the statistical analysis of the collected data. Paired 't' was used to the test the difference between pre - test and post results. Chi square test was used to find out the association of selected demographic variables. The first objective stating:

- 1) To assess the existing knowledge regarding the use of home remedy to manage dysmenorrhoea among adolescent girls.
- 2) Table 2 shows distribution of Pre - test scores on level of knowledge among adolescent girls regarding home remedy to manage dysmenorrhea.

Concerning the knowledge on introduction and types, 59 (98.33%) of them had inadequate knowledge and 1 (1.67%) of them had moderately adequate knowledge and none of them had adequate knowledge.

Regarding knowledge on risk factors and symptoms, 53 (88.33%) of them had inadequate knowledge, 7 (11.67%) of them had moderately adequate knowledge and none of them had adequate knowledge. Concerning knowledge on home remedy for treating dysmenorrhea, 59 (98.33%) of them had inadequate knowledge and 1 (1.67%) of them had moderately adequate knowledge and none of them had adequate knowledge. The above finding showed that most of the adolescent girls had inadequate and moderately adequate knowledge regarding hemodialysis home care in the pre test.⁵⁶ **To evaluate the effectiveness of peer group education on knowledge regarding the use of home remedy to manage dysmenorrhoea among adolescent girls.**

Table 5 shows comparison of pre - test and post - test knowledge scores of adolescent girls regarding home remedy to manage dysmenorrhea. Calculated value of t is 33.11* in the aspect of introduction and types, which is greater than tabulated value t at 5% level of significance. The hypothesis is accepted. There is a significant difference between pre - test and post - test scores on knowledge of general introduction and types. Calculated value of t is 16.93* in the aspect of risk factors and symptoms, which is greater than tabulated value t at 5% level of significance. The hypothesis is accepted. There is significant difference between pre - test and post - test scores on knowledge of risk factors and symptoms. Calculated value of t is 16.89* in the aspect of home remedy to manage dysmenorrhea, which is greater than tabulated value t at 5% level of significance. The hypothesis is accepted. There is a significant difference between pre - test and post - test scores on knowledge of home remedy to manage dysmenorrhea. Table 6 shows comparison of overall pre - test and post - test knowledge scores of adolescent girls regarding home remedy to manage dysmenorrhea. Calculated value of t is 46.62* which is

greater than tabulated value t at 5% level of significance. The hypothesis is accepted. There is a significant difference between pre - test and post - test scores on knowledge of adolescent girls regarding home remedy to manage dysmenorrhea. The above finding shows that peer group education is helpful to increase knowledge of adolescent girls regarding home remedy to manage dysmenorrhea.⁵⁷ **3. To determine the association between the pre - test knowledge scores regarding the use of home remedy to manage dysmenorrhoea among adolescent girls with their selected socio - demographic variables.** Chi square test was used to identify the association of selected demographic variables. Table 7 shows association between the level of knowledge of caregivers with selected demographic variables in pre - test. There is association between Prevalence of dysmenorrhoeal, duration between two periods, amount of menstruation blood flow, prevalence of other disorder and missing college and classes with the level of knowledge of adolescent girls regarding home remedy to manage dysmenorrhea.

There of no association between age in years and age of menarche with the level of knowledge of adolescent girls regarding home remedy to manage dysmenorrhea.

5. Conclusion

This chapter deals with important findings of the study and their nursing implications. The study was conducted **"A Study to evaluate the effectiveness of peer group education on Knowledge regarding the use of home remedy to manage dysmenorrhoea among adolescent girls in selected college at Bangalore."** In the present study 60 adolescent girls were selected using simple convenient sampling technique. The research approach adapted to this study is an evaluative one group pre test, post test design. The data was collected by administering a structured questionnaire and was interpreted using suitable and appropriate statistical methods.

The study findings revealed that: Majority of the adolescent girls had inadequate knowledge regarding home remedy to manage dysmenorrhea before the peer group education. Continuing education would help the adolescent girls to be updated with necessary knowledge in respect to the recent trends regarding home remedy to manage dysmenorrhoeal. The overall mean score on the level of knowledge regarding home remedy to manage dysmenorrhoea was 5.25, before peer group education, and 16.98 after peer group education. This shows that majority of the adolescent girls had inadequate knowledge regarding home remedy to manage dysmenorrhea before peer group education. However, the respondents gained more knowledge after administration of peer group education. The peer group education was significantly effective in promoting the knowledge regarding home remedy to manage dysmenorrhoeal. In order to examine the association between the variables the chi - square test was worked out.⁵⁹ among all the variables, Prevalence of dysmenorrhoeal, duration between two periods, amount of menstruation blood flow, prevalence of other disorder and missing college and classes with the level of knowledge showed significant association with the pre - test knowledge

level. Whereas age in years and age of menarche with the level of knowledge of adolescent girls regarding home remedy to manage dysmenorrhea had no significant association with the pre - test knowledge level.

6. Recommendations

This study recommends the following for further research

- Effectiveness of peer group education on knowledge regarding home remedy to manage dysmenorrhea and attitude among adolescent girls.
- Comparative study can be conducted to evaluate the caregivers burden.
- A descriptive study can be conducted to assess the knowledge on day to day care.

7. Limitations

This study was limited to only four weeks

8. Nursing Implication and Nursing Services

- Booklet can be introduced as a clinical routine in regarding home remedy to manage dysmenorrhea and nurses can adopt it as a part of health education programme to improve the knowledge regarding home remedy to manage dysmenorrhea among adolescent girls.
- Nurses can develop evidence based practice and include peer group education to become integral nursing intervention.

Nursing Education

- In - service education programme should be attended by nurses to update their knowledge regarding home remedy to manage dysmenorrhea, there by promoting the nursing students to plan and implement the teaching programme as a part of health education.
- Periodic symposium, seminars, conference and workshop can be conducted to update the current information.

Nursing Administration

- The nurse administrator can support the nurses for conducting a research on various aspects of managing dysmenorrhea.
- The nurse administrator can organize a conference regarding home remedy to manage dysmenorrhea education programme and motivate the staff nurses to actively participate in such activities.

Nursing Research

- Nursing research about peer group education regarding home remedy to manage dysmenorrhea would become a valuable reference material for further research.
- More emphasis should be made on peer group education to promote the evidence based practice.

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