Research Paper
Impact Factor: 6.462
Peer Reviewed & Indexed Journal
www.ijmsrr.com

IJMSRR
E- ISSN - 2349-6746
ISSN -2349-6738

KNOWLEDGE AND ATTITUDE ON POLYCYSTIC OVARIAN SYNDROME AMONG ADOLESCENT GIRLS: A STUDY

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Abstract
Adolescence is the unique stage in human life in this age rapid development will takes place both physically and mentally during this period physiological changes will takes place like secondary sexual characteristics in both girls and boys .In girls menstruation will starts and along with that few problems will arise in adolescent girls that is irregular menstruation. It leads to polycystic ovarian syndrome.

Method: *This study was descriptive in nature .The samples selected for the present study were 320 adolescent girls between 16-19 years studying in junior colleges of Anantapur, by using multistage stratified random sampling technique. Data was collected by using interview schedule and it was analyzed by using inferential and deferential statistics.*

Results: *A total of 320 adolescent girls participated in this study and study reveals that knowledge 44.68 percent had average knowledge, 44.06 percent had below average knowledge, 11.25 percent had above average knowledge .Most of the adolescent girls 84.37 percent had positive attitude and remaining 15.62 percent had negative attitude on PCOS.*

Conclusion: *Nearly half of the adolescent girls had average knowledge and positive attitude towards PCOS. Adolescent girls need further awareness programmes and early interventions such as medical and lifestyle modifications to improve the quality of life of adolescent girls.*

Keywords: Polycystic Ovarian Syndrome, Risk Factors, Knowledge, Attitude.

Introduction

Adolescence is a distinct and dynamic phase in development of individual life, the term adolescence came from Latin word `adolescence means to grow up or to mature'. It spans the age group of 10-19 years. There are many health problems are going to start in this age but most of the adolescent girls are unaware of it till the problem really worsens (Sarafino & Smith, 2014), among that one of such alarming problem experienced by adolescent girls is polycystic ovarian syndrome (PCOS).Polycystic ovarian syndrome is an endocrine disorder and also a silent killer disease in now a day's among young girls and teenagers (Sowmya& Philomena, 2013). Another name of this is "Stein and leventhal syndrome "as it was first described these by two American scientists who were pioneers in PCOS research. The term "poly" means many and cystic means cysts. Thus, PCOS refers to having enlarged ovaries consisting of many small cysts in them.

Global and Indian perspectives of PCOS

Polycystic ovarian syndrome was first described in 1935; globally reproductive age women accounts for 1.55 million in this 1.19 million (95%) are incident cases of PCOS and 0.43 million associated with DALYs. In worldwide standardized age of incidence of PCOS rate among reproductive age increased to 82.44 per 100000 populations in 2017 and it increase of 1.45% from 2007 to 2017, where as the largest percentage increases in tropical Latin American countries highest age incidence and prevalence rates

were observed, where as highest increases in both the age standardized incidence rates and disability adjusted life years (DALYs) rates from2007 to 2017 were observed in Ethiopia, Brazil and Chaina. According to National health portal of India, as per previous report PCOS incidence rate is 9.13% among adolescents in South India.

Glance on polycystic ovarian syndrome

Polycystic ovarian syndrome is a hormonal disorder among adolescent girls with infrequent or prolonged menstrual periods or excess male hormone levels due to this ovaries may develop numerous small collections of fluid (follicles) and fail regularly release of eggs by finding of enlarged ovaries containing multiple small cysts of 12 to 25 or more follicles in each ovary by measuring of 2 - 9 mm diameter or an ovary that has a volume of greater than 10 ml, on ultra-sonography and with the clinical manifestations of missed, irregular, infrequent or prolonged periods, Excess androgens can cause hair loss, hirsutisim, darkened skin or excess skin (skin tags) on the neck or in the armpits, mood changes, excess pain during periods accompanied with heavy-flow, pelvic pain, weight gain around your middle, oily skin and breakouts like acne, difficulty in conceiving and pharmacologically treated by birth control metformin etc.

Lifestyle Modification and Non-Pharmacological Approaches

There are three main key factors for lifestyle modification**. Weight loss** is the first step in PCOS treatment is weight reduction and calorie intake restriction. Many studies shows that 5%-10 % weight reduction can restore the regular menstrual cycle. Losing weight and maintaining normal range of Body mass index is the best way to decrease the free testosterone levels and incidence of metabolic syndromes. **Exercise** and physical activity play a key role in weight reduction. Moderate to higher intensity of aerobic exercise is defined as intensity between 50 and 85% of maximum oxygen consumption and its helps in not to deposit the glucose in adipose tissues (Patel et al, 1995).**Diet** well balanced diet is needed for prevention of PCOS, by choosing healthy or ideal diet like rich in fibres and low saturated fats and carbohydrates, choose the low glycaemic index carbohydrates are top priority of our menu .They includes foods and vegetables like broccoli, raw carrot, lentils, soy, bran breakfast cereals, whole grain bread etc.

Objectives of the study

1. To study the socio-economic characteristics of respondents.
2. To examine the knowledge and attitude regarding polycystic ovarian syndrome among respondents.
3. To know the association between the knowledge regarding polycystic ovarian syndrome with selected demographic variables.

Methodology

This study was descriptive in nature .The samples selected for the present study were 320 adolescent girls studying in junior colleges of Ananthapur district, by using multistage stratified random sampling technique. Data was collected by using interview schedule and it was analyzed by using inferential and deferential statistics.

Results

Table 1. Demographic variable wise distribution of adolescent girls

SI.No	Name of the variable	variables	Frequency	percentage
1	Age	1.16-17years	216	67.5
		2.18-19 yrs	104	32.5
2	Religion:	1.Hindu	266	83.125
		2.Muslim	17	5.312
		3. Christian	37	11.562
3.	Caste	1.OC	38	11.875
		2. BC	135	42.187
		3. SC	117	36.562
		4.ST	30	9.375
4.	Residence	1. Rural	189	59.062
		2. Urban	111	34.687
		3. slums	20	6.25
5	Present staying:	1.Home	116	36.25
		2.Hostel	204	63.75
6	Educational Qualification	1.Intermediate1styear	160	50
		2.Intermediate 2nd year	160	50
7.	Source of Information	1.Family member's	106	33.125
		2.Educational institutions	110	34.375
		3.Mass media	36	11.25
		4.Health personnel	68	21.25
8	Type of family	1.Joint family	79	24.68
		2.Nuclear family	241	75.31
9	Family monthly income	1.Rs 5000	167	52.5
		2.Rs 5001-10000	68	21.25
		3.Rs.10001-15000	41	12.81
		4.>Rs 15000	44	13.75
10	Family History of PCOS	1.Yes	38	11.87
		2.No	282	88.12

Table 1 shows that Age wise distribution of respondents reveals that more than half of the respondents 67.5 percent were in the age group 16-17 years, near to that 32.5 percent in the age group 18-19 years. Religion reveals that three by fourth of the respondents 83.12 percent were Hindus, 5.31 percent of respondents were Muslims and remaining 11.56 percentages were Christians. Caste it was observed that majority of the respondents 42.18 percent belonged to backward caste, whereas 36.56 percent scheduled caste, 11.87 percent forward caste and 9.37 percent belonged to scheduled tribe.

Distribution of respondents based on residence majority of the respondents 59.06 percent belonged to rural area, 34.68 percent respondents are staying in urban area, few respondents 6.25 percent are staying in urban slums. The frequency of adolescent girls staying in Hostel is 63.75 percent (204), where as 36.25 percent (116) respondents are staying in home. Educational qualification reveals that 50 percent (160) are studying intermediate first year and remaining 50 percent (160) respondents are studying in

intermediate second year. Source of information shows 34.37 percent (110) respondents got the information about PCOS through the educational institutions, 33.12 percent (106) respondents are knowing about PCOS through family members,21.25 percent (68) respondents are realized when they met health personnel, only few 11.25 percent (36) respondents aware through mass ,media.

Looking at the family wise distribution majority of the respondents 75.31 percent (241) were living in nuclear family, where as remaining 24.68 percent (79) were living in Joint family. Family monthly income reveals that half of the respondents 52.5 percent (167) respondents were having family monthly income less than Rs 5000,21.25 percent (68)respondents were having family monthly income Rs 5001-Rs 10000 ,13.75 percent (44) respondents were getting family monthly income more than Rs 15000 ,only 12.81 percent (41) respondents were getting family monthly income between Rs 10001-15000.Family history of PCOS shows that majority of the respondents 88.12 percent (282) not having family history of PCOS, and only 11.87 percent (38) respondents were having the family history of PCOS.

❖ **knowledge of adolescent girls on PCOS**

Table .2.Overall knowledge of adolescent girls on PCOS

Level of knowledge	Score range	Number of respondents	Percentage
Below Average	0-15	141	44.06
Average	15-23	143	44.68
Above Average	23-30	36	11.25
Total		320	100

Data presented in table 2shows that 44.68 percent (143) respondents were having adequate knowledge /Average on PCOS, 44.06 percent (141) respondents were having below average, 11.25 percent (36) respondents were having above average knowledge.

❖ **Attitude of adolescent girls on PCOS**

The data exerted in the figure 1 indicates the distribution of respondents by their attitude towards PCOS 84.37 percent respondents were having positive attitude and 15.62 percent respondents were having negative attitude on PCOS.

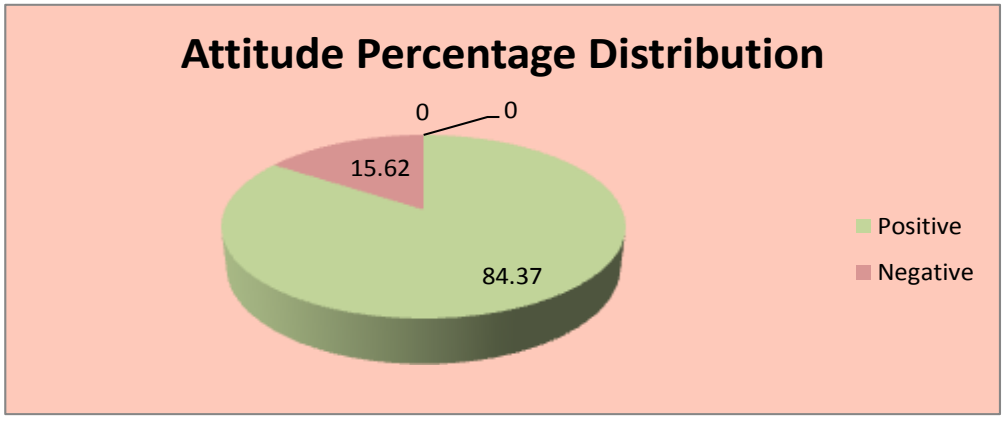

Figure 1.Distribution of adolescent girls based on attitude percentage distribution on PCOS

❖ **Knowledge wise attitude on polycystic ovarian syndrome**

As per the knowledge and attitude data revealed that 100 percent respondents with above average were having positive attitude next average knowledge respondents 89.58 percent having positive attitude and 75 percent of the below average knowledge respondents were having positive attitude. While coming to negative attitude 25 percent of below average knowledge respondents were having negative attitude, 10.41 percent respondents of average knowledge were having negative attitude and in above average knowledge no one is having negative attitude.

Conclusion

Adolescent phase of life brings multiple physiological, anatomical and psychological changes within the lifetime of girls. Because of familial, cultural and social restrictions, most adolescent girls abstain to look with ready to share their problems or clinical manifestations of polycystic ovarian syndrome. Majority of the adolescent girls knows about PCOS and they had positive attitude on it. Lifestyle modifications for weight reduction and dietary modifications and psychological content plays vital role in adolescents for preventing long run complications.

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