ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICES REGARDING NON-PHARMACOLOGICAL MANAGEMENT OF DYSMENNORHOEA AMONG FEMALE ADOLESCENTS AT KITEBI SS, KAMPALA DISTRICT

BY

NALUMANSI HELLEN

MAY, 2026

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KAMPALA INSTITUTE OF HEALTH PROFFESSIONALS

A Research report submitted to Uganda Health Professional Assessment Board for The partial Fulfillment for the requirement of an Award of a Diploma in Clinical Medicine and Community Health

MAY, 2026

DECLARATION

I Nalumansi Hellen, hereby declare that this research report titled “Assessment of Knowledge, Attitude and Practices Regarding Non pharmacological management Among Female Adolescents at Kitebi Secondary School, Kampala District” is my original work and has never been submitted to any institution of learning for the award of any academic qualification.

Signature …… Date ……

NALUMANSI HELLEN

(Researcher)

APPROVAL

This is to certify that the research entitled Assessment of Knowledge, Attitude and Practices Regarding Non pharmacological management Among Female Adolescents at Kitebi Secondary School , Kampala District , has been done by the student under my supervision.

Signature:…….. Date: ……..

Mugisha Echo

(Supervisor)

DEDICATION

I dedicate this research report Special dedication goes to my parents, family for their endless love, prayers, encouragement, financial support and my supervisor Mr. Mugisha Echo for his guidance throughout the research process.

Lastly, I dedicate this work to all female adolescents who experience dysmenorrhea, with the hope that this study contributes towards improving menstrual pain management in schools.

ACKNOLEDGEMENT

First and foremost , I thank the almighty God for his guidance, strength ,wisdom and protection throughout my academic journey.

I extend my heartfelt gratitude to my supervisor at Kampala Institute of Health Professionals for their professional guidance, continuous support and valuable advice throughout the research process.

I also appreciate the administration of Kitebi Secondary school for granting me permission to conduct this study and for their cooperation during data collection. Special thanks go my parents, family and course mates for the support rendered to me

May the almighty God bless you all

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ABBREVIATIONS AND ACRONYMS

LMP	**:**	Last Menstrual Period
MHM	**:**	Menstrual Health Management
MoES	:	Ministry of Education and Sports
MoH	**:**	Ministry of Health
NGO	:	Non-Government Organisation

OPERATIONAL DEFINITIONS

Adolescent : an individual between 10 to 19 years in the stage of development from childhood to adulthood.

Assessment : process of evaluating the quality, value and extent of something.

Attitude : a person's feelings, beliefs, or behaviour towards an idea.

Dysmenorrhoea: painful menstrual cramps that occur during or just before menstruation

Knowledge : understanding, awareness or familiarity acquired through education, experience or learning

Menstruation: monthly shedding of blood from the uterus through the vaginal canal.

Non- pharmacological management: approaches that do not involve use of medicines.

Practice : repeated exercise or performance of an activity or skill.

ABSTRACT

Purpose of the study: This study assessed the knowledge, attitude and practices regarding non-pharmacological management of dysmenorrhea among female adolescents at kitebi secondary school, Kampala district.

Specific objectives: The research focused on identifying the knowledge, attitude and practices

Methodology: A descriptive cross sectional study design was used involving 100 female students selected using simple random sampling. Data was collected using structured questionnaires analysed manually using tally sheets, Microsoft excel and spss. Results were presented using tables, bar graphs and pie charts.

Results: The study found that 55% of respondents did not know what dysmenorrhea was, while 45 % had knowledge about it. Most respondents (82%) agreed that dysmenorrhea restricted daily activities and 69% believed that non-pharmacological methods were effective in managing menstrual pain. Regarding practices, 48% used non-pharmacological methods sometimes while 32% used them all the time. Majority of the respondents (61%) used both pharmacological and non-pharmacological methods to manage pain.

Conclusions: Although adolescents had positive attitudes toward non-pharmacological management of dysmenorrhea, knowledge levels were still low and some misconceptions remained.

Recommendations: Strengthening menstrual health education in schools, improving parent-child communication and promoting safe non-pharmacological pain management strategies among adolescents.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This chapter will contain the background of the study, problem statement, study objectives, research questions, and justification of the study and scope of the study.

1.1 Background of the study

Dysmenorrhea is the most common gynecological complaint linked to menstruation in adolescents. It can either be primary (also known as functional) in the absence of pelvic pathology, or secondary if the pain is attributable to a pelvic pathology such as endometriosis. It often begins in adolescence, usually within 6 months to 2 years after menarche, when the menstrual cycles become ovulatory. It is characterized by lower abdominal or lower back cramping pain, which may radiate to the inguinal region or the legs. Symptoms typically begin with the menstrual flow, or the day before, last for 2 to 3 days reaching their peak with the maximum menstrual flow, and are more or less similar from one cycle to another. (Hadjou et al.,2022). Dysmenorrhea is a leading reason for seeking gynecologic care, affecting 50–90% of adolescent girls and young women and approximately 10% of adolescents experience symptoms severe enough to disrupt daily life, making dysmenorrhea a significant cause of absenteeism from school. Non-pharmacological treatments for dysmenorrhea are increasingly recognized for their effectiveness and safety. These approaches are generally safe, have minimal side effects, and can be easily incorporated into a woman's daily routine. (Choonara et al.,2025)

Globally, the prevalence of primary dysmenorrhea is reported to be the highest during the teenage years, with 40–50% of this population reporting symptoms. (Bezuidenhout et al., 2018). The prevalence of dysmenorrhea among French girls aged 15 to 19 years was high at 92.9%. (Hadjou et al., 2022). The World Health Organization showed that prevalence rates varied almost as far as statistically possible from 1.7% to 97% according to the studies that were conducted. The rate of dysmenorrhea in the UK and other European countries was estimated between 45% and 97% in community-based studies and between 41% and 62% in hospital-based studies. (MacGregor B et a., 2023).

In Africa, the national pooled prevalence of dysmenorrhea in Ethiopia was 73%. 6241 had dysmenorrhea, which meant that out of every 10 females, >7 of them had dysmenorrhea based

on the pooled prevalence rate (Balis et al., 2025). The prevalence of dysmenorrhea in zimbabwe was 75.9%, with 28.6% of sufferers describing their pain as severe. Dysmenorrhea significantly affected the school/daily activities of respondents (Nyirenda T et al., 2023). The prevalence of primary dysmenorrhea was 78% among adolescents at selected schools in zambia . Major risk factors included a positive family history and symptoms like breast tenderness, diarrhea, headache, and nausea. (Namukanga et al., 2024)

In Sub-Saharan Africa (SSA), between 61%-84% of adolescent girls experience dysmenorrhea, with severe pain occurring among 33%-56% of girls. (Emily et al., 2023). The prevalence of school absenteeism among female high school students who experienced dysmenorrhea ranged from 11–53% (Gelo, A et al., 2021).

In East Africa, a study carried out in Kenya revealed that Dysmenorrhea was the most prevalent symptom at 72% where by 29% of the participants reported experiencing severe pain. Regular absenteeism in school and limitation of daily activities was found to be associated with dysmenorrhea. (Namawejje et al.,2024). 75% of adolescent girls reported dysmenorrhea and 42% of girls reported very strong pain in both SSA generally and in Tanzania. (Emily M et al., 2023).

In Uganda a research in Ugandan secondary schools showed that dysmenorrhea is common at 74.3%, and impacts education, mental health and quality of life. (Prossy et al.,2025. A study among students aged 18-45years in higher institutions of learning in Kampala capital city revealed the prevalence of dysmenorrhea to be 75.8 %.(Eseza et al., 2024). Only 3 of the 14 districts provided emergency clothing for the girls at school. Within 14 districts in Uganda including Kyenjojo, Nebbi and Wakiso districts research showed that of the 79% women and girls that indicated experiencing menstrual pain, only 28% had access to pain killers. According to guidelines, schools should also create a space within the sick bay for girls to lie down, relax temporarily; to relieve or cope with menstrual pain, as need arises and also stock off-the counter, non-prescribed painkillers to support management of pain by menstruating girls . These guidelines do not emphasize non-pharmacological management hence creating a gap in knowledge and practice for girls in schools. (MoES, 2019)

1.2 Problem statement

In Uganda, a study among students aged 18-45years in higher institutions of learning in Kampala capital city revealed the prevalence of dysmenorrhea to be 75.8% (Eseza et al., 2024).

The Ugandan Government has set up several interventions towards menstrual health such as forming a National Menstrual Hygiene Management (MHM) Steering Committee, holding the first international MHM conference in 2014 and celebrating International MHM Day each year. In 2015, the Ugandan Ministry of Education and Sports (MoES) published a Circular on Provision of Menstrual Hygiene Management (MHM) facilities to all primary and secondary schools. This Circular recommends provision of clean, private, toilet facilities; regular supply emergency supplies of pads and painkillers; training of teachers, health assistants, and inspectors; and involvement of parents in supporting and providing MH information. NGO-led training of trainers on puberty education, development of a drama skit, delivery of a menstrual health kit including reusable pads and menstrual cups, access to pain management strategies including analgesics (Catherine Kansiime et al.,2022).

Despite the interventions by the ministry of health, a review conducted in Uganda in 2018 among primary and secondary schools found that although 94% schools received MHM Circular, only 17% were implementing the guidelines due to poor social and physical school environments, limited budgets for menstrual health provision, unclear roles and responsibilities for menstrual health within schools, and menstrual health issues being left entirely to the senior women and senior men teachers at the school level. Poor menstrual health was a key contributory factor for girls missing secondary school in Wakiso district, central Uganda. The study showed an unmet need for effective interventions to enable girls to manage better both the psychosocial aspects of menstruation including physical aspects of pain management, water, sanitation and hygiene (WASH) environment (Ssemata et al.,2023)

Although many interventions for nonpharmacological management are recognized. A number of secondary schools face signicant barriers in implementing them and this study will examine the extent of knowledge, attitude and practices at kitebi secondary school.

1.3. General Objectives

To assess the knowledge, attitudes and practices of knowledge, attitude and practices regarding non-pharmacological management of dysmenorrhea among female adolescents at Kitebi secondary school, Kampala district.

1.4 Specific objectives

1.4.1 To finds out the level of knowledge of adolescents towards non-pharmacological management of dysmenorrhea at Kitebi secondary school, Kampala district.

1.4.2 To identifies the attitudes of adolescents towards non-pharmacological management of dysmenorrhea at kitebi secondary school, Kampala district.

1.4.3 To establish practices of adolescents towards non-pharmacological management of dysmenorrhea at kitebi secondary school, Kampala district.

1.5 Research questions

1.5.1 What is the knowledge of adolescents towards non-pharmacological management of dysmenorrhea at kitebi secondary school, Kampala district?

1.5.2 What are the attitudes of adolescents towards non-pharmacological management of dysmenorrhea at kitebi secondary school, Kampala district?

1.5.3 What are the practices of adolescents towards non-pharmacological management of dysmenorrhea at kitebi secondary school, Kampala district?

1.6 .Significance of the study

The findings of this study will help adolescents gain better understanding of non-pharmacological management methods such as exercise, rest, hot water application, dietary changes and other safe practices that reduce menstrual pain without depending only on medicine.

The study will also help teacher's especially senior women and school administrators to identify gaps in knowledge and practices among students and strengthen menstrual health education programs within schools.

Health workers and policy makers may use the findings to improve adolescent reproductive health services and better school-based interventions.

1.7 Scope of the study

1.7.1 Content scope

The study assessed the knowledge, attitude and practices of adolescents towards non-pharmacological management of dysmenorrhea at kitebi secondary school, Kampala district.

1.7.2 Geographical scope

The study was conducted at at kitebi secondary school, Kampala district.

1.7.3 Time scope

This research was conducted over a period of one month.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter will contain the literature review that is cited from other scholars about the assessment, knowledge and attitude of adolescents towards non-pharmacological management of dysmenorrhea. The literature is presented according to the study objectives and acknowledgement of the original work by the authors is considered herein.

2.1 Knowledge of adolescents towards non-pharmacological management of dysmenorrhea

According to a study on the self-care strategies and sources of knowledge on menstruation in 12,526 young women with dysmenorrhea, findings showed that the most common sources of information about menstrual symptoms was family ,62.4%, friends (51.4%) and teachers/lecturers ,22.8%. reported on the use of the internet ,21.8%. Young women at school (24.6%) were much more likely to list teachers as a source of information on menstruation than those at university (3.6%). (Armour et al., 2019)

In another study about the Knowledge and self-management of dysmenorrhea among female adolescents in selected secondary school in Ogun State, Nigeria results revealed that knowledge of dysmenorrhea among female adolescents. 47.5% respondents had below average score, 35.4% and 17.1% had mean scores at average and above average respectively on the knowledge of dysmenorrhea. The overall female adolescents' knowledge mean score of dysmenorrhea was 55.2%. Thus, it could be said that the female adolescents' knowledge of dysmenorrhea was generally on the average. (Ore et al., 2021)

A study on Menstrual Pain Management, School Absenteeism and Educational Performance among Adolescent Students, 97.9% of them reported knowledge of at least one effective pain management strategy, and 71.3% of those with pain at LMP reported using an effective pain management (Prossy et al., 2023)

Additionally, in a research study about Primary Dysmenorrhea: Prevalence and Knowledge assessment in 10 – 18-year-old Syrian female teenagers, only 47.3% knew that menstruation blood originates from the uterus. Most of the participants did not consult a doctor regarding menstrual pain 91.6%. From those who consulted a doctor regarding their painful menstruation, 42% had severe pain and 48% had moderate pain. (Sami Alhoulaiby et al., 2020)

2.2 Attitude of adolescents towards non-pharmacological management of dysmenorrhea

A study on the assessment of quality of life and effect of non-pharmacological management in dysmenorrhea, findings showed that 77.3% of participants said using medicines for menstrual aches is harmful, and 51.4% mentioned they will use non-pharmacological measures before taking pain relievers, whereas 29.3% use non-pharmacological measures less frequently, and 19.3% choose pharmacological measures without even trying non-pharmacological measures once. Unnisa et al., 2022).

In relation to a study on the distribution of action taken for dysmenorrhea during school hours in a study for the Assessment of knowledge, Attitude and Practice among Adolescent Girls Regarding Dysmenorrhea, results showed that nearly half 44.4% of the participants viewed painful menstruation as a normal physiological process making it the main reason for not seeking medical help. (Awad et al., 2019).

Furthermore a study on Knowledge and effects of dysmenorrhea among female adolescents in selected secondary schools in Lagos, the result showed that 62.8% of the respondents were 15–18 years old and 92.6% of them agreed that dysmenorrhea affects their daily activities (Ogechi Helen Abazie et al .,2021)

Lastly, a study about the management of Primary Dysmenorrhea among University Students in the South of Spain and Family Influence 79.6% (78) of participants who used non-pharmaceutical methods reported them to be effective. An analysis of reporting by women using other forms of pain management showed that 100% satisfaction of those using acupressure, acupuncture, aromatherapy, wore a corset, did exercise, had sexual relations, consumed cannabis or meditated; 90% of those using music therapy were satisfied.(María Laura ET AL.,2025)

2.3 Practices of adolescents towards non-pharmacological management of dysmenorhoea

A study on the assessment of quality of life and effect of non-pharmacological management in dysmenorrhea. Results showed that 86.2% preferred to rest, watching TV, mobile phones, and favorite shows (45.6%), dietary modifications (19.3%), hot and cold patches (18.7%), exercise (10.3%), and aromatherapy (3.7%). (Unnisa et al., 2022)

Research on the Effects of two Non-pharmacological Pain Relief Interventions on the severity of pain among adolescent girls complaining from primary dysmenorrhea, showed that

adolescents used pain relief interventions during menstruation such as warm compresses which were reported by 66.6% and 83.3% of participants in the knee–chest position and hot compresses groups respectively, while 56.6% in the control group reported using herbal drinks to relieve menstrual pain. (Thabet et al., 2020).

Additionally, a study on Self-care strategies and sources of knowledge on menstruation in 12,526 young women with dysmenorrhea, findings showed that Usage of complementary, traditional or non-pharmacological interventions to manage menstrual symptoms was common 51.8%. Rest was the most commonly used non-pharmacological intervention (44.6%) followed by heat (8%), herbal medicine or herbal teas (6.9%) and exercise (6.6%). (Armour et al., 2019).

Another study on the Knowledge and self-management of dysmenorrhea among female adolescents in selected secondary school in Ogun State, Nigeria. 61.7% used hot water bottle or warm drinks, and 132 (38.3%) used home remedies like herbal concoction; while 58.6% believed they coped well with rest in the psychological way. (Ore et al., 2021)

Another study on Impact of dysmenorrhea management health education on adolescent girls' knowledge and attitude about dysmenorrhea management the majority of the students 82.8% do not go to the clinic for dysmenorrhea. More than half 52.6% of the students always take rest to relive dysmenorrhea. 64.2% of the students never use massage with aromatherapy to relieve pain. 53% of the students sometimes use traditional way to manage dysmenorrhea. More than half 53% of the students sometimes do exercise to relieve pain. The majority of the students 96.7% never used acupuncture to relive pain. More than one-third 42.8% of the students uses hot compresses to manage dysmenorrhea. 73.49% do not do exercise to relieve pain while, more than one fourth 26.51% use exercise such as walking 9.3% and yoga 8.8%.(Astuti et al.,2024).

As regard distribution of action taken for dysmenorrhea during school hours in a study for the Assessment of knowledge, Attitude and Practice among Adolescent Girls Regarding Dysmenorrhea, results illustrate that 34.3% of adolescent’s girls inform their friends and get help while the minority of them (13.0%) inform teacher and seek help (Awad et al.,2019).

In a study about the Management practices of primary dysmenorrhea among female high school students in Nekemte town, East Wallaga Zone, Western Oromia, Ethiopia, among the study participants, 79.1% used only nonpharmacological + both opted for nonpharmacological approaches to manage pain. The most frequently employed nonpharmacological methods

included drinking tea (68 participants, 21.6%), sleeping (56 participants, 17.8%), and drinking ginger tea (53 participants, 16.8%). (Bekan Gudata Gindaba et al., 2025)

Lastly, a study on Menstrual Pain Management, School Absenteeism and Educational Performance among Adolescent Students the most common pain management strategies were the use of painkillers 15.4%, warm water bottle uses 6.9% or drinking lots of water 5.6%. Painkillers were commonly used in combination with other strategies (Prossy et al., 2025)

CHAPTER THREE: METHODOLOGY

3.0 Introduction

This chapter describes the methods that will be employed to collect the necessary data. It presents, the area of study, research design, study population, sample size determination, sample size determination, sampling technique, sampling procedure, data collection method, data collection tools, data collection procedure, piloting of the study, quality control, pre-testing of research tools, data analysis, data presentation, data management, ethical consideration, study limitations, and dissemination of the study results.

3.1 Study design

The researcher will use a descriptive cross-sectional study to collect quantitative data from the respondents: this study design will be used because it will enable the researcher to obtain data within the shortest time possible since it captures information from a population at one point in time allowing the researcher to measure the knowledge, attitudes and practices simultaneously.

3.2 Area of study

The study will be carried out at Kitebi secondary school, Rubaga division Kampala district.

Kitebi SS is a government aided school that was established in 1984 providing education services at both ordinary and advanced level. It is a mixed school implying that it takes in both boys and girls at secondary level.

3.3 Study population

The study population will be adolescent girls attending kitebi secondary school.

3.4 Sample size determination

The sample size will be determined using burton's formula (1965). This formula will be used to estimate the smallest possible categorical sample size to enable the researcher to finish within the shortest possible time.

Sample size n =QR/O

Were

n=sample size

Q=total number of days that will be spent on data collection (5 days)

R=maximum number of respondents who were interviewed per day (5 respondents)

O =maximum time spent on each respondent (1 hour)

Taking Q =20 respondents, R=5, O =1 hour

N=5*20/1

Sample size =100

Therefore 100 respondents will be used in the study

3.5 Sampling technique

The researcher will employ a simple random sampling technique to obtain the research participants for the study. This method will give an equal opportunity to each individual of being selected hence eliminating bias and improves on the validity of the data to be collected and also save time.

3.6 Sampling Procedure

Eligible participants will be assigned unique identification numbers (from 1 to 10), sample size will be determined and then participants selected randomly by asking them to pick folded papers randomly. Students whose numbers are selected will be included in the study after obtaining informed consent from their teacher and school administration.

3.7 Data collection method

Data will be collected using a questionnaire, the questionnaire contains semi structured close ended questions.

3.8 Data collection tools

Questionnaire; this is a data collection tool that consists of a set of questions that aim at collecting information from a respondent. It is easy and flexible to use.

3.9 Data collection procedure

A letter of introduction will be obtained from research committee of Kampala Institute of Health Professionals, then will be taken to kitebi secondary school head teacher for approval, consent will be obtained from study participants who reach the inclusion criteria, then questionnaires shall be given out and explanation on how they will be filled.

3.10 Study variables

3.10.1 Dependent variables

Non pharmacological management of Dysmenorrhea

3.10.2Independent variables

The knowledge, attitude and practices of adolescents

3.10 Data analysis and presentation

The data obtained shall be tallied manually using pens, papers and tally sheets and then analyzed using computer applications such as MS excel and SPSS and then presented in form of tables, bar graphs and pie charts.

3.11 Quality Control

3.11.1 Pretesting of the research tools

The questionnaire shall be pretested at Kampala Institute among students under to check whether the questions are specific to the study, measurable, accurate and relevant and time bound.

3.11.2 Piloting the study

A study before the main study will be conducted and it will involve developing questionnaires with both open and close ended questions which will be tested at Kampala Institute of health

professionals a week before to test the reliability of the research and adjustments made where necessary to ensure the study is feasible and clear.

3.11.3 Inclusion criteria

The study will include all willing participants who are adolescent girls attending kitebi secondary school.

3.11.4 Exclusion criteria

The study will exclude all students who are unwilling to participate.

3.11.5 Ample time for data collection

Data will be collected for 5 days and 1 hour used on each participant.

3.11.6 Adherence to SOPs

The researcher will have to adhere to the standard operating procedures such as washing hands, wearing masks, use of sanitisers, wearing gloves to prevent transmission of infections between the researcher and participants.

3.12 Data analysis and presentation

The data obtained shall be tallied manually using pens, papers and tally sheets and then analysed using computer applications such as Ms excel and Statistical Package for Social Sciences (SPSS) and then presented in form of tables, bar graphs and pie charts.

3.13 Ethical considerations

Research related ethical standards will be observed throughout the course of the study, data collection will follow presentation of the introductory letter to from the school administration and taken to the research ethics committee for approval and researcher will then present it to the school head teacher who will introduce me to the students.

Participation will be voluntary and informed consent will be obtained from each participant's parent through the school administration or teachers prior to administering the questionnaire since all participants are below 18 years, all data collected will be treated with confidentiality and no identifying details will be collected.

3.14 Study limitations and solutions

Noncompliance by some of the expected respondents may lead to inaccuracy of the data which will be handled by reassuring the students about their total anonymity and confidentiality to be maintained during the study.

There may also be inadequate funds for the researcher to facilitate the activity of the study which will be handled by using the locally available resources to save on costs.

3.15 Dissemination of results

The study findings will be compiled in a report and a copy will be submitted to the Uganda Health Professionals Assessment Board, Kampala Institute of Health Professionals, and to Kitebi secondary school.

CHAPTER FOUR: RESULTS

4.0 Introduction :

This chapter presents findings obtained from female adolescents at Kitebi secondary school . the findings were collected using structured questionnaire administered to the respondents. it focuses on the analysis and presentation of data based on the study objectives.

4.1 Section A: Sociodemographic Data

Table 1:Distribution of respondents' demographic data **n=100**

Variable	**Category**	**Frequency (n)**	**Percentage (%)**
Age	13-16	59	59
	17-19	41	41
Sub total		**100**	**100**
Religion	Christian	53	53
	Moslem	45	45
	Other	02	02
Subtotal		**100**	**100**
Place of residence	Urban	67	67
	Rural	33	33
Subtotal		**100**	**100**
Education	S.1-S4	74	74
	S.5-S.6	26	26
Subtotal		**100**	**100**
Age at menarche	9-12 years	14	14
	12-16 years	60	60
	Above 16 years	26	26
Subtotal		**100**	**100**

Table 1 above shows that majority of the respondents 59(59%) were between 13 to 16 years, 41(41%) of them were between 17-19 years. And their mean age was about 16 years. 53% of the respondents were Christians, 45(45%) of them were Moslem and 2(2%) belonged to other affiliations. Furthermore, More than a third of the respondents 67(67%) lived in urban areas, and 33% of them were from rural residences. With regards to education level, majority of the

respondents 74(74%) were in S.1-S.4 and 26(26%) of them were in S.5-S.6. 60(60%) of the respondents received menarche between 12 to 16 years, 26 of them received it above 16 years, and a few of them received it between 9 to 12 years.

4.2 Section B: Knowledge of adolescents towards non-Pharmacological management of dysmenorrhea

Table 2: showing respondents response on Knowledge of dysmenorrhea and sources of information

n=100

Variable	**Category**	**Frequency (n)**	**Percentage (%)**
Do you know what dysmenorrhea	Yes	45	45
	No	55	55
Total		**100**	**100**
Source of information	Parents	21	21
	Friends	10	10
	Internet	63	63
	Other	07	07
Total		**100**	**100**

Table 2 above shows that a significant proportion did not know what dysmenorrhea was, whereas 45(45%) of them knew what dysmenorrhea was. With regards to their source of knowledge about dysmenorrhea, majority of the respondents 63(63%) reported to have got information from internet , 21(21%) of them received information from their parents, and 7(7%) of the respondents got information from other sources such as radio health programmes, community health workers , library books among others whereas 10(10%) got information from their friends

Figure 1: Pie chart showing respondents response on symptoms known by adolescents

n=100

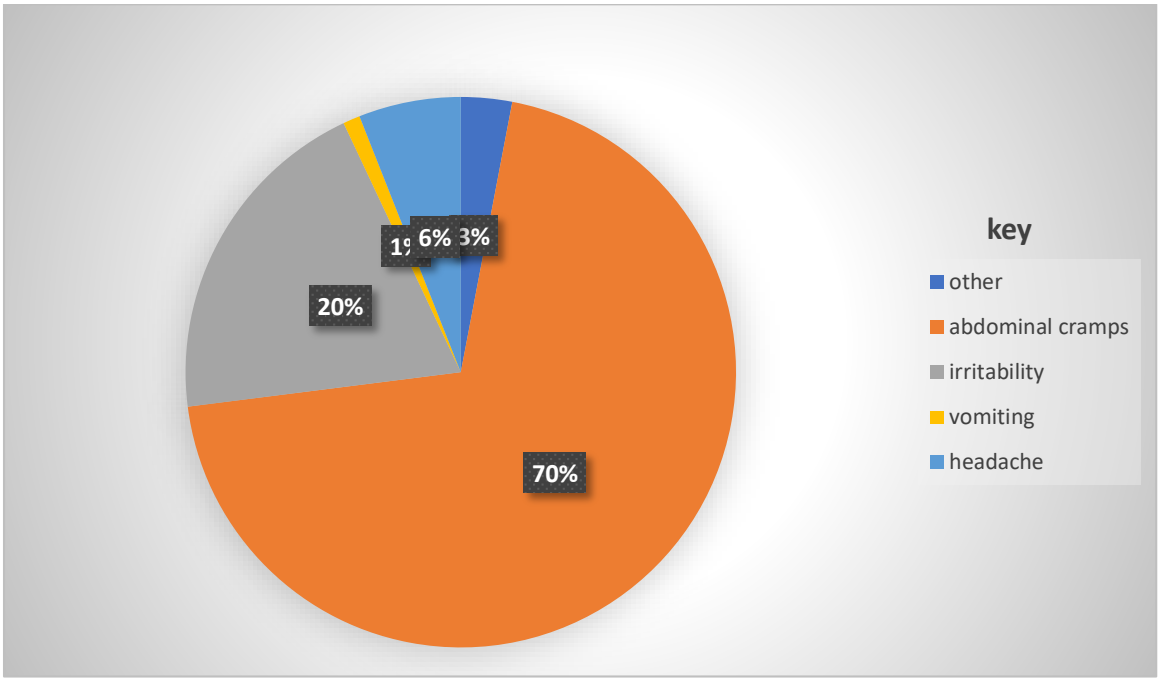

Figure 1 shows that majority of the respondents 70(70%) knew abdominal cramps as a sign of dysmenorrhea, 20(20%) of the respondents knew irritability as a sign, 6(6%) of them knew headache as a sign of dysmenorrhea, and a few of them 3(3%) reported knowing other signs of dysmenorrhea including abdominal bloating , diarrhea , weakness , breast tenderness and loss of appetite.

4.3 SECTION C: Attitude of adolescents towards non pharmacological management of dysmenorrhea

Table 3: Respondents response on Attitudes of adolescents towards non-pharmacological management **n=100**

Variable	Category	Frequency (n)	Percentage (%)
Do you agree that dysmenorrhea restricts one's daily activities	Yes	82	82
	No	18	18
Total		**100**	**100**
Do you feel that non-pharmacologic methods are effective for managing menstrual pain	Yes	69	69
	No	31	31
Total		**100**	**100**
Are you satisfied with the effectiveness of non –pharmacological methods to manage menstrual pain?	Yes	68	68
	No	32	32
Total		**100**	**100**
Do you feel that menstrual pain is normal and needs no intervention	Yes	41	41
	No	59	59
Total		**100**	**100**
Do you agree that medicine (pharmacologic) are harmful to use to manage menstrual pain?	Yes	28	28
	No	72	72
Total		**100**	**100**
Do you believe that exercise during menstruation is safe and helpful in reducing pain?	Yes	35	35
	No	65	65
Total		**100**	**100**

Table 3 above shows that majority of the respondents 82(82%) agreed that dysmenorrhea restricts one's daily activities whereas 18(18%) reported it didn't restrict their activities. More than one third of them felt that non-pharmacological methods are effective for managing menstrual pain, and 31(31%) felt that they were not effective. More than two thirds of the respondents also agreed that pharmacological medications were not harmful to use in management of menstrual pain while 28(28%) of them agreed they were harmful.

Regarding exercise during menstruation, majority of the adolescents 65(65%) believed that exercise was not safe and helpful during menstruation to reduce pain and a few of them (35%) believed it was safe and helpful. More than half of the respondents 59(59%) believed that menstrual pain is normal and needs no intervention and 41(41%) of them believed intervention was needed.

4.4 SECTION D: Practices of adolescents towards non pharmacological management of dysmenorrhea

Figure 2: Bar graph showing respondents response on when non-pharmacological practices of managing were used by adolescents

n=100

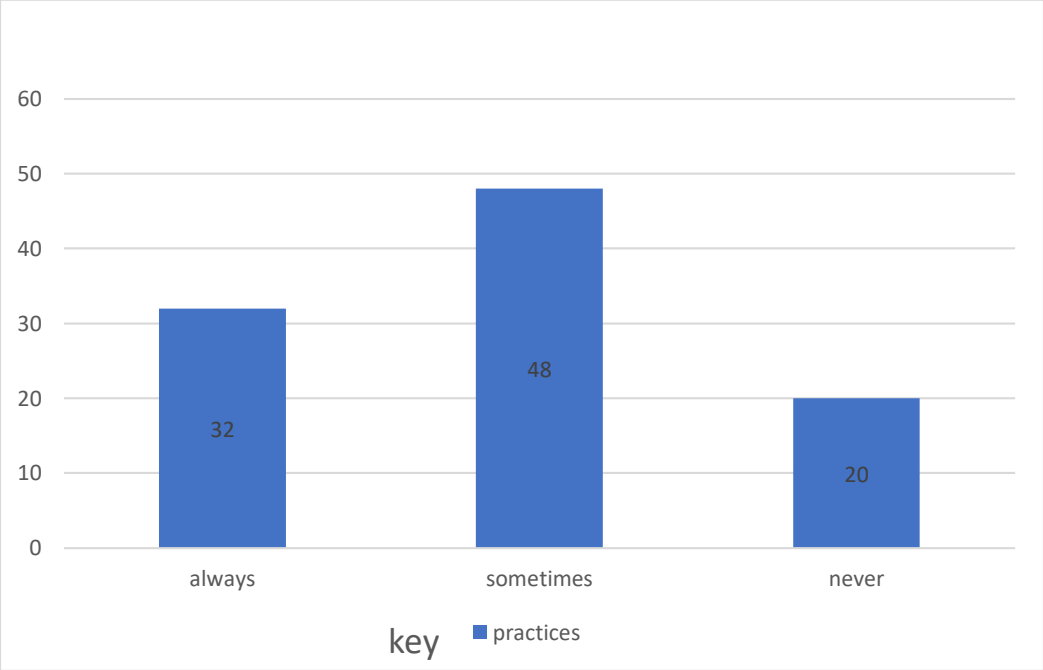

Figure 2 above shows that most of the respondents 48(48%) used non- pharmacological methods sometimes to manage dysmenorrhea , a few of them 32(32%) used the methods all

the time and minority of them 20(20%) never used the non-pharmacological methods to manage menstrual pain.

Figure 3: Pie chart showing respondents response on non-pharmacological management methods used by adolescents to manage dysmenorrhea

n=100

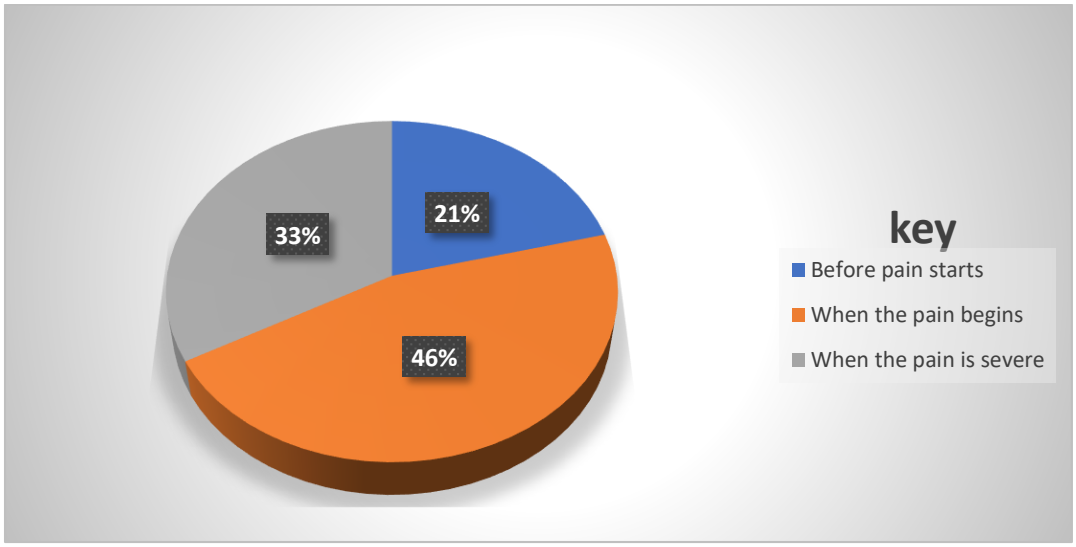

Figure 3 above shows that most of the respondents use non-pharmacological methods to manage menstrual pain only when the pain begins, 33(33%) of them use them only when the pain is severe and a few of them 21(21%) used the methods even before the pain starts.

Figure 4: a bar graph Showing respondents response on whether they consult when they need help to manage dysmenorrhea

n=100

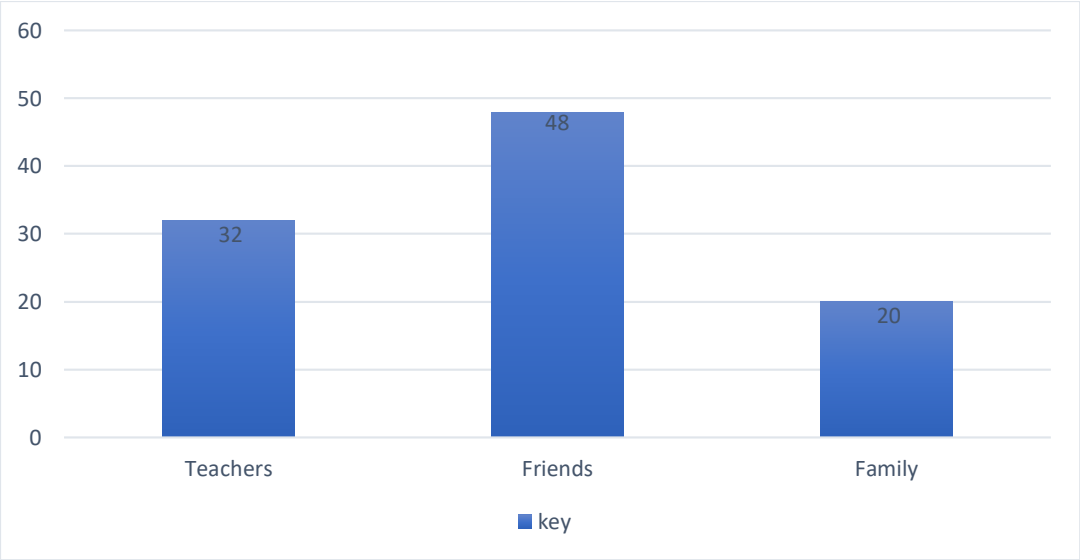

Figure 4 shows that minority of the respondents 20(20%) consulted family members when they experienced dysmenorrhea , while majority of them 48(48%) reported to have consulted

from friends for help ,and a few other respondents 32(32%) went to their teachers for help when they experienced dysmenorrhea.

Table 4: Table showing respondents response on pharmacological methods used together with non-pharmacological ones, dietary methods practiced, and who adolescents ask for help when they experience dysmenorrhea.

n=100

Variable	**Category**	**Frequency (n)**	**Percentage(%)**
Do you use pharmacological methods together with non-pharmacological ones to manage pain	Yes	61	61
	No	39	39
Total		**100**	**100**
Do you practice any dietary changes to manage menstrual pain	Yes	57	57
	No	43	43
Total		**100**	**100**
Do you ask anyone for when you experience menstrual pain	Yes	36	36
	No	64	64
Total		**100**	**100**

Table 4 above shows that majority of the respondents 61(61%) used non-pharmacological methods together with the pharmacologic ones to manage pain and a few of them 39(39%) did not use them together. More than half of the respondents reported that they practiced dietary changes to manage menstrual pain whereas 43% of them did not. 64(64%) of the respondents reported that they did not ask anyone for help when they experienced menstrual pain whereas 36(36%) of the masked someone for help.

CHAPTER FIVE: DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

5.0 Introduction

This section discusses the results of the major findings of this study and their interpretation about the study objectives and research questions .The findings of the study will be discussed in details utilizing the objectives and the relevant literature to support. The conclusion and recommendations from this study are also contained in this chapter.

5.1 Discussion

5.2 Knowledge of adolescents towards non-pharmacological management of dysmenorrhea

A significant proportion did not know what dysmenorrhea was, whereas 45% of them knew what dysmenorrhea was. This indicates a generally low level of knowledge among adolescents regarding dysmenorrhea and the adolescents may not fully understand how to manage dysmenorrhea effectively using non-pharmacological methods. The lack of awareness may limit students' ability to properly manage menstrual pain, particularly using non-pharmacological methods. This finding is consistent with a study by Jimoh Mohamed et al., (2018), which reported that 53.8% of adolescents had poor knowledge and 11.8% did not know the meaning.

With regards to their source of knowledge about dysmenorrhea ,majority of the respondents 63%, reported to have got information from internet , 21% of them received information from their parents, and 7% of the respondents got information from other sources such as radio health programmes ,community healthworkers , library books among others whereas 10 % got information from their friends. This relatively low percentage suggests that parent-child communication about menstrual health is limited. Cultural beliefs, stigma or discomfort discussing reproductive health issues may contribute to this gap.There might be limited structured or reliable sources of information and possibly poor communication about menstrual health within families and schools. This contrasts with findings by Amour et al., (2019), where

friends and family were the main sources of information and possibly poor communication about menstrual health within families and schools.

Most respondents (70%) identified abdominal cramps as a sign of dysmenorrhea while fewer (6%) knew headache, irritability (20%), and other symptoms. This implies that even though the major symptom abdominal cramps is recognized, limited awareness of associated symptoms may delay identification and proper management of dysmenorrhea. These findings are consistent with hadjou et al., (2022) who found that abdominal cramps to be the most common symptom of dysmenorrhea.

5.3 Attitude of adolescents towards non-pharmacological management of dysmenorrhea

The study found that 82% of respondents agreed that dysmenorrhea restricts daily activities indicating that menstrual pain significantly affects adolescents' quality of life and unmanaged dysmenorrhea directly affects school attendance, concentration, participation and academic performance. This is similar to a study by Amulya et al., (2024), which reported that dysmenorrhea affects their attendance to classes and 57% of the students reported that dysmenorrhea affected their daily activities.

More than one third of them felt that non-pharmacological methods are effective for managing menstrual pain, and 31% felt that they were not effective.This shows that non pharmacological methods are acceptable and accessible interventions that schools can promote safely. This is similar to a study by Maria Laura et al., (2020) which showed that 79.6% of the participants who used non-pharmacological methods such as heat therapy and acupuncture reported them to be effective. Similary, Unnisa et al., (2022), found that 51.4% of participants preferred using non-pharmacological methods before taking pain killers showing positive attitudes towards non-pharmacological methods.

Morethan two thirds of the respondents also reported that they agreed that pharmacological medications were are harmful to use in management of menstrual pain while 28% of them agreed they were not harmful.

Majority of the adolescents 65% believed that exercise was not safe and helpful during menstruation to reduce pain and a few of them (35%) believed they were not safe and helpful.This negative perception may result from myths , fear and poor health education leading to underuse of one of the safest and cheapest non-pharmacological pain relief methods.This

contradicts with findings of a study by Astuti et al (2024) where exercise such as walking and stretching was reported as helpful in reducing pain.

About 59 % of the respondents believed menstrual pain is normal and needs no intervention. This may indicate delayed management, normalization of suffering and reduced use of effective management strategies among the adolescents at kitebi ss. This agrees with Awad et al., (2019), where many adolescents considered painful menstruation normal and therefore did not seek help.

5.4 Practices of adolescents towards non-pharmacological management of dysmenorrhea

Most of the respondents 48% used non- pharmacological methods sometimes to manage dysmenorrhea, a few of them (32%) used the methods all the time and minority of them (20%) never used the non-pharmacological methods to manage menstrual pain which showed that there is inconsistent utilization of non-pharmacological methods and this suggests limited habitual adoption possibly due to inadequate knowledge and low perceived effectiveness of the non-pharmacological methods. This is consistent with a study by which reports that non pharmacological management methods fell in three categories with (38.4%) reporting they were the least practiced, 54.2% reported moderate practice, and 7.4% reporting high level of practice and participants and frequency of dysmenorrhea was significant with participants experiencing every 2-3 months were 57% less likely to undertake higher pharmacological management practices compared to those experiencing menstrual pain every period. (Dorothy Serwa et al., (2026)

The majority of respondents reported using non-pharmacological methods when pain begins while 33% used them when pain becomes severe and only 21 % used them before the pain starts. This reflects a reactive approach rather than a preventive approach to pain management. Delayed use reduces the effectiveness of these methods. This is similar to a study by H.A. Thabet et al.,(2020), who found that adolescents predominantly used interventions such as warm compresses after the onset of pain , rather than before limiting their effectiveness.

The study revealed that 64% of respondents did not seek for help while 36% sought assistance which implies poor health seeking behavior and possible normalization of menstrual pain. It may also reflect cultural stigma, embarrassment or lack of trust in available support systems, leading adolescents to manage pain independently, which can result in ineffective or unsafe

practices. This finding is similar to Sami Alhoulaiby et al., (2020), who reported that 91 .6% of adolescents did not consult a doctor for menstrual pain. Additionally, R.P. Astuti et al., 2024 found that the majority of adolescents rarely sought professional care, reinforcing the trend of self-management.

64% of the respondents reported that they did not ask anyone for help when they experienced menstrual pain whereas 36% of the masked someone for help. Among those who sought for help, 48% consulted friends, 32% consulted teachers and only 20% consulted family members which indicates that peer influence plays a major role in menstrual pain management however reliance on peers may expose adolescents to misinformation and limited parental communication on reproductive health issues. This is similar to a study by Who reported that of the respondents who consulted someone because of menstruation problems, 13.8% consulted a doctor, 7.6% consulted a school nurse, 26.2% consulted a parent, and 24 % consulted a friend where as 51.6% consulted no one.

Majority of the respondents (61%) used non-pharmacological methods together with the pharmacologic ones to manage pain and a few of them (39%) did not use them together. This suggests that some adolescents prefer a combined approach to pain management which indicates that they seek a faster and more effective relief from dysmenorrhea. This is contradicts with the study by Dorothy et al., (2026) , which showed that 61% of participants fell into the low utilization category for pharmacological interventions , having used one or fewer medication types for dysmenorrhea and 51.6% demonstrated moderate utilization of non-pharmacological practices together with pharmacological methods. Also a study by Namirembe et al., (2025) showed that Painkillers were used together with other strategies such as warm water bottle use (6.9%), or drinking lots of water.

More than half of the respondents reported that they practiced dietary changes to manage menstrual pain whereas 43% of them did not.

5.2 Conclusion

The study findings concluded that knowledge regarding dysmenorrhea and its non-pharmacological management among adolescents at kitebi secondary school was generally low despite positive attitudes towards non-pharmacological methods. Many adolescents believed that these methods were effective, but misconceptions still existed especially regarding exercise and the belief that menstrual pain should simply be endured.

Non pharmacological practices such as rest, dietary changes and combined use with pharmacological methods were common although use was often inconsistent and reactive rather than preventive.

The findings show the need for stronger menstrual health education, improved school support systems, and other parent- child communication regarding menstrual pain management.

5.3 Recommendations

Health workers should conduct school outreach programs focusing on safe and effective non-pharmacological pain management strategies.

The school administration should strengthen menstrual health education programs and include dysmenorrhea management in health talks and guidance sessions.

Teachers, especially senior women teachers, should provide accurate information and encourage students to seek help early.

Parents should be encouraged to openly discuss menstruation and pain management with their children

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APPENDICES

APPENDIX I: Consent form

Dear participant,

I Nalumansi Hellen, a student at Kampala Institute Of Health Professionals undertaking a Diploma In Clinical Medicine and Community Health in my final year.

Purpose of the study

To assess the knowledge, attitude and practices towards non-pharmacological management of dysmenorrhea among adolescents attending kitebi secondary school.

To finds out the level of knowledge of adolescents towards non-pharmacological management of dysmenorrhea at Kitebi secondary school, Kampala district ,

To identifies the attitudes of adolescents towards non-pharmacological management of dysmenorrhea at kitebi secondary school, Kampala district.

To establish practices of adolescents towards non-pharmacological management of dysmenorrhea at kitebi secondary school, Kampala district.

There are no individual benefits and incentives for the study participant's .The community and health sector stand to benefit from the research findings obtained from the study. Your participation is highly voluntary and you are free to take part or not to take part in the study. You may also choose to not answer some of the questions or all of them or not to answer as you will. The study has been approved by the headteacher of kitebi secondary school.

Consent and signature

I have been told about the study and I understand its main aim and that it is voluntary and confidential. Therefore I willingly accept to take part in this study.

Signature/thumbprint …….. Date …….

Respondent

Signature…… Date…….

Researcher

APPENDIX II : Questionnaire

SECTION A : SOCIODEMOGRAPHIC DATA

1. Age

A) 13-16 years ☐

b) 17-19 years ☐

2. Religion

a) Christian ☐

b) Moslem ☐

c) Other ☐

3. Place of residence

a) Urban ☐

b) Rural ☐

4. Education level (class)

a) Senior 1 – senior four ☐

b) Senior five – senior six ☐

5. Age at menarche

a) 9-12 years ☐

b) 12-16 years ☐

c) Above 16 years ☐

6. Tribe

a) muganda ☐

b) musoga ☐

c) other (specify) …….

SECTION B: KNOWLEDGE OF ADOLESCENTS ABOUT NON PHARMACOLOGICAL MANAGEMENT OF DYSMENORRHOEA

7. Do you know what dysmenorrhea is?

a)Yes ☐

b)No ☐

8. If yes, what was the source of information?

a) Parent(s) ☐

b) Friends ☐

c) Internet ☐

d) Other (specify) …….

9. What symptoms of dysmenorrhea do you know?

a) abdominal cramps ☐

b) Irritability ☐

c) Vomiting ☐

d) Headache ☐

e) Other (specify)……

C: ATTITUDE OF FEMALE ADOLESENTS TOWARDS NON PHARMACOLOGICAL MANAGEMENT OF DYSMENORRHOEA

10. Do you agree that dysmenorrhea restricts one's daily activities?

a) Yes ☐

b) No ☐

11. Do you feel that non pharmacological methods are effective for managing menstrual pain?

a) Yes ☐

b) No ☐

12. Are you satisfied with the effectiveness of non-pharmacological methods to manage menstrual pain?

a) Yes ☐

b) No ☐

13. Do you feel that menstrual pain is normal and should be endured without intervention?

a) Yes ☐

b) No ☐

14. Do you agree that medicines (pharmacological) are harmful to use for managing menstrual pain?

a) Yes ☐

b) No ☐

15. Do you believe that exercise during menstruation is safe and helpful in reducing pain?

a) Yes ☐

b) No ☐

SECTION D: PRACTICE PF FEMALE ADOLESCENTS TOWARDS NON-PHARMACOLOGICAL MANAGEMENT OF DYSMENORRHOEA

16. How often do you use non pharmacological methods to manage pain?

a) Always ☐

b) Sometimes ☐

c) Never ☐

17. Which non pharmacological methods do you use to manage menstrual pain?

a) Herbal tea ☐

b) Hot water ☐

c) Rest ☐

d) Other (specify) ……

18. When do you start using the non-pharmacological methods to manage menstrual pain?

a) Before pain starts ☐

b) When the pain begins ☐

c) When the pain is severe ☐

19. Do you ask anyone for help when you experience menstrual pain?

a) Yes ☐

b) No ☐

20. If yes usually helps you

a) Teachers ☐

b) Friends ☐

c) Family ☐

21. Do you use pharmacological methods together with non-pharmacological ones when you experience period pain?

a) Yes ☐

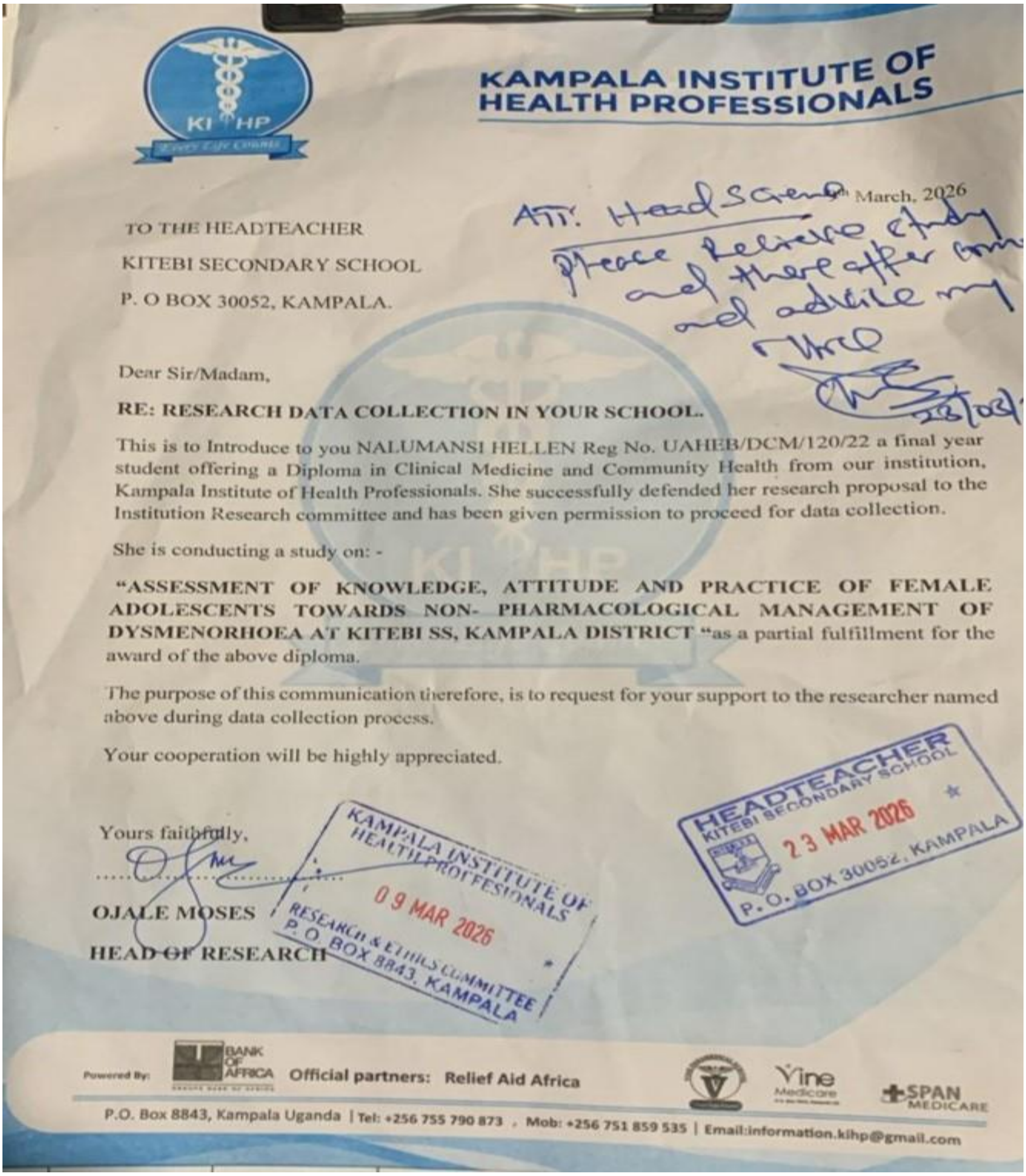
b) No ☐

22. Do you practice any dietary changes to manage the menstrual pain?

a) Yes ☐

b) No ☐

APPENDIX III: APPROVAL LETTER FROM KITEBI SECONDARY SCHOOL



KAMPALA INSTITUTE OF HEALTH PROFESSIONALS

9th March, 2026

TO THE HEADTEACHER

KITEBI SECONDARY SCHOOL

P. O BOX 30052, KAMPALA.

Dear Sir/Madam,

RE: RESEARCH DATA COLLECTION IN YOUR SCHOOL.

This is to Introduce to you NALUMANSI HELLEN Reg No. UAHEB/DCM/120/22 a final year student offering a Diploma in Clinical Medicine and Community Health from our institution, Kampala Institute of Health Professionals. She successfully defended her research proposal to the Institution Research committee and has been given permission to proceed for data collection.

She is conducting a study on: -

"ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE OF FEMALE ADOLESCENTS TOWARDS NON- PHARMACOLOGICAL MANAGEMENT OF DYSMENORHOEA AT KITEBI SS, KAMPALA DISTRICT "as a partial fulfillment for the award of the above diploma.

The purpose of this communication therefore, is to request for your support to the researcher named above during data collection process.

Your cooperation will be highly appreciated.

Yours faithfully,

……………………………

OJALE MOSES

HEAD OF RESEARCH

KAMPALA INSTITUTE OF HEALTH PROFESSIONALS 09 MAR 2026 RESEARCH & ETHICS COMMITTEE P.O. BOX 8843, KAMPALA

HEADTEACHER KITEBI SECONDARY SCHOOL 23 MAR 2026 P.O. BOX 30052, KAMPALA

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APPENDIX IV: PROPOSAL AND REPORT APPROVAL FORM

Section A: Study topic approval

Name of candidate: **NALUMANSI HELLEN** Rag No: **UAHEB/ DCM/ 120/22**

Research Topic: Assessment of Knowledge, Attitude and Practices of Female Adolescents towards Non-Pharmacological Management of Dysmenorrhea at Kitebi Secondary School.

Approved by: Chairperson of the Research Committee

Name……

Signature …….....

Date ……

Section B: Approval of Research Proposal

Research Topic: Assessment of Knowledge, Attitude and Practices of Female Adolescents towards Non-Pharmacological Management of Dysmenorrhea at Kitebi Secondary School.

Approved by:

Chairperson of the Research Committee

Name…… Signature …….....

Date ……

Section C: Approval of Research report

Research Topic: Assessment of Knowledge, Attitude and Practices of Female Adolescents towards Non-Pharmacological Management of Dysmenorrhea at Kitebi Secondary School.

Approved by:

Chairperson of the Research Committee

Name:……..……Signature: …….....

Date ……

Principal

Name:……Signature :……

Date …….

Supervisor's acceptance

Name of candidate……..Rag No:……

Research Topic: Assessment of Knowledge, Attitude and Practices of Female Adolescents towards Non-Pharmacological Management of Dysmenorrhea at Kitebi Secondary School.

I …….. Hereby agree to supervise the above named candidate.

Signature:…….Date: ……..

Approved by: The research committee

Chairman:…… Date:…….

Section D: Proposal Approval form

A) Proposal approval

Research Topic: Assessment of Knowledge, Attitude and Practices of Female Adolescents towards Non-Pharmacological Management of Dysmenorrhea at Kitebi Secondary School.

I hereby accept this proposal for the above named research study and approve it for submission to ……school and other concerned organization's institution

Review Board/ Research and Ethics committee

Approved by Supervisor (signature) …….. Date ……

Principal (signature) …….…….. Date ……..

c) Report approval

Research Topic: Assessment of Knowledge, Attitude and Practices of Female Adolescents towards Non-Pharmacological Management of Dysmenorrhea at Kitebi Secondary School.

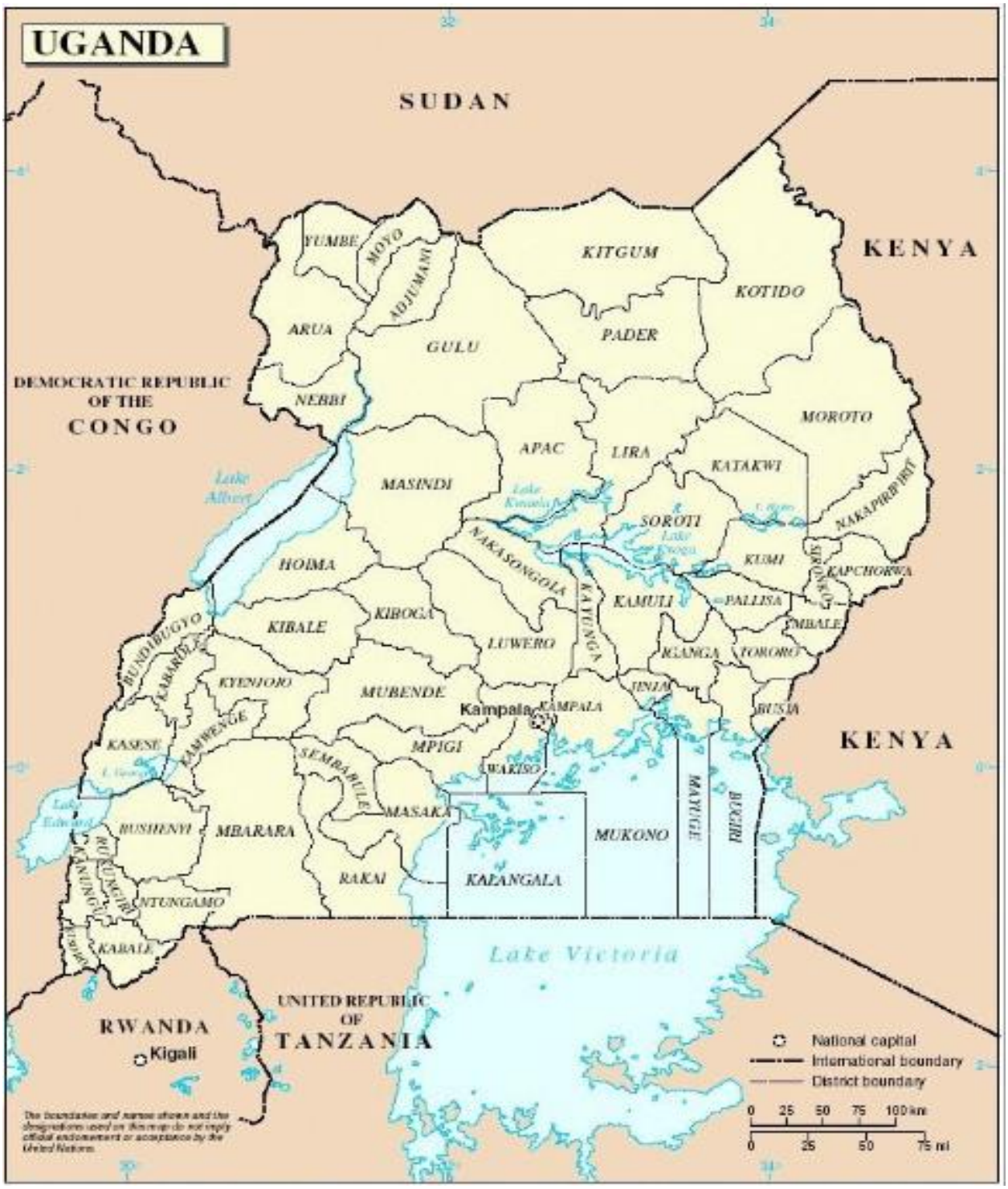
I hereby accept this report for the above named research study and approve it for submission to UHPAB and other concerned organization's institution review Board / Research and Ethics Committee.

Approved by

Supervisor (signature) …….. Date ……

Principal (signature) …….. Date ……..

APPENDIX V: MAP OF UGANDA SHOWING KAMPALA DISTRICT



APPENDIX VI: MAP SHOWING LOCATION OF KITEBI SECONDARY SCHOOL