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Prevalence of Dysmennorrhea Among Women

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Abstract:

Dysmenorrhea is condition of pain experienced by women during menstruation. A great majority of women of reproductive age go through this suffering. It incapacitates the women, affects their social participation and quality of life. Good menstrual health and hygiene is of utmost importance for the overall well-being and empowerment of women. The purpose of this study is to assess the prevalence of dysmenorrhea among women. It is exploratory research to understand the severity of problem in Kurnool city of Andhra Pradesh. The sample comprised of 120 women of 15-45 years of age. Data was collected through door-to-door survey in the community by using a semi structured questionnaire. The questionnaire consisted of sociodemographic details, regularity and pain experienced during menstruation, hygienic practices and any socio-cultural restrictions imposed on women during menstruation. The result revealed that though 87% of the women are getting their period regularly, yet 72% of them experience pain during menstruation. Among these around 17.5% of the women get severe pain and 10% of them take medicines to get relief from pain. All the women live in urban area, they have access to better sanitation facilities. At the time of menstruation, many of them (67%) try to take rest and massage with pain balm, hot therapy (23%) and they too make necessary dietary changes during menstruation to reduce the pain and discomfort. Majority of the women (89%) undergoes or adopted to cultural and social restrictions imposed during menstruation.

Keywords: Reproductive age, Menstruation, and dysmenorrhea

INTRODUCTION:

Menstruation is a normal physiological phenomenon for women of reproductive age. It is the process of removal of the endometrium from the uterus due to the contracting action of the prostaglandin hormone. Many women experience mild to severe cramps in the lower abdomen, back, and legs during the menstrual period. It is often accompanied by other symptoms like nausea, vomiting, and diarrhoea. This condition of painful period is called dysmenorrhea. Dysmenorrhea interferes with normal daily activity and affects the quality of life of women of reproductive age [1]. Dysmenorrhea is of two types primary and secondary.

When the pain is due to the action of ovulatory hormone it is called primary dysmenorrhea. The main cause of the primary dysmenorrhea is due to excess production prostaglandin hormone, which is experienced by the majority of women of reproductive age [3]. In secondary dysmenorrhea, pelvic pain is associated with a disease of reproductive organs and pain lasts beyond the time of the menstrual period [2,3]. Primary dysmenorrhea is a common problem in India [4]. According to the World Health Organization (WHO), dysmenorrhea affects between 1.7% and 97% of women [2]. The prevalence of dysmenorrhea varies from one country to other from 50% and 90% [5]. Dysmenorrhea is considered the



most common symptom of all menstrual complaints and poses a greater burden of disease than any other gynaecological complaint in developing countries. Worldwide, in the women of reproductive age, dysmenorrhea is more prevalent than other types pelvic pain, namely, dyspareunia and noncyclical chronic pelvic pain [4]. It impacts work productivity, and incapacitate the life of many women [5, 6]. As a result, dysmenorrhea affects the overall quality of life, and responsible for considerable economic losses due to the costs of medications, medical care, and decreased productivity [1].

Menstrual health and hygiene have gathered tremendous attention worldwide as major roadblock in the process of achieving gender parity and women empowerment. World health organisation has recognized menstruation as a health issue, not a hygiene issue. It is a health issue with physical, psychological, and social dimensions, which needs to be addressed. Menstruation affects attendance of girls in school and colleges and performance of women in work place.

METHODOLOGY:

It is an explorative study to find out the prevalence and severity of the problem in Kurnool city of Andhra Pradesh. The sample comprised of one hundred and twenty women of reproductive age (15-45 years). Sample was selected randomly from four different locality of Kurnool city. Data was collected by doing door-to-door survey in the community. The women were asked questions by using a semi structured questionnaire. The questionnaire consisted of sociodemographic details, regularity and nature of pain experienced during menstruation, hygienic practices and any socio-cultural restrictions imposed on them during menstruation Before the interview, a verbal informed consent was obtained from the women or guardian of the adolescent girl. All the respondents were assured that the information collected would be kept confidential. The data was collected from the women in their convenient time. At the time of interview, they were educated about facts of menstruation, need and importance of hygiene during period and all their queries were answered satisfactorily. The data collected was coded and tabulated. Frequency and Percentages were calculated using MS excel.

RESULT & DISCUSSION:

The sociodemographic profile of the women was studied to get a better understanding about the respondents. As study was conducted in Kurnool city so all the women live in pucca house having all the basic amenities. The collected data is presented in table no.1

Table 1: Sociodemographic profile of the women $(N=120)$				
	Sociodemographic profile of the women	Frequency	Percentage	
1	Age of the respondents			
	15-20 years	24	20	
	21-35 years	78	65	
	36 & above	18	15	
2	Education			
	Up to 10 th	58	48	
	Intermediate	36	30	
	Degree and above	26	22	
3	Occupation			
	Student	26	21.5	

Table 1. Second amographic profile of the woman (NT 100)



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	Home maker	63	52.5
	Business	18	15
	Govt./Private Job	13	11
4	Types of family		
	Nuclear	93	77.5
	Joint	12	10
	Single	15	12.5
5	Income		
	Low (below Rs.20,000 per month)	79	66
	Middle (Rs.21,000-50,000 per month)	30	25
	High (Above Rs.50,000 per month)	11	9

This study was conducted on women of reproductive age of 15- 45 years. It is evident from the above table that 20 percent of the women are below 20 years whereas 65 percent of the women are between 21- 35 years and only 15 percent are above 36 years of age. The educational level of nearly half of the women is up to 10th and only 22 percent of them have studied up to degree or higher. In terms of occupation, majority of the women are home maker (52.5%) and 21.5 percent are students and few (15%) of them do small business from home. With declining joint family system majority of the women (77.5%) live in nuclear family, 10 percent are from joint family and whereas 12.5 percent belongs to single parent family. In terms of family monthly income, majority (66%) of the respondents are from family with low income of below Rs.20,000 per month, 25 percent are from middle income (Rs21000-50,000) and only 9 percent are from high income (above Rs 50000 per month).

Prevalence of dysmenorrhea among Women:

In this study an attempt has been made to explore the severity of problem of dysmenorrhea among women. The collected data is presented in table 2.

	Table 1: Dysmenorrhea among women	(N=120)	
	Variables	Frequency	Percentages
1	Regularity of period		
	Yes	104	87
	No	16	13
2	Pain during period		
	Yes	86	72
	No	34	28
3	Severity of pain during period		
	Mild	45	37.5
	Moderate	54	45
	Severe	21	17.5
4	Types of care taken to overcome pain		
	Rest and massage with pain balm	80	67
	Hot therapy	28	23
	Medicine	12	10



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Do you make some dietary changes before and during period? Yes 94 78.3 No 26 21.6 6 Do you use sanitary pad available in the market? Yes 120 100 No 0 0 7 Do you take special care in cleaning themselves with soaps/disinfectant and changing absorbents regularly during period? 98 82 Yes 22 18 No 8 Do any social restrictions are imposed on you during period? Yes 107 89 No 13 11

It is evident from the table.2 that 87 percent of the women are getting their periods regularly whereas 13 percent of the women do not get regular period which indicates that their menstruation cycle is disturbed. Majority of the women (72%) experience pain during menstruation for 1-2 days of various types and severity. The prevalence rate of dysmenorrhea is in accordance with findings of many researchers and rate varies from 50% to 90% [9,11]. The women those who have regular menstrual cycles also suffers from dysmenorrhea (11). The most commonly reported types of pain by women are lower abdomen cramps, back pain, nausea, bloating, diarrhoea, head ache and irritability. Out of them 37.5 percent of women experience mild pain or uneasiness, 45 percent of them experience moderate pain affecting their work productivity and whereas 17.5 percent of women experience severe pain inhibiting their day-to-day life. In terms of care taken at time menstruation around 67 percent of them prefer to take rest and massage them with balm. 23 percent of them adopt hot therapy to overcome pain and only 10 percent of the women take medicines to overcome unbearable pain to perform their daily activities. The above results are similar to the findings of Potur et. al. (2014) that women who get pain of moderate to severe intensity take medicines.

When the women were asked about specific dietary changes adopted by them during menstruation, many of them (78.3%) reported to do so. In an open-ended question, most of them conveyed that they avoided junk food, fibrous and gas forming food. Many of them prefer to consume soft and easily digestible foods. All the women use sanitary pads available in the market. Personal hygiene during menstruation is very important for women health. Around 82 percent of the women reported that they take special care in cleaning themselves with disinfectant and changing sanitary napkins regularly during menstruation whereas 18 percent showed casual approach toward it. These findings are in concurrence with previous research findings in which 22 percent of girls practice washing hand only with water whereas 78% of girls used soap and water [8,9]

In different parts of our country various forms of restrictions such as not performing and participating in religious activity, not touching others or isolating herself, not allowed to enter kitchen and cooking etc. are imposed on women during menstruation. Almost every girl followed some or the other restrictions. In this study, when women were asked about social restrictions imposed on them during menstruation, 89 percent of the women stated that they are not allowed to do any religious activity and, in



some cases, they are isolated ant not allowed to cook food. These findings are similar to the previous research findings that majority (75-80%) of the women are not allowed to perform any religious activity [9, 14].

CONCLUSION:

Menstruation is a health issue with physical, psychological, and social dimensions. Dysmenorrhea is painful menstruation affecting the life of quite large number women. Many women and girls are forced to stay away from school and work due to dysmenorrhea. The casual approach of the society towards menstrual health and hygiene needs to be changed as women need competent and empathic care during menstruation. Women need care and support assess the factors contributing to dysmenorrhea and avail proper therapeutic approach to overcome pain.

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