



A COMMUNITY BASED STUDY TO ASSESS KNOWLEDGE, ATTITUDE, PRACTICE IN MANAGEMENT OF MENSTRUAL PAIN AMONG WOMEN IN DAKSHIN KANNADA

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Abstract : Dysmenorrhea is a public health issue worldwide among adolescent girls. This condition leads to lack of appetite, insomnia and depression. The present study was aimed to analyze the impact of menstrual pain in quality of life among public and also knowledge and practice in its management.

131 participants participated in the survey, 83.8% were 18-25 years & 16.2% from >26 years category age limit was upto 50. Majority of participants 41.5% are from medical/pharmacy/nursing student & 20.8% UG students and 16.2% diploma & general degree, 4.6% were housewives.

In order to analyze the impact of dysmenorrhea on frequency were enquired 51.9% have experienced mild pain, 24.4% moderate and 23.7% experience severe pain. Only 2.3% never experience menstrual pain where as 55.7% in every period and 42% occasionally.

Knowledge plays an important role in management of menstrual pain. Majority 77.1% obtained information about menstruation from their mother, 16% from friends, 3.6% from sisters and only 2.3% from health care provider and even majority 58% never discussed menstrual pain with healthcare provider. 42.6% never received education on menstrual pain management.

Even it is observed that menstrual pain interferes with productivity and daily activities at least 1 day(48.9%), 1-3 days(9.2%), >3 days 4.5% and only among 37.4% it did not affect.

When analyzing their practice in management of menstrual pain 63.4% have self-medication, commonly used drugs are Mefenamic acid, Ibuprofen, Paracetamol & Aspirin. 18.3% take medication after periods and only 3.1% before expecting periods and only 24.4% are very likely in seeking medical advice. It was noticed that only 13% are following relaxation technique and 30.5% prefer hot bags to manage pain an alternative for analgesics.

As the present study is evident that menstrual pain disturbs quality of life and also productivity loss. 84% respondents think that implementing menstrual pain leave policy would be more appropriate.

The present study concludes that quality of life disturbance, productivity loss, lack of knowledge in management, use of self-medication and not involving healthcare provider was noticed. So, it is the responsibility of healthcare provider to generate awareness regarding and government should make menstrual leave policy mandatory to overcome this problem.

Key Words: Dysmenorrhea, Productivity loss, Quality of life, Management

I. INTRODUCTION

Adolescent girls and women are at risk for dysmenorrhea, which is public health issue. Worldwide, the prevalence of dysmenorrhea varies from 34 to 94%, with dysmenorrhea being recorded in between 1 and 60% of cases^[1]. In addition to lower abdominal cramps, headaches, nausea, vomiting, diarrhoea and fatigue, the condition also causes lack of appetite, insomnia and depression. Most women and adolescents with dysmenorrhea choose to self-medication (painkillers) rather than seek out expert medical care. Heating pad or hot compress, massage, bed rest, natural herbs, exercise, yoga, meditation are the complementary and alternative therapies (CATs) for the treatment of dysmenorrhea. Vitamin B1 and B6 supplements is an effective cure for dysmenorrhea^[2]. If women or adolescents are in excruciating menstrual pain it is crucial that they consult their doctor. Menstrual pain can be successfully managed and treated using complementary and alternative therapies, enabling them to carry on with their everyday activities with little interruption.

II. OBJECTIVES

- To analyse the impact of menstrual pain in quality of life.
- To assess knowledge and practice of public in management of menstrual pain.
- To assess rationality (side effects) in usage of painkillers among public.

III. RESEARCH METHODOLOGY

Study site: The study was an online survey which was conducted among the community.

Study design and sampling: The study was conducted through online survey using structured questionnaires to assess the knowledge, attitude practice towards management of menstrual pain among women. The questionnaire was created, designed and disseminated using the Google Forms platform. Online questionnaire was posted through social media outlets (e.g., WhatsApp). Participants were encouraged to fill out the form and assist in sharing the questionnaire with their family members, friends and relatives. Moreover, participants were limited to one response to avoid duplicated or exaggerated data.

Sample size: The study enrolled people during the time schedule allotted for the project including other circumstances.

Study Duration: The study was conducted for a duration of two months

Inclusion criteria: The girls who attained menarche and individuals who are willing to participate and voluntarily enrolled were included for the study.

Exclusion criteria: Girls who have not yet started menstruating and individuals who are not willing to participate were excluded from the study.

Methodology: An online survey was conducted with the help of questionnaire to collect the data from the women population to assess their knowledge, practice, attitude in management of menstrual pain. Articles were collected from the online sources such as PUBMED and GOOGLESCHOLAR and questionnaires was prepared by using these articles. The data obtained from this survey was analyzed, assessed and interpreted.

IV. DATA COLLECTION PROCEDURE

Data was collected through online surveys using structured questionnaires adapted from previous studies and modified to suit our purpose. Questionnaire was prepared in English language including all relevant variables based on the objectives of study.

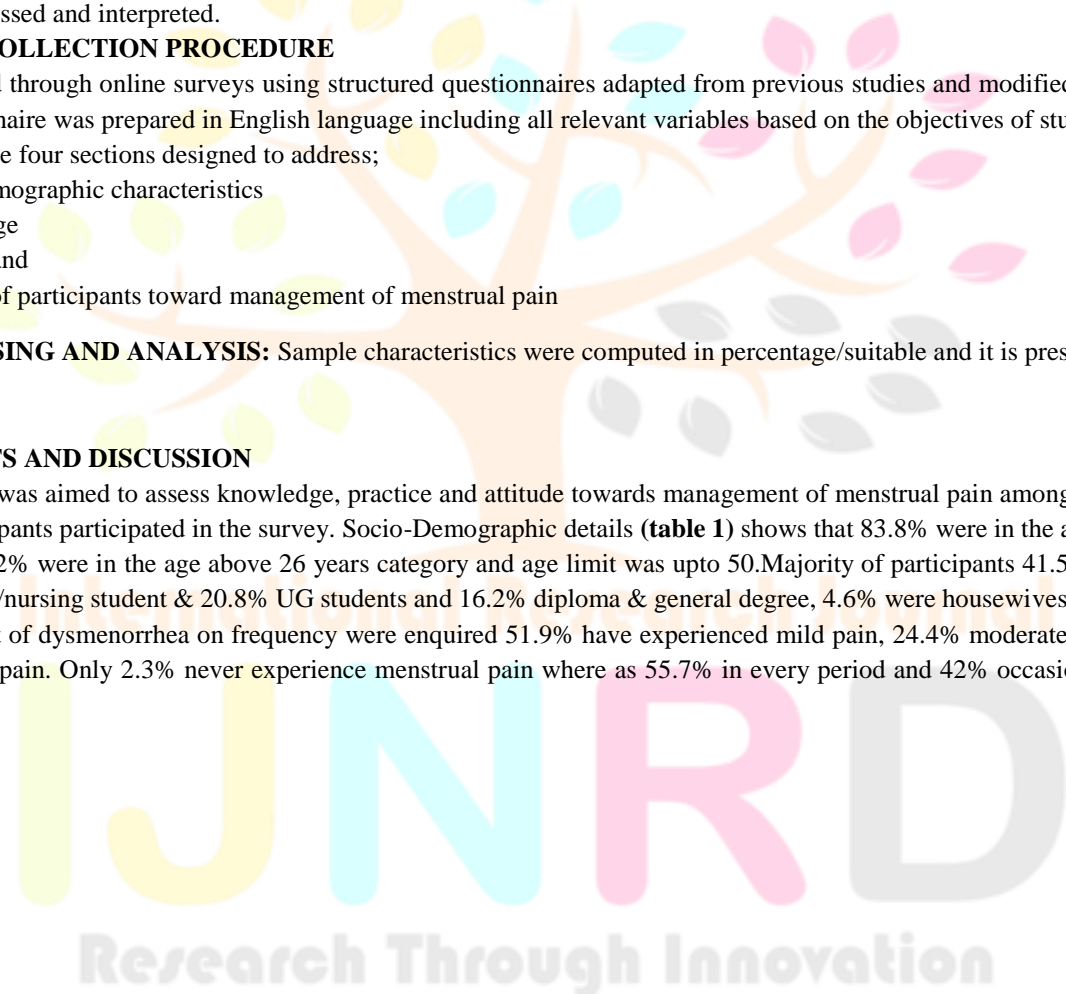
The tools used have four sections designed to address;

1. Socio-demographic characteristics
2. Knowledge
3. Attitude and
4. Practice of participants toward management of menstrual pain

DATA PROCESSING AND ANALYSIS: Sample characteristics were computed in percentage/suitable and it is presented using tables and figures.

V. RESULTS AND DISCUSSION

The present study was aimed to assess knowledge, practice and attitude towards management of menstrual pain among women. A total of 131 participants participated in the survey. Socio-Demographic details (**table 1**) shows that 83.8% were in the age range of 18-25 years & 16.2% were in the age above 26 years category and age limit was upto 50. Majority of participants 41.5% are from medical/pharmacy/nursing student & 20.8% UG students and 16.2% diploma & general degree, 4.6% were housewives. In order to analyze the impact of dysmenorrhea on frequency were enquired 51.9% have experienced mild pain, 24.4% moderate and 23.7% experience severe pain. Only 2.3% never experience menstrual pain where as 55.7% in every period and 42% occasionally. (**Fig No. 1**)



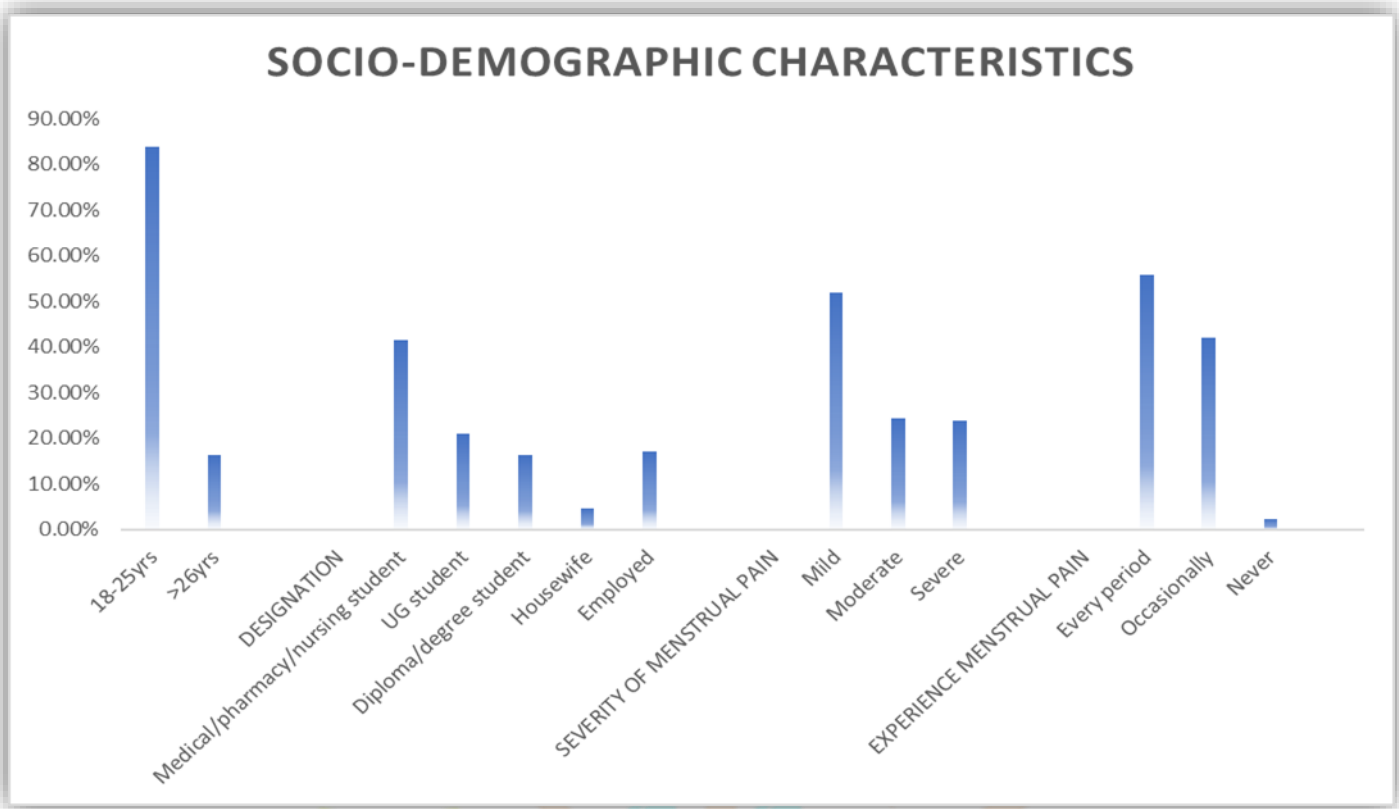


FIG.NO:1 Socio-demographic details of participants

TABLE:1- Socio-Demographic details of participants(N=131)

Characteristics	Percentage
Age	
18-25yrs	83.8%
>26yrs	16.2%
Designation	
Medical/Pharmacy/Nursing student	41.5%
Undergraduate student	20.8%
Diploma / Degree student	16.2%
Housewife	4.6%
Employed	16.9%
Severity of menstrual pain	
Mild	51.9%
Moderate	24.4%
Severe	23.7%
How often do you experience menstrual pain?	
Every period	55.7%
Occasionally	42%
Never	2.3%

Knowledge plays an important role in management of menstrual pain.(**Fig No.2**) Majority 77.1% obtained information about menstruation from their mother, 16% from friends, 3.6% from sisters and only 2.3% from health care provider and even majority 58% never discussed menstrual pain with healthcare provider. 42.6% never received education on menstrual pain management. See **table no. 2**.

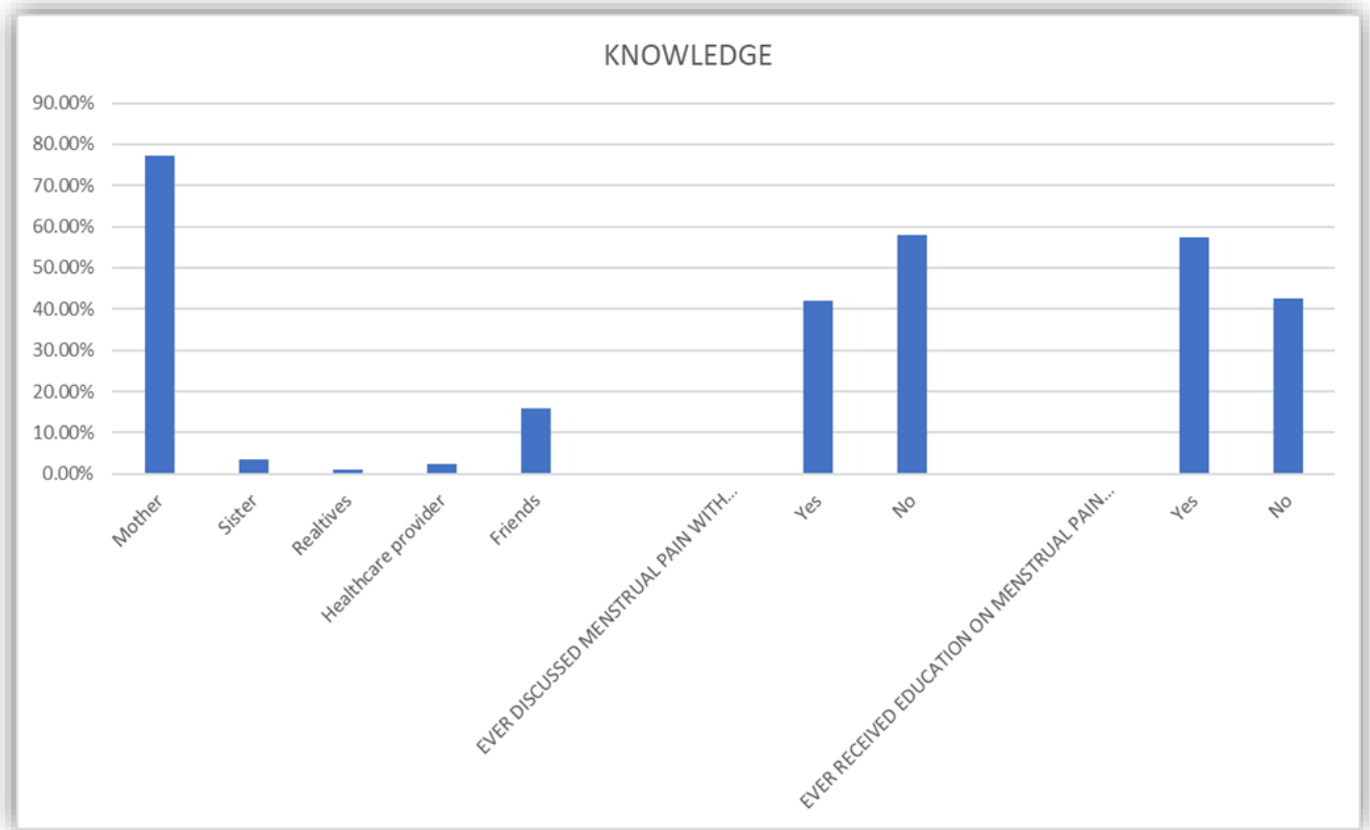


FIG.NO: 2 Knowledge based details

Table no. 2: Knowledge

Knowledge	Percentage
Who was the primary source of information about menstruation?	
Mother	77.1%
Sister	3.6%
Relatives	1%
Healthcare provider	2.3%
Friends	16%
Have you ever discussed menstrual pain with a healthcare provider?	
Yes	42%
No	58%
Have you ever received education on menstrual pain management?	
Yes	57.4%
No	42.6%

When analyzing their practice in management of menstrual pain 63.4% have self-medication, commonly used drugs are Mefenamic acid, Ibuprofen, Paracetamol & Aspirin. 18.3% take medication after periods and only 3.1% before expecting periods and only 24.4% are very likely in seeking medical advice. It was noticed that only 13% are following relaxation technique and 30.5% prefer hot bags to manage pain an alternative for analgesics. As shown in **table no. 3 (Figure 3&4)**

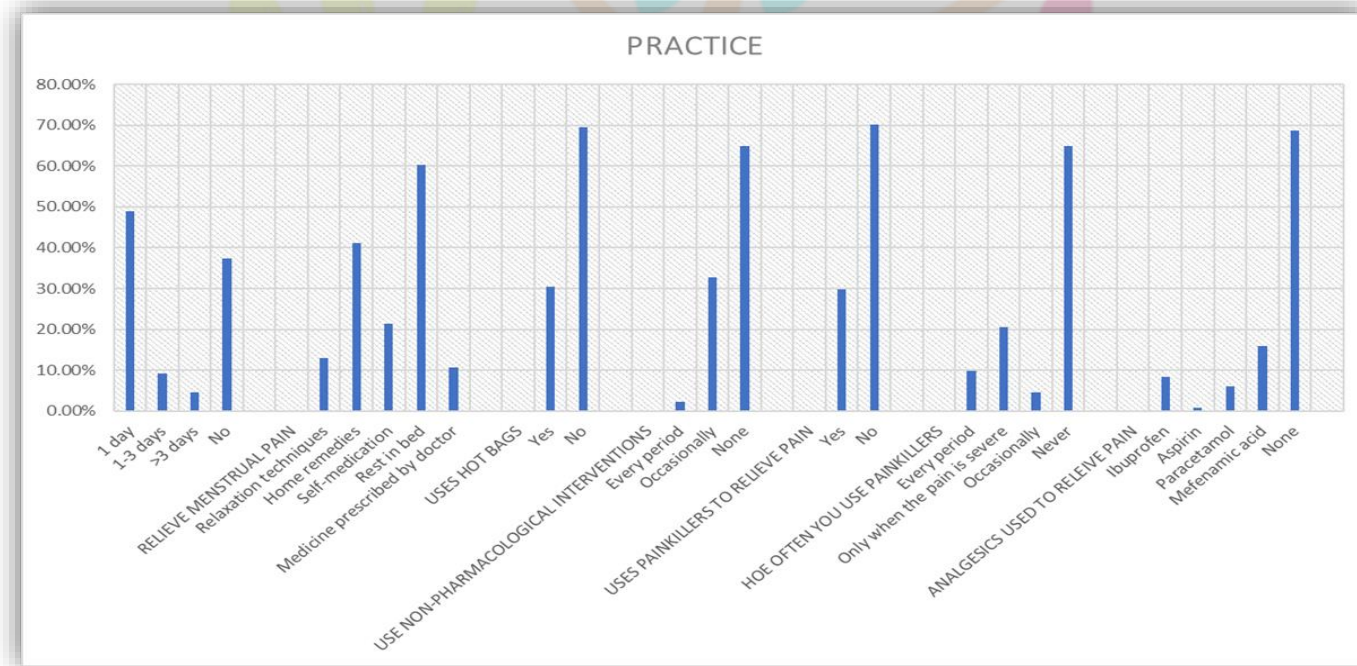
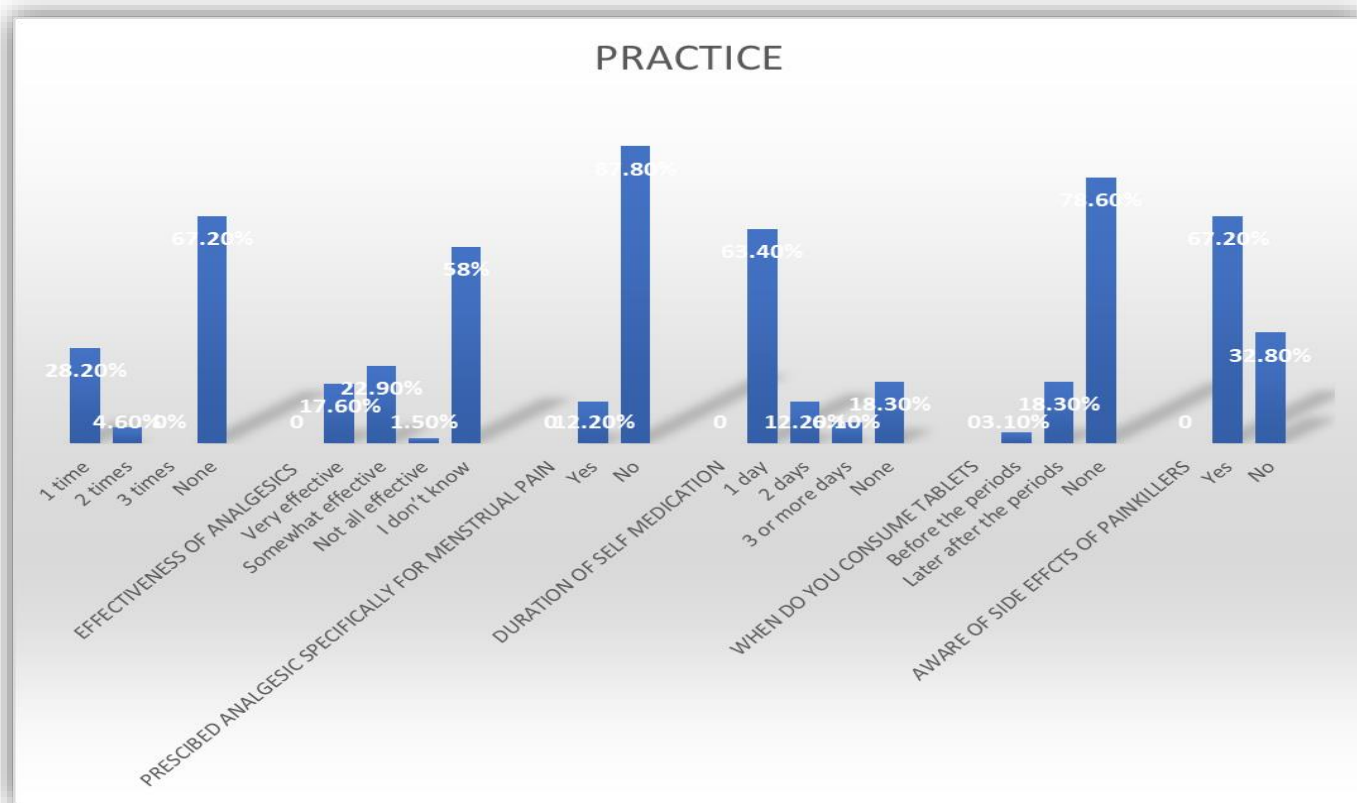


FIG.NO: 3&4 Practice domain details

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Table no. 3: Practices

Practices	Percentage
Have you ever missed school/college/work/other activities due to menstrual pain?	
1 day	48.9%
1-3 days	9.2%
More than 3 days	4.5%
No	37.4%
What solution you usually prefer to relieve menstrual pain?	
Exercise/relaxation techniques	13%
Home remedies	41.2%
Self-medication	21.4%
Rest in bed	60.3%
Medicine prescribed by doctor	10.7%
Do you use hot bags to relieve pain?	
Yes	30.5%
No	69.5%
Have you ever tried non-pharmacological interventions (exercise/yoga etc...)?	
Every period	2.3%
Occasionally	32.8%
None	64.9%
Do you use painkillers to relieve menstrual pain?	
Yes	29.8%
No	70.2%
How often you use painkillers?	
Every period	9.9%
Only when the pain is severe	20.6%
Occasionally	4.6%
Never	64.9%
What kind of analgesics have you used to relive menstrual pain?	
Ibuprofen	8.4%
Aspirin	0.8%
Paracetamol	6.1%
Mefenamic acid	16%
None	68.7%
Frequency of painkiller intake per day	
1 time	28.2%
2 times	4.6%
3 times	0%
None	67.2%
How effective have these analgesics been in relieving menstrual pain?	
Very effective	17.6%
Somewhat effective	22.9%
Not all effective	1.5%
I don't know	58%
Have you ever been prescribed an analgesic specifically for menstrual pain?	
Yes	12.2%
No	87.8%
Duration of self-medication	
1 day	63.4%

2 days	12.2%
3 or more days	6.1%
None	18.3%
Do you consume the tablets at regular doses starting the day before you expect your periods or later after periods?	
Before the periods	3.1%
Later after periods	18.3%
None	78.6%
Do you aware of the side effects caused by painkillers?	
Yes	67.2%
No	32.8%

Table no. 4 shows, 95.4% showed that menstrual pain management should be openly discussed with society. 84% respondents think that implementing menstrual pain leave policy would be more appropriate.(**Figure 5**)

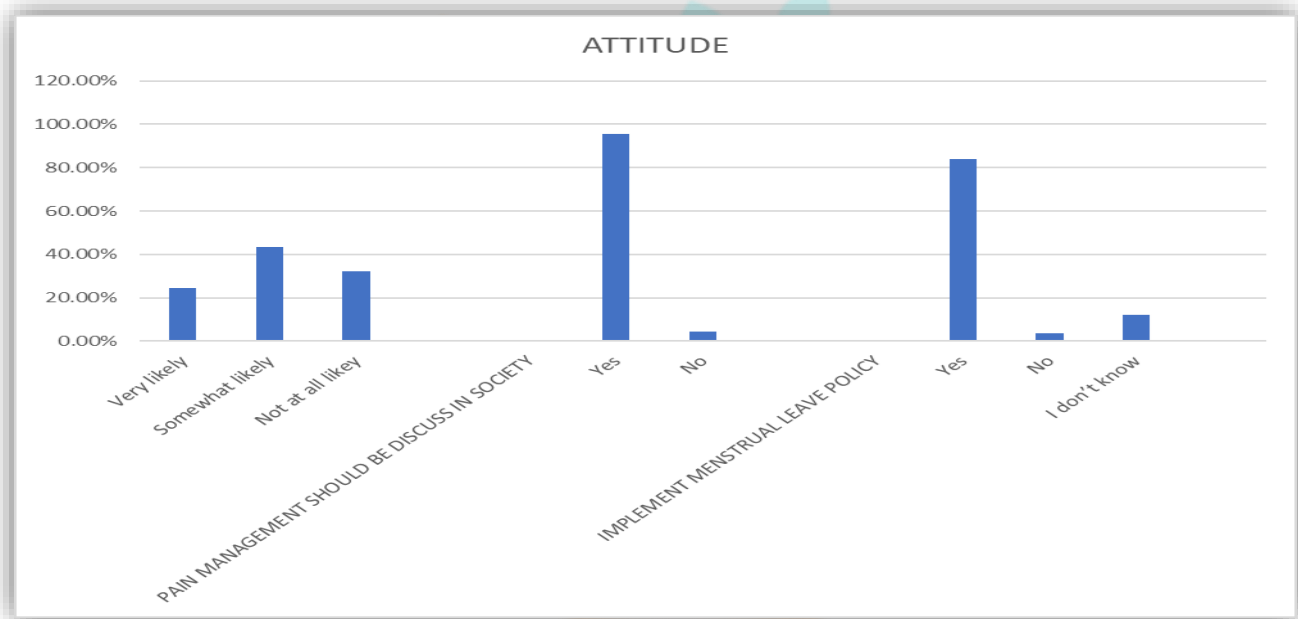


FIG.NO: 5 Attitude domain details

Table no. 4: Attitude

Attitude	Percentage
How likely are you to seek medical advice for menstrual pain?	
Very likely	24.4%
Somewhat likely	43.5%
Not at all likely	32.1%
Do you think that menstrual pain management should be openly discussed in society?	
Yes	95.4%
No	4.6%
Do you think implementing menstrual leave policy is appropriate?	
Yes	84%
No	3.8%
I don't know	12.2%

VI. DISCUSSION

Dysmenorrhea is a public health concern worldwide among adolescent females but it goes unnoticed. It has major consequences such as absenteeism to work/study, disturbed daily life, which leads to low quality of life in adult females. Therefore, this study was intended to seek information regarding knowledge attitude practice on menstrual pain management in the form of questionnaire and responses were recorded.

In this study we included females in the age group of 18-25years and above 26 years as supported by the study Schoep ME, *et al* [3]. Participants were from different education streams and majority of the participants were medical/nursing/pharmacy students (41.5%) supported by the study Sarah Salih *et al* [4]. This provides useful insights into the prevalence of menstrual pain, the extent to which it is managed, and the effectiveness of different management strategies.

Around 55.7% of dysmenorrhea females reported having pain frequently (every period). A study from India indicated 34% of females experience menstrual pain more frequently [5]. In comparison to this study, we found a markedly higher occurrence (55.7%) of frequent menstrual pain.

Study analyzed knowledge domain with questions such as source of information about menstruation. The major source of knowledge was mother (77.1%), 16% was friends and 3.6% was sister. Similar findings were also observed by Senapathi P *et al* [6] that majority of the study participants received first information about menstruation from their mothers only. Menstruation is often seen as a private or sensitive topic and many girls feel more comfortable discussing it with mother or caregiver they trust. On the other hand, only 2.3% receive information from healthcare provider and majority 58% never discussed menstrual pain with healthcare provider. This may be due to lack of awareness or some may feel uncomfortable discussing menstrual pain with healthcare provider due to fear or embarrassment about the topic.

Present study analyzed practice domain in management of menstrual and found that 21.4% have self-medication practice, commonly used drugs are mefenamic acid, ibuprofen, paracetamol similar to the study P Sudhakar *et al* [5] and Chaurasia *et al* [7]. Supported by the study Oksuz E *et al* [8], in the present study it was found around 18.3% of participants take medication later after periods and only 3.1% take before expecting periods. In present study it was found that only 13% are following relaxation technique and 30.5% prefer hot bags to manage pain as an alternative for analgesics as similar to the study Abubakar *et al* [2]. This is because heat application improves blood flow and causes relaxation of the uterine muscles which results in reduction in pain.

Many of them are taken their pain and discomfort during menstruation as part of normal menstrual cycle and didn't bother to seek medical advice. Though some of the participants are curious regarding seeking medical advice. If they attain positive attitude, they can be encouraged further awareness by means of educational programmes on management of menstrual pain.

Finally, the study highlights the need for policies to support women who experience menstrual pain, such as menstrual leave policies. The majority of the participants felt that such policies would be more appropriate, indicating that there is a need for more support for women who experience menstrual pain.

VII. FUTURE PROSPECTIVES

Our findings emphasize how menstrual health interventions that safeguard students against the negative impacts on their education have a place at university, but further research is necessary to appropriately inform design and implementation of these interventions, particularly with students from culturally diverse backgrounds.

VIII. CONCLUSION

Women generally report negative experiences of menstruation, attributed to menstrual pain, experiences of shame and distress, and difficulties containing menses. These factors adversely affect their education through absenteeism, reduced engagement, and poor academic performance, productivity loss. However, menstruation can be a positive experience for some and their ability to adapt to challenges presented by dysmenorrhea demonstrates their resilience and creativity. The present study concludes that quality of life disturbance, productivity loss, lack of knowledge in management, use of self-medication and not involving healthcare provider in its management was noticed. So, it is the responsibility of healthcare provider to generate awareness regarding and government should make menstrual leave policy mandatory to overcome this problem.

IX. ACKNOWLEDGMENT

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