

A short research on phenomenology of dysmenorrhea and health effects on the quality life in Pune suburban pharmaceutical institution

Abstract

Dysmenorrhea, painful menstruation, is a common chronic condition of pain that affects young women decrease their ability to function at a 100 percent and ultimately causing a reduction in productively for the affected person for a period of time. Many studies have shown that the level of knowledge about dysmenorrhea is unclear especially in young women and that it indeed has the ability to disrupt a peaceful flow in rhythm and pattern of women in executing daily activities. The aim of this study is to determine the true extent at which dysmenorrhea interferes with daily activities.

Keywords: dysmenorrhea, quality of life, chronic pain, gynecological referral, daily activities

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Introduction

Though considerable literature on this subject is available, only few of these studies were done in India which have been privately managed by pharmaceutical institution under the surveillance of pharmaceutical apex body as per NAACNBA, AICTE, PCI, DTE circulating norms and innumerable unique combination norms and none could be found in existing literatures about dysmenorrhea and impact on quality of life to reduce the ability to function time table in pharmaceutical institution.

Dysmenorrhea can be described as primary or secondary

Primary dysmenorrhea causes pelvic pain syndrome during menstruation without signs of pathology in the pelvic region and is associated with prostaglandin induced uterine contractions. Hence, symptoms like nausea and vomiting are common and the pain subsides with time. Primary dysmenorrhea, results in the palpation of pelvic region which is painless without pathological changes. Secondary dysmenorrhea, testifies to the presence of pathology or disorder that is the lead causative factor for the pain, and this condition may continue even after menses. Conditions that are often seen as the underlying causes in secondary dysmenorrhea include endometriosis, pelvic inflammatory disease. In secondary dysmenorrhea, physical examination always reveals a tenderness of the pelvic region and possibly a deformed pelvic architecture. Quite a number of women (40%) complain of dysmenorrhea among which 10% are unable to carry out daily activities between one to three days of each menstrual cycle.¹

Dysmenorrhea may have adverse influence on daily activities and function of women causing educational and career absenteeism. Dysmenorrhea may be influenced by different factors like, social status, nutrition, smoking, alcohol consumption, daily activity, psychological factors. Avoidance of food containing arachidonic acid such as dairy products, animal fat and reducing the intake of salt in the period of menstruation can reduce the pain of dysmenorrhea.^{2,3} The results of some studies indicated that such healthy behaviors as bathing with warm water in the first days of menstruation, physical

activity, consumption of fruits, vegetables and grains, and avoidance of salt and sugar can decrease the pain of dysmenorrhea.^{4,5}

Materials and methods

Data collection was done using an 18-item self-administered questionnaire developed to capture the aim of this study between December 2016 to June 2017. Data was entered and analyzed using Statistical Package for Social Sciences 11.5 (SPSS 11.5). Descriptive statistics of socio-demographic information, menstrual history and symptoms of participants regarding dysmenorrhea as well as impact on quality of life were determined and reported in the forms of mean, standard deviation, proportions and percentages (software packages is listed in worldwide).

Results

The average participant's age was 20 years \pm 1.20 years (ranging from 17-30 years). 24% (76) were found to be less than 20 years of age whereas only 8% (25) were above 22 years of age. Most of the responders fell within the age group of 20-24 which accounted to 68% (216). The mean BMI of the participants was 22.03 (\pm 2.27 kg/m²) (ranging from 16.8 kg/m² to 33.04 kg/m²). Most of the participants had a normal BMI (18.5-26) which was around 69% of the total participants. Participants in the underweight and overweight categories had almost equal distribution with 17% and 14% respectively. Conclusion: Dysmenorrhea is a common health problem and high gynecological referral rate due to its high prevalence rate. It exerts a significant effect on the daily activities and a detrimental effect on the quality of life among the female population.

Recommendation

Based on the findings of our study, the following recommendations are suggested:

School, timing is to be followed strictly from 9.00 a.m. to 5.30 p.m., no compromisation in timings. If you wish to go on leave, you must submit written application at least one day in advance. The leave taken without prior information will result in charge of 2 days absentee against. If three leaves taken consistently without prior

permission his/her admission will be terminated by the next day. Three days leave will be considered. If he/she takes leave before and after holiday. If the leave of the student are taken in continuing the one month absentee fine will be charge.

Increased educational programs to improve the level of awareness of dysmenorrhea. University and educational inspectors especially NAACNBA, AICTE and PCI may benefit from considering dysmenorrhea in the context of improving their University's attendance rates and academic performance. Separate girl's common room. Appointment of full time nurse in appropriate scale. Additional space for pharmacy shop in institution campus. Transportation facility in reasonable cost. Create a space for theory class of dysmenorrhea in time table to reduce the hesitation of dysmenorrhea and their associated problem. Includes a list of common questionnaires for common use. Yoga class twice a week with yoga instructor beneficial to reduce depression sign. Appointment of gynaecologist with class hour's basis. Diet awareness workshop in dysmenorrhea once in a semester. Modern review to gender difference in learning disabled children neuropsychology. Educational approach to management of menopause. Teachers are not allowed to give physical punishment to the students. If seen strict action will be taken. Fourth Saturday of the month is holiday. Necessary to verify a burnout predictive index as well as teachers' desire to leave their jobs. Mobile phone should be kept in the office. Date, Signature of Teacher on undertaking letter.

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Conflict of interest

The author declares that there were no conflicts of interest to report.

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