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ABSENTEEISM DUE TO DYSMENORRHEA AMONG COLLEGE GOING ADOLESCENT GIRLS: A CROSS SECTIONAL STUDY

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Abstract: **Objectives- The main aim of the study was to find out the prevalence rate of absenteeism and its effect on quality of life. The main necessity of this study to find out how the girls of age 18-20 has been dealing with the menstrual issue within their life and their occupation and daily activities.**
Methods- Convenience sampling of 232 students between the age 18-30 years were taken and the women were interviewed face to face. Out of them 150 students having regular cyclewere sent Google forms via mail to their individual mailing address. Data about their working ability, days of pain, location of pain, intensity of pain and the difficulties they faced while doing various activities on the daily basis during their menstrual cycle were taken.
Result-32.1% of the total population remained absent from the college leading to moderate effect on their quality of life.
Conclusion- Dysmenorrhea though a natural phenomenon is one of the major cause of absenteeism among college going female students thus significantly affecting their lifestyle and quality of life.

Keywords: **Dysmenorrhea, Adolescent Girls, College going students, Menstrual cycle, Absenteeism.**

1. INTRODUCTION

Dysmenorrhea , defined as painful cramps that occur with menstruation, and is the most common gynecologic problem in women of all ages and races, and one of the most common causes of pelvic pain.[1]

The symptoms that occurs along with the menstrual cramps may include back pain, diarrhea, or nausea, constipation, headache, dizziness, disorientation, hypersensitivity to sound, light, smell and touch, fainting, and fatigue.[2]

The symptoms often begin immediately after ovulation and can last until the end of menstruation. This is because dysmenorrhea is often associated with changes in hormonal levels in the body that occur with ovulation.[3]In certain cases in order to prevent cramps birth control pills are used since it can prevent the symptoms of dysmenorrhea because they stop ovulation from occurring and in severe conditions there is the complete restriction of the work or the school for women and young adolescents.[4]

Dysmenorrhea is considered the most common symptom of all menstrual complaints and poses a greater burden of disease than any other gynecological complaint in developing countries.[5]

Among women of reproductive age worldwide, dysmenorrhea is more prevalent than other common types of chronic pelvic pain, namely, dyspareunia and noncyclical chronic pelvic pain. Since it is a debilitating condition for many women, it has a major impact on health-related quality of life, work productivity, and health-care utilization. As a result,

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dysmenorrhea is responsible for considerable economic losses due to the costs of medications, medical care, and decreased productivity.

2. METHODOLOGY

A descriptive cross-sectional study was conducted in between 20th December 2018 - 20th January 2019. 150 female subjects of age groups 18-30 years falling within the inclusion criteria were considered for the study. The inclusion criteria were the girls with regular menstrual cycle for at least 3 months. Those who had irregular menses and were taking medication related to menstrual issues were excluded. The students were gathered in a group and the materials were explained to them. Then the questionnaire were sent by the researchers through the Google form to their individual mailing address.

Outcome scale

WaLLID scale has four criteria in which there are working ability, location of the pain, intensity of pain and duration which will determine the severity of the dysmenorrhea.

A scale-type survey (working ability, location, intensity, days of pain, dysmenorrhea [WaLIDD] score) was designed, which integrated features of dysmenorrhea such as:

1) Number of anatomical pain locations (no part of the body, lower abdomen, lumbar region, lower limbs, and inguinal region).

2) Wong–Baker pain range (does not hurt, hurts a little, hurts a little more, hurts even more, hurts a lot, hurts a lot more)

3) number of days of pain during menstruation (0, 1–2, 3–4, ≥5), and 4) frequency of disabling pain to perform their activities (never, almost never, almost always, always).

Each tool's variable provided a specific score between 0 and 3, and the final score ranged from 0 to 12 points.

Table 1

Working ability	Location	Intensity (Wong–Baker)	Days of pain
0: None	0: None	0: Does not hurt	0: 0
1: Almost never	1: 1 site	1: Hurts a little bit	1: 1–2
2: Almost always	2: 2–3 sites	2: Hurts a little more – hurts even more	2: 3–4
3: Always	3: 4 sites	3: Hurts a whole lot – hurts worst	3: ≥5

Notes: Score: 0 without dysmenorrhea, 1–4 mild dysmenorrhea, 5–7 moderate dysmenorrhea, 8–12 severe dysmenorrhea. Wong–Baker scale was reclassified to adjust a four-level scale.

Abbreviation: WaLIDD, working ability, location, intensity, days of pain, dysmenorrhea.

3. RESULTS

According to the data collected among the 150 participants16% no issue at all. Around 13.3% of the group had mild issues. 16% had no issues at all. And 51.3% of the participant had moderate issues Whereas 19.3% had severe issue on the working ability of the WaLIDD scale.

This could be due to the fact that lethargy and the pain due to the dysmenorrhea reduces the working ability of the patient thus significantly hampering their study, work and daily activities.

On location of pain component of WaLIDD scale 3.3% had pain on the 4 sites, 36.7% had on the 2-3 sites,44% in the 1 site.

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On the intensity according to the WaLLID scale the data collected found that 9.3% did not have any pain and doesn't hurt. 48% of the females had pain which hurts a little bit.31.3% of the females had a greater intensity of pain during dysmenorrhea whereas 11.3% had the maximum or the greatest threshold for the pain.

On the basis of the data collected 11.3% doesnot have no pain at all , 70% of the people had 1-2 days of pain , 15.3% had 3-4 days of pain, 3.4% females had 4-5 days of pain.

The elaboration of the result can be depicted through the S-F 36 Questionnaire which is shown below on table 2.

TABLE 2

SF-36 QUESTIONNAIRE			
ACTIVITIES	YES,LIMITED A LOT	YES,LIMITED A LITTLE	NO,NOT LIMITED AT ALL
MODERATE ACTIVITIES	8.70%	48.7%	42.7%
LIFTING OR CARRYIN GROCERY	10.1%	43.6%	46.3%
CLIMBING SEVERAL FLIGHT OF STAIRS	18%	54%	28%
CLIMBING ONE FLIGHT OF STAIRS	14%	39.3%	46.7%
BENDING,KNEELING OR STOOPING	9.3%	59.3%	31.3%
WALKING MORE THAN A MILE	17.3%	55.3%	27.3%
WALKING SEVERAL BLOCKS	16.7%	55.3%	28%
WALKING ONE BLOCKS	10.7%	46.7%	42.7%
BATHING OR DRESSING YOURSLF	17.3%	31.3%	51.3%

According to the study, the activities are divided into 3 categories which is limited a lot, limited a little, not limited at all. There are total of 9 activities that the sf-36 has accounted for the study. These activity are the basic requirement of their daily lives.

These are the activity which women go through each and every day. The first activities are moderate activities out of which 8.70% had activities limited a lot , 48.7% had activities limited a little and 42.7% had activities not limited at all.

The second activities was lifting or carrying grocery in which 10.1% had difficulty in carrying grocery a lot , 43.6% had a little difficulty in lifting the grocery and 46.3% had no difficulty at all.

Another activities are climbing several flight of stairs in which 18% had lots of difficulty in climbing the stairs, 54% had little difficulty in climbing the stairs and 28% had no difficulty at all. Then climbing one flight of stairs is another activity in which 14% had activity limitation a lot , 39.3% had little activity limitation and 46.7% had no activity limitation at all.

Then 9.3% of the women has limitation while bending , kneeling or stooping, 59.3% of the wome had little limitation while 31.3% had no limitation at all. In another activity 17.3% of the women had lots of limitation while walking more than a mile, 55.3% had little limitation while 27.3% had no limitation at all. Then another activity walking several blocks 16.7% of women had lots of limitation, 55.3% had little limitation and 42.7% had no limitation at all.

Then 10.7% of people had lots of limitation while walking one blocks, 46.7% of little limitation while 42.7% of women had no limitation at all. Then bathing and dressing by yourself is another activity in which 17.3% of the women had lots of limitation, 31.3% of the women had little limitation and 51.3% had no limitation at all.

These above are all the activities that each and every had to do in the daily life. So due to the natural phenomenon that occur in our body many women faces trouble and difficult to complete the everyday task. There would be days when one can't even get up from the bed and would be lying the whole day.

4. DISCUSSION

The most common and prevalent daily life problems faced by the girls is dysmenorrhea. The painful menstruation comes after each and every month not only deteriorates their mood, behavior, emotion but also hampers the daily life activities, their work and socio economic aspect. Dsymenorrhea could be dampening the confidence of the girls during their school and college period.

This study has been focused on the socio economic condition of the girls who have been facing the pain during each month directly and indirectly.

The prevalence and the data at which they have been suffering day to day life activities could give us the numeric values by which we can figure out the psychosocial condition of the girls suffering from dysmenorrhea.

Until the women and girls are educated, the family, the society would not prosper in a way it should be.

So to understand the effect of dysmenorrhea on certain sample of girls would provide a rough data or a concept about the pain during the each months of their life.

5. CONCLUSION

In context to the study, dysmenorrhea is the global public health disorder for a lot of women around the globe who has been suffering and dealing with this in their day to day activities and life. The daily living has been affected to such extent that might be due to the sedentary lifestyles, the socio cultural factors of their habitat, the economy of their country, the health facilities they are receiving, the education and the health programs in their communities.

CONFLICT OF INTEREST

No conflict of interest

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REFERENCES

[1] Proctor M and Farquhar C. Diagnosis and management of dysmenorrhoea. *Bmj*. 2006; 332: 1134-8.

[2] Ju H, Jones M and Mishra G. The prevalence and risk factors of dysmenorrhea. *Epidemiologic reviews*. 2013; 36: 104-13.

[3] Kazama M, Maruyama K and Nakamura K. Prevalence of dysmenorrhea and its correlating lifestyle factors in Japanese female junior high school students. *The Tohoku journal of experimental medicine*. 2015; 236: 107-13.

[4] Kural M, Noor NN, Pandit D, Joshi T and Patil A. Menstrual characteristics and prevalence of dysmenorrhea in college going girls. *Journal of family medicine and primary care*. 2015; 4: 426.

[5] Osayande AS and Mehulic S. Diagnosis and initial management of dysmenorrhea. *Am Fam Physician*. 2014; 89: 341-6.

[6] Unsal A, Ayranci U, Tozun M, Arslan G and Calik E. Prevalence of dysmenorrhea and its effect on quality of life among a group of female university students. *Upsala journal of medical sciences*. 2010; 115: 138-45.

[7] Zondervan KT, Yudkin PL, Vessey MP, et al. The community prevalence of chronic pelvic pain in women and associated illness behaviour. *Br J Gen Pract*. 2001; 51: 541-7.

[8] Agarwal AK and Agarwal A. A study of dysmenorrhea during menstruation in adolescent girls. *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*. 2010; 35: 159.

[9] Rani A, Sharma MK and Singh A. Practices and perceptions of adolescent girls regarding the impact of dysmenorrhea on their routine life: a comparative study in the urban, rural, and slum areas of Chandigarh. *International journal of adolescent medicine and health*. 2016; 28: 3-9.

[10] Tanmahasamut P. Dysmenorrhea among Siriraj nurses; prevalence, quality of life, and knowledge of management. *J Med Assoc Thai*. 2012; 95: 983-91.