Dysmenorrhea on Mental Health, Quality of Life, and Its Factors among Women in Different Countries

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Abstract

Background. Dysmenorrhea is a significant burden for many women, particularly adolescents, due to its high prevalence. Despite its impact, it is often overlooked by the medical field as it is considered normal. Menstrual pain hinders daily activities, leading sufferers to rely on methods like taking time off, hot compresses, and aromatherapy for relief. However, treatments for dysmenorrhea are still under development.

Method. The journals were used by selecting a topic, then determining keywords to search for journals in English and conducting searches using several websites such as Google Scholar, Elsevier, and Taylor and Francis.

Discussion. Dysmenorrhea significantly affects young women, especially university students, disrupting academic, social, and psychological activities. Factors such as hormonal imbalance, psychological issues, endometriosis, adenomyosis, and cultural practices contribute to its severity. Societal normalization, financial constraints, and lack of awareness hinder access to healthcare, as seen in Korea, where treatment utilization is low. Dysmenorrhea can have long-term effects, including brain health implications and stress linked to premenstrual syndrome. Treatments like Dienogest and uterine artery embolization have shown effectiveness in symptom relief and quality of life improvement, highlighting the need for greater awareness, improved healthcare access, and comprehensive management strategies.

Conclusion. Dysmenorrhea is a disease that affects physically and mentally because it is usually caused by the menstrual period in every woman. Therefore, it is necessary to provide physical and mental treatment due to dysmenorrhea.

Keywords. Dysmenorrhea, Women, Mental Health, College Students, Menstruation

Introduction

Women's and girls' health is critical, especially as socio-cultural factors such as dysmenorrhea often prevent them from achieving optimal health.¹ Dysmenorrhea, characterized by painful cramps in the lower abdomen during menstruation, affects 84.1% of women globally, with 43.1% experiencing pain in every cycle.^{2,3} It is influenced by various factors, including genetics, hormonal changes, nutrition, mental health, and physical activity. Dysmenorrhea is categorized as primary, caused by uterine contractions without visible pelvic lesions, or secondary, associated with conditions like endometriosis and uterine fibroids. Its symptoms often include fatigue, nausea, headaches, and diarrhoea, significantly affecting women's quality of life.⁴

The prevalence of primary dysmenorrhea varies globally, impacting 50-90% of women of reproductive age and over 855 million women worldwide.⁵ In Ethiopia, for instance, 71.69% of female students experience primary dysmenorrhea. This condition is most common in women aged 20-25 years and often diminishes after the first pregnancy.² Understanding the factors contributing to dysmenorrhea, both in health and socio-cultural contexts, is essential to improve the physical and psychological well-being of sufferers and provide effective treatment strategies.

Methods

This research uses a literature review method, collecting data from databases such as Google Scholar, Taylor and Francis, Elsevier, and PubMed. Articles, published in English from 2019 to 2024, were selected using the keyword "Dysmenorrhea" and categorized as research papers. The study aims to analyze factors affecting the physical and psychological conditions of women with dysmenorrhea globally, incorporating perspectives from health, social, and cultural fields without regional limitations.

Discussion

The problems taken from the various journals are the same with the extension of the problem of Dysmenorrhea to other fields to the social and cultural fields. The only difference is in which field the journal will explain it and all the research conducted in various countries so that the respondents are also different in terms of race and culture. Furthermore, the methods for obtaining results from these journals are almost the same with the difference being in the method of calculation.

Prevalence of Dysmenorrhea

The prevalence of dysmenorrhea is notably high in many countries, as evidenced by research showing that 71.69% of university students in Ethiopia suffer from this condition highlighting its widespread impact among young women in academic settings.² In Nigeria, dysmenorrhea has been found to significantly affect the quality of life of female students, interfering with their daily activities and overall well-being.⁵ Similarly, a study conducted in Poland further underscores the widespread nature of dysmenorrhea by revealing a consistently high prevalence among women in the region, demonstrating its global relevance and the need for effective management strategies.³

Factors Causing Dysmenorrhea

Various factors come into play in dysmenorrhea, including hormonal disorders, psychological conditions, and underlying comorbidities like adenomyosis or endometriosis, all of which increase menstrual pain and discomfort.^{7,8} In ADHD women, dysmenorrhea was additionally related to worse psychological well-being, highlighting the complex relationship between these physical symptoms and mental health issues individuals with ADHD are experiencing.⁴ In addition, social & cultural factors including the practice of female genital mutilation may be responsible for more severe symptoms during periods, highlighting the role of society in impacting quality of life.¹¹

Effects of Dysmenorrhea on Quality of Life and Psychological Wellbeing

The significant impact of dysmenorrhea on quality of life shows especially in terms of academic and social aspects, which is prevalent among university students as it disrupts daily life and well-being.⁵ Furthermore, past experiences of menstrual pain have also been correlated with possible long-term effects on the brain tissue, suggesting its more systemic neurological effects.⁹ Moreover, the relationship of premenstrual syndrome with dysmenorrhea has been well established, which is known to increase levels of stress, particularly in medical students, because of which it is one psychological stress.¹⁰

Behavior in Accessing Health Care

Various barriers to seeking healthcare lead many women with dysmenorrhea not to seek it, due to economic constraints, lack of information, or normalization of pain, whereby they simply endure the condition without going to the doctor.¹ Likewise, in Korea, various studies have indicated that though dysmenorrhea is a very common condition, healthcare service utilization remains extremely low, suggesting a disconnect between the wide prevalence of the condition and willingness or ability to seek appropriate care.⁶

Therapeutic Approaches and Interventions

Long-term use of Dienogest has been shown to significantly improve the quality of life for women experiencing pelvic pain related to endometriosis, offering relief from debilitating symptoms.⁷ Additionally, uterine artery embolization has proven to be an effective treatment in reducing dysmenorrhea in patients with adenomyosis, providing another viable option for managing severe menstrual pain.⁸

Conclusion

Dysmenorrhea is a highly prevalent and important women's health condition that varies widely in its impact on QoL, which impacts academic, social, and psychological well-being. The causes related to dysmenorrhea are multifactorial, which comprises hormonal imbalance, psychological conditions, and comorbid conditions such as endometriosis and adenomyosis, in addition to sociocultural influences. Despite its high prevalence, the seeking of healthcare by most women is impeded by economic constraints, lack of awareness, and even normalization of pain. With promising symptoms alleviation using effective treatments such as Dienogest and uterine artery embolization, the underutilization of healthcare services remains a major challenge. Therefore, better awareness, improved access to care, and targeted therapies for the physical and psychological aspects of dysmenorrhea are important in improving the quality of life for affected women.

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