

Knowledge And Perception Of Dysmenorrhea Among Clients Attending The Family Health Hospital.

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Abstract

Introduction: Dysmenorrhea is one of the most common gynecologic disorders that affects women's quality of life and social activities. Although dysmenorrhea is highly prevalent, few women recognize that it is a medical issue and seek medical care.

Aim: The aim of this study was to assess the level of knowledge and perception about dysmenorrhea among clients attending Family Health Hospital, Teshie, Ghana.

Methods: This study was a cross-sectional survey done using a non-probability convenient sampling method. Questionnaire was distributed to clients attending Family Health Hospital who were willing to participate in the research. The data collected was analyzed using Statistical Package for the Social Sciences (SPSS) version 25.0. Categorical variables were analyzed using descriptive statistics, and chi-square test. The statistical significance was set at 0.05.

Mean scores were calculated from correct answers in order to grade participants' knowledge and perception.

Results: Two hundred and thirty clients (148 females and 82 males) participated in the study. Most participants (203, 88.3%) were aware of dysmenorrhea and 192 (83.5%) either had experienced dysmenorrhea or knew someone experiencing dysmenorrhea. Greater percentage of females (57.4%) had high knowledge on dysmenorrhea as compared with males (20.7%). However, greater percentage of both female (66.2%) and male (57.3%) clients had positive perception about dysmenorrhea based on mean score.

Conclusion: The study concluded that, both male and female clients had fairly good knowledge and fairly positive perception about dysmenorrhea. This is the first study on dysmenorrhea including male participants in Ghana and it shows that Ghanaian men are knowledgeable about dysmenorrhea making it easier to include them in making policies concerning dysmenorrhea challenges in females.

Keywords: Dysmenorrhea, gynecology disorder, prevalence, quality of life.

Introduction

Dysmenorrhea, the medical term for painful menstrual periods which are caused by uterine contractions, exists in two forms: primary and secondary.^{1,2} Primary dysmenorrhea is recurrent

and it is usually not due to other diseases.³ The pain normally begins a day or two before a woman gets her period or when bleeding starts. Pain associated with primary dysmenorrhea usually last between 12 to 72 hours and accompanied by other

symptoms such as nausea and vomiting, fatigue and diarrhea.^{2,4} When the menstrual pain is due to a disorder or an infection in the female reproductive organs, it is known as secondary dysmenorrhea.⁵ The pain associated with secondary dysmenorrhea usually begins earlier in the menstrual cycle and lasts longer than a common menstrual cramp.⁵

The prevalence of dysmenorrhea is highest in adolescent females and it is one of the most common health problems in young adolescent girls as it affects 50-90% of the general population.⁵ About 15 percent of adolescent girls report severe dysmenorrhea which is a leading cause of recurrent short-term school absenteeism in adolescent girls.⁶ Globally, the prevalence of dysmenorrhea varies from 20% to 90%.⁶ In Europe and America, the prevalence of dysmenorrhea has been reported to range from 52.4% to 85.7%.^{7,8} The prevalence of dysmenorrhea in India is 62%, and it varies greatly across effecerent populations and ethnic groups.⁸ Various studies in Africa have reported that the prevalence ranges from 58% to 85.4%.⁹⁻¹¹

Dysmenorrhea has an adverse effect on school performance, such as low concentration, school absenteeism, as well as limited participation in sports and social activities.¹² Some consequences of untreated dysmenorrhea may include reduced concentration at work and school leading to less productivity and in most cases, people are not really aware of the changes their body undergoes.¹¹⁻¹³

In Africa, issues concerning menstrual cycle are important but understudied.¹⁴⁻¹⁶ In some part of Ghana, when a woman is in her menstrual cycle, she is not allowed to cook for the husband as she is considered unclean.¹⁶ Most Ghanaian men think dysmenorrhea is something intentionally done to escape sexual activities.¹⁵ As dysmenorrhea is a common problem among women, it is essential that people are aware of the normal and abnormal symptoms of menstruation. It is equally important to persuade women with dysmenorrhea to seek proper medical attention since it is mostly associated with pain. Finding how men also embrace the word

dysmenorrhea is very important in order to give further education so they can support their partners in such situations and in educating their adolescent girls at this stage. To address these gaps, this study aims to assess the knowledge and perception that women and men have about dysmenorrhea in Ghana.

Methods

The study is a cross-sectional survey conducted from 16th November, 2022 to 7th June, 2023. Participants were female and male clients aged 18 years old and above who attended the Family Health Hospital during the study period. A convenience sampling technique was used in this study because of the time frame and nature of the study. Data was collected using anonymous self-administered questionnaires after informed consent was obtained from each participant. The questionnaire was created using Google Forms and contained both open-and close-ended questions which were available in both hard or soft copies. The exclusion criteria were clients who could not read and answer the questionnaire in English by themselves. Section A of the questionnaire comprised demographic characteristics such as sex, age, marital status, religion, level of education of respondents. Section B assesses the level of knowledge and Section C assessed the perception of dysmenorrhea, including questions asked about the symptoms, remedies, causes and attitudes toward dysmenorrhea. Section B and C used Likert scale responses: strongly agree (5), agree (4), neutral (3), disagree (2) and strongly disagree (1). The data collected was limited only to information required for this study. The data was then entered into Excel 2019, cleaned to ensure accuracy and completeness and exported to SPSS version 25 for analysis. Responses from questions on the level of knowledge about dysmenorrhea and the perception of dysmenorrhea were summed and scored based on the number of correct answers chosen based on the scoring scale adopted from Sakkir et al.¹⁷ (Table1).

Table 1 Variable definition

Variable	Definition	Mean score	Scale
Knowledge	Low	0 – 2	Ordinal
	Average	2.1 – 3	
	High	3.1 – 5	
Perception	Negative	0 – 2	Ordinal
	Moderate	2.1 – 3	
	Positive	3.1 – 5	

Adopted from Sakkir et al.¹⁷

Results are presented as frequencies and percentages in graphs, tables and narrations. Ethical approval was obtained from the Ethics Committee of the Department of Community Health, Family Health Medical School (FHUC- EPRC-014/2023)

Results

A total of 230 who met the inclusion criterial responded to the questionnaire. Of these, 148 (64.3%) were females and 82 (35.7) were males. About half (116, 50.4%) were single, 98 (42.4%) were married, 9 (3.9%) had divorced and 7 (3.0%) were co-habiting. The majority of the respondents were Christians (170, 73.9%) ant the rest (60, 26.1%) were Muslims. More than half (125, 54.3%) had had their tertiary education, 95 (41.3%), secondary education and 10 (4.3%) completing only primary school. Most of the respondent (132, 57.4%) were employed, 67 (29.1%) unemployed and 31 (13.5%) were self-employed.

On assessing the level of knowledge on dysmenorrhea, 203 (88.3%) answered that they knew about dysmenorrhea and 27 (11.7%) did not know about dysmenorrhea. Of the 203 respondents who knew about the term dysmenorrhea, 64 (31.5%) heard of it from health workers, 46 (22.7%) from their friends, 77 (38%) from relatives and a few people (7.9%) heard about it on social media.

Regarding differences between male and female participants, almost the same percentage of males as compared with females reported knowing about dysmenorrhea (89% and 87.8%, respectively). Among all participants, 192 (83.5%) had either

experienced dysmenorrhea themselves (37%) or knew someone who had experienced it (Figure 1).

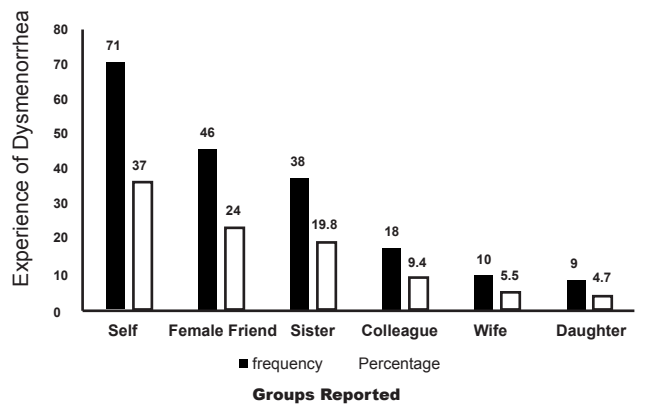


Figure 1 People known to have experienced Dysmenorrhea

Both males and females correctly identified the true symptoms of dysmenorrhea such as headache, fatigue, back pains and nausea/vomiting. However, a few wrongly answered that decreased vision and increased appetite are symptoms of dysmenorrhea (Table 2).

Table 2 Symptoms and remedies of Dysmenorrhoea

Variable	Male (82)	Female (148)
Symptoms		
Headache	50 (61%)	67 (45.3%)
Fatigue	38 (46.3%)	54 (36.5%)
Back pain	30 (36.6%)	52 (35.1%)
Nausea and vomiting	28 (34.1%)	75 (50.7%)
Decreased vision	4 (4.9%)	6 (4.1%)
Increased appetite	2 (2.4%)	4 (2.7%)
Remedies		
Pain relievers	62 (75.6%)	125 (84.5%)
Rest	35 (42.7%)	65 (44%)
Herbal concoction	18 (22%)	43 (29.1%)
Use of heat pads	18 (22%)	41 (27.7%)
Massage	8 (10%)	14 (9.5%)
Use of cold pads	4 (4.9%)	4 (2.7%)
No relief	8 (10%)	4 (2.7%)

On remedies for dysmenorrhea from multiple responses, 187 (81.3%) correctly responded that pain relievers are a remedy for dysmenorrhea (75.6% males and 84.5% females respectively), 100 (43.5%), responded that resting serves as a remedy, with very few (5.2%) participants saying there exist no remedy for dysmenorrhea (Table 1).

Considering the effect of dysmenorrhea on daily activities, 156 (67.8%) answered dysmenorrhea causes lack of concentration, 81 (35.2%) indicated dysmenorrhea causes sleep disturbances while 31 (13.5%) indicated there are various other effects of dysmenorrhea on daily activities.

Although most participants believed medical care was the proper management for dysmenorrhea (figures 2), males and females showed varied perceptions on it causes and management (Table 3).

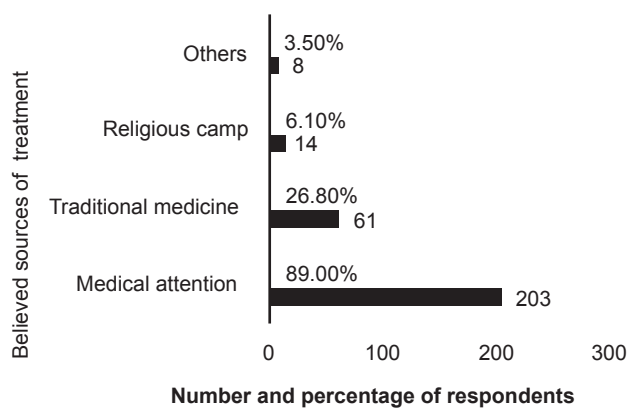


Figure 2 Proper way of seeking treatment for dysmenorrhea

Greater percentage of females, compared to males, believed dysmenorrhea is natural (77% and 53.7% respectively). On the other hand, more males believed misuse of drugs (28%) and abortion (15.8%) cause dysmenorrhea as compared to females (11.5% and 7.4%, respectively).

Table 3 Perception of Dysmenorrhea between male and female participants

Variable	Male (82)	Female (148)
Causes of Dysmenorrhea		
Natural process	44 (53.7%)	114 (77%)
Misuse of drugs	23 (28%)	17 (11.5%)
Abortion	13 (15.8%)	11 (7.4%)
Family curse	2 (2.4%)	6 (4.1%)
Management		
Increased appetite	2 (2.4%)	4 (2.7%)
Medical	66 (79.3%)	138 (93.2%)
Traditional medicine	30 (36.6%)	31 (21%)
religious camp	4 (4.9%)	10 (6.8%)
Others	2 (2.4%)	6 (4.1%)

On seeking treatment, 93.2% of the females as compared to 79.3% of males believed medical attention as the most precise means of management for dysmenorrhea. Also, 36.6% and 4.9% of the males subscribed to other means of treatment such as traditional medicine and religious camps respectively. (Table 3).

Grading mean scores of participants' knowledge and perception¹⁷ shows that more females have higher knowledge (57.4%) and positive perception (66.2%) of dysmenorrhoea than males (20.7% and 57.3% respectively) (Table 4).

Table 4 Score on Knowledge and perception of dysmenorrhea

Variable	Definition	Mean score
Knowledge score		
Low (0 - 2)	10 (12.2%)	28 (19%)
Average (2.1 - 3)	55 (67.1%)	35 (23.6%)
High (3.1 - 5)	17 (20.7%)	85 (57.4%)
Perception score		
Negative (0 - 2)	5 (6.1%)	10 (6.8%)
Moderate (2.1 - 3)	30 (36.6%)	40 (27%)
Positive (3.1 - 5)	47 (57.3%)	98 (66.2%)

Discussion

The study investigated knowledge of both males and females on dysmenorrhea in the Family Health Hospital. To our knowledge, this is the first time males have been involved in a dysmenorrhea study in Ghana. In the current study, both genders exhibit a fairly good (average to high) knowledge about dysmenorrhea (87.8% males and 81% females, respectively). About half (50.7%) of women in the study reported nausea and vomiting as symptoms of dysmenorrhea which is in accordance with previous studies.^{8,18}

The relatively high level of knowledge on dysmenorrhea could be attributed to increase level of education and health programs that focus on menstrual health and have effectively informed clients about the symptoms, causes, and management options for dysmenorrhea. Also, the rise of the internet has significantly expanded access to reliable information, enabling individuals to seek out educational resources at their convenience. Online platforms, including health websites and social media, provide valuable insights and support, fostering a greater understanding of dysmenorrhea among diverse populations.

Greater percentage of females (57.4%) had high knowledge on dysmenorrhea as compared to males (20.7%). This is in accordance with the study done by Oluwole et al., which reported high knowledge of dysmenorrhea among females than males.¹⁹ However, both females (66.2%) and males (57.3%) had positive perception about dysmenorrhea based on mean score. Majority of respondents (77% females and 53.7% males) indicated that dysmenorrhea happens as a result of natural process which agree with previous studies which stated that there exists a significant increase in the risk of dysmenorrhea with family history.^{20,21} Over 64% agreed that dysmenorrhea is associated with loss of concentration, which is in agreement with previous studies which reported that 68.1% of participants indicated dysmenorrhea has a negative effect on concentration.²⁰⁻²² This finding may be as a result personal experience among female participants and told experience among male counterparts by their spouse or female

friends. Also, this study reveals that both males and females suggest dysmenorrhea to have effect on daily activities as reported previously.²¹⁻²²

The study findings show that the majority of participants suggest medical treatment as the most appropriate way of seeking dysmenorrhea treatment or management. This agrees with a study done by Armour et al., where most women were using over-the-counter painkillers as dysmenorrhea remedy.¹² It also reveals fewer women opting for traditional/herbal medicine as a source of remedy for dysmenorrhea, similar to a previous study.²⁴

The strength of this study is that it included male participants which are usually excluded from dysmenorrhea studies. Also, past studies mostly recruited school-going adolescents but this study considered both adult males and females. However, these cohort of male attendants are highly educated, able to afford services in a private hospital and may not reflect the general male population. It is therefore recommended that further studies include males in other communities to have a broader perception of males' knowledge on dysmenorrhea.

In conclusion, the study revealed a high knowledge of dysmenorrhea among both male and female participants in a private hospital in Ghana. It is recommended that future studies include more men so men could have broader understanding of female health issues. The study reveals a positive knowledge and perception of dysmenorrhea for both genders even though males were expected to have negative perception.

Acknowledgement

The authors would like to thank Professor Timothy Johnson and the team from University of Michigan for the valuable input to improve the manuscript and thank Mr. Patrick Afful for his technical assistance.

Conflict of Interests

Authors declare no competing interests.

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