Menstrual Pain and Help Seeking Behaviour Among Female Emerging Adults

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Abstract

Menstrual pain, especially in the form of dysmenorrhea, can have a significant impact on a woman's health Understanding how individuals cope with or seek help for this condition is crucial for developing effective interventions and improving overall well-being. Insights into help-seeking behavior contribute to the development of preventive strategies and effective management plans for menstrual pain. This study investigated the relationship between menstrual pain and help seeking among female emerging adults. A quantitative research method was employed, utilizing the Menstrual symptom questionnaire and the General help seeking questionnare. A sample of 195 responses, predominantly from Kerala and Bengaluru, was collected and analyzed. The findings revealed that there was no significant relationship between menstrual pain and help seeking behaviour .Additionally, no significant differences were found in menstrual pain and help seeking behaviour based on age group, employment status, or residential area among participants.

Keywords: Menstrual pain, Help seeking behaviour, Female emerging adults

Introduction

The terms "menstrual pain" and "dysmenorrhea" are often used interchangeably in clinical practice and literature. They describe a cramp-like, dull, throbbing pain that typically originates in the lower abdomen and occurs just before and/or during menstruation. According to some authors, normal menstrual cramps may be a type of menstrual pain that is less severe than dysmenorrhea. Dysmenorrhea appears to be linked to late or early menarche, prolonged and heavier-than-normal menstrual flow, low body weight and BMI, insufficient physical activity, genetic predisposition, active and passive cigarette smoking, low socioeconomic status, diet, stress, and mental illness.

Dysmenorrhea is the most common gynecologic complaint in adolescent and young adult women. Dysmenorrhea in adolescents and young adults is typically primary (functional), characterised by normal ovulatory cycles and no pelvic pathology. Pelvic abnormalities such as endometriosis or uterine anomalies may be present in approximately 10% of adolescents and young adults suffering from severe dysmenorrhea symptoms. Potent prostaglandins and leukotrienes contribute significantly to the development of dysmenorrhea symptoms.

Headaches, dizziness/fainting attacks, vomiting, nausea, diarrhoea, and constipation are all signs of pain. Age, smoking habits, body weight, early menarche, menstrual flow, family history of dysmenorrhea, and other risk factors all have an impact on the severity and frequency of the symptoms. The pain usually starts

shortly before or during the menstrual cycle, peaking after a day and subsiding after 2-3 days. Dysmenorrhea is a serious condition that can have a negative impact on a woman's health, social relationships, academic or professional activities, and psychological well-being.

Help-seeking in general refers to the use of formal supports, which we define here as health facilities, youth centres, formal social institutions, or professional care providers, both public and private. Help-seeking is sometimes and incorrectly confused with health-seeking, which refers to seeking services or treatments for a specific ailment or illness.

Many healthcare professionals, patients, and parents accept dysmenorrhea as normal. This is thought to have made the affected individuals hesitant to seek medical attention. In their study, Wong and Khoo found that, despite the high prevalence and enormous impact of dysmenorrhea on participants' lives, 76.1% thought dysmenorrhea was a normal part of the female menstrual cycle, and only 14.8% sought medical attention. In the same vein, Sultan et al. found that only 15% of affected adolescents sought medical treatment for their pain. This can also be attributed to ancient folk beliefs passed down from generation to generation, which continue to have an impact on the healthcare of millions of women of menstrual age in areas where menstruation is viewed as a burden that women must bear, and menstrual distress, no matter how excruciating or incapacitating, is regarded as an unavoidable plight. Despite the prevalence and severity of dysmenorrhea, most women do not seek medical treatment for it.

To assess menstruation characteristics, perceptions, and health-seeking behaviours in women, a cross-sectional study with 394 participants was conducted between February and October 2021. Menstruation characteristics were classified as 'normal' or 'abnormal' based on women's self-perception. Data were collected using the Personal Information Form, Menstrual Cycle Characteristics Assessment Form, and Health-Seeking Behaviour Scale.

According to the findings, 49.7% of women considered their menstrual characteristics 'normal,' while 50.3% thought they were 'abnormal.' A large proportion of women in both groups reported negative effects on their daily lives, with 57.6% in the normal group and 68.7% in the abnormal group.

Online health-seeking behaviour emerged as the most popular method of seeking remedies, with professional health-seeking behaviour falling short. Women who perceive their menstruation as 'normal' are more likely to seek health care in response to excessive bleeding, severe pain, and disruptions in daily life. Among those who perceived their menstruation as 'abnormal,' irregular cycles, frequent bleeding, low bleeding levels, excessive pad use, extreme pain, and disruptions to daily life were associated with increased health-seeking behaviour.

METHODOLOGY

Aim: This study aims to determine the significant relationship between menstrual pain and help seeking behaviour among female emerging adults.

Operational Definition

Menstrual pain

Menstrual pain is defined as a pain during the menstrual cycle. The pain is usually located in the lower abdomen and may radiate to the inner thighs and back. It is a very common gynecologic problem and can negatively impact a patient's life

Help Seeking Behaviour

Help-seeking behaviour in the current study was defined as any action of energetically seeking help from the health care services or from trusted people in the community and includes understanding, guidance, treatment and general support when feeling in trouble or encountering stressful circumstances

Research Design: A quantitative research design is used in this study.

Objectives
1. To understand the relationship between menstrual pain and help seeking behaviour among emerging female adults
2. To understand the significance difference between the menstrual pain and help seeking behaviour among the age group of 18-23 and 24-29.
3. To understand the significant difference between menstrual pain and help seeking behaviour among college going students and working female emerging adults
4. To understand the significance difference between menstrual pain and help seeking behaviour among emerging female adults residing in Kerala and Bangalore.

Hypothesis

$H_{01:}$ There is a significant relationship between menstrual pain and help seeking behaviour among emerging female adults.

H_{02}: There is no significance difference between the menstrual pain and help seeking behaviour among the age group of 18-23 and 24-29.

H_{03}: There is no significant difference between menstrual pain and help seeking behavior among college going students and working female adults

H_{04}: There is a significant difference between menstrual pain and help seeking behavior among young emerging adults residing in Kerala and Bangalore.

Sampling

Population: The study has been conducted among female adults between the age of 18 to 29 predominantly from the states of Kerala and Bengaluru.

Sample size: The study has been conducted among 196 female adults between the age of 18 to 29 predominantly from the states of Kerala and Bengaluru.

Sampling method: Purposive and convenient sampling has been used to conduct the study.

Tools for the study:
1. **Menstrual Symptom Questionnaire (MSQ):** In 1975, Chesney and Tasto published the menstrual symptom questionnaire (MSQ) based on the current theory proposed by Dalton. The 25-item instrument is to measure two types of menstrual pain: spasmodic, which begins on the first day of menstruation and is experienced as spasm, and congestive, which occurs during the premenstrual cycle and is experienced as heaviness or dull aching pains in abdomen, breast and ankles.
2. **The General Help-Seeking Questionnaire (GHSQ):** The questionnaire was developed to assess intentions to seek help from different sources and for different problems. Using a sample of 218 high school students, the GHSQ was found to have satisfactory reliability and validity, and appears to be a flexible measure of help-seeking intentions that can be applied to a range of contexts.

Procedure

The study employed two scales : Menstrual symptom questionnaire and General help seeking questionnaire. A comprehensive questionnaire was made to gather participant's basic demographic details , coupled with questions from both scales. This questionnaire was disseminated to participant's through a Google form, accompanied by clear instructions how to complete it. Participants were informed that the questionnare would require approximately 15 minutes to complete. Subseqently, following the data collection phase, all responses underwent rigorous analysis using the Jamovi software. Various statistical tests, including correlation tests and tests for differences, were meticulously conducted to delve into the relationships and distinctions between the variables under scrutiny. The resulting data was then meticulously scrutinized to unveil any significant relationships and differences among the variables being studied. This methodical approach ensured a thorough exploration and understanding of menstrual and help seeking behaviour among the participants

Inclusion criteria

Emerging female adults between the age range of 18-29 and residing in Bengaluru and Kerala

Exclusion criteria

Emerging Female adults who are not in the age group of 18-29 not residing in Kerala and Bengaluru. Females who are diagnosed with any menstrual disorders and currently in treatment.

Ethical considerations:

1. The researcher has obtained institutional approval before the conduction of the research.
2. Informed consent has been obtained from the participant before participation.
3. A detailed debriefing has been given to the participant before participation.
4. The researcher upholds integrity while reporting results by avoiding data fabrication.

Statistical technique: JAMOVI 2.4.11 an open source statistical analysis program , was used by the study to examine the information gathered.

Results and Discussion

Table 1 Descriptive statistics of correlation between the two variables, menstrual pain and help seeking behaviour

Variable	Help seeking behaviour
Menstrual pain	0.052

The above table shows the statistics of the correlation analysis between Menstrual pain and Help seeking behaviour. Based on the results from the table there is no significant relationship between menstrual pain and help seeking behaviour. ($r = 0.052$, $P > 0.05$). Hence the hypothesis H_{01} is rejected.

Table 2 Shows the difference in menstrual pain and help seeking behaviour among the age group of 18-23 and 24-29.

	Group	N	Mean±SD	t
Menstrual pain	18-23	159	39.4±6.72	0.329

	Group	N	Mean±SD	t
	24-29	36	38.7±6.67	
Help seeking behaviour	18-23	159	23.0± 8.16	0.964
	24-29	36	23.0± 6.74	

The Independent t- test was conducted to examine the differences based on age group between the menstrual pain and help seeking behaviour. A total of 196 participants, consisting of 159 from the age group of 18-23,and 36 from the age group of 24-29 were included in the analysis. There is no significant difference between menstrual pain , among the age group of 18-23(M= 24.8, SD =6.72) and 24-29 (M=23.6, SD = 6.67).Also, there is no significant difference between help seeking behaviour among the age group of 18-23(M=23.0 , SD = 8.16) and 24-29 (M=23.0, SD =6.74), Hence the null hypothesis H_{04} is accepted

Table 3 Shows the difference in menstrual pain and help seeking behaviour among college going students and female working adults

	Group	N	Mean±SD	t
Menstrual pain	Students	100	25.3±6.93	0.101
	Working	95	23.8±6.40	
Help seeking behaviour	Students	100	22.9± 8.02	0.872
	Working	95	23.1± 7.82	

The Independent t- test was conducted to examine the differences based on their employment status between the menstrual pain and help seeking behaviour. A total of 196 participants, consisting of 100 from the student population ,and 95 from the working population were included in the analysis. There is no significant difference between menstrual pain ,among the student population (M=25.3 , SD =6.93) and working population (M=23.8, SD = 6.40).Also, there is no significant difference between help seeking behaviour among the student population (M=22.9 , SD = 8.02) and working population (M=23.1, SD =7.82), Hence the null hypothesis H_{05} is accepted .

Table 4 Shows the difference in menstrual pain and help seeking behaviour among female adults residing in Kerala and Bengaluru

	Group	N	Mean±SD	t
Menstrual pain	Kerala	106	24.9±6.31	0.433

	Group	N	Mean±SD	t
	Bengaluru	89	24.2±7.17	
Help seeking behaviour	Kerala	106	23.2± 7.99	0.622
	Bengaluru	89	22.7± 7.84	

Independent t-test was conducted to identify potential differences in the menstrual pain and help seeking behaviour based on their regional area . The study involved a total of 196 participants consisting of 106 residing in Kerala and 89 residing in Bengaluru, who were included in the analysis. There is no significant difference between menstrual pain , for participants from Kerala (M= 24.9, SD =6.31) and for Bengaluru (M=23.2, SD =7.17). There is no significant difference between help seeking behaviour, for participants from Kerala (M= 24.2, SD =7.99) and for Bengaluru (M= 22.7, SD =7.84). thus the H_{06} is rejected.

Social norms and the community in which they grew up, including their families, were also significant reasons for students with dysmenorrhea not seeking healthcare in this study. As a result, menstrual pain has not received much attention in our community, nor has it been classified as a disease; they have simply accepted it for what it is. These findings are consistent with previous research, which found that menstrual stigma limits access to precise management advice in both the home and medical sectors. It suggests that community-wide initiatives are required to increase awareness of menstrual pain and its treatment. Another reason students did not seek medical attention was the severity of their menstrual pain. They believed that seeking healthcare was only necessary for the seriously ill. This is consistent with research conducted in Hong Kong, India, and Ethiopia, which found that the decision to seek healthcare among girls with dysmenorrhea is related to the severity of pain; the more severe the symptoms, the more likely they are to seek medical attention. It may be related to how each person experiences pain, implying that making people aware of normal and abnormal menstruation is critical.

Limitations of the study

- The study focused majorly on the population of female emerging adults from Kerala and Bengaluru. This limitation hinders the generalizability of findings to broader populations, as experiences and help-seeking behaviors can vary based on factors such as age, socioeconomic status, and cultural background.
- Due to societal stigmas surrounding menstruation, individuals may underreport the severity of their symptoms or be reluctant to disclose information about their help-seeking behaviors due to social desirability bias.
- This research may focus on general menstrual pain, but not on specific menstrual disorders such as endometriosis or polycystic ovary syndrome (PCOS). These conditions may have distinct patterns of help-seeking behaviour and require specialized attention.

Suggestions for future research

Further investigation into the examining menstrual pain and help-seeking behaviour through an intersectional lens, taking into account how race, ethnicity, socioeconomic status, gender identity, and sexual orientation influence experiences and access to care.

Exploring cultural differences in menstrual pain experience and help-seeking behaviour may shed light on how cultural beliefs, norms, and practices shape people's perceptions of pain and willingness to seek help.

Implications

Employers and educational institutions can use research to create policies that accommodate individuals experiencing menstrual pain. This might include flexible work hours, the option to work from home during particularly challenging days, or the provision of quiet spaces for rest. Also, to bring awareness where ,public health campaigns can use research insights to target common misconceptions about menstrual pain, educating the public on the normalcy of experiencing some discomfort and when to seek medical advice for more severe symptoms.

Summary and conclusions

The present study sought to explore the significant relationship between Menstrual pain and Help seeking behaviour among female emerging adults. Employing a correlational research method, data was collected using the Menstrual Symptom Questionnare (MSQ) and General Help-Seeking Questionnaire (GHSQ). A total of 200 responses were received, and 195 responses were considered for analysis. The data, upon scoring in Microsoft Excel, was subjected to statistical analysis using the software Jamovi. The data followed a normal distribution pattern.

To ascertain the correlation between Menstrual pain and Help seeking behaviour, the Spearman correlation test was employed. Additionally, the Independent sample T- test was utilized to identify differences based on age group, employment status, and residing area of the participants. The findings of this study revealed that there is no significant correlation between menstrual pain and help seeking behaviour among the participants. When examining the differences based on age group, it was found that there is no significant difference based on age group. In terms of employment status , no significant differences were found in menstrual pain and help seeing behaviour among student and working population.

Also there is no significant difference between menstrual pain and help seeking behaviour based on the residential area i.e, Kerala and Bengaluru

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