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The Experience of Dysmenorrhea and Its Related Self-Care Behaviors among Adolescent Girls

Wong Cho Lee

PhD student

The Nethersole School of Nursing

香港中文大學醫學院

Faculty of Medicine

The Chinese University of Hong Kong

Content

- Background
- Design
- Methods
- Results
- Discussion
- Conclusion

Dysmenorrhea

- Refers to painful menstruation within menstrual cycle (Dawood, 2006).
- Onset usually 6-12 months after menarche (Loto, Adewumi & Adewuya, 2008).
- Symptoms start few hours before or with the onset of menstrual flow.
- Last for 2 – 3 days (Robertson, 1998).

Prevalence and Impact of Dysmenorrhea

Prevalence in Hong Kong

- 68.7% among 5607 Form 1 – 7 secondary school girls (Chan, Yiu, Yuen, Sahota, & Chung., 2009).

Impact of Dysmenorrhea

- Affected academic performance, social life, and sports activities (Banikarim, Chacko & Kelder, 2000; Hillen, Grbacac, Johnson, Straton, & Keogh, 1999).
- Leading cause of recurrent short-term school absenteeism (Banikarim et al., 2000).
- Lower quality of life in the domains of general health and social functioning (Yang & To, 2006).

Management of Dysmenorrhea

- A majority of adolescent girls preferred self-care for dysmenorrhea (Banikarim et al., 2000; El-Gilany, Badawi, & El-Fedawy, 2005; Lee, Chen, Lee, & Kaur, 2006).
- Rest, heat therapy, massage, positioning, exercise (Banikarim et al., 2000; , Margaret, & Shaver, 1995; O'Connell et al., 2006)
- Chinese herbal remedies but some with unknown efficacy (Wu, Gamble, & Moyle, 2012)
- Alcohol or marijuana (Hillen et al., 1999)

Knowledge Gap

- No study explore self-care behaviors among adolescent girls with dysmenorrhea in HK
- Previous findings could not be generally applied to HK adolescent girls due to socio-economic differences

Aim of the study

- To explore the adolescent girls' experiences of dysmenorrhea so as to understand their self-care behaviors and factors influencing the performance of such behaviors

Research Design

- Qualitative design using semi-structured interview



Methods

Sampling

- Purposive sampling strategies, the maximum variation sampling, was employed to recruit 28 adolescent girls with very high and very low levels of self-care behaviors as indicated in the score of ADSCS (Polit & Beck, 2012).

Data Analysis and Management

- Transcribing interviews
 - All interviews were conducted in Cantonese
 - Audio-recorded interviews were transcribed verbatim into Chinese
- Data analysis
 - Content analysis
- Trustworthiness of the study
 - Credibility, Dependability, Confirmability, Transferability

Findings

Categories	Sub-categories
Perceptions of dysmenorrhea	Painful Unfair Normal
Impact of dysmenorrhea	Limitation of social activities Minimization of verbal communication Inability to concentrate on studies
Managing dysmenorrhea	Lifestyle changes <ul style="list-style-type: none">– Careful selection of diet– Reduction of physical activity Symptom management <ul style="list-style-type: none">– Heat therapy– Self-medication– Endurance Communicating dysmenorrhea <ul style="list-style-type: none">– Mother– Friends

Findings

Categories	Sub-categories
Educational needs	Areas of interest <ul style="list-style-type: none">– Knowledge about dysmenorrhea– Strategies to manage dysmenorrhea Preferred format of information delivery

Perceptions of dysmenorrhea

- Unfair
 - Comparing themselves with those who did not suffer from dysmenorrhea, girls thought it was unfair to cope with this extra burden.
 - Some girls questioned why girls needed to have menstruation and suffer from dysmenorrhea pain, unlike boys.

20P78: “Every time I suffer from dysmenorrhea, I would rather be a boy, as I think being a girl is really hard. It is painful and inconvenient... I always wonder why only girls need to suffer. It seems so unfair. Yet other than that, I think being a girl is better than being a boy.”

Perceptions of dysmenorrhea

- Normal
- The girls perceived this cyclical problem as a normal physiological response that accompanies menstruation.
- The sense of normalcy was shaped via comparisons of personal pain severity with those of others.
- They “normalized” their pain and felt grateful that they did not need an injection or hospitalization like others.

17P82: “I feel that compared with my friends’ situations, I am very normal, as my pain is not as severe as theirs, which is extremely painful.”

Impact of dysmenorrhea

Inability to concentrate on studies

- Many girls seemed to place strong emphasis on their studies and frequently complained of how dysmenorrhea caused distraction, affected their concentration, and thus negatively affected their schoolwork. They also felt worried when dysmenorrhea coincided with school examinations, hence potentially hampering their academic performance.

12P42: “I feel scared if I have my period before or during examination time, as it will make it difficult for me to concentrate and make me feel exhausted.”

Managing dysmenorrhea

Lifestyle changes: Reduction of physical activity

- Some girls indicated that they would avoid physical exercise such as riding bicycles or running during dysmenorrhea because exercises not only increased the severity of pain but also enhanced “blood” and “qi” circulation, which resulted in heavy flow.

20P82: “I once tried to neglect the pain and go running as usual, but the pain and flow become very severe, so I will now avoid doing exercise during the first two days of my menstrual cycle.”

Managing dysmenorrhea

Lifestyle changes: Careful selection of diet

- A majority of girls avoided cold foods and drinks, “liang” food, and preferred warm beverages, and red date water, black sugar water for dysmenorrhea.

2P30 “ I would drink more warm water, as my whole body and stomach would feel warm and comfortable after.”

11P192 “Red date soup should be taken before menstruation as it is used to enrich the blood and restore what you may lost from your period. If you drink before or during your period, you will suffer from heavy flow and increase pain.”

Managing dysmenorrhea

Self-medication

- Most of the girls worried about the long-term consequences of using medication, such as dependence or their bodies adapting to it. They worried about having to depend on medication for their problem and need to take medication for every period.

12P96: “I am afraid that after taking medication, I would always need to depend on it for pain relief, so I haven’t tried it.”

14C104: “I will not go and buy analgesics by myself; I think they should not be used without a doctor’s prescription.”

Educational needs

- All of the girls stressed their needs of receiving dysmenorrhea-related education as they thought such an intervention would be very important to and useful for them to managing dysmenorrhea.
- Girls mentioned they prefer female professionals to provide knowledge about dysmenorrhea, clarify folk remedies, and to teach them strategies to manage dysmenorrhea.
- Besides, girls also suggested some format of educational intervention.

Discussion

- Self-medication is not being part of self-care
- Menstrual etiquette in communicating about dysmenorrhea
- Reduction of physical activities
- Modification of diet
- Application of heat therapy
- Endurance
- Educational needs

Conclusion

- Dysmenorrhea is a prevalent problem in Hong Kong
- Understanding self-care behaviors and their associated factors could assist nursing professionals to develop educational intervention for adolescent girls to promote their self-care towards dysmenorrhea

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