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A Study to Assess of Knowledge and Perception of Women Regarding Premenstrual Dysphoric Disorder and its Impact on Daily Routine Work

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Abstract:-
Background: Premenstrual dysphoric disorder (PMDD) is a women's health problem similar to premenstrual syndrome (PMS) but is more serious than PMS. PMDD causes severe irritability, depression, or anxiety in a week or two before menstruation starts. Symptoms usually go away two to three days after starting of menses. PMS refers to a wide range of physical or emotional symptoms that most often occur about 5 to 11 days before a woman starts her monthly menstrual cycle. PMDD affects up to 5% of women of childbearing age. Aims and objectives: To assess knowledge and perception of women about premenstrual syndrome and premenstrual dysphoric disorder and their impact on daily routine work. Material and Methods: Cross-sectional survey research design was adopted in the study. Sample collection was done by using the Probability Random Sampling Technique. Where 60 women's participated in this study. Self-structured knowledge questionnaires were used for data collection. Results: The results of the study show that majority of women 53% (32) having moderate knowledge, 30% (18) having adequate knowledge, and 17% (10) having inadequate knowledge about PMS and PMDD. The mean score was 6.4 and the standard deviation was 1.98. Regarding Perception majority of the woman 55 % (33) having favourable perceptions, 42% (25) having a moderate level of perception, and 3% (2) having unfavourable perceptions. Conclusion: This study concluded that PMS and PMDD affect daily routine work and need more medical attention for symptomatic or complete medical management of PMS and PMDD.

Keywords:- *Knowledge, PMS, PMDD, Premenstrual Problems.*

I. INTRODUCTION

Premenstrual dysphoric disorder (PMDD) is a women's health problem similar to premenstrual syndrome (PMS) but is more serious than PMS. PMDD causes severe irritability, depression, or anxiety in a week or two before menstruation starts. Symptoms usually go away two to three days after starting of menses. Women with PMDD need medicine or other treatment to reduce symptoms (1). The symptoms of PMDD are more severe than those seen with premenstrual syndrome (PMS). PMS refers to a wide range of physical or emotional symptoms that most often occur about 5 to 11 days before a woman starts her monthly menstrual cycle. In most cases, the symptoms stop when, or shortly after, her period begins (1) PMDD affects up to 5% of women of childbearing age. Many women with PMDD may also have anxiety or depression. (1). Between 20 and 40 percent of women experience moderate to severe premenstrual symptoms (PMS). Between 3 and 8 percent of these experience symptoms that prevent them from functioning in normal daily life. This is premenstrual dysphoric disorder (PMDD) (2). PMDD involves a set of physical and psychological symptoms that affect daily living and threaten the individual's mental wellbeing (2). Severe stress and emotional upheaval are symptoms of PMDD that can affect working life and relationships. The exact cause of PMDD is unclear but changes in hormonal level throughout the menstrual cycle may play a role (1). The hormone changes can cause a serotonin deficiency which is found naturally in the brain and intestines that narrows blood vessels and can affect mood and cause physical symptoms. The prevalence of PMS in college students found 18.4% where Moderate to severe PMS was 14.7% and PMDD was 3.7% (3) The symptoms commonly reported in Indian study are fatigue/lack of energy, decrease interest in work, and anger/irritability (3). Banerjee N et al (2000) reported a 6.4% premenstrual dysphoric disorder prevalence in 62 women (4). Prevalence of premenstrual syndrome and premenstrual dysphoric disorder in medical students reported 65% where 12% of the study population reported PMDD. Impact of PMS and PMDD on their academic and social performance reported 12% of absenteeism in class and 32% avoidance of joining social functions (5). In the study 4.8%. Prevalence of premenstrual dysphoric disorder in school-going adolescent girls has been seen (6). Association of PMDD with lifestyle factors, such as sleep, physical activity, total tea/coffee intake, and change in tea/coffee and food intake under stress has been seen in medical students residing in a hostel (7). Anitha Durairaj et al reported 14.3% moderate to severe PMS and PMDD 3.7% prevalence in college girls. Impairment of college efficiency or productivity was seen in 82.66% and 100% of students with moderate to severe PMS and PMDD respectively. Awareness about PMS was found 80% in students of Delhi NCR but 43.8%) females knew about PMDD. The majority 90% of female students think that PMS is an important issue that should be discussed but 40.8% did nothing to relieve their premenstrual symptoms (8). Cross-Sectional Study

about Knowledge, Attitudes, and Severity of Symptoms of Premenstrual Syndrome calls for an education program related to PMS and menstrual-related disorders to provide information and support to adolescents (9). Seema R Deshpande et al reported 57% of female students' studies were affected due to PMS. Drinking hot/cold beverages were the most commonly used coping technique (10).

Objectives

1. To assess knowledge and perception of the woman about the premenstrual syndrome and premenstrual dysphoric disorder and its impact on daily routine work.
2. To assess the impact of daily routine work due to physical symptoms.
3. To assess the impact of daily routine work due to psychological symptoms
4. To find association of Sociodemographic variable with knowledge and impact of daily routine work.

II. MATERIAL AND METHODS

Research Approach: Exploratory research approach with the use of a Cross-sectional survey design is used in the study.

Sampling - In the present study sample collection was done by Probability Random Sampling Technique. Where 60 females participated in this study.

Inclusion Criteria

1. Women's age between 18- 45 Years of age.
2. Participants who are willing to participate in the study.

Exclusion Criteria

1. Women who are unable to read Hindi or English.

Tools - Self-structured knowledge questionnaire, consisted from 2 sections, Socio-demographic data (Includes Sociodemographic information of sample population) and Self-structured knowledge questionnaire (includes Knowledge and perception), Content validation done by subjects experts.

III. RESULTS

The Sociodemographic distribution in this study was followings –

The majority of women's 83.5 % (50) belongs to the age group of 20 – 30 Years, 13.5 % (8) belongs to 31 – 40 Years age, and 3% (2) belongs to above 41 years of age.

Regarding the level of education, 60% (36) were graduates, 20% (12) were Post-Graduate, 20 % (12) having education up to (10+2).

Regarding Occupation 40 % (24) were Govt. employees, 22% (25) had small own occupation and daily wages workers, and 18% (11) were Private employees.

Regarding Monthly Income 37 % (22) having income below 10000 Rupees, 28% (17) having income between 11000 – 20000 Rupees, 35 % (21) having income above 21000 Rupees.

Regarding marital status 27% (16) were married and 77 % (44) were unmarried. Regarding Area of living 37% (22) are from Rural and 67% (38) are from urban areas.

Regarding Family type 47% (28) belong to nuclear type family, 43% (26) belong to Joint family, and 10% (6) belong to Extended family.

Regarding the source of knowledge 45% (27) receives Information from Healthcare professionals, 35% (21) from the Internet or other online platform and 20% (12) from friends.

The analysis was made based on objectives. Knowledge and perception of a woman regarding the premenstrual dysphoric disorder and its impact on daily routine work was the first objective that was assessed in the study found. Results revealed that the majority of women 53 % (32) had moderate knowledge, 30% (18) had adequate knowledge and 17% (10) had inadequate knowledge regarding PMDD. The mean score was 6.4 and the standard deviation was 1.98.

Regarding Perception majority of the woman, 55 % (33) had favourable perceptions, 42% (25) had a moderate level of perception and 3% (2) had unfavourable perceptions.

Impact of emotional symptoms - 95 % of women's was agreed that their daily routine work and social functioning affected due to emotional symptoms of the premenstrual dysphoric disorder.

Impact of Physical symptoms - 90 % of women's was agreed that their daily routine work and social functioning affected due to physical symptoms of the premenstrual dysphoric disorder.

There was an association of family type with knowledge score found where calculated chi-square value 16.86 value is greater than critical value 9.48 at 0.05 significance level.

There was an association of age group and education level found with a perception of women's where calculated chi-square value 18.72 and 12.5 is greater than the critical value (df4) 9.48 at 0.05 level of significance.

IV. DISCUSSION

The result of the present study revealed that the majority of women 53 % (32) had moderate knowledge, 30% (18) had adequate knowledge and 17% (10) had inadequate knowledge regarding PMDD. Results of a study done by Surbhi Teotia et al done revealed that 80% of female participants knew about PMS while only (43.8%) knew about PMDD (8). Regarding Perception majority of the woman, 55 % (33) had favourable perceptions, 42% (25) had a moderate level of perception and 3% (2) had unfavourable perceptions. In this study 95 %, women's was agreed that their daily routine work and social functioning affected due to emotional symptoms of the premenstrual

dysphoric disorder, and 90 % of women's was agreed that their daily routine work and social functioning affected due to physical symptoms of the premenstrual dysphoric disorder. The functional, school/work efficiency, and productivity impairment were found in a study done by Chintan Madhusudan et al (2016) (6). The most common somatic symptom body pain (52%) and the most common affective symptom irritability (50%) was seen in a study done by Geeta et al (5).

V. CONCLUSION

The findings of this study have been discussed concerning the objectives and hypothesis. Knowledge and perception of the woman about the premenstrual syndrome and premenstrual dysphoric disorder and its impact on daily routine work were 54% moderate, 30% adequate, and 17 % inadequate. Impact of physical and emotional symptoms found in Daily routine work, Sleep, and social functioning.

Conflict of interest: The authors had no relationship/condition/circumstances that present a potential conflict of interest.

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