JOURNAL OF WOMEN MEDICAL & DENTAL COLLEGE

Stigma as a Barrier to Seeking Treatment for Dysmenorrhea - A Review

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Received date: 17-08-2024 **Publication date:** 30-09-2024

Abstract

Painful menstruation, or dysmenorrhea, is a common gynecological state. It could be secondary to a uterine illness or primary, meaning it wouldn't have any linked illnesses. Menstruating individuals' quality of life is adversely affected by it. About half of all women who are menstruating suffer from dysmenorrhea, which leads to serious issues with personal and public health, significant rates of absenteeism from work and school, and substantial financial loss. Despite being fairly common, dysmenorrhea is frequently mistreated and ignored by medical professionals, pain experts, and even women themselves due to shame and menstrual stigma. The impact and repercussions of the stigma associated with menstruation are the main topic of this review. It also draws attention to the obstacles it presents to a proper diagnosis and course of therapy for dysmenorrhea.

Keywords Dysmenorrhea, menstruation, taboo, stigma, treatment

1. Introduction

A violent, agonizing, cramping sensation in the lower belly that is frequently accompanied by other symptoms including headache, perspiring, nausea, vomiting, diarrhea, and trembling that happens soon before or during periods is known as dysmenorrhea or painful menstruation. Two varieties of dysmenorrhea exist. When women are about 20 years old or less and their ovulatory phases become established, they are more likely to experience primary dysmenorrhea, which is defined as pain without any evident pelvic pathology. Women older than 20 years old are more likely to experience secondary dysmenorrhea, which is instigated by underlying pelvic pathologies or disorders (1). According to a systematic review and meta-analysis of research involving over 20,000 young women from 38 countries, the prevalence of dysmenorrhea was found to be 71.1%, which falls within the range of 50 to 90 percent reported in the literature for most females (2). Available management for primary dysmenorrhea comprises non-steroidal anti-inflammatory medications (NSAIDs) and contraceptive drugs (3). However, the majority of dysmenorrheic females do not seek proper medical advice due to social disregard toward feminine health problems, lack of access to healthcare due to poor financial conditions, the taboo surrounding menstruation, and some other reasons (4). This review aims to highlight the impact menstrual-related stigma has on the treatment-seeking behavior and provision of treatment for dysmenorrhea along with many other factors.

2. Discussion

Many aspects of a person's life are adversely impacted by menstrual discomfort, such as friendships, family bonds, behavior, and social and recreational activities (5, 6). However, this condition is often overlooked and receives inadequate attention. Dysmenorrhea is viewed as a shame, a taboo, and an uncomfortable condition that is an unavoidable side effect of menstruation that needs to be put up with. As a result, a lot of women decide to suffer in silence and forego getting medical attention (5,7). According to an SSA study, only 9–16 percent of women

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https://doi.org/10.56600/jwmdc.v2i3.85

seek medical attention for menstrual problems, and many of them choose to live with their suffering (3).

In research including 182 teenage girls between the ages of 14 and 18, 72.7% testified "pain/discomfort" during their menstrual cycle, 58.9% reported less activity, and 45.6% reported missing employment or school. Just 15.5% of the dysmenorrheal sample reported using a prescription drug, and only 14.7% could tell of any nonsteroidal anti-inflammatory drug—aside from aspirin—that would be useful in treating dysmenorrhea. These findings suggest that teenage girls often lack awareness or accurate information about effective management strategies for dysmenorrhea (8).

Some of the major barriers that impede the proper treatment of dysmenorrhea include; poor menstrual literacy of people all over the world (9), stigma and social unacceptance of the seriousness of menstrual problems (10,11), and unavailability of access to menstrual hygiene products and poverty (12).

3. Understanding Stigma Related to Dysmenorrhea

According to definitions, stigma is a strongly humiliating characteristic that suggests someone has a flaw that turns them from a complete, normal person into a tarnished, diminished one. (11). Menstrual blood is viewed as a stigmatizing mark for women (13).

3.1. Sociocultural routes and variations

There are several sociocultural channels via which the menstrual stigma is disseminated. Menstruation is viewed as unclean, humiliating, and something that women must conceal or mask to go about their daily lives. By emphasizing secrecy and avoiding embarrassment in menstrual product commercials, the media furthers the stigma associated with menstruation. Menstrual stigma can also spread through silence or the use of cryptic language while discussing it. (13) These social acuities may fluctuate regionally, racially, or culturally, but more or less, the notion of being impure and unhygienic remained the same.

For example, In India, In Hindu societies, these myths restrict menstruating women from participating in daily activities such as worshipping, cooking, etc. in both rural and urban settings so that they don't contaminate food. Under Islamic teachings, certain limitations are levied on menstruating women, such as not being allowed to offer prayers or hold fast during the period days, and sexual relationships between husband and wife are prohibited. In the Malay culture, menstrual issues are considered feminine only and are preferred not to be discussed in front of men (14).

This may have detrimental effects on women's physical and mental health, quality of life, sexuality, and social standing (13).

3.2. Normalization of menstrual pain

The stigma associated with menstruation and the acceptance of excruciating cramps has had a detrimental impact on women's desire to seek appropriate medical attention when experiencing menstrual pain. .(11) Sensitivity to the widely held belief that dysmenorrhea is a typical, expected, and natural aspect of menstruation makes it challenging to identify and treat unpleasant menstrual pains as a real medical condition. The diagnosis of illnesses like endometriosis (the commonest source of secondary dysmenorrhea) has been delayed by patients and doctors as a result of this normalization of excruciating menstrual pains.

3.3. Inadequacy of healthcare system

Research indicates that individuals who accept the notion that extreme menstrual discomfort is typical are less likely to seek medical attention, and practitioners are less likely to look for further core reasons for a patient's dysmenorrhea (11). Even when they consult healthcare professionals, likely, they will not get proper medical attention. Studies conducted recently have revealed worries among women that medical professionals would question the validity of dysmenorrhea (15). It has been discovered that among students with a history of dysmenorrhea, the main deterrents to seeking healthcare were sociocultural and personal factors, bad past experiences and attitudes of healthcare organizations and experts, and a desire for self-management of symptoms (4).

3.4. The common pattern in low, middle, and high-income countries

Despite its frequency and severity, most adolescents do not seek medical treatment for dysmenorrhea or consult healthcare professionals and this pattern has been found in many high as well as middle and low-income countries of the world (16) including Taiwan and China (17),

Lebanon (18) and Spain (19). A health barrier is something that makes health services like diagnosis, prevention, and management of disorders less accessible for people (3). Individuals with dysmenorrhea may normalize severe symptoms, which can all have an impact on seeking help for treatment of dysmenorrhea and other gynecological conditions and other significant factors that hamper help-seeking instinct for treatment of dysmenorrhea along with many other gynecological complaints are; low health knowledge and psychosocial factors such as shame, stigma, and the belief that menstrual pain is not a genuine health problem, as well as the belief that some doctors do not take symptoms seriously (8).

Dysmenorrhea is a problem that is common in both high and low-income countries. However, there may be differences in reporting of conditions due to taboos. According to a systematic review and meta-analysis of 21,578 women of various nationalities, the prevalence of dysmenorrhea was shown to be high irrespective of the nation's economic standing, with over two-thirds (70.8%) of young women reporting having the condition regardless of where they lived. Menstrual taboos are more common in the LMIC subgroup, which includes Sri Lanka, Nigeria, and India. As a result, reporting rates on menstruation and related issues are likely to be lower in these countries due to stigma, shame, or misunderstanding. Nevertheless, despite these anticipated reporting disparities, there was no change in the overall prevalence rates between HIC and LMIC. (20)

4. Consequences of Stigma-Induced Barriers

Dysmenorrhea therapy and diagnosis are significantly delayed as a result of the stigma. It also heightens the predisposition to self-medication and employment of non-medical treatments.

The time interim between the start of symptoms and identification might vary from 5.4 years in youngsters to 1.9 years in grownups. The time between the beginning of symptoms and a surgically established diagnosis of secondary dysmenorrhea varies from four to eleven years (10). Research indicates that between 50 and 58 percent of teenage Turkish and British university students, 43.8% of Chinese, 52–58 percent of high school students in the USA and Australia, and 33–38 percent of young women from Sweden self-treat dysmenorrhea. Adolescent Hispanics with dysmenorrhea (n = 706) reported utilizing a variety of therapies to alleviate their symptoms. Rest (58 percent), medication (52 percent), heating pads (26 percent), tea (20 percent), exercise (15 percent), and herbs were among these techniques (7 percent). Seventy percent engaged in self-management, compared to six percent who got medical guidance (15).

There is restricted and unreliable evidence on the effectiveness of nonpharmacological therapies for primary dysmenorrhea. Studies suggest that topical heat may be as effective as NSAIDs, but there is insufficient evidence for acupuncture, yoga, and massage. Exercise and nutritional interventions may be of some relief, but the evidence is restricted to small RCTs (21).

5. Strategies to Overcome Stigma and Improve Access to Care

The primary strategy to improve this condition is to *increase the menstrual literacy* of the general public, especially the people who are susceptible to this condition. A variety of outlets inform adolescents about the menstrual cycle. The primary source is mothers; the secondary source is healthcare providers. Consequently, it is advised that medical professionals who treat teenagers with dysmenorrhea be informed, skilled, and actively involved in their treatment (15). Another important source is online available material. According to a study by Filho and colleagues, many women had sought information from the internet about their menstrual health. An extensive range of information sources is available there, some of which may be mediocre or undependable which contributes to the spread of misinformation and a delay in patients seeking help from actual health services, but it also proves the importance of reliable digital resources for patient education (22).

It is crucial for healthcare professionals, especially school nurses, to build up the knowledge and self-care skills of teenagers so that they can cope with their dysmenorrhea effectively and decrease their discomfort. Also, the mothers are primary consultants when their daughters face problems with menstruation. The design of menstrual health education should be well-thought-out at schools, local communities, and parent conferences. Peer support groups can also be useful in making adolescent girls feel more free and open to sharing similar experiences (23).

It may be possible to eliminate the stigma associated with menstrual problems, teach girls how to manage their pain and lessen the stigma associated with menstruation by sharing experiences and offering education on the subject. Normalizing menstrual pain, however, may also portray it as incurable or undeserving of care, deterring girls from seeing a doctor for pelvic pain illnesses other than menstrual pain. One way to address this is to educate girls about the fact that while menstrual aches are common, rough or unsettling pain still needs to be evaluated by a physician, and there are numerous treatment options available for both moderate and severe pain. (3, 23).

6. Material and Method

This review was conducted by performing comprehensive literature searches on dysmenorrhea using the electronic databases PubMed, and Google Scholar. Full-text manuscripts published in peer-reviewed journals were evaluated for relevancy and reference lists were cross-checked for additional relevant studies. In combination with the word 'dysmenorrhea,' one or more of the following search terms were used to obtain articles: treatment, taboo, stigma, and barriers.

The literature search for this review focused on identifying relevant studies addressing the stigma surrounding dysmenorrhea and its barriers to treatment.

Inclusion criteria were: (1) studies on individuals experiencing dysmenorrhea, particularly adolescents and women of reproductive age; (2) publications in English from peer-reviewed journals; (3) studies focused on obstacles and management strategies for treating dysmenorrhea; (4) studies from both high-income and low-to-middle-income countries.

Exclusion criteria were: (1) non-peer-reviewed sources; (2) studies unrelated to dysmenorrhea; (3) animal studies; and (4) case reports, editorials, and letters without primary data.

Patient and Public Involvement: There was no public or patient involvement in any way.

7. Best Practices and Recommendations

7.1. Improving the social environment around menstruation

It is essential to address the social environment around menstruation; for this purpose, theory-informed interventions are needed. Some examples of these interventions include tearing down harmful norms and social limitations. To enable the evaluation of such interventions, appropriate indicators of social models and the social environment are required (24).

Given that most young women do not look for medical counsel, it is vital to ensure that the young women themselves, as well as their professors, friends, and family, are appropriately qualified to provide them with guidance. This could be accomplished by carefully thought-out educational interventions that are either offered in-person, virtually, or a combination of both. Ideally, young women would receive this instruction on appropriate self-care either before or close to menarche, before the idea that period discomfort is "normal" and should be "endured" becomes deeply ingrained in their minds. The methods for helping young women in HIC and LMIC to manage dysmenorrhea are equally crucial (20).

7.2. Educational interventions

The detrimental effects of dysmenorrhea on young women are likely to be lessened by educational interventions that cover the appropriate use of NSAIDs and the amalgamation of useful non-pharmacological management techniques, such as employing heat and exercise. It is important to start a social conversation and enhance patient and physician education in light of the disruption that menstruation symptoms cause to many women's everyday activities (20, 25).

7.3. Improving financial conditions

Financial conditions prevent many families from receiving medical treatment, according to adult professionals, while teenagers reported having trouble affording menstruation supplies. Financial hurdles could be overcome by lowering the cost of women's health visits, menstruation products, and medications; raising the financial means available for women; or growing the scope of current micro-insurance programs, which may be useful in lessening the overall effects of poverty on women (3).

8. Conclusion

Dysmenorrhea is a widespread yet so commonly ignored concern for women all over the world. The condition is so commonly dismissed due to various sociopolitical

reasons including, shame, embarrassment, lack of knowledge regarding its treatment, and a general disregard for menstrual disorders. , there is an urgent need for a whole community involvement approach to resolving the issues of menstrual disorders and their complications. Every group in society must work together to dispel menstruation anxiety and advance awareness of reproductive health issues. Given the delicate nature of the subject and the constraints and social obligations surrounding it, a well-planned program will be vital in addressing it. Additionally, health experts from many fields and backgrounds ought to speak out about menstrual health issues in a comprehensive manner, discussing social and physiological demands in particular that are sometimes disregarded.

Conflict of interest The authors declared that they have no competing or conflict of interest.

Acknowledgements We are very grateful to all the participants who willingly participated in the study and contributed to the editorial

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