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# PREVALENCE, CLINICAL CHARACTERISTICS AND MANAGEMENT OF DYSMENORRHEA AMONG INDIAN AND SRI LANKAN YOUNG WOMEN: A CROSSSECTIONAL STUDY

***Introduction***

Dysmenorrhea, or painful menstrual cramps, is one of the most common gynecological complaints [1]. Globally, its prevalence ranges from 45% to 95%, making it a leading cause of absenteeism from school and work [6]. The pain is primarily caused by increased prostaglandin production [3]. Despite its impact, many women do not seek medical advice [2]. Understanding these patterns among Indian and Sri Lankan young women is essential for developing culturally appropriate interventions.

***Goal***

To determine the prevalence, clinical characteristics, associated symptoms, and management practices of dysmenorrhea among Indian and Sri Lankan young women.

***Material and methods of research***

A cross-sectional, questionnaire-based study was conducted among 56 young women of Indian (n=31) and Sri Lankan (n=25) ethnicity. A structured questionnaire collected data on demographics, menstrual history, pain characteristics, associated symptoms, and management strategies. Data were analyzed using descriptive statistics.

***The results of the research and their discussion***

*Demographic Characteristics*

The study population (n=56) was predominantly aged 20–22 years (44,6%). Mean BMI was 24,7 kg/m², with 51,8% normal weight and 37,5% overweight/obese. Most (71,4%) attained menarche between 11–13 years.

*Prevalence and Characteristics of Dysmenorrhea*

The prevalence of dysmenorrhea was 92,9% (52/56), consistent with other South Asian studies (85–95%) [6].

Table 1 – Pain Characteristics (n=52 with dysmenorrhea)

| Parameter | Category | n% |
|---|---|---|
| Severity | Mild | 15(28,8) |
| Timings | First day of Menstruation | 27(51,9) |
| Location | Lower Abdomen | 25(48,1) |

The finding that 71,1% experience moderate to severe pain is clinically significant. Pain most commonly occurs on the first day (51,9%), aligning with peak prostaglandin release [3].

*Associated Symptoms and Functional Impact*

Systemic symptoms were common [5]: Fatigue: 23 (44,2%), Headache: 18 (34,6%), Nausea: 13 (25,0%), Over half of the participants (53,9%) reported at least occasionally missing work, study, or social activities due to dysmenorrhea [5].

*Lifestyle Factors and Pain Severity*

A clear trend was observed: higher BMI and physical inactivity were associated with increased pain severity [1, 4].

Table 2 – Lifestyle Factors and Severe Pain

| Risk Factor | Category | % With Severe Pain |
|---|---|---|
| BMI | Normal Weight | 22,2% |
| Physical Activity | Active (3-4x/week) | 22.2% |

*Management Strategies and Treatment Gap*

A striking finding is the significant treatment gap.

The fact that 62,5% do not use any medication, while 71,1% have moderate to severe pain, suggests a widespread normalization of menstrual suffering [2]. Ginger tea was the most popular home remedy, and its reported effectiveness (68,4%) is supported by studies showing its anti-inflammatory properties [4].

***Conclusions:***

1. High Prevalence & Severity: Dysmenorrhea affects 92,9% of young Indian and Sri Lankan women, with 71,1% suffering from moderate to severe pain [6].

2. Significant Treatment Gap: Despite high severity, 62,5% use no medication, indicating critical under-treatment [2].

3. Role of Traditional Remedies: One-third (33,9%) use home remedies, with ginger tea being the most popular and effective [4].

4. Identifiable Risk Factors: Higher BMI and physical inactivity are strongly associated with increased pain severity [1].

5. Public Health Implications: There is an urgent need for improved menstrual health education, promotion of physical activity, and encouragement of appropriate first-line pharmacological intervention (NSAIDs) [3].

**LITERATURE**

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