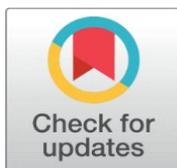


# PERCEPTION OF REPRODUCTIVE AGE WOMEN ON DYSMENORRHOEA IN A LOCAL GOVERNMENT AREA OF EKITI -STATE, NIGERIA

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## ABSTRACT

This research work on the perception of women of reproductive age on dysmenorrhoea in Emure Local Government of Ekiti State. It is a descriptive study. Respondents were selected through simple random sampling technique from the five communities and total sample size of the one hundred (100) was used for the study. Instrument used was a structured questionnaire.

**Methods:** The target population used for the study comprised of one hundred and ten female youths residing in selected areas of Emure Local Government Area of the State. sampling Technique adopted was simple Random Sampling to select five communities out of eighteen communities that made up the LGA. Female youths 11 to 49 years, who were participants were randomly selected from each community of study. The research Instrument used was a structured questionnaire. Out of the one hundred and ten copies administered, one hundred copies were retrieved which represent (90%) of the population. Ethical approval was sought from the National Open University of Nigeria, Ado-Ekiti. The respondents were verbally addressed, and confidentiality was assured. Data was analyzed manually and finding revealed that 57% related to the causes of dysmenorrhoea to intake of sugary foods. 34% use drugs like aspirin, ibuprofen etc. to relieve menstrual pain and 36% had adequate rest. On the effects of menstrual pain on education and health, 49% said body weakness due to excessive blood loss, reduced appetite for food (34%) and increased urination (11%). Prevention of menstrual pain according to study is mainly by avoiding sugary and fatty foods (57%). On the perception of menstrual pain, 53% indicated that the pain is normal before childbirth, (61%) said it is hereditary. In conclusion, there is need for more enlightenment on how to cope effectively with the pain especially on measures to reduce the intensity in order to promote good reproductive health among females.

**Keywords:** Dysmenorrhoea, Perception, Reproductive Age

## 1. INTRODUCTION

Man's quest for freedom from bodily pains dated as far back as man's existence on earth. [Bamidele \(2008\)](#) Dysmenorrhoea is one of the bodily pains which is associated with menstrual problems which occur in female youths between the ages

of 11-19 years. [Bamidele \(2008\)](#) According to the oxford concise medical dictionary (2008), Dysmenorrhoea is defined as menstruation that is associated with cramping lower abdominal pain radiating into the lower back and thighs; the pain sometimes precedes menstrual flow. The symptoms of dysmenorrhoea vary widely from one woman to another, and from one cycle to the next in the same person [Harlow \(2008\)](#) Statistical record of attendance of patients in the primary health care centre, OkeEmure showed that most female do complain of low degree of menstrual pain while a few others are severally affected.

According to [Harlow \(2008\)](#) most women are not bothered at all while some bothered when experiencing severe and disability symptoms, this has led many young ladies to seek for means of alleviating the pains and sufferings during the period. Due to poor influence, some of the females, especially the secondary school students, believe that menstrual pains and discomfort do occur as a result of their non-exposure to conjugal exercise [Harlow \(2008\)](#) They believe that sex is a means of alleviating the pains. Consequently, there is noticeable increase in teenage pregnancies, sexually transmitted diseases and dropping out of schools. [Walker \(2010\)](#)

It has been observed that many of the female among the school aged females indulge in alcohol intake and self-medication [Harlow \(2008\)](#) According to [Walker \(2010\)](#) some female youths engage in the use of concoctions and traditional medicines that have no NAFDAC Number as means of alleviating menstrual pains. [Welner \(2012\)](#) postulated THAT Dysmenorrhoea is assumed to result from excessive production of prostaglandins which causes painful contraction of the uterus. [Watson \(2009\)](#).

Other factors like wrong radio advertisement, religious and cultural practices are all responsible for the unhealthy attitude of young female towards Dysmenorrhoea and its treatment [Watson \(2012\)](#). Moreover, there were divergent opinions among scholars on the societal influence on the behaviour of young females towards Dysmenorrhoea. In Gambia, it was generally believed among the rural dwellers that alcoholic drinks suppresses menstrual pain and hastens menstrual flows. [Welreven \(2008\)](#). Similar view is widely held among the Itsekiri in Edo state of Nigeria, "Sapelle water" as it is locally called, assuage abdominal disorder including menstrual pains. No research findings has justified this view. Signs and symptoms of Dysmenorrhoea are very common with other diseases and health problems [Harlow \(2008\)](#) However, the peculiarity in signs and symptoms for Dysmenorrhoea lie in the fact that it is usually mild, and it is often followed by menstrual flow; and it last between 48-72 hours [Dereck \(2010\)](#)

## 2. METHODS

The target population used for the study comprised of one hundred and ten female youths residing in selected areas of Emure Local Government Area of the State Sampling Technique adopted was simple Random Sampling to select five communities out of eighteen communities that made up the LGA. Female youths 11 to 49 years, who were participants were randomly selected from each community of study. The research Instrument used was a structured questionnaire. Out of the one hundred and ten copies administered, one hundred copies were retrieved which represent (90%) of the population. Ethical approval was sought from the National Open University of Nigeria, Ado-Ekiti. The respondents were verbally addressed, and confidentiality was assured.

### 3. RESULTS

**Table 1**

<b>Table 1 Socio-Demographic Data of Respondents</b>		
<b>Variables</b>	<b>Frequencies (N=100)</b>	<b>Percentages (%)</b>
<b>AGE</b>		
≤ 19	5	5
20-29	34	34
30-39	51	51
40-49	6	6
≥50	4	4
<b>RELIGION</b>		
Christianity	95	95
Islam	5	5
<b>ETHNICITY</b>		
Yoruba	88	88
Igbo	8	8
Hausa	4	4
<b>MARITAL STATUS</b>		
Single	88	88
Ever married	12	12
<b>OCCUPATION</b>		
Student	84	84
Artisan	3	3
Self employed	4	4
Civil servant	6	6
<b>EDUCATIONAL BACKGROUND</b>		
Primary	6	6
Secondary	25	25
Tertiary	69	69

**Table 2**

<b>Table 2 Perception of Dysmenorrhoeal</b>		
<b>Variable</b>	<b>Frequency (N=100)</b>	<b>Percentage (%)</b>
<b>Menstrual pain is hereditary</b>		
Yes	61	61
No	39	39
<b>Main causes of menstrual pain</b>		
Excessive contraction of womb	30	30
Excessive sugar intake	57	57
Lack of personal hygiene	11	11
Others (it is normal)	2	2
<b>Other causes of menstrual pain</b>		
Abnormality of the womb	18	18
Fibroid in the womb	18	18
Infection of the reproductive tract	42	42
Presence of uterine device	18	18
Others	4	4

**Table 3**

<b>Table 3 Table Showing the Prevention of Menstrual Pain</b>		
<b>Variable</b>	<b>Frequency (100)</b>	<b>Percentage (%)</b>
Avoiding sugary fatty food	57	57
Taking drugs/ pain reliever	19	19
Adequate exercise	19	19
Taking enough food daily	3	3
Other (taking hot food/ drinks)	2	2
Total	100	100

#### 4. DISCUSSION

Respondents' socio-demographic shows that 34% were from 20-29yrs, 51% were from 30-39yrs etc. They were mostly (95%) Christians and Yoruba's (88%). Also 88% were single, 10% were married, and 84% were students with tertiary (65%) and secondary education (25%).

On the perception of dysmenorrhea, above average of the respondents believed that menstrual pain is hereditary, some believed that it indicates excessive contraction of the woman's womb, due to excessive sugar intake (57%), and only 11% believed it is due to lack of personal hygiene. Other causes indicated were infection of the female reproductive system (42%), abnormally of the womb (18%) and presence of intrauterine device (18%). This is line with smeltzer and bare, (2008) which says dysmenorrhoea is thought to result from excessive production of prostaglandin which causes painful uterine contraction and arteriolar vasospasms. However, the fact that 57% of the respondents said that excessive sugar intake is the cause of dysmenorrhoea while 11% said it is due to lack of personal hygiene indicate a greater level of ignorance, therefore, there is need for more information and adequate knowledge on causes of dysmenorrhoea among females.

On the measures that help in preventing menstrual pain, 57% said avoiding sugary and fatty foods, taking enough fluid daily (3%) taking good nutrient e.g., vitamins and proteins (19%) and adequate exercises (19%). This is line with Morgan, (2009) which says very often a regular healthy lifestyle reduce and prevent the menstrual pain.

#### 5. RECOMMENDATIONS

Based on the finding of this study, the following recommendations are made.

- Parents should teach their female child on menstrual hygiene, prevention of unsafe sexual practices and seeking prompt adequate care when challenged health wise.
- The health practitioners should organize seminars on dysmenorrhea and other reproductive health issues for young women in schools, (especially in the rural communities) through mass – media, lectures and is on in order to promote good reproductive health among females.
- Government along with other non-governmental organizations should continue to promote education of the child and empower women so that they would be able to independently take proper cares of themselves.

### **CONFLICT OF INTERESTS**

None.

### **ACKNOWLEDGMENTS**

None.

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