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AN INTERPRETIVE STUDY ON PAIN MANAGEMENT OF DYSMENORRHEA AS EXHIBITED BY SELECTED SECOND YEAR FEMALE STUDENTS OF MANILA CENTRAL UNIVERSITY A Research Study Presented to the Faculty of the College of Nursing MANILA CENTRAL UNIVERSITY In Partial Fulfillment of the Requirements for the Nursing Research Subject Presented by: ROJERO, Irish ROMERO, Johanna Marie ROSARIO, Glaiza ROSOS, Maureen ROYO, Charyl RUIZ, Richard RULL, Emmanuel SABA, Kristine Joy SABINO, Ramnielli SADIE, Gladys Mary SAGUIL, Michelle March 4, 2008 Acknowledgement First and foremost, we lift up our gratitude and prayer to the Lord Almighty for giving us enough knowledge, wisdom, and courage to do this task and for His sanctifying grace who never left our side all through out the process of making this study. Second, we thank our family whose undying love made us more eager and enlighten our tired spirit to go through in the midst of obstacles that we encounter in the course of making this study. For giving us all the support we needed in this project. To our professor, Mr. Angelo De Jesus, for imparting us the knowledge that we needed for the achievement of this goal and for nurturing our mind with the wisdom he shared with us. We thank him for trusting us and guiding us step by step in the formulation of this study and for sharing us what he know unselfishly. To the sophomore students who shared their time and experience with us for the achievement of our desired objectives. Thank you for taking part with this study. To our classmates who supported us in making this study, for giving us motivation and encouragement to go through the process. We would also want to thank the people who contributed in the completion of this study in any way or another, from the bottom of our hearts, we thank you. Let this study be useful to the people that it can help, in any way, any how. The Researchers.

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Chapter I Introduction I. Background of the Study One of the things which distinctly separate man from woman is menstruation. The monthly regress of blood from the vagina is a female physiologic event which has been met with varying views throughout time. Women in earlier times have used home-made washable pads, rags, sponges, grass and other absorbent material

during their menstrual periods. Egyptian hieroglyphics documents the use of tampons. It is believed that in 19th century, Europe, where women worried less about body odor, the smell and the sight of menstrual blood was common. Most women seemed to have made their own pads or like rural women, wore neither pads nor underpants. When they menstruated, they left a trail of blood behind them. (S. Hering, G Maiehof, " The Indiposed Woman") Many rules and etiquette surround menstruation in various cultures. Among Muslims, there are rites which women required to suspend during menses such as SALAT, a formal prayer and sexual intercourse. They are able to resume after immersing and washing themselves in water, a tradition known as Ghusl. Once the menstrual period is over, another hadith tradition requires a woman with prolonged menstrual flow to wash herself everyday when her period is over and she takes a woolen cloth greased with fat or oil to tie over her private parts. (Sahin Bukhjar 1: 0302) In the Philippines, many beliefs and practices about menstruation continue to be passed on. There are still Filipino women who are forbidden by their elders to take a bath during their menses. In some rural communities, teenage girls wash their faces with menstrual blood believing that it prevents the eruption of acne. Another popular belief is that when a young girl has her first menstrual period, she is made to jump on the steps of the stairs. The number of steps she is able to leap corresponds to the number of days she will be having her menses. As women took on careers in the 20th century, views on menstruation began to change. A better understanding of female reproductive physiology enabled women to accept menstruation as a part of being female. Poetic terms like " Decorated with roses" and " Surfing the crimson tide" have been used to refer to a menstruating female. Perhaps it

also indicates a kinder attitude now adopted by men and society towards women and menstruation. Women suffer pain during their menstrual period sometimes leads to miss school, office, sport practice or swimming. A lot of pain relievers are available but there are also pain relievers that are nontraditional means of dealing with dysmenorrhea that do not require any over the counter drug purchases. An alternative way of dealing with pain that comes with dysmenorrhea is through traditional Chinese medicine particularly acupressure. Acupressure massage is the traditional Chinese medicine (TCM) method that applies finger pressure to a specific point on the skin surface to help prevent and treat illness. This research study aims to provide information and knowledge about the occurrence of Dysmenorrhea among sophomore nursing students of Manila Central University and their corresponding pain management.

II. Objectives of the Study

The following are the objectives of the research study:

1. To identify the pain managements done by the selected sophomore students of Manila Central University when experiencing Dysmenorrhea.
2. To identify the timeframe or duration of Dysmenorrhea to these selected students.
3. To identify the effects of dysmenorrhea to routine activities of these selected students.

III. Significance of the Study

The result of this research will provide sufficient knowledge for the ff:

1. Female - Approximately 30% of women suffer from dysmenorrhea monthly. Women tend to miss school, work and other activities because they could not handle the pain felt and would rather choose to stay at home. This study will provide helpful tips on the suitable pain management as well as the ways to minimize the occurrence of dysmenorrhea.
2. Male. - Being unable to experience monthly period, it is very common for males to misunderstand women's attitude during menses

as these women tend to be irritable and would likely to be left alone. As this study provides signs and symptoms of dysmenorrhea, males will be able to help in every little way they can as soon as they come to understand the pain brought by dysmenorrhea.

3. Nursing Profession. - As part of the health care team, people commonly confide to health care workers for information concerning health, including that of dysmenorrhea. This study ought to seek different ways on how to handle dysmenorrhea and will provide the most common pain management done by 2nd year nursing students of Manila Central University, which health workers may use as basis for health teaching in the community and hospital setting.

IV. Scope and Delimitation
This study covered the common pain management of dysmenorrhea as exhibited by sophomore nursing students of Manila Central University, the duration of dysmenorrhea, and the effects of dysmenorrhea to their routine activities only. An overview of the types of dysmenorrhea was also discussed, and the criteria to qualify as having dysmenorrhea was also included. Complications of dysmenorrhea, misconceptions about the disorder and other factors pertaining to studies of dysmenorrhea was included nor discussed in the study.

V. Definition of Terms

- a. Dysmenorrhea- painful menstruation.
- b. etiquette- conventional requirements as to social behavior; proprieties of conduct as established in any class or community or for any occasion.
- c. lumbosacral- pertaining to the lumbar and sacral region.
- d. menses- the periodic flow of blood or mucosal tissue from the uterus.
- e. Menstruation- period of menstruating.
- f. Pain Management- styles used by sophomore students to alleviate pain of dysmenorrheal and ease comfort.
- g. Peritonitis- inflammation of the peritoneum, often accompanied by pain and tenderness in the abdomen, vomiting, constipation, and moderate fever.
- h.

physiology- organic processes or functions in an organism or in any parts of it. i. routine- a customary or regular course of procedure. j. suprapubic- situated anterior to the pubis. k. tampons- is a plug of absorbent material inserted into a body cavity or wound to check a flow of blood or absorb secretions. l. timeframe- an amount of time or a particular time in interval where in sophomore students experience pain or dysmenorrhea. Chapter 2 Review of Related Literature and Conceptual Framework Dysmenorrhea, or painful menstruation, is the most common complaint of gynecologic patients. Many women experience mild discomfort during menstruation.

Dysmenorrhea is present if pain prevents normal activity and requires medication, whether over the counter drugs or those prescribe by a physician. According to Dr. Nida Rosales, OB-Gynecologist, dysmenorrhea is a painful menstruation characterized by abdominal cramps, nausea, vomiting, headache, and for the worse, profuse bleeding. Experiencing couple of these characteristics will be considered as dysmenorrheal episodes. There are 3 types of dysmenorrhea: 1. Primary(no organic cause), 2. Secondary (pathologic cause), and 3. Membranous (cast of endometrial cavity shed as a single entity). Membranous dysmenorrhea is rare; it causes intense cramping pain owing to passage of the intact endometrial lining through an undilated cervix. Another cause of dysmenorrhea that should be considered is cramping due to the presence of an intrauterine device (IUD). The pain of primary dysmenorrhea usually design few hours prior to or just after the onset of a menstrual period and may last as 48-72 hours. The pain is labor-like with suprapubic cramping and may be accompanied by lumbosacral back ache, pain radiating down the anterior thigh, nausea, vomiting, diarrhea, and rarely syncopal episode. The pain of dysmenorrhea is

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colicky or infectious peritonitis, is imposed with abdominal massage, counter pressure, or movement of the body. (Pernoll, Martin MD., Current Obstetric and Gynecology Diagnosis and Treatment 1987, p. 613) On the other hand, secondary dysmenorrhea usually occurs years after the onset of menarche. However, by definition, secondary dysmenorrhea does not reflect age of onset but its cyclic menstrual pain in association with underlying pelvic pathology. The pain of secondary dysmenorrhea often begins 1-2 weeks prior to menses and persists until a few days after the cessation of bleeding. The mechanism underlying secondary dysmenorrhea are diverse and not fully elucidated, although most involve. Either excess prostaglandin production/hypertonic uterine contraction secondary to cervical obstruction, intrauterine mass, or a foreign body. Non-steroidal anti-inflammatory agents and oral contraceptives are less likely to provide pain relief in secondary dysmenorrhea than in primary dysmenorrhea. (Pernoll, Martin MD., Current Obstetric and Gynecology Diagnosis and Treatment 1987, p. 412) The conventional treatment for dysmenorrhea include warm compress for abdominal pain, bed rest to avoid dizziness and faintness, intake of pain relievers, avoidance of strenuous activities to prevent fatigue and restlessness. Although pain relievers are available, there are non-traditional means of dealing with dysmenorrhea that don't require any over the counter (OTC) drug purchases. An alternative way of with pain that comes with dysmenorrhea is thru traditional Chinese medicine, particularly acupuncture. Acupuncture massage is the traditional Chinese medicine (TCM) method that applies finger pressure to specific points on skin surface to help prevent and treat illness. According to Dr. Alfonso Lagaya, medical director of Living Life Well Medical Spa and Complementary Alternative Medicine (Cam) Clinics, <https://assignbuster.com/research-research-paper-samples/>

pains occur when the energy flow in a meridian is blocked or stopped. By applying acupressure on the sacrum, at the base of the spine with the patient lying down or sitting up, uterus will be relax and relieve menstrual cramping. (Dr. Sy, Gary S., Manila Bulletin, August 7, 2003) Prostaglandin synthase inhibitors are effective for the treatment of primary dysmenorrhea in approximately of 80% of cases. The inhibitor should be taken just prior to or at the onset of pain and continuously every 6-8 hours to prevent reformation of prostaglandin by products. The medication should be taken for the first few days of menses. A 4-6 months course of therapy with changes in dosages and types of inhibitor should be attempted before confirming treatment failure. The medications may be contraindicated in patients with gastrointestinal ulcers or bronchospastic hypersensitivity to aspirin. Side effects are usually mild and include nausea, dyspnea, diarrhea and occasionally fatigue. For the patient with primary dysmenorrhea who has no contraindication to oral contraceptive agents or who desires contraception. The birth control pill is the agent of choice. Oral contraceptives decrease endometrial proliferation and create an endocrine milieu similar to the early proliferative phase when prostaglandins are lowest. More than 90% of women with primary dysmenorrhea will have relief with birth control pills. If the patient doesn't respond to this regimen, hydrocodone/codeine may be added 2-3days/month. Prior to administration of narcotic medications, however, psychological factors and other organic pathology should be ruled out with diagnostic laparoscopy. Pain management, in particular and acupuncture or transcutaneous electrical nerve stimulation also may be useful. Surgical approaches for primary dysmenorrhea (e. g. laparoscopic uterine nerve ablation/presacral neurectomy) should be used rarely. NSAIDS

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and oral contraceptives are less likely to provide pain relief secondary dysmenorrhea than in primary dysmenorrhea. Management of secondary is treatment of specific underlying disorder. (Novak Gynecology 12th edition, Berek, Jonathan J., pp 411-412) Nonsteroidal anti-inflammatory drug's (NSAID's) are highly effective in the treatment of primary dysmenorrhea. The majority of patients receive nearly total relief from their symptoms. Within 30 minutes of ingestion, there is diminishing magnitude and frequency of uterine contractions and a decreased perception of pain. Also, these drugs markedly decreased the production of endometrial prostaglandins by impeding the conversion of arachidonic acid to prostaglandin and their intermediates. Consequently, the quantity of PGF₂-alpha and PGE₂ released in the menstrual fluid is significantly decreased. (Essential of Obstetrics and Gynecology, Hacker, Neville F., Moore, George J., pp260-261). Management of secondary is treatment of specific underlying disorder. (Novak Gynecology 12th edition, Berek, Jonathan J., p 412) The predisposing factors of dysmenorrhea are (1) Adolescence and Early Puberty, those who start menstruating at age 11 or younger are at risk for severe pain, longer periods and longer menstrual cycles and those who attempts to lose weight. (2) Overweight, women who are overweight have twice the risk for having severe and prolonged cramping. (3) Alcohol use, alcohol consumption may prolong the pain. (4) Smoking (5) Depression/Anxiety (6) Heavy menstrual flow and some study reveal that (7) Positive Family History is also a predisposing factor of dysmenorrhea. (Preventdisease, 2003, para 12) Fig. 1 Conceptual Framework Chapter III Methodology The design used in the study is in the form of descriptive method; where in narrative structure will be employed. Interpretive phenomenology was used as the research tradition.

Non-probability, purposive sampling technique was utilized in data gathering from respondents. An estimated 15 respondents was included for the purpose of acquiring concrete information about the subject. The research was done and conducted through actual interview with the respondents involved. Manila Central University (MCU) was the locale for the study where in respondents were enrolled. Data was gathered from sophomore students of the College of Nursing, Manila Central University. An additional data from an Obstetric-Gynecologist was also utilized as a guide for the researchers in determining respondents who really experience a dysmenorrheal episode. Other students from different year levels of the College of Nursing was not included in selecting the respondents. The above processes of obtaining data are selected and done for better results for this study. Chapter 4

Presentation of Results and Analysis This chapter aims to elaborate the outcome of the data gathering and presents the interpretation of the results, giving further clearance and congruency to the conclusion and relation of the subject and outcome. Eleven respondents answered what is/are the symptoms of dysmenorrhea. Eight of them said they experience abdominal cramping accompanied by pain. Six of them complained headache while other two said heavy bleeding. Dizziness was also a known symptom for two respondents. Therefore, abdominal pain is the leading symptom of dysmenorrheal. The second objective that is ought to be identified is about the duration of pain/dysmenorrhea. Out of eleven respondents, six of them said that their dysmenorrheal period only last for one day. One respondent claimed she experience dysmenorrhea in 2 days. One other respondents said that the episode last for 3 days. And other three respondents said that they are experiencing the pain for 5 days. Therefore, usual duration of

dysmenorrhea is one day. The eleven respondents were asked to enumerate the effects of dysmenorrhea to their activities. Two respondents said also that they always lay in bed, missing school days. Another two respondents said that they're in bad mood during dysmenorrhea. One respondent stated that she cannot stand and another respondent said that she cannot focus on her studies and cannot do household chores. Therefore, dysmenorrhea affects their activity of daily living leading to absences and disorientation to studies and work. For the primary objective of the study which is the identification of pain management of dysmenorrhea, eight respondents stated that they take Mefenamic Acid (Midol and Dolphenal) to relieve the pain. One respondent said that they rest only. Two respondents said that they use warm compress. Two respondents said that they take pain reliever. The rationalization of pain management styles were asked to the respondents to see how do these managements were formulated. Six of them stated that they acquired it from their mothers. One respondent said that it was recommended by friends, while another one stated that it was suggested by her sister. Two of the respondents said that the pain management was influenced by a commercial on TV. The sufficing pain management styles used by the selected students were acquired most frequently from their mothers. Chapter 5 Summary, Conclusion and Recommendation Summary The study is concerned about the pain management of dysmenorrhea as exhibited by selected female students of Manila Central University, whereas the ultimate objective of the study is to identify the common pain management done by these selected students. In line with this, the study also aimed to present the duration on timeframe of the occurrence of pain to the selected students, and its effects to their

routine activities. The study purposes are to provide helpful tips to women who are experiencing dysmenorrhea, and thus can be of way to minimize the pain. The study also provides a significant elucidation of ideas that will enlighten the understanding of men toward dysmenorrhea and the accompanying mood swings of the women who experiencing monthly menstruation. The scope of the study only focused on the identification of the above mentioned objectives (pain management, duration and effects) and other related ideas about dysmenorrhea was not covered. The review of related literature presented fact and studies about dysmenorrhea. From its definition of being a painful menstruation, the second chapter also conveyed different types of dysmenorrhea (primary, secondary, and membranous). An inquiry with an obstetrician/gynecologist was also included wherein the expert stipulated the signs and symptoms of dysmenorrhea. On the latter part, determining common management for pain-considering pharmacologic therapy was noted. Predisposing factors such as adolescent age, obesity, alcohol consumption and smoking, depression and positive family history were given an overview. Data collection procedure used descriptive method particularly narrative structure and suitable Interpretive Phenomenology research tradition was sported. The sampling technique used was in the form of non-probability, purposive where in selected sophomore students served as respondents for a total number of eleven. Other students from different level were exempted. The number of respondents where data was gathered presented outcome of the following objectives: first, the most common pain management that they exhibit when experiencing dysmenorrhea is by taking pain relievers or analgesics specifically Mefenamic acid (Midol), and by doing warm compress on the lower abdomen. Secondary to this is by the simply

taking a rest. The duration of pain to these selected students varies from one to five days. The average is one day having an answer of 5 respondents.

Dysmenorrhea, as being painful, has a great effect on the activities done by those who experience it. As for the respondents, dysmenorrhea affects their attendance to school whereas they inevitably miss classes because of the

pain, irritability and of being uncomfortable. Conclusion The outcome of the

study resulted to an idea that pain management exhibited by selected

sophomore students of Manila Central University arrived to a common style,

which is by using pharmacologic treatment on by using medication

(analgesic) to ease the discomfort and alleviate pain. Other management

such as warm compress on the affected part and taking rest during

dysmenorrheal episodes were also established by the respondents.

Objectives of the research study were given justification afar as evidenced

by concrete information gathered from the selected respondents through

survey particularly verbal affirmation and hence giving structure to the

purpose by the study. The study can also be applied to other population that

can pass the criteria of having dysmenorrhea and other qualifications that

are essential to the formulation of the research study as a whole.

Recommendation The study aims to be a guide, as mentioned to its

significance to both gender — but as for different and valid reasons and to

the nursing profession- as for the provision of helpful ideas and tips for those

who will confide to members of nursing society. Therefore, this study is

recommended to the members of the health care society specifically to the

nursing community, and is also suitable to those who experience

dysmenorrhea — for it will give them ideas of pain management — especially

female students of Manila Central University. Appendices 1.) A. Are you

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aware of Dysmenorrhea? " Yes" B. Do you experience this signs and symptoms? - Abdominal pain/cramps - Vomiting - Headache - Nausea - Profuse bleeding - Confusion - Dizziness " ano yung abdominal pain" C. How long do you experience Dysmenorrhea? " mga two days" D. How Dysmenorrhea affects your activity of daily living? " Sobra nakaka-affect siya kasi nahihirapan ako tsaka iba yung feeling, hindi ko masyadong nagagawa yung mga gusto kong gawin, hindi ako nag-e-enjoy. " E. How do you manage Dysmenorrhea? " ano umiinom lang ako ng gamot yung pain reliever, actually galling siyang ibang bansa kasi ni-refer lang sya ng pinsan ko 2 tablet tapos after 30 minutes tanggal na siya, tsaka yung bote na may mainit na tubig lalagay ko lang sya sa tiyan ko tapos mawawala na yung sakit. " F. How do you come up with pain management styles? " sabi ng po ng pinsan ko. " 2.) A. Are you aware of Dysmenorrhea? " Nakaka-experience nap o tuwing nagkaka-period po" B. Do you experience this signs and symptoms? - Abdominal pain/cramps - Vomiting - Headache - Nausea - Profuse bleeding - Confusion - Dizziness " yung abdominal pain at headache lang po" C. How long do you experience Dysmenorrhea? " One day lang po" D. How Dysmenorrhea affects your activity of daily living? " Yes, nakaka-affect siya" E. How do you manage Dysmenorrhea? " Nagpapahinga lang po" F. How do you come up with pain management styles? " sabi ng mama ko po. " 3.) A. Are you aware of Dysmenorrhea? " Oo" B. Do you experience this signs and symptoms? - Abdominal pain/cramps - Vomiting - Headache - Nausea - Profuse bleeding - Confusion - Dizziness " Headache lang po" C. How long do you experience Dysmenorrhea? " Five days po" D. How Dysmenorrhea affects your activity of daily living? " Hindi ako makatayo" E. How do you manage Dysmenorrhea? " Yung sa bote lalagyan ng tubig na mainit tapos i-

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ro-roll lang sa tiyan. " F. How do you come up with pain management styles? " sabi ng mama ko po. " 4.) A. Are you aware of Dysmenorrhea? " Opo" B. Do you experience this signs and symptoms? - Abdominal pain/cramps - Vomiting - Headache - Nausea - Profuse bleeding - Confusion - Dizziness " Headache po" C. How long do you experience Dysmenorrhea? " One day po" D. How Dysmenorrhea affects your activity of daily living? " Ano hindi ako makapag-isip ng maayos. " E. How do you manage Dysmenorrhea? " Yung ano Midol" F. How do you come up with pain management styles? " Yung friend ko na nursing din" 5.) A. Are you aware of Dysmenorrhea? " Oo, aware po" B. Do you experience this signs and symptoms? - Abdominal pain/cramps - Vomiting - Headache - Nausea - Profuse bleeding - Confusion - Dizziness " Abdominal pain tsaka dizziness. " C. How long do you experience Dysmenorrhea? " One day po" D. How Dysmenorrhea affects your activity of daily living? " kapg meron po ako nakahiga lang po ako. " E. How do you manage Dysmenorrhea? " Umiinom po ng Midol" F. How do you come up with pain management styles? " sabi ng mama ko po. " 6.) A. Are you aware of Dysmenorrhea? " Opo, aware ako" B. Do you experience this signs and symptoms? - Abdominal pain/cramps - Vomiting - Headache - Nausea - Profuse bleeding - Confusion - Dizziness " Abdominal pain tsaka dizziness po" C. How long do you experience Dysmenorrhea? " One day lang po" D. How Dysmenorrhea affects your activity of daily living? " Mainit po ulo ko. " E. How do you manage Dysmenorrhea? " Yung pain reliever po" F. How do you come up with pain management styles? " sabi ng mama ko po. " 7.) A. Are you aware of Dysmenorrhea? " Opo, aware ako" B. Do you experience this signs and symptoms? - Abdominal pain/cramps - Vomiting - Headache - Nausea - Profuse bleeding - Confusion - Dizziness " Ano po yung profuse

bleeding tsaka abdominal pain. " C. How long do you experience Dysmenorrhea? " Five days po" D. How Dysmenorrhea affects your activity of daily living? " Mainit po ulo ko minsan" E. How do you manage Dysmenorrhea? " Yung Midol po" F. How do you come up with pain management styles? " sabi ng mama ko po. " 8.) A. Are you aware of Dysmenorrhea? " Oo" B. Do you experience this signs and symptoms? - Abdominal pain/cramps - Vomiting - Headache - Nausea - Profuse bleeding - Confusion - Dizziness " Yun lang abdominal pain tsaka profuse bleeding. " C. How long do you experience Dysmenorrhea? " One day lang" D. How Dysmenorrhea affects your activity of daily living? " Minsan absent po ako sa mga klase ko. " E. How do you manage Dysmenorrhea? " Kadalasan po yung Dolfenal. " F. How do you come up with pain management styles? " Sa commercial po. " 9.) A. Are you aware of Dysmenorrhea? " Opo" B. Do you experience this signs and symptoms? - Abdominal pain/cramps - Vomiting - Headache - Nausea - Profuse bleeding - Confusion - Dizziness " Abdominal pain tsaka headache. " C. How long do you experience Dysmenorrhea? " Five days po" D. How Dysmenorrhea affects your activity of daily living? " Nakahiga lang po" E. How do you manage Dysmenorrhea? " Umiinom po yung ano Dolfenal. " F. How do you come up with pain management styles? " sabi ng mama ko po. " 10.) A. Are you aware of Dysmenorrhea? " Yes" B. Do you experience this signs and symptoms? - Abdominal pain/cramps - Vomiting - Headache - Nausea - Profuse bleeding - Confusion - Dizziness " Yung ano lang abdominal pain tsaka headache. " C. How long do you experience Dysmenorrhea? " Three days po" D. How Dysmenorrhea affects your activity of daily living? " Hindi kop o nagagawa yung mga household chores" E. How do you manage Dysmenorrhea? " Nagpapahinga lang po" F.

How do you come up with pain management styles? "sabi po sister ko."

11.) A. Are you aware of Dysmenorrhea? "Opo" B. Do you experience this signs and symptoms? - Abdominal pain/cramps - Vomiting - Headache - Nausea - Profuse bleeding - Confusion - Dizziness "Uhhmm.. abdominal pain tsaka headache" C. How long do you experience Dysmenorrhea? "One day lang po" D. How Dysmenorrhea affects your activity of daily living? "Minsan po may mga lesson ako na dapat kong pag-aralan, hindi ako nakakapag-aral." E. How do you manage Dysmenorrhea? "Yung sa commercial po, yung Dolfenal" F. How do you come up with pain management styles?

----- Formulation of Pain Management Styles for Dysmenorrhea to alleviate pain and discomfort. Acquiring Knowledge about the Pain Management Styles for Dysmenorrhea Occurrence of Dysmenorrhea Duration of Pain Degree/Severity of Pain 1 2 3 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24