

## Healthcare-Seeking Behavior and Self-Medication Practice for Dysmenorrhea Pain among Literary and Scientific University Students: Comparative Study

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### Abstract

**Background:** Most women experience some pain during menstruation. This pain most times affects their normal daily activity and quality of life depending on its duration and severity of this pain. Self-medication strategy diverges amongst the students. So, the current study was done to compare healthcare-seeking behavior and self-medication practice for dysmenorrhea pain among literary and scientific university students. **Methods:** A purposive and convenience sampling of 300 university students selected from six faculties. **Study setting:** The study was conducted at different faculties of Sohag University among literary and scientific university students. **Data** were collected by using an anonymous, self-administered questionnaire that contained **two tools:** **Tool 1:** Self-administered questionnaire to assess age and menstrual profile and consists of four parts and **tool 2** to assess healthcare-seeking behavior and self-medication practice for dysmenorrhea and consists of 2 parts. **Results:** 90.6% & 91.3% of the respondents experienced moderate or severe pain during menstruation. Self-medication reported by 71.3% in scientific collage compared to 58.6% in literary collage. Degree of pain decide use of self-medication as 43.7% of student in literary collage who take self-medication experience severe pain compared to 12.8% in scientific collage. Also 25.7% of scientific collage students take self-medication experience extreme severe pain compared to 15.6% in literary collage. **Conclusion:** Dysmenorrhea is a common cause for self-medication among young females students. Self-medication practice for dysmenorrhea was seen in literary and scientific by different percent and this depend on severity of pain

**Key word:-** Health Seeking Behaviours, Self-medication , Dysmenorrheal pain

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### I. Introduction

Dysmenorrhea is one of the most common causes of pain in women. Where dysmenorrhea is known as menstrual pain and it is one of the most common complaints among teenage women and young women of childbearing age. It has been observed that its appearance usually occurs between 6 and 12 months after menstruation. Many women lack sufficient awareness and knowledge of dysmenorrhea[1].

**Fraser and Cooper** reported that Seventy-five percent (75%) of women suffer from dysmenorrhea, which makes it the leading cause of impotence in adolescents. The International Pain Study Association suggested that dysmenorrhea affect forty to ninety percent (40-90%) of women. Which may be primary without disease or accompanying secondary diseases in the pelvis. [2].

Studies have shown that about 140 million working hours and school hours are lost annually due to menstruation-related symptoms. This is accompanied by changes in the activities of women in everyday life as well as their social role and reduces the quality of their lives. It also leads to negative effects such as increased absenteeism and affects academic achievement and productivity in adolescent girls and young women. While many affected girls lack the experience and knowledge to effectively manage dysmenorrhea and other monthly discomforts, the situation is made worse by the way the problem is managed by individuals.[3]

Self-medication is termed as the use of medicines which are designed and labelled for use without medical supervision and approved as safe and effective for such use. Drug abuse that often occurs indicates a wrong treatment, wrong method of using the drug, drug incompatibility with disease/ disease symptoms, inappropriate drug dosages and not in patients[4]

Studies revealed that there is an increase in trends of self-medications particularly among the youth. This can be attributed to socio-economic factors, life style, ready access to drugs, the increased potential to manage certain illnesses through self-care, and greater availability of medicinal products, socio-demographic, epidemiological, availability of healthcare and health professional, law, society and exposure to advertisement;

high level of education and professional status. Moreover, knowledge of drugs and their use are the main causes of self-medication especially among pharmacists and physicians[5].

Even though self-medication is a useful tool to treat minor ailments, improper self-medication practice or medication abuse may lead to serious adverse drug reactions and possibly fatal consequences. Moreover, currently, there is a worldwide concern about the emergence of antibiotic-resistant strains of micro-organisms which might have been highly augmented by self-medication.[6]

Nurses have an important role in providing health counseling to help in increasing female students' knowledge regarding the danger of self-medication use for menstruation pain. Also, provide another alternative health-seeking behavior to handle dysmenorrheal pain.[7]

Henceforth, the present study was carried out to compare healthcare-seeking behavior and self-medication practice for dysmenorrhea pain among literary and scientific university students

### **Significant of the study**

Menstrual cycle disturbances, such as menorrhagia, dysmenorrhea, and irregular cycles, are common during adolescence and young adults' period of reproductive age[8]. In a developing country like Egypt, the health challenge is given less attention. Where the young population is faced with enormous socio-economic challenges, it is pertinent to investigate into experiences and methods female undergraduates adopt to manage the effects of the physiological challenges of dysmenorrheal pain on their daily activities. Moreover, the internet is emerging as a major source of information on health issues without appropriate control offers great promise in helping people with self-care[9]. So that the present study: To compare healthcare-seeking behavior and self-medication practice for dysmenorrhea pain among literary and scientific university students

### **Aim of the study:**

To compare healthcare-seeking behavior and self-medication practice for dysmenorrhea pain among literary and scientific university students

### **The specific objectives for this study were:**

- 1) To determine the healthcare-seeking behavior towards dysmenorrheal pain of literary and scientific university students.
- 2) Identify the relieving measures used by literary and scientific university students for dysmenorrheal pain.
- 3) To analyze the pattern of self-medication for dysmenorrhea among literary and scientific university students

### **Research question**

Is there a difference between literary and scientific university students regarding healthcare-seeking behavior and self-medication towards dysmenorrheal pain?

## **II. Subject And Methods**

**Study design:** The current study was utilizing a comparative design.

**Study setting:** The study was conducted at different faculties of Sohag University among literary and scientific university students. Three faculties for each group were selected randomly to collect data, which were: Faculty of medicine, pharmacy and nursing for scientific education group and Faculty of Arts, Engineering and Specific Education for literary group.

### **Sample size:**

By using the Epi-Info software program, version 6.04 the present study sample size was calculated. The sample size was calculated to be 300 students (50 students from each faculty) attending the selected faculties at confidence interval 95% and desired precision 80%.

### **Study Subjects:**

Three hundred students of the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> academic years of different colleges were selected from the previously mentioned setting by using simple random sampling technique according to the following criteria: Female students of age between 18-24 years and who were willing to involve in the research.

### **Tools of data collection:**

Based on the related literature; a semi-structured questionnaire was developed by the researchers for the purpose of the current study. Two tools were used in the current study.

**Tool 1:** Self-administered questionnaire consists of four parts:-

Part 1: General characteristics of the students such as; age in years and residence.

Part 2: Students' menstrual profile as age at menarche, menstrual regularity, cycle interval, duration of menses, amount of blood loss and number of pads per day.

Part 3: Visual Analogue Scale (VAS) to assess degree of dysmenorrheal pain. Gould D. et al., (10)

Part 4: Characteristics of dysmenorrheal pain as: onset of pain, site of pain and accompanied symptoms. As well as the effect of dysmenorrheal pain on students psychiatric status, educational status and absenteeism.

**Tool 2:** This was intended to assess healthcare-seeking behavior and self-medication practice for dysmenorrhea. It was a self-administered assessment tool developed by the researchers after revising relevant literatures and written in Arabic language in the form of close and open ended questions and consists of 2 parts:

**Part 1:** Concerned with healthcare-seeking behavior used by students for dysmenorrheal pain.

**Part 2:** Focused on self-medication pattern used by students and adapted from **Larroy et al., (11)**.

#### **Content validity and reliability:**

The two tools were reviewed for comprehensiveness, appropriateness, and legibility by an expert panel of jury of five experts in the field of obstetrics and gynecologic nursing as well as obstetric medicine specialty experts. The panel ascertained the face and content validity of the tools. Minor necessary modifications were done mainly in the form of rephrasing some sentences and changing some items. The reliability of tools was tested by using Alpha Cronbach test. Its result was 0.86 for tool II which indicates an accepted reliability of the tool.

#### **Field work:**

Data collection had been done over a period of three months which started from the first of October 2019 to the end of December 2019. The researchers first introduced themselves and explained the purpose of the research briefly to the Dean and Vice Dean for education and students' affairs of each faculty. All the students were met and their written consents for participation were obtained. The previously mentioned settings were visited by the researchers two days/week (2 days for each faculty) sometimes in the morning or afternoon alternatively according to the students' lectures during study period.

The researchers divided the participants into groups each group contains 50 students and then held a meeting with each group in their faculty according to their lectures circumstances.

#### **Pilot study:**

It was conducted on 10% (30) female students of the total sample. It was selected from the previously mentioned study settings according to the previous inclusion criteria to test the present study tools for their validity, clarity, applicability and find out the possible obstacles and problems that might face the researchers and interfere with data collection and to estimate the time required to complete them. All required and necessary modifications of the tools were done. The students who participated in the pilot study were excluded from the main study sample.

**Administrative and ethical considerations:** A formal written permission was obtained from the concerned authority of the selected faculties, upon submission of official letters from the Faculty of Nursing, Sohag University to the responsible authorities of the study settings to obtain their permission for data collection. The approval from the Faculty of Nursing Ethics Committee, Sohag University was taken for the conduction of the study. In a simple manner the students included in the study were given explanations about the purpose of the study and after that a written consent was obtained from them. They were reassured about the confidentiality of the information and were informed that the collected data would be used only for the purpose of the current study and they had the right of participation rejection or withdrawal at any time in the study.

#### **Statistical analysis:**

All data were collected, tabulated and statistically analyzed using SPSS 20.0 for windows (SPSS Inc., Chicago, IL, USA 2011). Quantitative data were expressed as the mean  $\pm$  SD & (range), and qualitative data were expressed as absolute frequencies (number) & relative frequencies (percentage). Continuous data were checked for normality by using Shapiro Walk test. Independent samples Student's t-test was used to compare between two groups of normally distributed variables. Percent of categorical variables were compared using Chi-square test or Fisher's exact test when appropriate. All tests were two sided. p-value  $<$  0.05 was considered statistically significant (S), p-value  $<$  0.001 was considered highly statistically significant (HS), and p-value  $\geq$  0.05 was considered statistically insignificant (NS).

III. Results:-

Table(1): Age and Menstrual Profile of the Study Subjects.

Variables	Faculties				$\chi^2$	p-value
	Literary college n=150		Scientific college n=150			
Age Mean $\pm$ SD	19.1 $\pm$ 0.72		20.1 $\pm$ 0.97		t=1.21	0.22
	No	%	No	%		
<b>Age of menarche per years.</b>						
9-	13	8.67	10	6.67	1	0.8
11-	49	32.67	50	33.33		
13-	76	50.67	74	49.33		
15+	12	8.00	16	10.67		
<b>Menses regularity.</b>						
Yes	114	76.00	109	72.67	0.43	0.51
No	36	24.00	41	27.33		
<b>Cycle interval per days.</b>						
<25 days	35	23.33	25	16.67	3.4	0.38
25 days	26	17.33	35	23.33		
28 days	60	40.00	62	41.33		
>28 days	29	19.33	28	18.67		
<b>Duration of period per days.</b>						
2-3	14	9.33	12	8.00	5.5	0.063
4-5	72	48.00	92	61.33		
$\geq$ 6	64	42.67	46	30.67		
<b>Menses blood form.</b>						
Liquid	52	34.67	51	34.00	0.46	0.79
Blood clot	9	6.00	12	8.00		
Mixed	89	59.33	87	58.00		
<b>Number pad used per day</b>						
One	42	28.00	41	27.33	3.5	0.17
Two or three	90	60.00	100	66.67		
$\geq$ four	18	12.00	9	6.00		

Table (1) summarizes the distribution of the study subject according to their age and menstrual profile. As regard to age, the table shows that majority of students 90% were in the age group (19-21) years old with mean age (19.1 $\pm$ 0.72 for literary collage and 20.1 $\pm$ 0.97 for scientific collage. In relation to menstrual profile, the present study results shows normal profile of menstrual cycle in both group as more than 70% have regular cycle and age of menarche ranged between 11-13 years in 70-80% in study subject in both group. Concerning cycle interval and amount of blood also more than 70% in both group reported that cycle interval ranged between 25-28 day and duration of period ranged between 4-6 day. With normal amount in majority of both group.

Figure (1) Comparison between degree of dysmenorrheal pain among scientific and literary college student

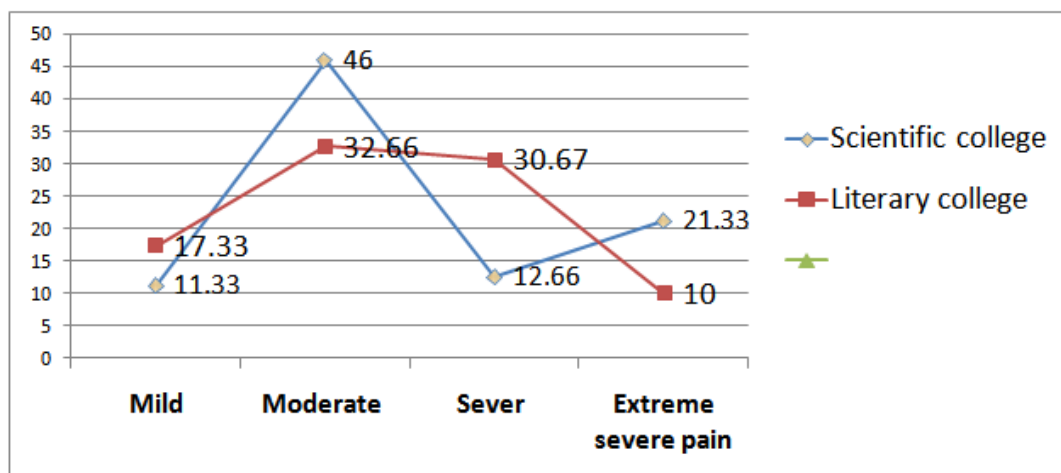


Figure 1 illustrate degree of dysmenorrhéal pain among scientific and literary college student, 46 % and 21.3% of students in scientific collage reported that they experience moderate and extreme sever degree of pain compared to 32.6% and 10% in literary collage.

**Table(2) : Comparison of Characteristics of pain associated with menstruations among the study subjects**

Items		Faculties				$\chi^2$	p-value
		Literary collegen=150		Scientific collegen=150			
		No.	%	No.	%		
onset of pain	Onset pain on beginning of menstruation	98	65.33	81	54.00	4.5	<b>0.045</b> □
	After six months of beginning of period	20	13.33	23	15.33	0.22	0.62
	After one year of beginning of period	22	29.33	25	16.67	11.3	<b>0.001</b> □
	After two year of beginning of period	13	8.66	30	20.0	3.1	0.077
Time of pain occurs	Immediately before period	48	32.00	55	36.67	0.72	0.39
	With onset of period lastedfor 24 hours	66	44.00	69	46.00	0.12	0.73
	With onset of period lasted for 48 hours	28	18.67	23	15.33	0.59	0.44
	Days before period	12	8.00	35	23.33	13.3	<b>0.0001</b> □
Site of pain	Lower abdominal	128	85.33	119	79.33	1.8	0.17
	Lower back	89	59.33	85	56.67	0.22	0.64
	Lower limbs	62	41.33	59	39.33	0.13	0.72
	All above sites	62	41.33	73	48.67	1.63	0.2
Symptom associate with pain	Nausea and vomiting	58	38.67	119	79.33	51.2	<b>0.0001</b> □ □
	Diarrhea	44	29.33	117	78.00	71.4	<b>0.0001</b> □ □
	Headache	57	38.00	113	75.33	42.6	<b>0.0001</b> □ □
	Constipation	56	37.33	113	75.33	44.03	<b>0.0001</b> □ □
	Restlessness and discomfort	106	70.67	105	70.00	0.016	0.89
	Exhaustion	46	30.67	53	35.33	0.74	0.39
	Fatigue and dizziness	38	25.33	43	28.67	0.42	0.52
	More than one answer	23	15.33	24	16.00	0.025	0.87

□ Significant    □ □ Highly Significant

As regards characteristics of pain associated with menstrual cycle among the study subjects table 2 shows that pain onset in 65.3% in literary students compared to 54% in scientific college student. This pain started with onset of menses and lasted for 24 hours in nearly half of study subjects in both groups 44% and 46%.

Statistically significant difference observed between literary and scientific students as regards symptoms associated with dysmenorrhéal pain. As 79.3%, 78%, 75% and 75% of students in scientific collage reported occurrence of nausea and vomiting, diarrhea and constipation compared to 38.6%, 29.3%, 38% and constipation compared to 38.6%, 29.3%, 38% and 37% in literary collage respectively.

**Table(3) : Impact of dysmenorrheal pain on psychological state, activity and absenteeism among study subjects**

Items		Faculties				$\chi^2$	p-value
		Literary college n=150		Scientific collegen=150			
		No.	%	No.	%		
The effect of dysmenorrheal pain on the psychological state	Natural without problems	39	26.00	9	6.	22.3	<b>0.0001</b>
	A sense of happiness	0	0	0	0	-	-
	Sadness and fear	12	8	9	6	0.46	0.5
	Crying	2	1.33	6	4	F	0.28
	Feeling shy	10	6.67	6	4	1.05	0.304
	Disturbance and tension	81	54	132	88	42	<b>0.0001</b>
	Neurological and revolutionary	86	57.33	129	86	30.3	<b>0.0001</b>
	Introverted and isolated	68	45.33	117	78	33.8	<b>0.0001</b>
Others	2	1.33	6	4	F	0.28	
Effect of period one activity	Daily activity	76	50.67	75	50	0.01	0.97
	Attending lectures and field training	85	56.67	126	84	26.8	<b>0.0001</b>
	Lower score	55	36.67	126	84	70.2	<b>0.0001</b>
	The discussion inside the lectures	54	36.00	123	82	65.6	<b>0.0001</b>
	the ability to understand the lecture	80	53.33	126	84	32.7	<b>0.0001</b>
	Lead to absence from college for some days	68	45.33	132	88	61.4	<b>0.0001</b>
Absenteeism	No	55	36.67	43	26.67	2.18	0.07
	One day	80	53.33	82	54.67	0.05	0.81
	Two days	15	10	25	16.67	2.9	0.1

F=Fisher exact test of significant

Table 3 shows that there is a statistically significant difference observed between effect of dysmenorrheal pain on psychological status and daily activity of the study subject in the two study groups. Student in scientific collage 88%, 86%&78% complaining fromdisturbanceneurological tension and isolation compared to (57%, 57.3% and 54.3% respectively) in literary collage.

As regard daily activity more than 80% of student in scientific collage reported that dysmenorrheal pain affect their daily activity and poor academic performancecompared to less than or 50% in literary collageand difference observed was statistically significant.

**Figure (2):- Comparison between literary and scientific collage regards self-care for dysmenorrheal pain.**

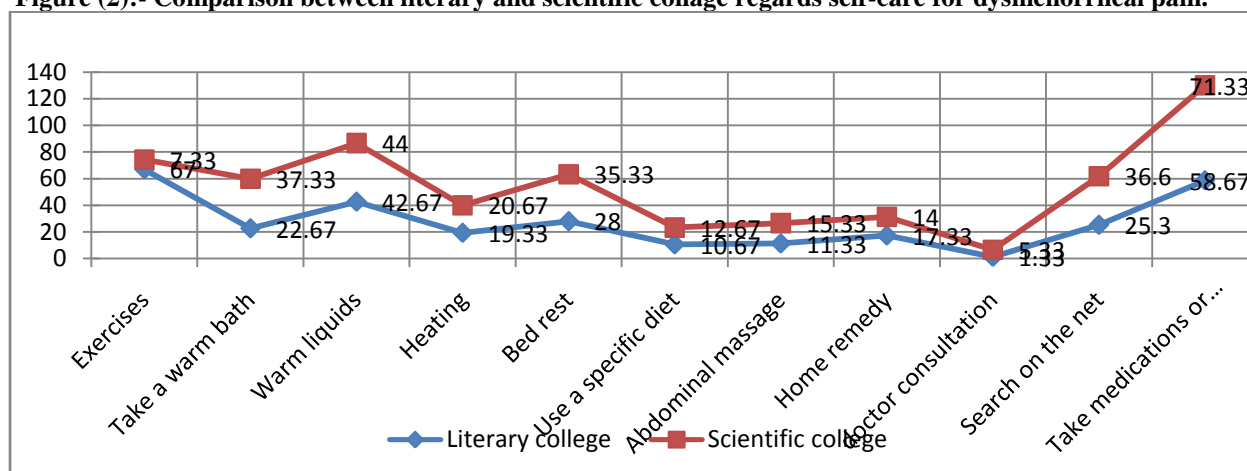


Figure 2 illustrated that the most common self-care method used by university student to alleviate dysmenorrheal pain. It was observed that warm liquid was the most common method used by students as

44% and 42.6% in both groups respectively was used, it followed by search in internet 36.6% and 25.3% in both groups respectively. Self-medication was the highly percent in both groups 71.3% and 58.6% in both groups respectively.

Figure (3): Self-medication among Literary college and Scientific college student

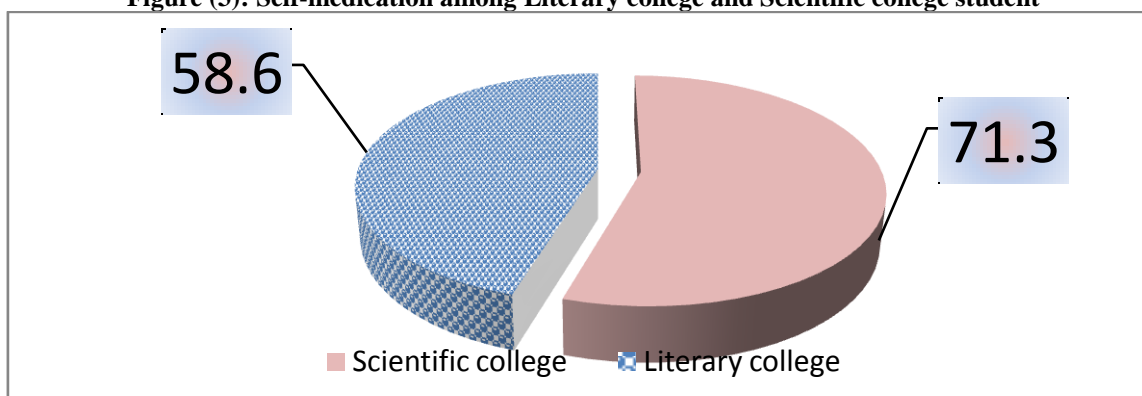


Figure 3 shows that self-medication reported by 71.3% in scientific college compared to 58.6% in literary college.

Table(4): Comparison between literary college and scientific college as regard self-medication for dysmenorrheal pain.

Items	Literary college N=88		Scientific college N=107		$\chi^2$	p-value
	N	%	N	%		
<b>Medication name</b>					4.03	0.045
Profen	23	26.3	63	58.8		
Ibuprofen	19	21.5	14	13.0		
Diclofenac	33	37.5	25	23.3		
Paracetamol	13	14.7	5	4.9		
<b>Who describe medication</b>						
Self – describe	35	36.46	43	39.45	0.065	0.79
Pharmacist	53	62.50	64	64.22		
<b>How often was this medicine taken</b>						
Once or twice	27	36.46	23	22.94	4.5	0.035
Every time	61	63.54	84	77.06		
<b>Read side effects and dosage</b>						
Yes	41	42.7	55	50.46	1.23	0.27
No	47	53.3	52	49.6		
<b>Do you understand the warnings that came with the medicine</b>						
Yes	47	48.96	46	42.20	0.94	0.33
No	41	51.1	61	57.8		
<b>Medication dose increased or repeated</b>						
Yes	41	51.1	80	73.3	19.9	0.0001
No	47	48.96	27	26.7		
<b>Advise others to use this medicine</b>						
Yes	24	25.00	51	46.79	10.4	0.001
No	64	75.0	56	53.3		
<b>More than one medicine taken together</b>						
Yes	50	52.00	88	80.73	19.9	0.0001
No	38	48.00	19	19.7		
<b>Time of self-medication</b>						
Before occurrence of pain	43	53.12	15	15.60	32.4	0.0001
During occurrence of pain	45	46.88	92	84.40		
<b>Experienced any side effects from self- medication</b>						
Yes	29	30.21	47	43.12	3.6	0.056
No	59	69.80	60	65.88		
<b>How do you see the use of medicines without a prescription</b>						
Good	20	20.83	41	37.61	6.87	0.009
Bad	68	79.17	66	62.39		

Table 4 compares self-care for dysmenorrheal pain among literary college and scientific college. There was a statistically significant difference observed between the two study groups and self-medication. This may return to 79.1% of students in literary college see that self-medication is a bad thing compared to 62.3% in

scientific collage.

Also more than half of students in scientific collage (64.2%) and literary collage (62.5%) take medication by pharmacist description. As well as repeat medication or increase dose themselves(51.1% scientific and 37.3 literary) also 80.7% of scientific collage students take more than one medication at the same time compared to 52% in literary collage.

The same table also shows that 84.4% of scientific college student take medication during occurrence of pain compared to 53.12% in literary collage take medication before occurrence of pain. Difference observed was statistically significant.

**Table(5):Relation between degree of dysmenorrheal pain degree and self- medication among study subject**

Items		Intake medication							
		Literary college n=136□				Scientific college n=137□			
		Yes N=96		No N=40		Yes N=109		No N=28	
		No.	%	No.	%	No.	%	No.	%
Degree of pain	Mild	16	16.7	10	25	16	14.7	1	3.6
	Moderate	23	24	26	65	51	46.8	18	64.3
	Severe	42	43.7	4	10	14	12.8	5	17.8
	extreme severe	15	15.6	0	0.0	28	25.7	4	14.3
$\chi^2$		29.9				5.2			
p		0.0001				0.16			

□ Total of students who experience dysmenorrheal pain

Table 5 shows relation between degree of dysmenorrheal pain degree and self- medication among study subject. It is evident that degree of pain decide use of self-medication as 43.7% of student in literary collage who take self- medication experience sever pain compared to 12.8% in scientific collage. Also 25.7% of scientific college students take self-medication experience extreme sever pain compared to 15.6% in literary collage. Difference observed was statistically significant. P-value 0.0001

#### IV. Discussion

Dysmenorrhea is the most common problem in adolescent and young adult females affecting their daily routine activities.[12]According to Organization’s (WHO) report, more than 50% of the drugs are inappropriately prescribed. In addition, half of all patients do not properly use their drugs. Irrational drug use continues to be a serious problem affecting public health all over the world.[13]

In the present study,all 300 females who volunteered for the study completed the self-administrated questionnaire. The mean ± standard deviation (SD) for age of the student was 19.1±0.72yrs for literary collage and 20.1±0.97yrs for scientific collage. And this is the mean age of university students in Egypt.

In relation to menstrual profile, the present study results shows normal profile of menstrual cycle in both group as nearly three quarter of them have regular cycle,age of menarche ranged between 11-13 years. Concerning cycle interval and amount of blood as well as have cycle interval ranged between 25-28 day and duration of period ranged between 4-6 day. With normal amount in majority of both group. As regards degree of dysmenorrheal pain among scientific and literary college student it was varied from moderate to extreme sever degree. Pain occur due to prostaglandin synthesis during the breakdown of premenstrual endometrium.

Similar to previous studies by **Jayanthi B., Anuradha H[14]** who reported that 75.5% students with regular cycles had dysmenorrhea. In another study conducted by **Midilli et al., [15]** with 488 university students in Manisa, the average age of menarche was 13.3. A total of 87.7% of the students had dysmenorrhea. On average, menses periods were 28.5 days, and menses duration was 5.7 days. In our study, menstrual period duration was determined to be a median of 28 days and menses duration was a median of 5 days.

A statistically significant difference observed between effect of dysmenorrheal pain on psychological status and daily activity of the study subject in the two study groups. Majority of student in scientific collage complain neurological tension and isolation compared to more than half in literary collage. As regard daily activity majority of student in scientific collage reported that dysmenorrheal pain affect their daily activity and poor academic performance compared to less than or half of students in literary collage and difference observed was statistically significant.

This was in agreement with a study conducted by **Farotimi AA, [16] and Chia CF, et al.,[17] Sulayman HU et al.,[18]** reported that menstruation-related disturbances may have considerable physical and psychological consequences. These conditions contribute to school absenteeism and can increase problems



faced by adolescents and their families during this stage of development. It was estimated that 140 million work and school hours were lost annually due to menstrual related symptoms. It also causes negative effects such as increased absenteeism (not being able to go to work) and a reduction in school success and productivity in adolescents and young women.

Concerning to health-seeking behaviours used by university student to alleviate dysmenorrheal pain. Current study revealed that nearly half of student in both group used warm liquid and more than one quarter used bed rest or search in internet for methods to alleviate pain. Finally self-medication were the highly percent in both group 71.3% and 58.6% both group respectively. This may return to use of internet without control or seek medical advice among university students.

In the same line **Emmanuel A et al [19]** reported that the strategies of pain relief among the study group revealed that 43.3% use drugs, 31.4% relaxation /rest, 25.7% warm birth, 17.6% exercise, 6.1% low fat and low sugar food, while 0.8% use herbal remedies in managing pain.

In similar study conducted by **Tobi Esther et al., [20]** who reported that respondents reported numerous ways adopted for preventing dysmenorrhoea, this includes pharmacological methods (most especially use of non-steroids anti-inflammatory drugs) and non-pharmacological methods. However, more than half of the respondents admitted that avoidance of sugary substances is a way of preventing it. This finding was in agreement with the present study as self-medication reported by nearly three quarter in scientific collage and more than half in literary collage it was described by pharmacist or self-description in the form of profen, ibuprofen, diclofenac and paracetamol. And repeat medication or increase dose themselves as well as take more than one medication at the same time. And this the most common medication present in internet or described by pharmacists.

This finding was in agreement with **Jayanthi B., Anuradha H. [21]** reported that self-medication practice is very commonly seen in female students with dysmenorrhoea. Medical students used self-medication method more commonly for dysmenorrhoea where as non-pharmacological remedies. NSAIDS such as mefenamic acid and paracetamol were used commonly for self-medication for dysmenorrhoea.

Our study showed that degree of pain decide use of self-medication as nearly half of student in literary collage who take self-medication experience sever pain compared to 12.8% in scientific collage. Also one quarter of scientific college students take self-medication experience extreme sever pain compared to 15.6% in literary collage. On the other hand **Eryilmaz et al [22]** and **Connel et al [23]**. Medical students used self-medication more when compared to nursing and dental students because of awareness of drugs used for dysmenorrhea.

## V. Conclusion

Based on result of the present study it can be concluded that many suffer in silence and do not seek medical care from qualified personnel. Many used non-prescribed medications which may have dire consequences. The practice of self-medication for dysmenorrhea is very common among literary and scientific by different percent and this depend on severity of pain.

## VI. Recommendation

Self-medication for dysmenorrhea was used by medical and literary students and majority of students did not have knowledge about side effects and can repeat or use more than one medication at the sometime. Hence, it may be effective to organize informational meetings for students on the use of non-prescription drugs. Health education interventions/programmes aimed at addressing these gaps may be of import to university students to increase their awareness about harmful effect of self-medication. As well as educational meeting about health seeking behaviours for dysmenorrheal pain that more effective and more safe other than self-medication.

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