



CODEN [USA]: IAJ PBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1484472>Available online at: <http://www.iajps.com>

Research Article

**A CROSS-SECTIONAL RESEARCH TO ASSESS THE
PREMENSTRUAL FREQUENCY VARIATIONS IN
HOUSEWIVES & WORKING WOMEN ABOUT
INDEPENDENCE**¹Atta Ur Rehman, ²Sobia Sadaf, ³Dr. Usama Khalid¹Allama Iqbal Medical College Lahore²Allama Iqbal Medical College Lahore³Medical Officer, RHC 148/EB District Vehari**Abstract:**

Objectives: The objective of this research is to find the difference between the frequency of premenstrual syndrome (PMS) in the women which are working and in a woman which are housewives. To check interdependence with analogous element also included in the objective.

Methods: We conducted a cross-sectional research at Allied Hospital, Faisalabad (July to December 2018). The arrangement of this study was done on the basis of a qualitative characteristic. The selection of working women and housewives are done from different areas.

Two groups were made of 50 women each. The age limit of these hundred women was from 20 to 40 years. The first group was selected from the hospital. This group includes working women ranking from well-educated doctors to the Warden. The women that are housewives are included in the second group. These women belong to the middle class or low class. Their source of income is low. For those women, who had an uneven menstrual cycle, abortion pills, pregnancy wish, nourishing the babies or had disease related to mental or medical, prohibition were made from both the groups. Using the questionnaire outcomes were carried out. The results are made after three adjacent menstrual cycles.

Results: According to the results, the percentage of PMS is 50% and 30% in working and non-working women respectively. This shows that PMS is found more in working women than in non-working women. The statistical assessment indicated that in the age bracket of 26-35 years, it is more commonly observed. It is also found in unmarried women. Less with uniformity and in those who are literate. However, in non-working ladies, the most commonly found are general malaise, abdominal cramps and dysmenorrhea. These found more liability to use painkiller in working women.

Conclusion: There was more indication PMS in the working ladies than more in non-working ladies. The important is to point out PMS in ladies and to set up an involvement. Then, identification of symptoms would be easy and there is no change in their work efficacy.

Keywords: Premenstrual syndrome (PMS), Working women.

Corresponding author:**Atta Ur Rehman,**Allama Iqbal Medical College,
Lahore

QR code



Please cite this article in press Atta Ur Rehman et al., A Cross-Sectional Research to Assess the Premenstrual Frequency Variations in Housewives & Working Women about Independence., Indo Am. J. P. Sci, 2018; 05(11).

INTRODUCTION:

In the Tenth Revision of the international grouping of disease (ICD10) the definition of the premenstrual syndrome (PMC) is written as: "Physiological, emotional, and mental stress related to the period of time immediately preceding menstruation." [1]. The acute uppermost psychological end of PMS spectrum is a Premenstrual dysphoric disorder (MDS). The occurrence of this disease is found in 3-9% of ladies [2]. The main reason for PMS is undetermined. However, it is a powerful belief that in ladies who are normally reactive to usual levels of progesterone, the reason of symptoms in the recurrent endogenous progesterone induced luteal phase of the cycle. Certainly, in ladies with or without PMS, the difference in progesterone levels have not been indicated [3].

There have been descriptions of several indications. Among these, than the specific character, the most significant are acuteness and timings. The common psychological indication includes discouragement, aggravate, uneasiness, nervousness, anger, unable to manage and uncontrolled emotions. The long-established physical indication includes swelling, pain and headache [4]. By the climax of menstruation, the verification of timing of luteal phase with the comfort of indications is systematic. The intensity of supplied signs is greater such that it can influence the normal functioning of the patient [5]. The calendar of premenstrual experiences (COPE) and the routine rating of severity of symptoms (DRSP) from are the authorized evaluated instrument [5, 6]. The research aimed at the assessment of precise premenstrual syndrome frequency. The estimation is between the working ladies and non-working ladies. This help in the initiation of an involvement through which premenstrual indication, marks and tension would be raised.

PATIENTS AND METHODS:

We conducted a cross-sectional research at Allied Hospital, Faisalabad (July to December 2018). The arrangement of this study was done on the basis of qualities characteristics. A test study was organized before initiating the ultimate study. 10 patients were included in the test study. Many features of the study are recognized by test study it also assisted in the ultimate supervision of the questionnaire. In the ultimate study, the patients of the test study were not mentioned. Their information is mentioned in this research.

By using the calculator of WHO Sample Size, the size of the sample was measured for the ultimate

study [7]. Two groups were made for the ladies and 100 ladies were chosen. In the first group, working ladies were placed. Doctors paramedics, support and janitorial staff were mentioned in the first group. Non-working ladies were placed in the second group. Both groups were balanced by putting 50 members each. The age bracket for these ladies was between 20-40 years. For those ladies, who had an uneven menstrual cycle, abortion pills, pregnancy wish, nourishing the babies or had the disease related to major mental or medical, prohibition were made from both groups by giving proper attention. It was not tough to select working ladies.

To fill the size of the sample for the second group i-e non-working ladies, the author overtook a number of places. Authors overtook about 30 residential areas. Through these visits, non-working ladies were selected. Those ladies were chosen for this study who showed a willingness to participate after guidance and persuading the ladies personally by authors. The ladies who complete the standard of introduction were chosen. This standard was suitable for applying. A planned questionnaire was used as y method technique. Analytical features, corporal, conduct and cognitive indications of PMS were estimated by using the questionnaire. These symptoms were present in the ladies mentioned in the study. Urdu was the language used in the questionnaire. Through an easy language was used so that it is understandable.

The questionnaire was given to all the ladies. Ladies fill it for the three adjacent menstrual cycles. Then, the questionnaire was gathered personally. Afterword's, assessment was done as the results were organized. To find the difference between both the groups I-e working and non-working ladies, Chi-square test was registered. By applying SPSS, all the illustrate and deductive estimation was made.

RESULTS:

As the outcomes were organized, it indicated a number of ladies identified with PMS. The percentage of PMS is different in both groups i-e 50% of working ladies and 30% of non-working ladies. His different is very dear in working and non-working ladies. ($p=0.041$).

The percentages of doctors among the working ladies identified with PMS were 20%, nurses were 16% of laboratory technicians were 8% and from the janitorial staff and support were 6%. This percentage indicates that the extent of PMS is noticeably greater in the ladies who are literate and working ($p=0.1666$). Between the age bracket of 25-35 years, a greater

extent of PMS was noticed ($p=0.019$). It spreading is 30% in working ladies whereas 16% in those ladies that are not working. The standard of education for ladies included in the study was set. This standard is from under matric to post-graduate. The association of PMS with the level of education was also observed. As the educated ladies are more aware so, PMS is spread in greatest degree in educated ladies. All over, the percentage in postgraduate ladies. All over, the percentage in postgraduate ladies that are working and non-working is 20% and 16% respectively. Whereas, in graduate working and non-working ladies, the respective percentage is 12% and 10%. The outcomes suggest the noticeably greater prevalence of PMS in literate ladies as compared to illiterate ladies from both groups. ($p=0.000$)

The presence of PMS was more reported in those ladies that have no partner like unmarried, divorced and separated ladies was 30% and 24% respectively. This suggests a valuable connection of PMS with the single man or woman. ($p=0.040$).

According to the results, in nulliparous and prim parous ladies, the occurrence of PMS is noticed more. Comparatively, in multiparous and prim parous

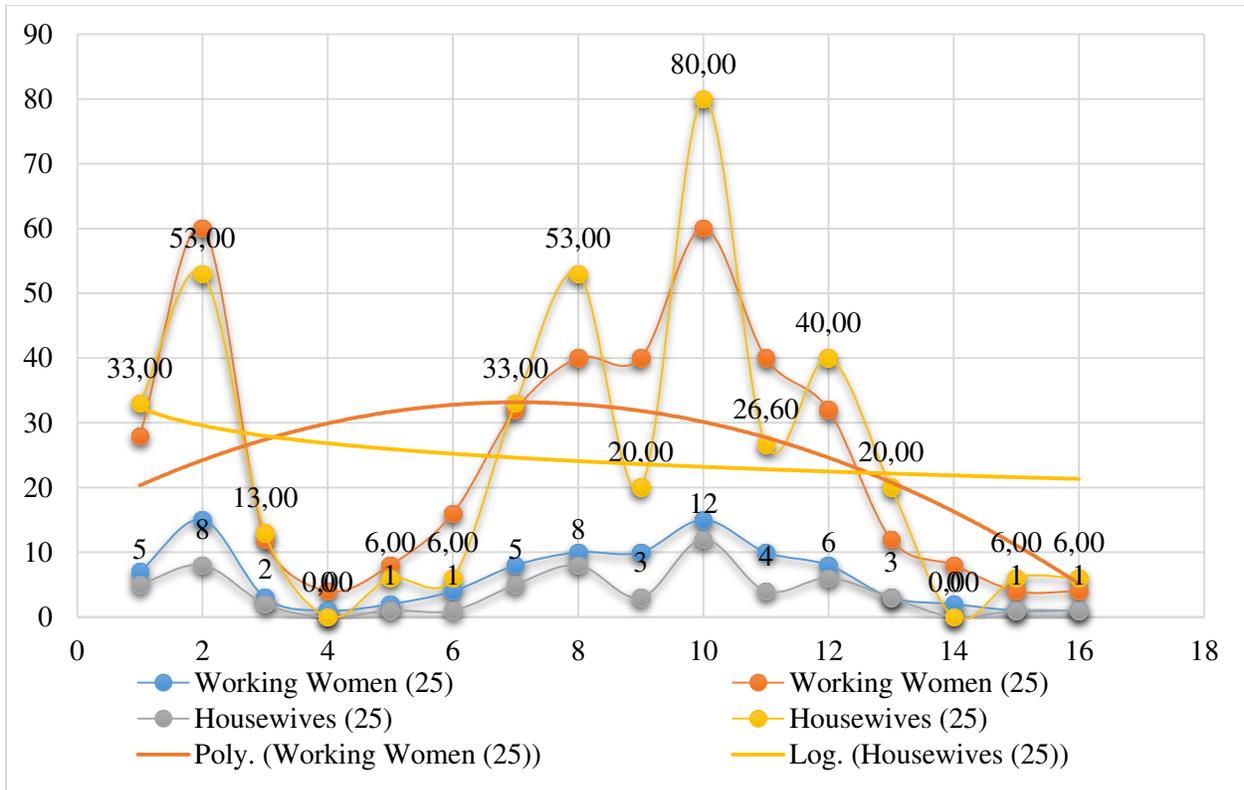
working ladies were 20% and 16% respectively. While in nulliparous and prim parous non-working ladies, the respective percentages were 8% and 12%. So, it shows there exists a valuable connection of PMS with low parity ($p=0.010$)

There is a difference in the indication of PMS in both working and non-working ladies. Annoying behaviour, tension and lack of interest were the indications noticed in working women. Whereas, the indications noticed in non-working ladies' malaise and abdominal cramps. Both groups gave different values for three different categories if the comparison is made. These values include $p=0.008$ for a physical sign and $p=0.0000$ for cognitive signs

Painkiller was used by 30% of working women's and 18% non-working women. This is to feel the comfort of their premenstrual pain. The difference in using painkillers by working and non-working ladies is noticeable ($p=0.0000$) Dysmenorrhea is a different medical operation. Its percentage in working and non-working ladies was 44% and 54% respectively ($p=0.317$)

Table – I: Demographic characteristic among working women and housewives diagnosed with PMS

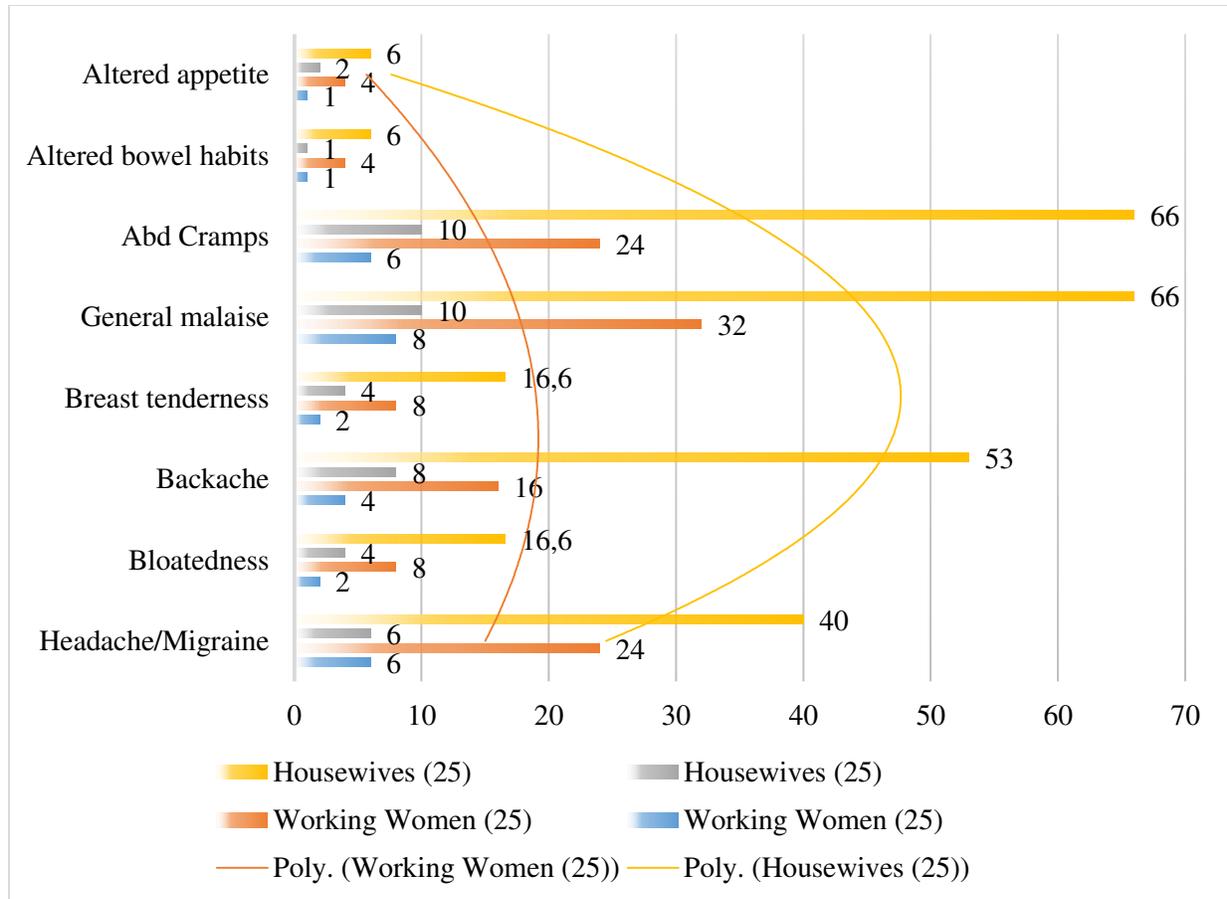
Variables		Working Women (25)		Housewives (25)	
		Number	Percentage	Number	Percentage
Age (Years)	18-25	7	28.00	5	33.00
	26-35	15	60.00	8	53.00
	36-40	3	12.00	2	13.00
Education	Under matric	1	4.00	0	0.00
	Matric	2	8.00	1	6.00
	Inter	4	16.00	1	6.00
	Graduate	8	32.00	5	33.00
	Post Graduate	10	40.00	8	53.00
Marital Status	Married	10	40.00	3	20.00
	Single	15	60.00	12	80.00
Parity	Para 0	10	40.00	4	26.60
	Para 1	8	32.00	6	40.00
	Para 2	3	12.00	3	20.00
	Para 3	2	8.00	0	0.00
	Para 4	1	4.00	1	6.00
	Para 5 and above	1	4.00	1	6.00



*p<0.05 and **p< or =0.01

Table – II: Comparison of frequency of physical symptoms of PMS in the two study groups

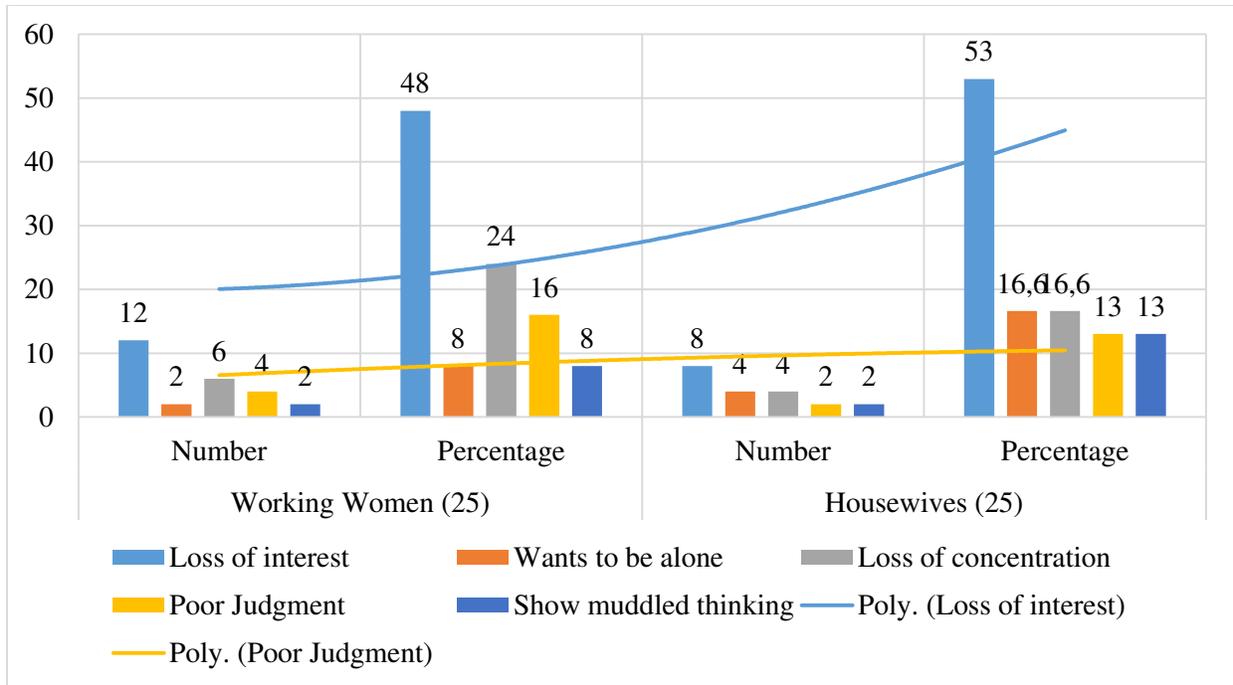
PMS Physical Symptoms	Working Women (25)		Housewives (25)	
	Number	Percentage	Number	Percentage
Headache/Migraine	6	24	6	40
Bloatedness	2	8	4	16.6
Backache	4	16	8	53
Breast tenderness	2	8	4	16.6
General malaise	8	32	10	66
Abd Cramps	6	24	10	66
Altered bowel habits	1	4	1	6
Altered appetite	1	4	2	6



*p<0.05

Table – III: Comparison of frequency symptoms of PMS in the two study groups

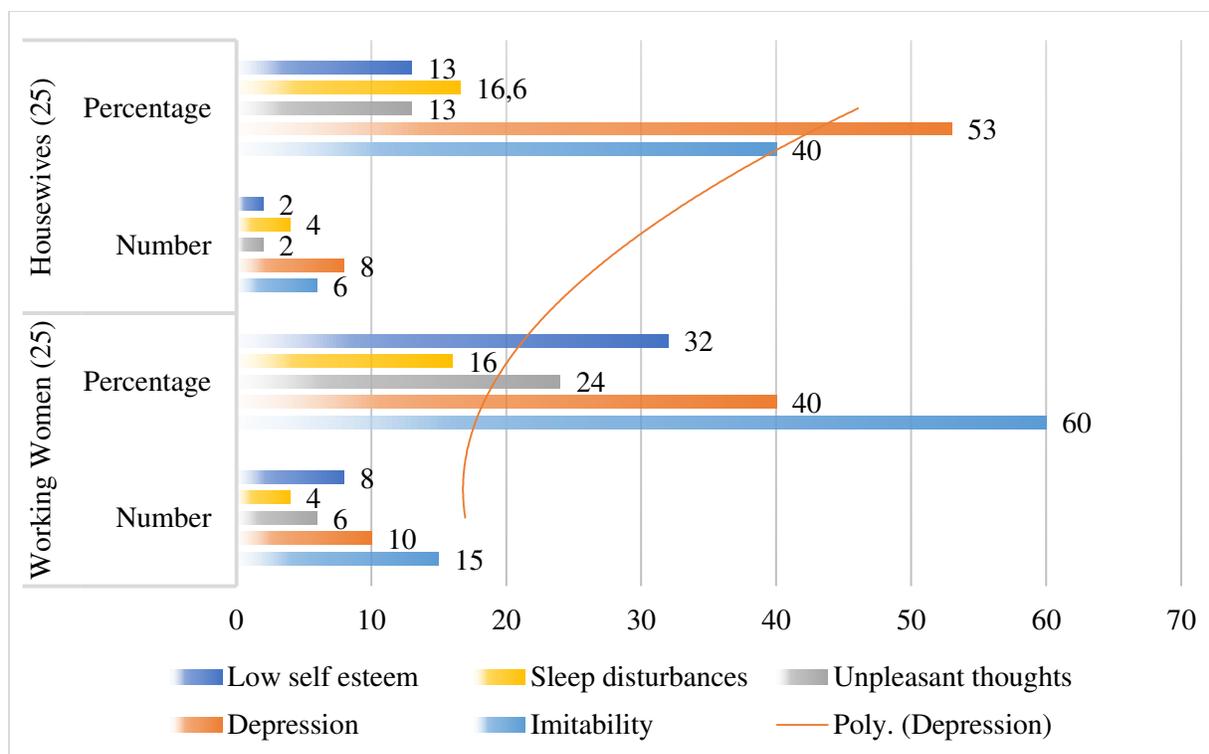
PMS Physical Symptoms	Working Women (25)		Housewives (25)	
	Number	Percentage	Number	Percentage
Loss of interest	12	48	8	53
Wants to be alone	2	8	4	16.6
Loss of concentration	6	24	4	16.6
Poor Judgment	4	16	2	13
Show muddled thinking	2	8	2	13



*p < 0.05

Table – IV: Comparison of frequency of psychological symptoms of PMS in the two study groups.

PMS Physical Symptoms	Working Women (25)		Housewives (25)	
	Number	Percentage	Number	Percentage
Imitability	15	60	6	40
Depression	10	40	8	53
Unpleasant thoughts	6	24	2	13
Sleep disturbances	4	16	4	16.6
Low self esteem	8	32	2	13



DISCUSSION:

PMS is related to a psych neuroendocrine disease. This disease is specified to the biological, psychological and social issue. It is not due to natural disease. Its presence is reported repeatedly during the similar time of menstrual cycle. During the rest of cycle, its vanish away and this situation is known as "ovarian cycle syndrome" [1].

In the same community, the study was organized. The reason was to find the difference in frequency of PMS in working and non-working ladies. The ratio of PMS depicted by the result was 50%, 30% in working ladies. The main purpose of this research was to check whether the working ladies or non-working ladies suffer most from PMS.

PMS is an abnormal operation, therefore, ladies attending the study are with many different premenstrual indications. The physicians check the strengths of the syndrome. For about three adjacent menstrual cycles and on the basis of record of ladies, PMS is identified. All other ladies with irregularities are omitted from the study [5, 6].

Previous studies conducted on PMS, stress was given on the higher frequency in the ladies that are working. Involvement of PMS with the job and social activities were also noticed. The study also aimed at different in frequency in non-working ladies.

Another research was organized at the University of California. It illustrated that health wise life quality and professional outcomes are overblown noticeably

with PMS. It also enhances the application of case for health. [8]

The same researcher organized another study. According to this study, the deflection rates are observed more in working ladies ($p=0.006$). It also indicates low efficiency per month [9,10].

In working ladies, frequency and acuteness of PMS are present usually as compared to non-working ladies. This is certainly because of life full of tensions. These are the results shown by the study at the Postgraduate Medical Institute Peshawar. The indications of PMS in the working ladies were irritability, tiredness and anxiety and percentage observed was 45.28%, 41.5% and 39.62% respectively. If these values are compared with non-working ladies, the noticeable indication was fatigue (76%) and the irritability (52%) and stress (36%) [11]. In Hyderabad, another study was organized. This study aimed at the calculations of extent and acuteness of PMS in students of the medical college. Through this study, the effect of PMS on life quality was assessed and connected elements that contributes to threat were checked. Young girl are mostly the victim of premenstrual syndrome and due to this their educational presentation and psychological comfort is severely affected by PMS [12].

To check the extent of PMS in Japanese youth, a research study was organized in Tohoku University Graduate School of Medicine. The result indicated that 64.6% of youth was a victim of premenstrual

indication. These indications are in greater number in mature ladies. However, the extent of the presence of normal to acute PMS and PMDD were less in mature ladies as compared to girls. Presentation and school absentees were affected noticeably due to PMS [13]. It is truly considered that ladies that are working can point out these indications in a better way as compared to illiterate non-working ladies. To relate these indications in their menstrual cycle is easy for educated ladies. Similar acute indications may also present in housewives but they are unable to identify them so hardly noticed.

There are wide and various indications of PMS. Many differences are observed in people. These differences are related to the indication of PMS their extent of assessment and involvement with work. Genetic and environmental elements also produce variations in women reaction towards premenstrual pain. These elements play a role as a surprising change in the study. The example includes heavy workload poor marriage status and bad socioeconomics situation. These all factors contribute to the occurrence of PMS.

As indicated by the result, in single, unmarried, divorced separated ladies and widows, the degree of PMS is greater. From both the groups, those ladies are more vulnerable to establish PMS whose age is between 26-35 years. The previous researcher also agrees with these certainties [14].

Both groups indicate that most unusual indications and irritability, tiredness, malaise and abdominal cramps. A previous study [15] illustrated the same sign along with lower abdominal pain and pain in the back. While in another study [16], the most usual indications are noticed to be tiredness.

The indications of PMS according to the results study conducted in Pakistan, were usual body pain, tension, pain in back, tiredness and stress. Irritation, tension pressure, nervousness, tiredness and common pain in the body were most occurring indications in PMDD group [17].

This study also throws light on the use of painkiller. It is estimated that working ladies more often use the painkiller. It is also due to the reason the efficiency of work is reduced by PMS. So, to compensate for this issue, working ladies used painkiller.

The presence of somonorrtea was also observed in this study. Regarding this, no noticeable change was also observed in both the groups. Dysmenorrhea was present in various ladies from both groups. Certainly,

the obvious wrong indication of PMS is due to dysmenorrhea. But the reason, in fact, was lack of patient's record. Therefore, for all the theoretical justification, both situations are different operations. Ladies belonging to various ages, uniformity and socioeconomic group are effect by PMS. But literate ladies are well able to manage their pain and identify the sign in a better way that the illiterate ladies. The indication related to number kind and acuteness may be varied in various people. Environmental and genetic factors also control the indication. So, it is possible that one specific sign is mostly found in one family member.

In various fields of life, females are doing a significant job. Females are observed in every profession. So, identification of PMS is very important. To provide perception related to estimation, identification and treatment to the masses is also necessary.

The ladies should be helped to interrelate their identification with a specific stage of the menstrual cycle. This help is provided by the health service. To overcome the problems and enhancement of the health of the worker, suitable medical attention should be given.

The ladies working in different fields face lots of problems. It reduces the efficiency of work, inattentiveness, work attention, impatience and absence from the job. Though, PMS is curable still ladies are not willing to take help. This is due to the communal behaviour in the response to the acuteness of premenstrual signs.

Regarding attention and involvement with routine works, different changes are noticed in the individual. Females should be motivated, so that they may share questions related to premenstrual and menstruation. Health care provided should show a kind behaviour. Condolence and self-confidence of being normal are only things needed in most of the cases.

In our villages and cities, an organization of multicenter experience is need of the hour. This will help to point out the specific reason for widespread of this syndrome. The understanding of pathophysiological of PMS and its indications should be provided to every female. Females should be made satisfied told that the reason of PMS is pathological process specific rather it is due to ovulatory cycles.

In short, disease regarding the menstruation is diverse. Many physiological systems are affected by this disorder. For more exact identification, the explanation regarding pathophysiological process of

this disease should play a significant role. For the selected therapeutic involvement, the explanation can provide management. There is a sign to organize more elaborate research at the workplace. The aim of the research is to pinpoint the precise percentage of PMS. This will also help ladies to attain medical care and that efficiency of the work may not be reduced.

Before explanation of outcomes, to perceive the restrictions is necessary. This research was carried out in small groups. These groups have common social and economic value. Those ladies are chosen for research questionnaire easy to approach. The conditions of these communities are poor. There is repeated death news, complicated, illegal and significantly stressed environment. The rural ladies of this country are not mentioned in this research. This is because they have different social, educational and traditional history so these factors may affect the indication of PMS. SO, outcomes of this research are minimized to a smaller group of populations.

CONCLUSION:

The most usual disease, premenstrual indications are the one. This syndrome is not just present in the same frequency globally i-e eastern and in Pakistani females.

REFERENCES:

1. Jabeen M, Gul F. Frequency of premenstrual syndrome in working women vs housewives in Peshawar. *J Postgrad Med Inst* 2007; 21:92-8.
2. Nisar N, Zehra N, Haider G, Munir AA, Soohoo NA. Frequency, intensity and impact of Premenstrual Syndrome in medical students. *J Coll Physicians Surg Pak* 2008; 18:481-4.
3. Takeda T, Koga S, Yaegashi N. Prevalence of premenstrual syndrome and premenstrual dysphoric disorder in Japanese high school students. *Arch Women's Ment Health* 2010; 13:535-7.
4. Lee KA, Rittenhouse CA. Prevalence of premenstrual symptoms in employed women. *Women Health* 1991; 17:17-32.
5. Tissot F, Messing K. Perimenstrual symptoms and working conditions among hospital workers in Quebec. *Am J Ind Med* 1995; 27:511-22.
6. Chen HM, Chen CH. Related factors and consequences of menstrual distress in adolescent girls with dysmenorrhea. *Kaohsiung J Med Sci* 2005; 21:121-7.
7. Tabassum S, Afridi B, Aman Z, Tabassum W, Durrani R. Premenstrual Syndrome: frequency and severity in young college girls. *J Pak Med Assoc* 2005; 55:546-9.
8. Borenstein JE, Dean BB, Yonkers KA, Endicott J. Using the daily record of severity of problems as a screening instrument for premenstrual syndrome. *Obstet Gynecol* 2007; 109:1068-75.
9. World Health Organization. Steps sample size calculator and sampling sheet. WHO. 2002. Available from URL: <http://www.who.int/chp/steps/resources/sampling/en>. accessed August 2002.
10. Borenstein JE, Dean BB, Endicott J, Wong J, Brown C, Dickerson V, et al. Health and economic impact of the premenstrual syndrome. *J Reprod Med* 2003; 48:515-24.
11. Dean BB, Borenstein JE. A prospective assessment investigating the relationship between work productivity and impairment with premenstrual syndrome. *J Occup Environ Med* 2004; 46:649-56.
12. Robinson RL, Swindle RW. Premenstrual symptom severity: impact on social functioning and treatment-seeking behaviours. *J Women's Health Gend Based Med* 2000; 9:757-68.
13. World Health Organization. International Statistical Classification of Diseases and Related Health Problems (ICD-10) [Internet]. Geneva: World Health Organization; 2010. Available from: [HTTP:// www.who.int/classifications/icd/ICD10Volume2_en_2010.pdf](http://www.who.int/classifications/icd/ICD10Volume2_en_2010.pdf)
14. American Psychiatric Association. Diagnostic and statistical manual of mental disorders: DSM-IV [Internet]. 4th ed. Washington (DC): American Psychiatric Association; 1994. Available from: [HTTP://](http://www.psychiatry.org)
15. Backstrom T, Andreen L, Birzniece V, Bjorn I, Johansson IM, Nordenstam-Haghjo M, et al. The role of hormones and hormonal treatments in premenstrual syndrome. *CNS Drugs* 2003; 17:325-42.
16. Ismail KMK, Chrome I, O'Brien PM. Psychological Disorders in Obstetrics and Gynecology for MRCOG and beyond. London: RCOG Press; 2006. p. 29-40.
17. Edmonds DK. Dewhurst's Text Book of Obstetrics and Gynecology. 7th ed. London: John Wiley & Sons; 2007. p. 408-13.