



Research paper

# Revisiting the Financial and Social Burden of Dysmenorrhea:

## A Study on Employed Women in Rajasthan

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KEYWORDS	ABSTRACT
Dysmenorrhea Working women Economic impact Psychological consequences	Dysmenorrhea, a common menstrual disorder, significantly impacts the financial and social well-being of working women. This study examines raw data from a recent cross-sectional survey of employed women in Rajasthan to investigate the economic and psychological consequences of dysmenorrhea. By analyzing factors such as absenteeism, reduced productivity, and coping mechanisms, this research addresses gaps in the current literature and proposes avenues for future investigation. The results underscore the necessity for comprehensive interventions to tackle the complex challenges associated with dysmenorrhea, particularly in the context of the workplace and women's overall quality of life. Dysmenorrhea, a common menstrual disorder, significantly impacts the financial and social well-being of working women. This study examines raw data from a recent cross-sectional survey of employed women in Rajasthan to investigate the economic and psychological consequences of dysmenorrhea. By analyzing factors such as absenteeism, reduced productivity, and coping mechanisms, this research addresses gaps in the current literature and proposes avenues for future investigation. The results underscore the necessity for comprehensive interventions to tackle the complex challenges associated with dysmenorrhea, particularly in the context of the workplace and women's overall quality of life.

### 1. Introduction

Social Dysmenorrhea, characterized by painful menstrual cramps of uterine origin, is very common gynaecological complaint among females of reproductive age. Despite its high prevalence, the impact of dysmenorrhea is often underestimated, particularly in its financial and social dimensions. The condition can be two types: primary dysmenorrhea, which occurs in the absence of pelvic pathology, and secondary dysmenorrhea, associated with underlying conditions such as endometriosis or uterine fibroids. While the medical implications of dysmenorrhea have been extensively studied, its socio-economic repercussions, particularly for employed women, remain insufficiently explored.

India, as a developing nation, presents a unique socio-cultural context for understanding the challenges



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associated with dysmenorrhea. In Rajasthan, where traditional norms intersect with modern employment trends, the burden of dysmenorrhea on working women offers a compelling subject for investigation. The dual role of women as professionals and caregivers amplifies the challenges posed by this condition, making it imperative to study its broader implications.

Dysmenorrhea affects 50–90% of menstruating women worldwide, with a profound impact on daily productivity and economic stability. While existing studies have documented its prevalence and financial burden, key gaps remain in understanding the broader socio-economic and emotional dimensions. This paper uses raw data from the Rajasthan study to revisit these aspects, offering fresh insights and actionable recommendations.

This study aims to revisit the financial and social burden of dysmenorrhea, with a specific focus on employed women in Rajasthan. By analyzing absenteeism, productivity losses, healthcare expenses, and coping mechanisms, the research provides a holistic view of how this condition affects women's quality of life and workplace performance.

## **2. Literature Review**

### ***2.1 Prevalence and Severity of Dysmenorrhea***

Numerous studies underscore the high prevalence of dysmenorrhea among women worldwide. According to Ju et al. (2014), up to 90% of adolescent girls and 50% of adult women experience dysmenorrhea to varying degrees. The severity of symptoms ranges from mild discomfort to debilitating pain, often accompanied by nausea, headaches, and fatigue. In India, a study by Singh et al. (2019) reported that 67% of women suffer from dysmenorrhea, with a significant proportion experiencing moderate to severe symptoms.

### ***2.2 Financial Implications of Dysmenorrhea***

The economic burden of dysmenorrhea is multifaceted, encompassing direct medical costs and indirect costs due to lost productivity. Direct costs include expenses for medications, consultations, and diagnostic tests. Indirect costs, on the other hand, arise from absenteeism and presentism. A study by Armour et al. (2019) highlighted that women with severe dysmenorrhea lose an average of 8.9 hours of productivity per menstrual cycle. In Rajasthan, where access to affordable healthcare is limited, these costs are compounded by out-of-pocket expenditures, further straining household finances.

### ***2.3 Social and Psychological Impact***

Beyond its financial implications, dysmenorrhea significantly affects women's social and psychological well-being. The stigma associated with menstruation often prevents women from seeking timely medical help, exacerbating their physical and emotional distress. Psychological consequences such as anxiety, depression, and reduced self-esteem are common among women suffering from chronic dysmenorrhea. According to a qualitative study by Lee et al. (2018), many women report feelings of isolation and inadequacy due to their inability to meet societal and workplace expectations during menstruation.

### ***2.4 Workplace Challenges***

For employed women, dysmenorrhea poses unique challenges in the workplace. The condition often leads to absenteeism, reduced efficiency, and strained professional relationships. Research by Schoep et al. (2019) found that dysmenorrhea accounts for up to 13.8% of lost work hours globally. In India, the situation is further complicated by inadequate workplace policies addressing menstrual health. The lack of supportive measures such as flexible working hours and menstrual leave exacerbates the problem, forcing many women to either underperform or take unpaid leaves.

### ***2.5 Coping Mechanisms and Interventions***

Women employ a variety of coping mechanisms to manage dysmenorrhea, ranging from over-the-counter medications to alternative therapies such as yoga and acupuncture. However, these measures often provide temporary relief and fail to address the root causes of the condition. Comprehensive interventions, including medical treatment, workplace support, and community awareness programs, are essential for mitigating the impact of dysmenorrhea. Studies by Bhuvaneshwari et al. (2020) emphasize the role of education in breaking the stigma surrounding menstruation and empowering women to seek timely medical help.

### 3. Research Gaps

Despite the growing body of literature on dysmenorrhea, significant gaps remain in understanding its socio-economic impact, particularly in the Indian context. Most studies focus on medical or psychological aspects, with limited attention to financial and workplace challenges. Additionally, the interplay between cultural norms and the experience of dysmenorrhea in regions like Rajasthan remains underexplored. This study seeks to bridge these gaps by providing a nuanced analysis of the financial and social burden of dysmenorrhea among employed women in Rajasthan.

### 4. Objectives of the Study

1. To quantify the financial burden of dysmenorrhea, including direct and indirect costs, for employed women in Rajasthan.
2. To analyze the social and psychological impact of dysmenorrhea on women's quality of life.
3. To assess the challenges faced by women in the workplace due to dysmenorrhea.
4. To explore coping mechanisms and propose interventions for mitigating the burden of dysmenorrhea.

The literature highlights the pervasive impact of dysmenorrhea on women's lives, yet its socio-economic dimensions remain inadequately addressed. By focusing on employed women in Rajasthan, this study aims to provide actionable insights for policymakers, healthcare providers, and employers. Addressing the financial and social burden of dysmenorrhea is not only a matter of gender equity but also a crucial step toward improving women's overall health and productivity.

### 5. Materials and Methods

#### 5.1 Study Design and Data Source

The study used a descriptive cross-sectional design with data collected from 102 employed women aged 18–50 years in Rajasthan. Data were gathered using an online survey focusing on demographics, menstrual health, financial costs, and coping strategies.

#### 5.2 Variables Analyzed

- **Demographics:** Age, working hours, and employment status.
- **Menstrual Health:** Pain severity, duration of dysmenorrhea, and menstrual cycle regularity.
- **Financial Costs:** Direct (medication and home remedies) and indirect costs (absenteeism).
- **Coping Strategies:** Utilization of rest, medications, or non-pharmacological methods.

### 6. Results

#### 6.1 Demographics

The sample included participants predominantly aged 18–24 years (30.4%) and working less than 8 hours daily (52%). Dysmenorrhea was reported by 75.5%, with severe cases in 18.6% of the population.

#### 6.2 Financial Impacts

- **Direct Costs:** Average annual spending of INR 913.56, including:
  - Non-prescription drugs: INR 255.24
  - Prescription drugs: INR 415.32
  - Home remedies: INR 243.00
- **Indirect Costs:** Absenteeism resulted in an average annual loss of INR 9,700.84, nearly 10 times higher than direct costs.

#### 6.3 Coping Strategies

The most common coping methods included:

- Rest (49%)
- Use of non-prescription drugs (50.9%)
- Black coffee and physical activity as alternative approaches.

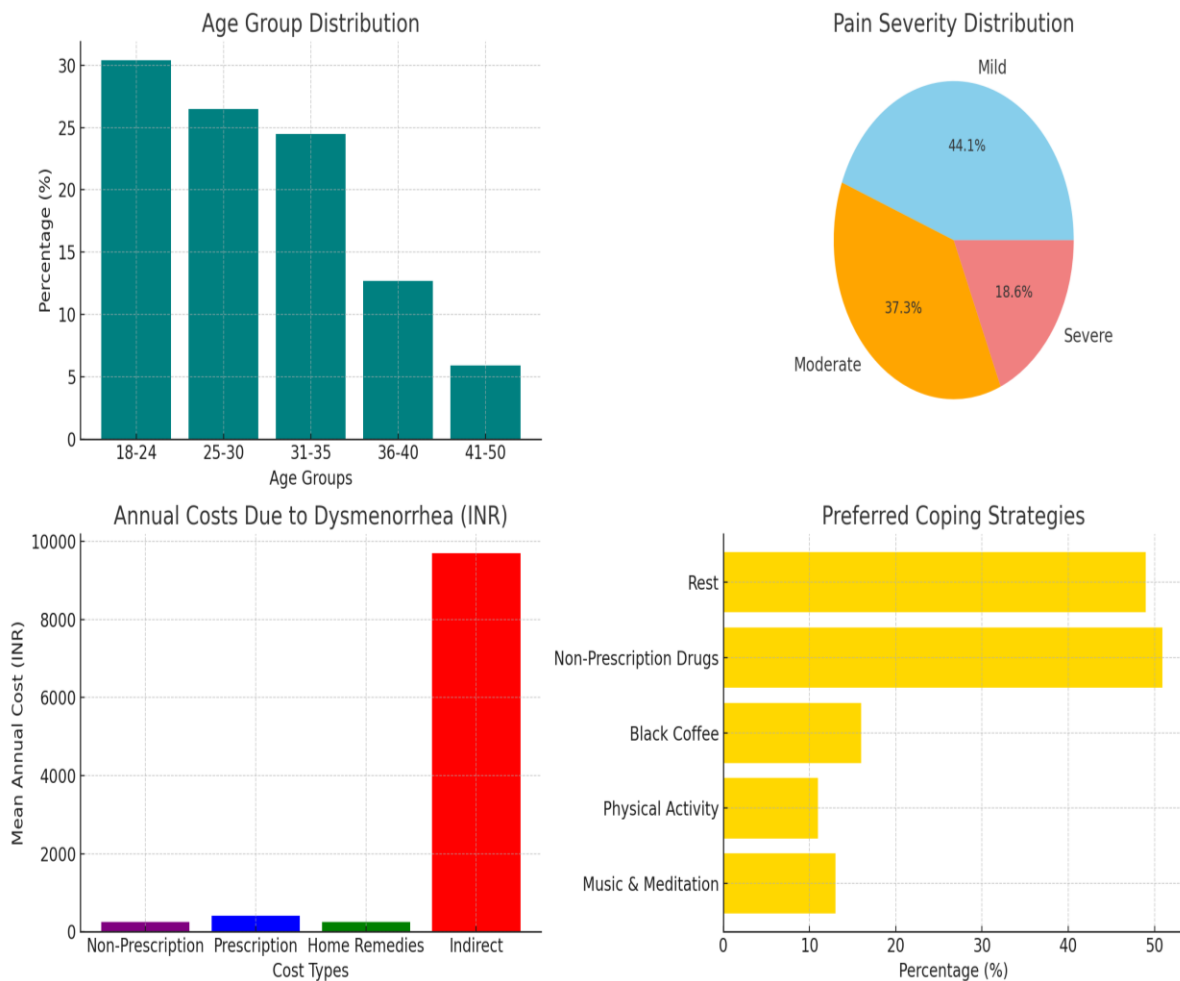
## 6.4 Statistical Insights

Significant correlations were observed between pain severity and factors like age ( $p=0.015$ ), duration of pain ( $p=0.022$ ), and hospital visits ( $p=0.039$ ).

### Statistical Data

Variable	Finding	Significance
Age Group (18–24 years)	30.4% of respondents	High prevalence in youth
Working Hours (<8 hours)	52%	Reflects urban work trends
Dysmenorrhea Prevalence	75.5%	Major concern
Pain Severity (Severe)	18.6%	Critical health impact
Direct Costs (INR)	913.56 annually	Financial burden
Indirect Costs (INR)	9,700.84 annually	Productivity loss
Coping (Prescription Use)	18.6%	Healthcare access gap

Statistical Analysis of Dysmenorrhea Impacts



## 7. Discussion

Dysmenorrhea represents a critical health concern with far-reaching economic and societal implications, primarily driven by indirect costs such as absenteeism and reduced productivity, collectively referred to as presenteeism. Despite the considerable impact, the management strategies employed by women remain largely inadequate. Among the population affected, only 18.6% of women reported using prescription medications to alleviate symptoms, reflecting a substantial reliance on alternative strategies like self-medication and non-pharmacological interventions. This reliance highlights significant gaps in healthcare accessibility, education, and awareness, leaving many women without effective relief.

Statistically, the prevalence of dysmenorrhea is strikingly high, affecting 75.5% of women. Of these, 18.6% experience severe cases, further underscoring the need for targeted interventions. The economic burden is particularly alarming, with the average annual direct medical costs estimated at INR 913.56, covering expenses such as over-the-counter medications and occasional clinical consultations. However, the indirect costs—comprising lost wages, diminished productivity, and missed educational or professional

opportunities—are significantly higher, averaging INR 9,700.84 annually. This disparity underscores the hidden but substantial costs borne by individuals and society at large.

To mitigate this burden, a multifaceted approach is essential. The development of workplace policies that acknowledge and support menstrual health, such as flexible leave options or accommodations for affected employees, can alleviate productivity losses. Educational campaigns aimed at increasing awareness about dysmenorrhea, its symptoms, and effective treatment options can empower women to seek timely medical intervention. Furthermore, improving healthcare accessibility by expanding the availability of affordable and effective treatments, particularly in underserved areas, is crucial. These measures, collectively, can not only enhance the quality of life for women but also reduce the broader economic impact of dysmenorrhea on society.

## 8. Conclusion

Dysmenorrhea presents a significant and multifaceted burden on employed women, affecting both physical health and productivity. To address this, holistic interventions are necessary, including comprehensive healthcare access, educational campaigns, and workplace support. Future research should focus on expanding sample diversity to capture varied experiences, exploring the psychosocial impacts of the condition, and assessing the long-term effects on career and well-being. Additionally, developing workplace policies that accommodate menstrual health can help mitigate productivity losses, ensuring a more supportive and inclusive environment for women dealing with dysmenorrhea. These steps are crucial for alleviating its widespread impact.

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