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Analysis of the Role of Social Support, Psychological Well-being and Quality of Life Among Female Experiencing Dysmenorrhea

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Abstract: *Dysmenorrhea, commonly referred to as menstrual pain, has a considerable impact on daily functioning, emotional well-being, and overall health, particularly among university-aged females. Current research examined the role of social support, psychological well-being and quality of life among women experiencing dysmenorrhea. Cross-sectional research design with quantitative research methodology was employed. Data was collected from 100 diagnosed female university students with dysmenorrhea recruited through purposive sampling technique. For the collection of data standardized instruments: the Multidimensional Scale of Perceived Social Support (MSPSS), the Psychological Well-Being Scale (PWS), and a Quality of Life were used. Data was analyzed through SPSS, employing Pearson correlation and regression techniques. Results demonstrated a significant positive correlation between perceived social support and psychological well-being (r = .368, p < .001), and a significant negative correlation between the severity of dysmenorrhea and quality of life. Regression analysis revealed that social support significantly predicts psychological well-being (β = .329, p = .001). Findings revealed that role of social support are very significant in mitigating the psychological impact of dysmenorrhea. The study emphasizes the importance of fostering supportive environments to enhance emotional health and overall quality of life for women coping with menstrual pain. These insights are valuable for mental health professionals, educators, and policymakers involved in developing interventions for young women's well-being.*

Introduction

Dysmenorrhea is a prevalent gynecological condition characterized by painful menstrual cramps, typically in the lower abdomen, that may radiate to the thighs or lower back. It is classified into two types: primary dysmenorrhea (without any underlying pathology) and secondary dysmenorrhea (associated with reproductive system disorders) (Dawood, 2006). Dysmenorrhea can interfere with daily activities, reduce academic performance, increase absenteeism, and lower the overall quality of life, particularly among young female students (Ju et al., 2014). Studies suggest that nearly 50–90% of adolescent and young adult women experience dysmenorrhea (Iacovides et al., 2015) making it a significant public health concern.

QOL stands for quality of life and is a wide concept, including thoughts about both the positives and

negatives in your life. It covers physical health, psychological health, social life and the environment (World Health Organization, 1997). Dysmenorrhea in females can be painful many times, leading to less activity, difficulties at school or work and a lower quality of life (Wong & Lam, 2018). When someone has dysmenorrhea, they may experience sleep problems, fatigue and reduced attention which affects their overall enjoyment of life.

Psychological well-being (PWB) describes a person's mental health, including emotions, personal satisfaction and stress management (Ryff, 1989). A study by Abbas et al. (2022) indicates that the link between emotional lability and students' mental health is influenced by how much social support they experience. In Another research (Abbas et al., 2022) explained that public appearance self-consciousness and psychological well-being are correlated with each other in case of female university students. Chronic physical discomfort such as menstrual pain can affect mood, increase stress, and lead to feelings of helplessness, anxiety, and depression (Campbell et al., 2019). Hence, females with severe dysmenorrhea often report lower psychological well-being compared to those with mild or no symptoms. Idrees et al., 2022 defines that there is a relationship between menopause The relationship between dysmenorrhea and quality of life has been extensively explored. Several studies reveal that the severity of menstrual pain is negatively correlated with life quality, especially in the domains of physical health and social participation (Al-Kindi & Al-Bulushi, 2011). The limitation in mobility, avoidance of social situations, and poor concentration during pain episodes can result in emotional withdrawal, dissatisfaction, and reduced engagement in meaningful activities. Likewise, there is a strong association between dysmenorrhea and psychological well-being. Pain-related stress can increase vulnerability to emotional disturbances. Based on their findings, Bajalan et al. (2019) highlighted that young women facing dysmenorrhea had reduced happiness, lower self-esteem and were out of balance mentally. Also, because speaking about menstruation is shamed in many communities, many girls experience loneliness and emotional pain as a result. Of all these obstacles, social support seems to be a factor that protects people. Social support means experiencing and realizing that you are included, appreciated and linked through obligation with others (House, 1981). It is responsible for guarding against the negatives of stress and illness. Backing from loved ones can ease both the mind and body and assist in making a woman feel better (Lakey & Cohen, 2000). Experiencing social support can relieve some psychological stress in people with dysmenorrhea. If a woman feels supported, she will often experience less anxiety, fewer disruptions in her emotions and enhanced resistance to pain. It was found in a study by Unsal et al. (2012) that when females get support from others, they deal better with pain and are absent from work less frequently. Within Pakistan's universities, this research will analyze how social support can affect the well-being and quality of life of girls who deal with dysmenorrhea. We need to know this to focus on actions and informative materials that support social networks as a way to relieve distress related to menstruation.

Literature Review

Dysmenorrhea is a usual menstrual issue that affects female adolescents and university students. Between half and three quarters of females experience different levels of menstrual pain (Iacovides et al., 2015). This pain may be so significant that it affects daily exercise, leads to missing classes or work and stops people from engaging socially (Ju et al., 2014). Dysmenorrhea affects both a person's physical health and their emotions and thoughts. Getting pain repeatedly usually brings on irritation, frustration and anxiety (Campbell et al., 2019). To have psychological well-being is to be emotionally balanced, happy and strong in dealing with stress (Ryff, 1989). Experiencing persistent pain from dysmenorrhea can lead females to be in poorer mood and mindset. According to Unsal et al. (2012), reports of

moderate to severe menstrual pain by young women were connected to a decline in well-being and higher levels of depression. A person experiencing repeated pain may feel hopeless, lack motivation and distance themselves from others when their support system is not strong (Bajalan et al., 2019). Feeling cared for, loved and assisted by others is known as social support (House, 1981). In moments of stress, self-esteem protects individuals' health and well-being (Cohen & Wills, 1985). Being supported by friends, family and teachers can help a student with dysmenorrhea deal with pain and preserve their mental well-being. Providing supportive words, acknowledging pain and offering distractions (rest or medicines) can help someone dealing with menstrual pain. A number of studies have pointed out that having social support greatly benefits people's mental health. As an example, Salehi and her colleagues (2013) reported that students who enjoyed good support from their peers and families had better happiness and stress control during their period. According to Al-Kindi and Al-Bulushi (2011), greater emotional well-being and ability to bear pain in women students was directly linked to their experience of more social support. It involves a person's wellbeing in the physical, mental and social parts of life. Those with dysmenorrhea face problems meeting their expectations in life due to the pain as well as problems with focus and being involved socially (Wong & Lam, 2018). Still, having a strong social support group often helps women achieve a better quality of life. It improves people's ability to handle emotions and offers a set of strategies for dealing with difficulties (Kumar et al., 2019). According to a report by Daley (2008), support from others was a main reason why women found relief from stress and improved their satisfaction with life when having menstrual problems. While previous research has described both the medical and emotional consequences of dysmenorrhea for women, most of these studies have been about the impacts or negotiations of pain during menstruation. Scientific studies have proven that dysmenorrhea compromises people's mental and physical health, making pain present over many periods often leads to stress, sadness and trouble with daily life. Yet, not much has been found about the ways social support can lessen the negative effects faced by university-aged female students. Also, many studies into international issues have uncovered the connection between social support and mental health during dysmenorrhea, but very few have focused on this relationship in cultural settings such as South Asian societies, where menstruation is frequently regarded as a sensitive topic. Because menstruation is a taboo subject, some women may find it difficult to get support and effective ways to deal with their problems. Therefore, it is necessary to study the impact of social support on the mental health and lives of females with dysmenorrhea in Pakistani university locations. Improved understanding of this connection may assist in providing cultural interventions and support tools that help the population to become more resilient and find new ways to talk openly, thus boosting their daily life. Because menstruation is looked down upon in Pakistani culture, females are usually uncomfortable asking for support. This lack of openness can further exacerbate emotional distress. For these reasons, today's studies explore how social support can impact the mental and physical well-being of female university students with dysmenorrhea. The aim of the study is to review the effect of receiving social support on how females with dysmenorrhea feel psychologically and how their quality of life is affected. The purpose of my study is to examine if support from others plays a part in shielding a person from the psychological and functional effects of menstrual distress. By studying this triad, researchers hope to provide suggestions for various activities that can help people remain resilient and feel better day to day. The research can help inform mental health experts, educators and policymakers about the value of support when managing girls and women's menstrual health.

Methodology

Research Design

To examine the influence of support, mental health and quality of life on females having dysmenorrhea, this study applied cross-sectional research design and quantitative approaches.

Participants

Researchers drew a sample of 100 females aged 18 to 35 using a purposive method. People in the study were chosen if they had primary or secondary dysmenorrhea, had this confirmed with evidence and had experienced menstrual pain for at least six months. Any female with endometriosis or uterine fibroids was not allowed to participate in the study. Since young women are most affected by dysmenorrhea, we decided to explore this age group.

Instruments

The data were collected using a survey that included three standard scales for measuring the central variables of this study.

Multidimensional Scale of Perceived Social Support (MSPSS)

This tool is used to measure the amount of social support people feel from their families, friends and significant others. There are 12 items that are scored using a 7-point scale (Zimet et al., 1988).

Psychological Well-Being Scale (PWS)

The way Ryff (1989) modeled psychological well-being, this scales measures six aspects: autonomy, environmental mastery, personal growth, having positive relationships, having a purpose and self-acceptance. The questionnaire is made up of 29 statements measured using a 6-point Likert scale.

Menstrual Distress Questionnaire (MDQ)

It analyzes the level of distress caused by menstruation and how this influences activities such as experiencing pain, fatigue, mood changes and nausea (Lloyd et al., 1986). Based on their interests, participants took part in the survey using online options or in-person options. The way the study was designed meant the data were collected over 4 months. The objectives of the study were explained to the participants and they signed and gave verbal consent forms. Following consent, people were given the survey which was created to be simple, concise and straightforward. All identifiable information was removed from the answers and they were coded to allow for in-depth study. We used the SPSS software to analyze the data we had collected for this study. Summaries of the participants and scores on important variables were created using descriptive statistics. The relationship between social support, mental health and life quality was investigated using Pearson's correlation. Besides that, multiple linear regression was applied to check the relationship between social support, menstrual distress, psychological well-being and quality of life outcomes. Significance was set at $p < 0.05$. Participants were treated with respect and respect for their rights was ensured during this research study. The research study was approved by the institution's review board. Taking part in this study was optional and anyone could leave whenever they wanted, with no side effects. Only employees who had to access the data could do so during the study.

Procedure

To ensure the study was accurate and trustworthy, it was fully planned and all ethical guidelines were followed. An approval from the university's institutional review board was obtained before collecting any data. It was confirmed at this stage that the research respected human subjects and met all ethical guidelines such as choosing to involve them, informing them properly and keeping their data confidential. When permission for the study was granted, each participant was identified and invited to join in their university classrooms along with their teacher to avoid affecting studies. Everyone was given a complete explanation of the objectives, value and steps involved in the study. The researcher made sure to point out that individuals had the freedom to stop participating in the research whenever

they wanted, without facing any complications. It was ensured that all their replies were both confidential and private. Once all the details were shared, each participant gave their written consent. As soon as participants agreed to take part, they were provided with a survey packet that included a Demographic Information form, the MSPSS, PWS and WHOQOL-BREF. Guidelines were made clear and people were invited to respond using information connected to their menstrual cramps, the support they receive, their mental health and their overall quality of life. Students responded to the questionnaires in a classroom where they experienced minimal distractions.

Each session lasted approximately 15 to 20 minutes, during which participants completed the forms at their own pace. All responses were collected on the same day to ensure consistency and to avoid data loss. Each survey was reviewed for completeness before moving forward. Gynacs were consulted for the clarification of dysmenorrhea symptoms and possible treatment. Dr. wafa Rizvi was interviewed for the major issues faced by the patients suffering from dysmenorrhea. Psychological issues were clearly discussed with proper interview session by Ms. Marwa Tahir (Clinical Psychologist). After proper coding of data in SPSS analysis was performed for the attainment of findings. Descriptive statistics (such as means and standard deviations) were used to summarize the data, while inferential statistics (including correlation and regression analyses) were employed to examine the relationships among the study variables in line with the research hypotheses. Throughout the research process, strict measures were maintained to safeguard participant privacy and uphold the ethical handling of data.
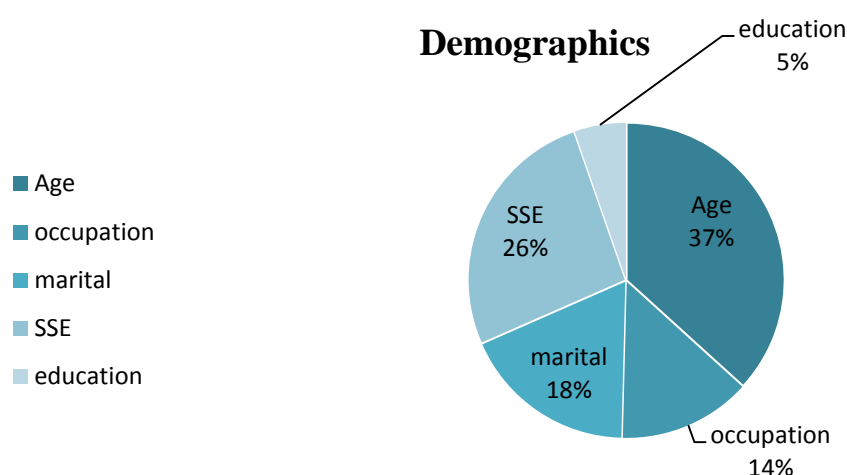
Results

Figure-1

Pie-chart explains the descriptive of the demographics of the current research.

Table 1: Correlation Analysis for relationship among social support, psychological well-being and quality of life among female experiencing dysmenorrhea

	N	SD	Sig. (2-tailed)	1	2	3
PWS	100	58.537	.000	----	.368**	.187
MSPSS	100	57.154	.000	.368**	----	.268**
MDQ	100	41.716	.000	.187	.268	----

Note: significant at 0.01, N=100

Table 1 defines pearson product-moment correlation among psychological well-being (PWS), perceived social support (MSPSS), and quality of life as related to dysmenorrhea (measured using MDQ) among females experiencing dysmenorrhea (*N* = 100). The results indicated a significant positive correlation between psychological well-being and perceived social support, *r* = .368, *p* < .001, suggesting that females who perceive greater social support tend to report higher levels of psychological well-being. In addition, a significant positive correlation was found between perceived social support and quality of life in relation to dysmenorrhea, *r*= .268, *p* < .001. This indicates that increased social support is associated with better quality of life outcomes, possibly reflecting reduced distress or better coping with menstrual discomfort.

Similarly, psychological well-being was positively correlated with quality of life related to dysmenorrhea, *r* = .187, *p* < .001, although this association is comparatively weaker. These findings imply that better psychological well-being may be modestly associated with improved experiences of health and functioning during dysmenorrhea.

Summary

Overall, the results emphasize the important interconnections among social support, mental health, and perceived quality of life in the context of dysmenorrhea, underlining the value of social and psychological resources in managing menstrual-related challenges.

Table 2: One-Sample Test for social support on psychological well-being and quality of life

	T	Df	Sig. (2-tailed)	Mean Difference	lower	Upper
PWS	58.537	99	.000	59.35000	57.3382	61.3618
MSPSS	57.154	99	.000	66.41000	64.1044	68.7156
MDQ	41.716	99	.000	133.47000	127.1215	139.8185

Note: significant at 0.05, N=100

Table 2 reveals one-sample t-test was conducted to determine whether the mean scores of psychological well-being (PWS), perceived social support (MSPSS), and quality of life (measured by MDQ) among females experiencing dysmenorrhea significantly differed from a test value (e.g., population or scale mean). The results showed that the mean score for psychological well-being (M = 59.35, SD 58.537) was significantly different from the test value, *t* = 58.537, *p* < .001, with a 95% confidence interval ranging from 57.34 to 61.36. Similarly, the mean score for perceived social support (M = 66.41, 57.154) was also significantly higher than the test value, *t* = 57.154, *p* < .001, with a 95% confidence interval between 64.10 and 68.72. Moreover, the mean score for quality of life as measured by dysmenorrhea impact (MDQ) was significantly different, *t* = 41.716, *p* < .001, with a mean of 133.47 and a 95% confidence interval from 127.12 to 139.82.

Summary

These results indicate that the participants reported significantly high levels of social support, psychological well-being, and dysmenorrhea-related quality of life characteristics compared to the test value, suggesting that social and psychological factors are relevant considerations in this population.

Linear regression analysis

Table 3.1: linear regression analysis for social support on psychological well-being

Measures		B	Std. Error	Beta	T	Sig.
	Constant	54..061	8.566		6.311	.000
	PWS	.377	.107	.329	3.507	.001

Note. Significance at 0.05, N=100

Table 3.1, revealed that social support (PWS) is a statistically significant predictor of psychological well-being, $t(98) = 3.507$, $p = .001$. The regression model accounted for a moderate amount of variance in psychological well-being, as indicated by the standardized coefficient ($\beta = .329$), suggesting a positive relationship between the two variables. The unstandardized coefficient (B = .377) indicates that for every one-unit increase in perceived social support, psychological well-being increases by approximately .377 units. The constant term (B = 54.061) represents the predicted value of psychological well-being when social support is held at zero. These findings suggest that higher levels of perceived social support are associated with improved psychological well-being in the studied population, reinforcing the importance of emotional and interpersonal resources in managing menstrual-related distress.

Table 3.2: linear regression analysis for social support on quality of life

Measures		B	Std. Error	Beta	T	Sig.
	Constant	54..061	8.566		6.311	.000
	MDQ	-.075	.034	-.207	-2.205	.030

Note. Significance at 0.05, N=100

Table 3.1.1 shows a linear regression analysis indicates that social support significantly predicts quality of life among females experiencing dysmenorrhea. As shown in Table 3.2, the results revealed that social support (MDQ) is a statistically significant negative predictor of quality of life, $t(98) = -2.205$, $p = .030$. The unstandardized regression coefficient (B = -0.075) indicates that for every one-unit increase in perceived social support, the quality of life score decreases by 0.075 units. The standardized beta coefficient ($\beta = -0.207$) reflects a small to moderate inverse relationship between social support and quality of life. The constant term (B = 54.061) represents the expected quality of life score when social support is held at zero. These findings suggest a somewhat counterintuitive result, implying that increased social support is associated with a slight decline in reported quality of life within this sample. This may reflect complex underlying dynamics, such as increased reliance on support in response to greater distress or the possibility that individuals reporting more support are also those facing more severe menstrual symptoms.

Discussion

The present study aimed to look at how social support affects the psychological well-being and quality of life of females with dysmenorrhea. The investigation revealed that having social support could be crucial for mental health and happiness in young women dealing with pain during periods. The research backs up Cohen and Wills' theory that social support can defend someone against the emotional distress caused by such conditions. Consistent with international studies, Reblin and Uchino (2008) also showed that social relationships play a role in limiting emotional tension in a variety of people. Logsdon et al. (2004) also pointed out that more social support given to adolescents resulted in better emotional health and fewer episodes of depression during and after their menstrual cycle. The same findings are

observed in studies focused on South Asia. Bibi et al. conducted a research study in Lahore, Pakistan and reported that girls in university who felt they had sufficient social support had fewer menstrual-related botherations and reported higher self-esteem, a finding in line with the present study. The research also suggests that Indian adolescents who discussed menstruation with their families have improved moods and less anxiety. It indicates that people in collectivistic societies need help that fits their culture and helps them feel better, since maintaining silence and avoiding the topic is widely accepted there. The present study supports existing South Asian research by proving that receiving support can release distress and promote both psychological well-being and the perception of a good quality of life for women with menstrual problems. Given that menstruation is not openly discussed in most communities in Pakistan (Ali & Rizvi, 2010), the study underlines the requirement to address this issue and make it acceptable to discuss. Family and peer support gain greater importance in these types of social and cultural environments. These studies suggest that experiencing loneliness during menstruation in Pakistan can cause the condition to feel more burdensome for many women. As a result, the research encourages the creation of programs, positive discussions and support from schools that make young women feel safe and secure while seeking support. Researchers also highlight that including psychosocial assistance in universities is necessary. Studies conducted at the international level (provided by Potts et al. in 2011) have shown that colleges and universities that help students feel emotionally supported are able to better support students who are dealing with ongoing health problems. In Pakistan, the number of institutions that support menstruation or integrate it into support services is limited. It is clear from this study that managing physical health should also involve supporting patients emotionally and socially.

The World Health Organization (WHO, 2018) considers menstruation to be a public health concern, along with being a biological event. Researchers have found that menstrual health should be considered as something that involves all three—physical, emotional and social aspects. Without enough social support, females are more likely to suffer from severe menstrual pain, poor school results and later endure depression or anxiety. They involve problems at the level of both society and institutions and call for strategies that work at many stages. Despite the valuable insights, certain limitations must be acknowledged. Because the research sample only included young women in university, it does not reflect the experiences of working women, adolescents, people from rural areas or the underprivileged. Moreover, people may have answered the questionnaires according to social norms or because their memories are not perfect. The need for combining qualitative and quantitative research has been identified in previous Pakistani studies (for example, Sarwar & Khalid, 2019). Researchers could examine menstrual health management using mixed-method and spanning-time approaches. Studies might study how beliefs and practices followed in different areas can affect the way individuals seek help and experience social support during monthly menstruation. Moreover, judging the success of peers educating about menstruation could lead to new approaches to enhance students' mental and academic health. All in all, this study helps explain the social and emotional elements of dysmenorrhea. It seems that strong connections between social support, emotional well-being and quality of life prove that emotional resources can have much the same benefits as medical treatment for menstrual pain. Because of these findings, educational institutions, psychologists and decision-makers should ensure schools and communities are inclusive and understanding about menstruation. When education about menstruation is made common, when menstrual taboos are lifted and when students are provided support at school, society helps young women feel more confident in their studies, feelings and friendships.

Conclusion

The findings from this study reveal how social support and good mental health are linked to a high quality of life for females affected by dysmenorrhea. It verifies that emotional support from others helps to preserve a normal quality of life and protects against negative emotions in chronic menstrual pain. Besides confirming the hypotheses in its study, the research also increased current knowledge by highlighting emotional aspects of dysmenorrhea that are usually ignored. Clearly, the results prove that female activity and connections with others play a major role in coping with menstrual pain.

Implications

One of the key implications of this research lies in the domain of mental health awareness and support systems in educational institutions. Since the sample comprised university-going females, the findings directly call for action at the university level, urging academic institutions to incorporate emotional wellness programs tailored for females experiencing menstrual difficulties. Peer support groups, menstrual health workshops, and counseling services could be valuable tools for improving the overall university experience for these individuals. Universities should create an inclusive environment where talking about menstrual pain is normalized rather than stigmatized. From a healthcare perspective, the study suggests that practitioners must adopt a more holistic view when addressing dysmenorrhea in young females. Rather than focusing solely on pharmaceutical interventions, professionals should also assess their patients' emotional well-being and social environment. Providing guidance on how to seek or build social support networks could be an effective non-pharmacological addition to treatment plans. Asking family and friends for support may also help lower the psychological difficulties caused by dysmenorrhea. This study advises that more attention needs to be given to how we educate people about menstrual health. The subject needs to be addressed by the media, people who make public policies and educators in South Asia, as there is still little discussion about it. Encouraging awareness, reforming school subjects and presenting positive examples in movies and TV can help remove the feeling of shame. The research points out that taking both emotional, educational and policy actions in unison can help females living with dysmenorrhea. Researchers' conclusions are important in schools as well as in society and among those who care, demonstrating how to be more supportive and caring. This affects not only learning, but also feelings, becoming more independent and achieving equal rights for both sexes.

Recommendations

According to the study's results and implications, various suggestions are presented to help females with dysmenorrhea. Educational institutions should focus on menstrual health in many ways, including organizing awareness campaigns and support groups led by fellow students to discuss the topic and any issues attached to mental health. Both faculty and administrative staff should be informed on how to comfort and support students who share their experiences with menstrual pain or related feelings. Creating spaces at universities where women can access counseling without judgment could be very beneficial for them. Additionally, healthcare professionals ought to take psychosocial issues into account when treating individuals with dysmenorrhea. In addition to complete exams and providing medicines, they ought to make sure there are no signs of depression or anxiety in their patients. It is important to include referring patients to psychologists or counselors if they report a lot of pain. It is also possible to provide parents with family education programs that explain the emotions caused by dysmenorrhea and highlight why they should always support their children. Next, policymakers ought to include menstrual health and mental well-being in policies for health and education. Through partnerships between governments and NGOs, more people can learn about menstruation and lessen

the stigma. Making sure menstrual hygiene products are either free or low-cost and including education, can prevent females from low-income groups from facing extra problems. People should openly share and discuss menstruation with others in different groups. If young women sharing their symptoms and getting timely help, they will be less likely for psychology-related issues to become severe. All of these groups must team up to reduce the taboo and create surroundings that are more friendly and considerate towards everyone. When these suggestions are applied, society helps lessen the complications of dysmenorrhea and increases the happiness and comfort of those women who experience it throughout their lives.

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