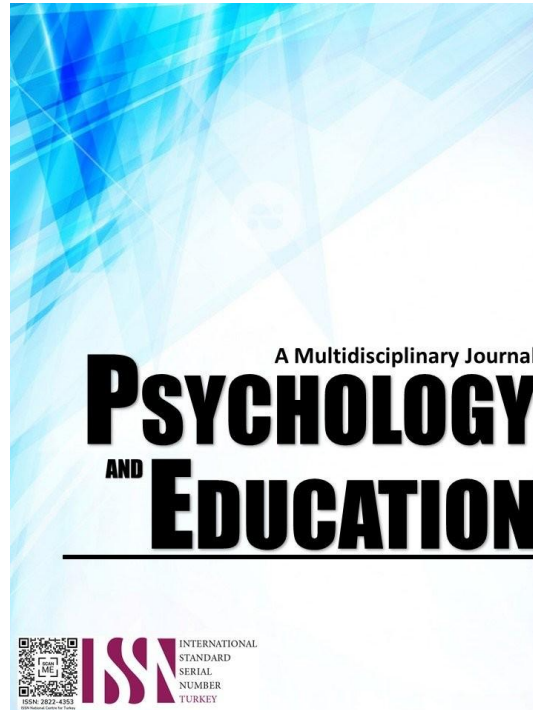


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The Level of Awareness and Knowledge of Female Employees and Young Female Adolescents on Menstrual Dysphoric Disorder (PMDD) in Saint Mary's University Senior High School

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Abstract

Premenstrual Dysphoric Disorder is a hormone-driven disorder that affects women's emotional, psychological, and physical well-being. Despite its recognition in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), PMDD remains a controversial and often disregarded topic, resulting in persistent gaps in awareness, knowledge, and proper intervention. This study investigated the level of awareness and knowledge of PMDD among female employees and adolescents at Saint Mary's University Senior High School, examining demographic variations across age, designation, and menstrual cycle, as well as the relationship between awareness and knowledge. Employing a quantitative-qualitative and correlational method designed to gather menstrual experiences, coping mechanisms, and suggested awareness strategies, findings revealed that adolescents showed a higher awareness than employees, although no significant differences in knowledge were found. Designation and menstrual cycle regularity were not significant predictors, and a weak positive correlation was noted between awareness and knowledge, indicating that greater awareness does not necessarily translate into a deeper understanding. Most respondents relied on non-clinical coping strategies such as self-care, rest, and distraction from pain. These results highlight the need for targeted awareness campaigns, structured educational programs, and healthcare support systems to reduce stigma, enhance recognition, and improve the management of PMDD. Ultimately, addressing the existing knowledge and awareness gaps and fostering inclusive, community-based interventions to promote.

Keywords: *premenstrual dysphoric disorder, awareness, knowledge, female employees, young female adolescents*

Introduction

Women's health has long been underrepresented in both foundational and applied research. As emphasized by Christopher Zahn of the American College of Obstetricians and Gynecologists, there is a strong need to expand research on maternal, reproductive, endometriosis, and mental health (Regensteiner et al., 2025). The limited inclusion of women in biomedical studies has also contributed to sex-based biases, which have led to misconceptions and, in some cases, placed women at risk of unnecessary harm (Barlek et al., 2022).

This lack of focus has also aggravated period poverty, a condition characterized by limited access to menstrual products, accurate information, and adequate sanitation. Rambocas et al. (2023) noted that menstrual taboos continue to restrict women's and girls' mobility, education, and self-esteem. Period poverty involves not only the unaffordability of menstrual hygiene products but also persistent gaps in menstrual health knowledge. Despite the importance of Menstrual Health and Hygiene, many countries continue to deprioritize it in policymaking. The lack of standardized indicators further complicates efforts to collect reliable data and implement effective interventions (Hennegan et al., 2023).

Understanding menstrual health begins with recognizing menstruation as a vital biological process. The menstrual cycle, consisting of the menstruation, follicular, ovulation, and luteal phases, is regulated by hormonal fluctuations that influence reproductive, emotional, and cognitive functioning (Le et al., 2020). The shedding of the endometrium during menstruation plays a crucial role in preparing the body for potential pregnancy (Thiyagarajan et al., 2022). However, hormonal imbalances across the cycle can trigger both physical and psychological symptoms such as cramps, bloating, fatigue, anxiety, and depression that collectively diminish daily functioning and productivity (Maqbool et al., 2021).

These symptoms intensify for many women due to hormonal shifts that heighten vulnerability to emotional and physical discomfort. Dysmenorrhea is one of the most commonly reported sources of pain, while additional symptoms such as acne, mood swings, irritability, anxiety, and fatigue are widespread. External stressors, unhealthy habits, elevated stress levels, and irregular menstrual cycles, particularly among those with demanding workloads, can exacerbate these difficulties (Maningas, 2022).

The luteal phase, marked by increased progesterone and estrogen, is especially associated with Premenstrual Disorders (PMD). Symptoms emerge during this phase, diminish with menstruation, and remain absent until ovulation (Goswami et al., 2023). PMD encompasses Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD), both of which feature emotional, behavioral, and physical symptoms that can disrupt daily routines and relationships (Liguori et al., 2023). PMD significantly affects women's well-being, as symptoms such as emotional instability, relationship strain, appetite changes, sleep disturbances, and cognitive decline interfere with occupational performance and overall functioning (Yi et al., 2023; Brown, 2024).

PMS, a common form of PMD, typically appears in the days before and during menstruation (Aggarwal et al., 2024). Evidence suggests that PMS can have long-term workplace implications; for instance, Swedish women with PMS were found to be at higher risk of extended work absences (Johansson et al., 2024). Even when treatments reduce symptom severity, presenteeism often persists (Miyake et al., 2024). This is largely driven by societal beliefs that normalize menstrual pain as merely “part of being a woman,” leading to underreporting and continued gaps in awareness (Ababneh et al., 2024).

The widespread normalization of menstrual pain contributes to the tendency to dismiss dysmenorrhea and related symptoms as “expected,” “normal,” or simply “part of having a period.” This normalization complicates the assessment of symptom severity and undermines the legitimacy of individuals’ reported menstrual pain. Menstruation remains heavily stigmatized, often framed as a shameful or unclean bodily process. However, because menstruation is generally invisible in public spaces unless someone discloses it or menstrual blood becomes visible through clothing, many individuals manage its effects privately and silently (Wiggleton-Little, 2024).

Within this context, menstrual inequality emerges as a persistent concern. Participants in recent studies described difficulties managing menstruation in public environments and the emotional burden associated with concealing their menstrual status. Economic considerations, particularly product price and availability, strongly influenced menstrual product choices, with several participants reporting experiences of menstrual poverty. Furthermore, a notable lack of comprehensive menstrual knowledge was observed. Menstrual education was most commonly acquired through personal experience, self-directed learning, or informal networks such as friends and family, highlighting gaps in structured and accessible menstrual health education (Holst et al., 2022).

Given these intersecting challenges, menstrual health emerges as a critical indicator of women’s overall well-being. Healthcare professionals view menstrual patterns as important markers of both current and future health risks (Raney, 2024). Ensuring access to accurate information, affordable menstrual care products, and supportive healthcare services alongside efforts to reduce stigma is essential for advancing women’s rights, autonomy, and quality of life. Strengthening menstrual health systems ultimately contributes to healthier, more equitable outcomes for women across their lifespans (Hennegan et al., 2021).

Research Questions

This study provided an understanding of the level of awareness and knowledge of female employees and young female adolescents of Saint Mary’s University Senior High School regarding the impact of PMDD. The following questions were answered:

1. What is the level of awareness of the respondents on PMDD?
2. What is the level of knowledge of the respondents on PMDD?
3. Is there a significant difference in the respondents’ level of awareness and knowledge on PMDD when grouped according to:
 - 3.1 age;
 - 3.2 designation; and
 - 3.3 menstrual cycle?
4. Is there a significant relationship between the respondents’ level of awareness and knowledge of PMDD?
5. How do the respondents manage their symptoms of PMDD?
6. What are the suggestions to raise the level of awareness and knowledge on the impact of PMDD?

Literature Review

Premenstrual Dysphoric Disorder (PMDD)

PMDD is a serious and disabling condition that is closely associated with other mental health concerns. It is considered a severe form of PMS and is primarily characterized by emotional and behavioral symptoms that cannot be attributed to other psychiatric disorders. The condition is hormone-driven and involves heightened neuroendocrine sensitivity to cyclical fluctuations of estrogen and progesterone (Tiranini et al., 2022). PMDD manifests through both physical and psychological symptoms and is frequently linked to comorbidities such as depression and anxiety. These symptoms can cause significant emotional distress and negatively affect women’s daily functioning, interpersonal relationships, and overall well-being (Babapour et al., 2023).

The impact of PMDD extends beyond the individual and influences social and occupational spheres. Women who experience the physical and emotional challenges associated with PMDD often encounter difficulties within close relationships. Hodgetts et al. (2025) emphasize that intimate partnerships may become strained because recurring emotional symptoms can interfere with communication and contribute to emotional distance. Family members and partners are therefore indirectly affected by the disorder. On a wider level, PMDD has been strongly associated with reduced productivity and higher levels of absenteeism in both academic and professional settings. Research shows that women with PMDD may lose more than eight hours of work as a result of fatigue and low energy, which ultimately reduces efficiency in daily tasks (Abdeta et al., 2024). In more severe cases, PMDD has also been linked to an increased risk of suicidality. Although the disorder does not directly cause suicidal behavior, the intensity of its psychological and emotional symptoms can contribute to suicidal thoughts, planning, and attempts (Osborn et al., 2024).

Despite its prevalence and significant impact, PMDD continues to be frequently overlooked. Islas-Preciado et al. (2025) attribute this

neglect to a combination of societal, systemic, and research-related factors that include stigma, research omission, and limited public awareness. The persistent taboo surrounding menstruation further contributes to the silence about the condition. In addition, healthcare systems often lack adequate training and standardized protocols for the diagnosis and management of PMDD. Sex bias in medical research, in which male physiology is frequently prioritized and female-specific disorders remain marginalized, has also contributed to substantial gaps in scientific understanding (Barlek et al., 2022). As a consequence, awareness and recognition of PMDD remain limited, which leads to delayed diagnoses and restricted access to appropriate treatment. This systemic neglect reduces the likelihood that affected women will receive adequate care and support and ultimately diminishes their overall quality of life.

Awareness of Premenstrual Dysphoric Disorder (PMDD)

Premenstrual Dysphoric Disorder (PMDD) is a serious condition that leads to emotional and psychological disturbances that significantly interfere with daily functioning. Despite its severity, research on PMDD and its contributing factors remains limited, particularly among high school students in low- and middle-income countries (Kibralew et al., 2024). Misdiagnosis is common, with PMDD frequently mistaken for depression or bipolar disorder. Such misidentification results in inappropriate treatment and offers little relief to those affected. When symptoms are misunderstood or misclassified, individuals often experience prolonged distress and ineffective management. Cultural stigma surrounding menstruation further restricts open discussion and contributes to widespread misconceptions, which in turn hinder timely and accurate diagnosis. The persistent shortage of research sustains cycles of misdiagnosis, stigma, and social taboos, ultimately limiting both medical and public recognition of PMDD (Islas-Preciado et al., 2025).

Although PMDD was formally recognized in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in 2013, its classification remains the subject of debate because much of the current understanding is derived from research originally focused on PMS. Evidence indicates that individuals with PMDD experience higher rates of suicidal thoughts and behaviors in comparison with those who have PMS or those who do not experience premenstrual symptoms (Frokjaer, 2020). Cultural stigma surrounding menstruation continues to impede open communication about the disorder, which further complicates efforts to improve recognition, understanding, and support for those affected (Islas-Preciado et al., 2025).

Women who experience PMDD often report intense feelings of shame and self-blame as they struggle to cope with recurring psychological difficulties. Many describe significant disruptions to their sense of self. However, upon learning about PMDD, they express a sense of relief and validation because the diagnosis provides a coherent explanation for their long-standing experiences. Unlike earlier misdiagnoses that failed to account for the cyclical nature of their symptoms, the identification of PMDD aligns more closely with their lived experiences and offers a meaningful framework for understanding their recurring distress (Osborn et al., 2024). This recognition helps many individuals reframe their past struggles as manifestations of an undiagnosed medical condition rather than personal shortcomings.

Women's experiences with premenstrual disorders highlight the severe and life-altering nature of PMDD. Many report that they are left to manage their symptoms independently and must advocate for themselves in healthcare environments that offer limited understanding or assistance. As a result, they develop coping mechanisms to maintain daily functioning while navigating the substantial emotional and psychological changes triggered by the disorder (Brown et al., 2024). Despite the profound impact of PMDD, the condition continues to be widely misunderstood and insufficiently addressed. This underscores the urgent need for increased awareness, education, and research guided by gender-sensitive and intersectional perspectives (Islas-Preciado et al., 2025).

Knowledge on Premenstrual Dysphoric Disorder (PMDD)

Despite its severity, many people remain unaware of PMDD as a distinct diagnosis. Premenstrual Dysphoric Disorder was officially recognized in the DSM-5 in 2013, yet knowledge about the disorder remains limited among the general public (Eissazade et al., 2025). To meet the diagnostic criteria, an individual must experience at least five of eleven cognitive, emotional, behavioral, or physical symptoms during the final week of the luteal phase. These symptoms should decrease or disappear shortly after menstruation begins and should not be attributable to another mental health condition (Htay et al., 2025).

Participants in recent studies have reported significant mistrust in the medical system due to repeated experiences of dismissal and invalidation. Many described situations in which they sought help and suggested potential solutions, only to have their concerns minimized or ignored. This created a sense of injustice, requiring individuals to contend not only with their symptoms but also with systemic barriers. Being labeled as "unstable" or "irrational" can result in perceptions of incompetence or reduced capability within both personal and professional contexts. Without broader recognition of the episodic nature of PMDD, individuals were often expected to maintain consistent performance and were held personally accountable for symptoms that were misinterpreted as intentional or due to lack of effort (Habib et al., 2024).

Although the prevalence of PMDD has been recognized among menstruating females (American Psychiatric Association [APA], 2013), no comprehensive synthesis has been conducted to estimate pooled prevalence across countries. Previous meta-analyses conducted in single countries, such as India (Dutta & Sharma, 2021) and Ethiopia (Duko et al., 2020), did not consistently confirm diagnosis using prospective symptom ratings. Accurate prevalence data are critical because both overestimation, which may result in overdiagnosis and unnecessary treatment, and underestimation, which may limit recognition and resources, can negatively affect patient outcomes (Reilly et al., 2024). Most existing studies are retrospective and generalized, with few addressing the condition in local populations.

This gap is concerning given the negative impact of PMDD on quality of life, particularly in social and interpersonal relationships (Thakrar et al., 2021).

Barriers within the PMDD care continuum further exacerbate delays in diagnosis and treatment. Patients frequently report being dismissed or experiencing medical gaslighting, in which healthcare providers normalize or minimize symptoms. Very few individuals receive consistent follow-up from a single provider throughout their care. Many patients described feeling compelled to demonstrate the severity of their symptoms, sometimes citing prior psychiatric hospitalizations as evidence. These experiences highlight the multiple obstacles patients encounter in accessing appropriate care (Chan et al., 2023). Educating individuals about the symptoms, causes, and treatment options for PMDD is essential for empowering them to seek care and manage symptoms effectively. Understanding the psychological impact of PMDD is also critical for early intervention and for reducing the risk of long-term health consequences (Reilly et al., 2024).

The review of the current literature and local observations reveals several gaps that this study aims to address. First, there is a lack of research on Premenstrual Dysphoric Disorder (PMDD) in the Philippines, with no existing local studies examining its prevalence, impact, or awareness among the population. Second, educational interventions, seminars, or programs specifically focused on PMDD have not been conducted, indicating a lack of structured opportunities for knowledge dissemination. Third, awareness and understanding of PMDD, particularly regarding its psychological, emotional, and cognitive effects on daily functioning, academic performance, and work productivity, remain limited. The topic itself is relatively new in the local context, and there is insufficient data to guide informed community support or healthcare initiatives.

This study identified gaps by investigating the level of awareness and knowledge about menstrual-related conditions, with a particular focus on PMDD, among the local population. By highlighting the challenges women faced during menstruation and the broader psychological and emotional impacts, the study aimed to generate awareness and enhance understanding of PMDD. The findings were intended to inform the development of educational programs, community initiatives, and health interventions, contributing to a more informed, empathetic, and supportive environment for women. Ultimately, the study emphasized the importance of recognizing and addressing menstrual-related conditions to improve women's well-being, academic performance, and productivity.

Methodology

Research Design

This study used a quantitative-qualitative design, employing a descriptive-comparative-correlational method to evaluate the awareness and knowledge levels of female employees and young female adolescents at Saint Mary's University Senior High School regarding Premenstrual Dysphoric Disorder (PMDD). The descriptive approach was used to collect, analyze, and interpret data related to participants' awareness of PMDD, their experiences during menstruation, and how these factors affect their emotional well-being, cognitive function, and daily activities. The comparative approach was utilized to see whether there were significant differences in responses based on various demographic factors. Lastly, the correlational approach was used to find the relationship between age and the level of awareness and knowledge about PMDD among female employees and students. Additionally, the study incorporated thematic analysis to examine qualitative data gathered from open-ended responses systematically. This method enabled the identification of recurring patterns and themes related to how participants experience and manage PMDD symptoms. Through this analysis, the study uncovered diverse strategies used by respondents to cope with PMDD and highlighted suggestions for enhancing awareness and education about the disorder. Thematic insights enriched the quantitative findings by providing a deeper understanding of the lived experiences and perspectives of the participants.

Respondents

The respondents in this study were selected using quota sampling, which was implemented in response to a low participation rate. A total of 124 respondents were gathered, consisting of 115 students and 9 employees. These participants were then categorized into their respective groups according to relevant variables such as age, designation, and menstrual cycle to facilitate comparative and correlational analysis.

Instrument

The study utilized a survey questionnaire adapted from Elrehim et al. (2024), "Premenstrual Dysphoric Disorder: Knowledge, Attitude and Practice among Egyptian Females: Results of Surveying Two Centers in the Delta Region," and Chamali et al. (2022), "Dimensional Premenstrual Symptoms Screening Tool vs. Categorical (Mini Diagnostic Interview, Module U) for Assessment of Premenstrual Disorders." The statements from both instruments were modified to suit the context and objectives of the present research.

The instrument, adapted from Chamali et al. (2022), originally consisted of 21 single-word symptom items rated on a four-point Likert scale (not at all, mild, moderate, and severe). These items were restructured into declarative "I am" statements and reduced to 11 items, adopting a four-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). Following the validation process, the instrument was further refined to 10 items and obtained a Cronbach's alpha coefficient of 0.80, indicating good internal consistency. Meanwhile, the questionnaire adapted from Elrehim et al. (2024) originally comprised 10 items answerable by yes, no, or I don't know.



These items were revised into true or false statements and subjected to validation. However, due to relatively low pilot test results, item analysis was not conducted. As the original instrument reported a Cronbach’s alpha of 0.71, the researchers decided to retain this established reliability value.

The final questionnaire was designed to assess participants’ familiarity with and understanding of Premenstrual Dysphoric Disorder (PMDD). It was divided into four sections: (1) demographic profile, which included age, designation, and menstrual cycle; (2) level of awareness regarding the impact of PMDD; (3) level of knowledge about PMDD, measured using a dichotomous true or false scale; and (4) qualitative questions derived from the statement of the problem, which solicited respondents’ suggestions for improving awareness and knowledge about PMDD. This structured approach ensured a comprehensive evaluation of participants’ familiarity with the disorder while providing valuable insights for developing strategies to enhance public awareness and understanding.

The Reliability of the Level of Awareness of the respondents on the impact of PMDD. After undergoing reliability testing, the 10 items got a Cronbach’s alpha result of 0.80. Thus, Cronbach’s reliability on the Level of Awareness is reliable ($\alpha > 0.70$). After reliability testing, the 10 items received a Cronbach’s alpha of 0.71. Thus, Cronbach’s the Reliability of the Knowledge of the Respondents on the impact of PMDD. Therefore, the reliability of the Knowledge is reliable as ($\alpha > 0.70$).

The data gathering procedure began with the modification of the questionnaires. The researchers reviewed existing studies and research instruments and adjusted the items to fit the context of the current research, ensuring that the questions were clear and aligned with the study’s objectives. After modification, the questionnaires were submitted for validation to assess the clarity and relevance of the items. Once validated, the researchers prepared a formal letter of request for the distribution of the questionnaires.

The data collection took place at Saint Mary’s University Senior High School. Participants were informed about the purpose of the study and the importance of providing accurate and honest responses. The questionnaires were distributed through Google Forms, and the researchers monitored the responses to ensure that the required number of participants was reached. After enough responses were collected, the researchers organized and analyzed the data by reviewing the answers and tabulating the results. This allowed them to interpret the findings and determine the respondents’ level of awareness and knowledge about PMDD, which then served as the basis for forming conclusions and recommendations for future researchers.

Data Analysis

To achieve the desired outcomes, the following tools and techniques were used:

Frequency counts and percentages were used to determine the respondents according to their demographic profile variables, such as age, designation, and menstrual cycle. To assess the respondents’ level of awareness, Bloom’s Cut-off Scale was used to assess the level of knowledge of the respondents.

An independent samples t-test was conducted to compare the means of the two groups based on the designation and menstrual cycle of the respondents. This helped determine if there was a significant difference in the responses of the participants based on designation and menstrual cycle. One-way ANOVA was used to determine if there were significant differences in the respondents’ level of awareness and knowledge when grouped according to age.

Pearson’s r Correlation was used to determine if there was any significant relationship between the respondents’ level of awareness and knowledge. Thematic analysis was employed to explore the respondents’ understanding and perceptions of a particular phenomenon. This helped summarize their responses regarding how they coped with PMDD.

Results and Discussion

This section outlines the study’s findings on the awareness and knowledge of female employees and young female adolescents regarding PMDD at SMU SHS. Results are presented according to the research to address the null hypotheses. The analysis covers respondents’ (1) knowledge and (2) awareness of PMDD, (3) differences based on age, designation, and menstrual cycle, and (4) the relationship between awareness and knowledge. It also highlights (5) how they manage PMDD symptoms and (6) their suggestions for raising awareness.

The following sections provide findings and interpretative analysis to give insights into PMDD’s impact on the respondents.

Table 1. *Level of Awareness of the Respondents on the Symptoms of PMDD*

<i>Factors</i>	<i>M</i>	<i>SD</i>	<i>QI</i>
1. I am aware that PMDD increases my anger/irritability, leading to conflicts in my personal and professional relationships	2.94	0.82	Moderately Aware
2. I am aware that PMDD heightens my anxiety, which decreases my productivity and my performance	2.92	0.89	Moderately Aware
3. I am aware that PMDD makes me feel very sensitive to rejection	2.94	0.96	Moderately Aware
4. I am aware that it decreases my positive mood and makes me feel hopeless	2.92	0.95	Moderately Aware
5. I am aware that it decreases my motivation and interest in doing my daily activities	2.98	0.92	Moderately Aware
6. I am aware that it decreases my interest in social activities, which can lead to social withdrawal	2.97	0.91	Moderately Aware



because I have to isolate myself and manage my symptoms

7. I am aware that it makes it very difficult for me to concentrate in doing my daily tasks	2.97	0.86	Moderately Aware
8. I am aware that it makes me feel fatigued, which makes it difficult for me to stay active	2.93	0.89	Moderately Aware
9/ I am aware that it gives me insomnia	2.31	1.01	Slightly Aware
10. I am aware that it includes physical symptoms such as frequent breast tenderness, headaches, joint/muscle pain, bloating, and weight gain	3.02	0.91	Moderately Aware
Overall	2.89	0.70	Moderately Aware

Legend: 1.00-1.75 (Not Aware), 1.76-2.50 (Slightly Aware), 2.51-3.25 (Moderately Aware), 3.26-4.00 (Highly Aware); M - Mean Score; SD - Standard Deviation; QI - Qualitative Interpretation

Table 1 presents the descriptive statistics on the respondents' level of awareness regarding the impact of Premenstrual Dysphoric Disorder (PMDD). The results indicate an overall mean score of 2.89, which falls under the "Moderately Aware" category. Among the indicators, the highest mean was observed in the statement "Includes physical symptoms such as frequent breast tenderness, headaches, joint/muscle pain, bloating, and weight gain" (M = 3.02), followed by decreased motivation in daily activities (M = 2.98) and reduced interest in social activities (M = 2.97). The lowest mean, "Gives me insomnia" (M = 2.31), was interpreted as "Slightly Aware." These results show that respondents have a moderate level of understanding of PMDD, particularly its physical manifestations.

These findings suggest that respondents are more aware of the physical and observable symptoms of PMDD compared to its psychological and emotional effects. Physical symptoms are often tangible and easier to recognize, making them more noticeable and relatable to personal experiences. In contrast, emotional and cognitive symptoms such as anxiety, hopelessness, or difficulty concentrating may be overlooked or attributed to other factors. This pattern highlights that while respondents have fair knowledge about PMDD, their understanding is more focused on its visible signs rather than its internal and emotional dimensions.

This notion is supported by Aldejain et al. (2025), who found that young women and medical students were more likely to identify the physical symptoms of PMDD than its broader psychosocial effects. Similarly, Islas-Preciado et al. (2024) revealed that awareness of PMDD often centers on physical manifestations, while knowledge of emotional and cognitive impacts remains limited. These findings emphasize the need for increased education and information campaigns about PMDD to promote a more comprehensive understanding of its symptoms. Enhancing awareness beyond physical aspects may encourage women to recognize early signs, seek appropriate medical or psychological support, and improve their overall well-being.

Table 2. Frequency and Percentage Counts of the Respondents' Level of Knowledge on PMDD

Level of Knowledge	Frequency	Percentage
High	33	26.61%
Moderate	74	56.68%
Low	17	13.71%
Total	124	100%

Table 2 presents the frequency and percentage distribution of the respondents' level of knowledge concerning Premenstrual Dysphoric Disorder (PMDD). The results indicate that a majority of respondents, representing 56.68% (74 individuals), demonstrated a moderate level of knowledge, followed by 26.61% (33 individuals) who exhibited a high level of knowledge, and 13.71% (17 individuals) who had a low level of knowledge. This suggests that most respondents possess a fair knowledge of PMDD, though their comprehension may not be comprehensive or deeply informed.

Based on these results, while many individuals recognize PMDD as a genuine condition, their knowledge tends to remain surface-level. The predominance of moderate knowledge highlights existing gaps in health literacy, particularly in identifying symptoms, seeking medical help, and understanding the psychological and physiological impacts of the disorder. Such knowledge patterns are often influenced by educational exposure, social media, peer information, and healthcare access, which may lead to misconceptions or an underestimation of PMDD's seriousness. Strengthening information dissemination and structured education may enhance awareness and encourage timely management of symptoms.

This observation aligns with Elrehim et al. (2024), who reported that only 47% of women demonstrated a good understanding of PMDD, with educational background being a strong predictor of knowledge level. Similarly, Babour et al. (2025) emphasized that general awareness of PMDD is present but tends to lack depth, particularly regarding diagnosis and treatment. These studies support the notion that education and targeted awareness campaigns, rather than casual exposure to information, are crucial factors in improving women's understanding of PMDD and promoting better reproductive health outcomes.

Table 3. Comparison of Awareness in terms of Age

Factor	Groups	f	Mean	SD	F-value	p-value
Level of Awareness	15 – 20 years old	115	3.08	0.69	1.42	0.240
	21 – 30 years old	5	3.32	0.57		
	31 years old and above	4	3.10	0.63		

Table 3 presents the respondents' level of awareness when grouped according to age. The results indicate that those aged 15–20 years old obtained a mean score of 3.08, those aged 21–30 years old scored slightly higher with a mean of 3.32, while respondents aged 31 years and above recorded a mean of 3.10. Based on the scale, all age groups fall under the category of "Moderately Aware." The

computed F-value of 1.42 with a p-value of 0.240, which is greater than 0.05, suggests that there is no significant difference in the level of awareness across the three age groups.

These findings imply that age does not substantially affect the respondents' awareness of Premenstrual Dysphoric Disorder (PMDD). While the 21–30 age group exhibited a slightly higher mean, this variation was not statistically meaningful. This result may indicate that awareness is shaped more by common sources of information, such as social media, peer influence, or academic settings, rather than by age or maturity level. The relatively consistent awareness among the groups reflects a shared exposure to information platforms and similar educational environments that promote awareness of women's health issues like PMDD.

This result aligns with the findings of Elrehim et al. (2024), who observed that awareness of PMDD tends to be influenced more by access to information and health literacy than by age differences. Similarly, Babour et al. (2025) emphasized that exposure to reproductive health education and reliable media sources significantly contributes to awareness regardless of age bracket. These studies reinforce the notion that awareness of PMDD is not bound by age but rather by access to learning opportunities and accurate information dissemination, underscoring the importance of health education programs that reach individuals across all age groups.

Table 4. Comparison of Awareness in terms of Designation

Factor	Groups	f	Mean	SD	Q1	F-value	p-value
Level of Awareness	Student	115	2.91	0.66	Moderately Aware	6.49*	0.012
	Employee	9	2.57	1.08	Moderately Aware		

Legend: * = Significant ($p < 0.05$)

Table 4 presents the respondents' level of awareness when grouped according to their designation. The results show that students obtained a mean score of 2.91, while employees recorded a lower mean of 2.57. Based on the scale, both groups are classified as "Moderately Aware." However, the computed t-value of 6.49 with a p-value of 0.012 indicates a significant difference between the two groups. This means that awareness of PMDD varies depending on one's designation.

These findings suggest that students possess a slightly higher awareness of PMDD compared to employees. The difference may be attributed to students' greater exposure to information sources such as academic discussions, health education programs, and social media platforms that often address women's health topics. In contrast, employees may have limited access to updated information due to work-related demands and fewer opportunities for health literacy engagement. This variation highlights the importance of targeted awareness programs that reach both school and workplace environments to ensure a more balanced understanding of PMDD across groups.

This interpretation is consistent with the findings of Barbour et al. (2025), who reported that students, particularly those in medical or academic settings, demonstrated higher awareness of PMDD symptoms and their effects on daily life. In contrast, Loukzadeh et al. (2024) found that female employees, including teachers and industrial workers, showed lower levels of awareness and often failed to recognize their symptoms as related to PMDD. These studies reinforce that educational exposure and access to information are crucial determinants of awareness, underscoring the need for institutional initiatives to enhance PMDD understanding in both academic and professional sectors.

Table 5. Comparison of Awareness in Terms of Menstrual Cycle

Factor	Groups	f	Mean	SD	Q1	F-value	p-value
Level of Awareness	Regular	79	2.83	0.69	Moderately Aware	1.16	0.284
	Irregular	45	2.99	0.72	Moderately Aware		

Table 5 presents the respondents' level of awareness when grouped according to their menstrual cycle. The results show that those with a regular cycle obtained a mean score of 2.83, while those with an irregular cycle had a slightly higher mean score of 2.99. Based on the scale, both groups are classified as "Moderately Aware." The computed t-value of 1.16 with a p-value of 0.284 indicates that there is no significant difference between the two groups in terms of awareness.

These findings suggest that menstrual cycle regularity might not substantially influence awareness levels. Both groups—whether regular or irregular—demonstrated a similar degree of understanding, falling under the same qualitative interpretation. While respondents with irregular cycles recorded a slightly higher mean, the difference was not statistically meaningful. This implies that awareness may be more closely associated with other influences, such as access to education, personal health experiences, or information exposure, rather than being determined by the regularity of the menstrual cycle alone.

This notion is supported by Koçoğlu et al. (2025), where an educational intervention among adolescents found that menstrual knowledge and health-seeking behaviors significantly improved following structured education, suggesting that information and training, not cycle regularity, are key to awareness. Similarly, Ciołek et al. (2023) in their cross-sectional survey of 505 women showed that higher educational attainment was strongly associated with better knowledge of the menstrual cycle and its variations, rather than physiological factors such as cycle regularity. These studies support the idea that awareness is more closely tied to education, access to information, and targeted health programs than to inherent menstrual cycle patterns.



Table 6. Comparison of Respondents' Knowledge Based on Age

Factor	Groups	f	Mean	SD	t-value	p-value
Level of Knowledge	15 – 20 years old	115	6.32	1.87	0.171	0.843
	21 – 30 years old	5	6.80	1.79		
	31 years old and above	4	6.50	2.08		

Table 6 presents the respondents' level of knowledge when grouped according to age. The results show that participants aged 15–20 years obtained a mean score of 6.32, those aged 21–30 years scored 6.80, and those aged 31 years and above recorded a mean of 6.50. Despite these small variations, all age groups fall within a similar range of knowledge levels. The computed t-value of 0.171 with a p-value of 0.843 indicates that there is no significant difference among the groups in terms of knowledge about PMDD.

These findings suggest that age does not significantly influence the respondents' knowledge of PMDD. Regardless of whether they are younger or older, participants demonstrate comparable understanding of the disorder. This consistency may be attributed to shared information sources such as social media, peer discussions, or school-based awareness programs that reach diverse age groups. The results imply other factors, such as educational exposure, access to accurate information, or personal experience, play a more crucial role in shaping knowledge about PMDD.

This conclusion is consistent with the findings of Elrehim et al. (2024), who also reported no significant relationship between age and knowledge of PMDD. Their study highlighted that education and access to health information are more decisive factors in shaping awareness than age itself. Taken together, these findings emphasize that efforts to improve PMDD knowledge should focus on providing comprehensive education and accessible information for all age groups rather than targeting specific age brackets.

Table 7. Comparison of Knowledge Based on Designation

Factor	Groups	f	Mean	SD	Q1	F-value	p-value
Level of Awareness	Student	115	6.32	1.87	Moderately Knowledge	0.03	0.867
	Employee	9	6.67	1.80	Moderately Knowledge		

Table 7 shows the level of knowledge of the respondents when grouped according to their designation. Students obtained a mean score of 6.32, while employees recorded a slightly higher mean score of 6.67. Both groups fall under the “Moderate Knowledge” category. The computed t-value of 0.03 with a p-value of 0.867 indicates no significant difference between the two groups in terms of their knowledge about PMDD.

The findings reveal that the respondents' designation does not significantly affect their level of knowledge about PMDD. Both students and employees display comparable understanding of the disorder, suggesting that occupational status may not be a determining factor in knowledge levels. This may be attributed to shared access to information sources such as online platforms, social media, and educational campaigns that reach individuals regardless of their occupation. These results imply that other variables, including educational background, health awareness, and personal experiences, may play a more significant role in influencing knowledge.

This conclusion supports the findings of Elrehim et al. (2024), who emphasized that educational attainment, rather than employment status, is a stronger predictor of PMDD knowledge. Similarly, Islas-Preciado et al. (2024) noted that limited awareness and delayed recognition of PMDD persist across various groups, regardless of occupational or socioeconomic status. Collectively, these studies reinforce the present results, indicating that education and access to reliable information are more influential than professional designation in enhancing understanding and awareness of PMDD.

Table 8. Comparison of Knowledge Based on Menstrual Cycle

Factor	Groups	f	Mean	SD	Q1	F-value	p-value
Level of Awareness	Regular	79	6.37	1.83	Moderately Knowledge	0.28	0.579
	Irregular	45	6.31	1.93	Moderately Knowledge		

Table 8 presents the respondents' level of knowledge when grouped according to their menstrual cycle. The results show that those with a regular cycle obtained a mean score of 6.37, while those with an irregular cycle recorded a slightly lower mean of 6.31. Both groups fall under the “Moderate Knowledge” category. The computed t-value of 0.28 with a p-value of 0.579 indicates that there is no significant difference between the two groups in terms of knowledge about PMDD.

These findings suggest that the pattern of the menstrual cycle does not significantly influence respondents' knowledge of PMDD. Both groups demonstrated nearly identical scores and shared the same qualitative interpretation. This indicates that menstrual regularity alone is not a major factor in determining one's level of knowledge. Instead, factors such as educational exposure, health information accessibility, and personal experience may play a more substantial role in shaping understanding of the condition.

This conclusion aligns with Elrehim et al. (2024), who emphasized that education and access to reliable health information are stronger determinants of PMDD knowledge than menstrual cycle regularity. While their study did not directly compare groups based on menstrual patterns, it reinforced that informational exposure rather than biological factors primarily influences knowledge. Similarly, the current study found that both regular and irregular cycle groups exhibit comparable knowledge levels, highlighting that learning opportunities and awareness programs are more critical in enhancing understanding of PMDD.



Table 9. Correlation of the Respondents' Level of Awareness and Knowledge on the Impact of PMDD

Factor	Pearson's r	p-value	QI
Awareness ↔ Knowledge	0.307*	0.001	Weak Positive Correlation

Legend: Pearson's r: $\pm 0.80 - \pm 1.00 =$ Very Strong; $\pm 0.60 - \pm 0.799 =$ Strong; $\pm 0.40 - \pm 0.599 =$ Moderate; $\pm 0.20 - \pm 0.399 =$ Weak; $0.00 - \pm 0.199 =$ Very Weak QI - Qualitative Interpretation 838
 *Significant ($p < 0.05$), **Not Significant ($p > 0.05$)

Table 9 presents the correlation between the respondents' level of awareness and knowledge of the impact of PMDD. The computed Pearson's r value of 0.307 indicates a weak positive correlation, with a p-value of 0.001 showing statistical significance. This means that as awareness of PMDD increases, knowledge also tends to increase, but the relationship between the two remains weak. In other words, respondents with higher awareness generally have higher knowledge levels, yet the connection between these variables is not particularly strong.

The findings suggest that while awareness may contribute to a better understanding of PMDD, it does not automatically lead to comprehensive knowledge. This weak correlation implies that simply being aware of PMDD is not enough to ensure an accurate or in-depth understanding. Other factors, such as access to health education, exposure to reliable information, or personal experience, may play a more decisive role in shaping knowledge. Hence, awareness campaigns should be complemented by structured educational programs, workshops, or health information drives that emphasize both recognition and comprehension of PMDD's causes, symptoms, and management.

This conclusion is supported by the study of Aldejain et al. (2025), which found that while more than half of young women in Riyadh were aware of PMDD, only a smaller proportion possessed accurate knowledge about its medical aspects. This aligns with the present findings, underscoring that awareness and knowledge, though related, are distinct concepts that must be addressed simultaneously. Enhancing both through education and reliable information dissemination can lead to a deeper and more meaningful understanding of PMDD among individuals.

Table 10. Ways in which the Respondents Manage and/or Cope with the Symptoms of PMDD

Theme	Sample Statements	Frequency, n (%)
Talking it out	"By talking about it with people, even men. For it to become a norm that everyone should be knowledgeable"	16 (12.90%)
	"Be more open about periods instead of gatekeeping it like its some sort of a big taboo" "My suggestion to raise the level of awareness and knowledge on the impact of PMDD are, encourage open conversation about menstrual health and provide readily available support systems like online resources and peer support groups."	
Conducting awareness programs	"I suggest conducting awareness campaigns, seminars, and school talks to educate people about PMDD. Social media platforms can also be used to share informative posts and personal experiences. Providing accessible resources and encouraging open discussions can help reduce stigma and improve understanding of the condition."	28 (22.58%)
	"Schools and communities can hold informative seminars or workshops that focus on menstrual and mental health. Social media campaigns, personal stories, and infographics can also help educate a wider audience and reduce the stigma around the condition."	
Including it in the curriculum	"I suggest that programs or advocacies about PMDD should be established to promote awareness and education among people, especially females." "Ways that I suggest to increase awareness and knowledge on the impact of PMDD are firstly elementary subjects should include a specific subject that educates young girls in what they should do or not, to prepare them for their upcoming menstrual cycle, Second i think it is a good idea to host conferences that explains PMDD in general."	19 (15.32%)
	"Discussions around things like this, especially for the health of women, should be normalized and taught more frequently so that people are aware of what to do when they encounter this, just teach it more i guess"	
Doing self-research	"I suggest that they should include it in some lessons in science so that not only girls will be aware but also the boys. Moreover, school clinics should also emphasize the impact of PMDD and have the basic necessities for girls that go through it." "Self-research in terms of knowing how your premenstrual cycle works" "Read articles about it, such as research, facts, watch a video about it and how it affects a woman's state."	14 (11.29%)
	"Be aware of yourself"	
Approaching medical experts in the field	"Consult doctors or look for more information" "It would be beneficial for individuals to have a professional check on them. If not, counselors may heighten their encouragement for the students/employees to speak up about their challenges. By doing so, there will be an exchange of information that may result in one's development." "Constant consultation with an expert in the medical field"	6 (4.84%)



Table 10 illustrates the various ways respondents manage and cope with the symptoms of PMDD. The most frequently reported coping mechanism was practicing self-care, accounting for 28.23% of the total responses. This was followed by “sleeping it off” at 16.94%, and entertaining oneself to divert attention from pain at 13.71%. Other methods included following medical advice (11.29%), isolating to avoid conflict (10.48%), satisfying cravings through eating (7.26%), sharing emotions through communication (5.65%), and planning (3.23%). Overall, the findings reveal that respondents predominantly rely on non-clinical and self-regulated coping strategies, emphasizing rest, self-care, and emotional regulation to manage their PMDD symptoms.

The results indicate that self-care was the most common approach, encompassing actions such as maintaining a healthy diet, exercising, journaling, and practicing mindfulness or relaxation. This reflects a proactive effort among respondents to maintain physical and emotional balance through accessible, low-cost, and non-stigmatizing methods. Meanwhile, sleep and entertainment-based distractions suggest an inclination toward comfort and temporary relief rather than long-term management. Though these strategies can ease short-term discomfort, they may not fully address the underlying hormonal and psychological aspects of PMDD, highlighting the importance of education and accessible medical guidance.

These findings are consistent with Carlini et al. (2024), who found that individuals experiencing PMDD often favor self-care and lifestyle-based interventions, especially those with milder symptoms. However, for more severe cases, clinical interventions such as hormonal therapy or SSRIs are typically more effective. Similarly, Akin et al. (2023) reported that students commonly manage PMDD-related fatigue by increasing rest or sleep duration. This alignment suggests that while self-care and rest are important foundations for coping, there remains a need to promote awareness of professional medical options and holistic approaches for effective long-term management of PMDD.

Table 11. Respondents’ Ways and/or Suggestions to Raise the Level of Awareness and Knowledge on the Impact of PMDD

Theme	Sample Statements	Frequency, n (%)
Sleeping it off	“By sleeping on time and not minding too much of the pain and diverting it to other activities.”	21 (16.94%)
	“By resting and sleeping”	
Satisfying cravings by eating	“I usually sleep and take lots of rest”	9 (7.26%)
	“Eating cravings and Bed rotting”	
Sharing by means of communication	“Eating and drinking what I am craving for and sleep”	7 (5.65%)
	“Eating one of my comfort foods”	
Isolating to avoid further conflict	“I talk to someone I love specially when I bottle up emotions i just need to let it out because I don’t let it out will become much more irritable in small things.”	13 (10.48%)
	“For more mood changes, I try to calm myself down with the help of other people. For physical discomfort, I just thug my way through it.”	
Entertaining oneself to divert attention from pain	“I often find a space that few people go to and let all my emotions out. It may be through crying or just to stay out of an environment I felt uncomfortable in.”	17 (13.71%)
	“When my mood changes, I cope by isolating myself, limiting my interaction with other people. When it comes to physical discomfort, I use a warm compress or try to sleep it off.”	
Following medical advice	“I usually cope with isolating myself from individuals due to me being overwhelmed and sensitive, so it is not advisable that I will interact with others despite my symptoms. Another method I use is eating my comfort food as well as doing something that can lift up my mood in order for me to be distracted enough so that I won’t notice the discomfort I feel.”	14 (11.29%)
	“I tend not to socialize especially when I’m not in the mood, since I cannot control what I’m going to do. I also tend to sleep more to avoid it.”	
Practicing self-care	“When experiencing mood changes or physical discomfort, I just try to do the things I want instead of lashing out or doing something that would warm me physically or mentally.”	35 (28.23%)
	“I usually distract myself from the situations that may have a negative impact on me and my relationship with others... I take a lot of time resting on my bed and watching tiktoks to distract myself. I also eat my comfort foods and drink lots of water to help relieve the pain.”	
Planning ahead	“I try to boost my endorphins through activities that help.”	4 (3.23%)
	“Drinking meds and using hot compress”	
Planning ahead	“I use anything that can help me lessen my pain, like heat pad or just staying in the blanket”	4 (3.23%)
	“I ask for medical assistance from professionals on how to manage or cope with symptoms of PMDD.”	
Planning ahead	“I usually cope with PMDD through exercise, a healthy diet, enough sleep, stress management (like meditation), journaling, therapy, medication (SSRIs, hormonal treatment), pain relief, and self-care routines like warm baths or heating pads.”	4 (3.23%)
	“I cope with PMDD by eating healthy, staying hydrated, exercising lightly, and getting enough rest. I also use deep breathing, journaling, and talking to loved ones to manage mood.”	
Planning ahead	“I remind myself to remain composed and to stay calm as possible because I know to myself that I am just experiencing hormones.”	4 (3.23%)
	“by tracking my cycle, staying active, practicing self-care, and taking pain relievers when needed.”	
Planning ahead	“I cope by staying active, eating well, and tracking my cycle.”	4 (3.23%)
	“I try to track my cycle so I can prepare ahead.”	

Table 11 presents the respondents' suggested strategies for raising awareness and knowledge about the impact of PMDD. The most frequently mentioned approach, cited by 25.81% of respondents, is posting on social media to spread accurate information and personal stories that promote empathy and understanding. The second most common suggestion, chosen by 22.58% of respondents, involves conducting awareness programs such as seminars, school talks, and advocacy campaigns to educate people about PMDD. Meanwhile, 15.32% of respondents recommended including discussions about PMDD in the academic curriculum, particularly within science classes. Overall, the results highlight that respondents favor a multi-channel approach that combines social media outreach, educational initiatives, and curriculum inclusion to improve awareness and reduce stigma surrounding PMDD.

These findings indicate that social media serves as a highly effective tool for disseminating information about PMDD due to its accessibility and ability to reach diverse audiences quickly. Awareness programs and workshops, on the other hand, promote interactive learning and provide safe spaces for open discussions about menstrual and mental health. Additionally, integrating PMDD-related topics into school curriculums can foster early understanding among students, encouraging both girls and boys to develop empathy and awareness. Collectively, these suggestions emphasize that awareness can be enhanced through combined digital, educational, and community-based efforts that normalize conversations about menstrual health.

These results align with previous studies. Gaybor (2020) emphasized that social media platforms play a crucial role in breaking stigmas around menstruation by encouraging open dialogue and sharing authentic experiences. Similarly, Sharma et al. (2020) highlighted that school and community-based initiatives, such as awareness programs and symposiums, promote an accurate understanding and challenge misinformation about menstrual disorders. Long et al. (2022) also advocated for integrating menstrual health education, including PMDD, into school curriculums to build foundational literacy and empower young individuals to engage confidently in discussions about reproductive health.

Conclusions

Through an assessment of the awareness, knowledge, and coping strategies related to Premenstrual Dysphoric Disorder (PMDD) among female employees and young female adolescents at Saint Mary's University, this study found that respondents generally demonstrated a moderate level of awareness regarding both physical and psychological symptoms. Students showed slightly higher awareness compared to employees. Although knowledge levels were also moderate, several misconceptions were identified, particularly concerning the association of PMDD with suicidal tendencies and the appropriate sources of psychiatric support. Statistical analysis indicated no significant relationship between knowledge levels and demographic factors such as age, designation, or menstrual cycle, suggesting that these variables do not strongly influence understanding of the disorder. A weak positive correlation between awareness and knowledge was observed, implying that increased awareness may contribute to improved understanding, although the relationship remains limited. Coping strategies were primarily non-clinical, with respondents favoring self-care practices, entertainment-based distractions, and occasional medical consultation. Recommendations from participants included the use of social media, awareness campaigns, and the integration of PMDD into health-related curricula to enhance education and support. These findings suggest that while individuals are willing to engage with PMDD-related issues, their ability to comprehend and manage the disorder fully is affected by persistent misconceptions and limited institutional support. The development of resilience among these groups depends not only on personal awareness but also on the availability of accurate information, open communication, and accessible mental health resources provided by educational and community institutions.

Given that most respondents demonstrated only a moderate level of knowledge and awareness, it is recommended that future researchers:

Use proportional sampling to ensure balanced representation between students and employees, which can lead to more accurate assessments of awareness and knowledge levels regarding PMDD. Incorporate male participants, including students, family members, and co-workers, to broaden the scope of PMDD awareness and foster inclusive, community-wide engagement. Understanding how boys and men perceive PMDD can help normalize conversations around menstrual and mental health, shifting the responsibility for awareness from women alone to a shared social concern. Adopt inclusive and community-based approaches to deepen understanding and broaden support. This includes engaging local stakeholders such as Barangay Youth Organizations (BYOs), health officers, and grassroots groups to expand awareness beyond academic settings. Researchers are also encouraged to gather diverse perspectives by distributing questionnaires to out-of-school youth and broader community members.

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