Table 1: Search terms.

Dysmenorrhea in New Zealand				**Prevalence, impact and treatment**				
Dysmenorrh* “Menstrual pain” “Painful menst*” “Period pain” “Menstrual cycle”	AND	“New Zealand” NZ Aotearoa	AND	Prevalence	OR	Impact Symptom Affect Consequence Risk Well-being School Academic University Social Family Relationship Sleep Sport Exercise “Physical activity” Extracurricular Professional Employment Stress Anxiety “Mental health” “Quality of life”	OR	Treat* Manage* Self-care Hormonal “Oral contraceptive pill” “Non-steroidal anti-inflammatory drugs” “Electrical stimulation” Lifestyle Breathing Meditation Yoga Acupuncture Acupressure Massage Aromatherapy Mindfulness

*Truncation of root term in literature search.

Figure 1: PRISMA flow diagram of search screening results for a scoping review.

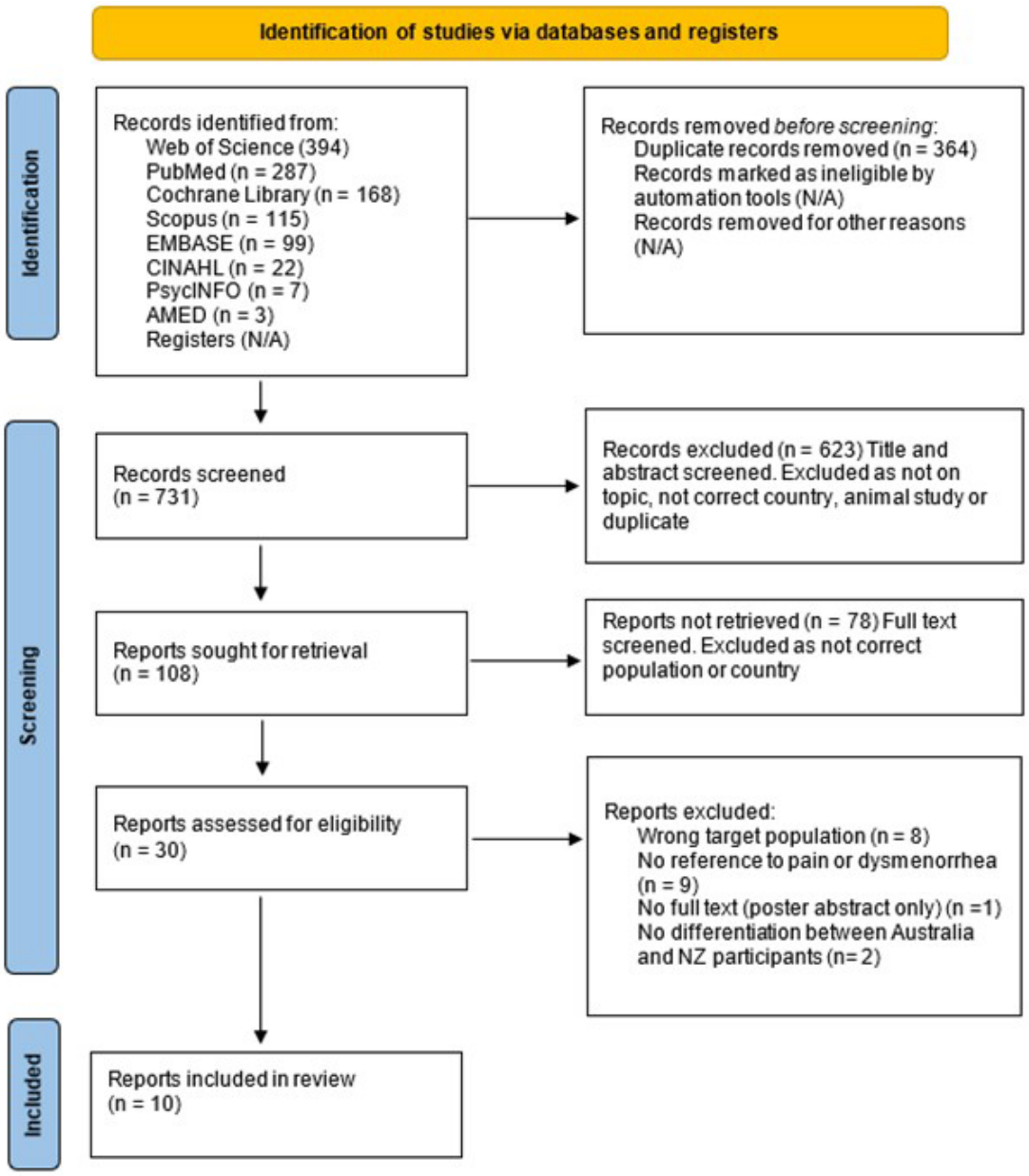

Table 2: Study characteristic and reported outcomes from the studies (n = 10) included in this scoping review.

Study characteristics			**Participant characteristics**				**Outcomes**
	Study type	Study design	Number of participants	Participant age (years)	Participant description	Ethnicities reported	Outcomes reported on
Pullon et al. 1988[15] Reinken et al. 1990[16]	Quantitative	Cross-sectional Telephone questionnaire	1,456	16–54	Currently menstruating women recruited from a population of women who attended New Zealand general practice surgeries in Wellington in 1985	Not stated	1. Prevalence 2. Severity/symptoms 3. Impact
Grace, Zondervan 2004,[17] 2006[18]	Quantitative	Cross-sectional Random sample survey	1,160	18–50	Random sample of women from the electoral roll	European (83%) Māori (10%) Other (7%)	1. Prevalence 2. Severity/symptoms 3. Impact 4. Management/treatment
Farquhar et al. 2009[19]	Quantitative	Cross-sectional Pilot survey	78	16	School students from four secondary schools in Auckland	NZ European (19%) Māori (16%) Samoan (13%) Cook Island Māori (13%) Tongan (1%) Chinese (3%) Indian (1%) Other (8%) No data (26%)	1. Prevalence 2. Severity/symptoms 3. Impact 4. Management/treatment

Table 2 (continued): Study characteristic and reported outcomes from the studies (n = 10) included in this scoping review.

Kannan et al. 2015[20]	Quantitative	Feasibility for RCT (Aerobic exercise intervention)	10	21–44	Women with self-reported PD, and menstrual pain scoring at least 4 on 10cm VAS for at least 2 consecutive months	NZ European (50%) Not stated (50%)	2. Severity/symptoms 4. Management/treatment 5. Perceived effectiveness
Armour et al. 2017[21]	Quantitative	RCT (TCM acupuncture intervention)	74	18–45	Confirmed or suspected PD	Not stated	2. Severity/symptoms 4. Management/treatment 5. Perceived effectiveness
Armour et al. 2016[22]	Qualitative	Focus groups and semi-structured interviews	12	18–45	Small sample from Armour et al. 2017 RCT	Not stated	5. Perceived effectiveness
Righarts et al. 2018[23]	Quantitative	Longitudinal cohort study questionnaire	429	13–38	Women from the Dunedin Multidisciplinary Health and Development Study	NZ European (92%) Not stated (8%)	1. Prevalence 2. Severity/symptoms
Kannan et al. 2019[24]	Quantitative	RCT (Aerobic exercise intervention)	70	18–43	Women with confirmed PD	Reported in another publication:[25] NZ European (40%) Māori (1%) Pacific peoples (6%) Asian (49%) African (4%)	2. Severity/symptoms 4. Management/treatment 5. Perceived effectiveness

PD = primary dysmenorrhea; RCT = randomised controlled trial; TCM = traditional Chinese medicine.