THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

A Study on Health Problems During Menstruation among Female Students

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Abstract:
The menstrual cycle may affect women physically, psychologically and behaviorally.The study is aimed to assess the health problems among during menstrual period among students. A sample of 100 respondents was randomly selected from arts faculty in Annamalai University. Well prepared schedule was used for data collection and analysis was done through frequency and percent. The result revealed that majority of the students had fair knowledge of menstruation and menstrual hygiene. It has been observed that 24percent reported that they had irregular period. Regarding irregular period it has been shown that 50
percent of them had irregular period because of stress while 29 percent and 21 percent of them had reported illness and undernourished food respectively. It has been suggested to include reproductive health information and educational programs for adolescents in the school curriculum in order to increase their awareness on health problems during menstrual period.

Keywords: *menstrual problem, irregular period, excess bleeding*

1. Introduction

Menstrual problems are generally perceived as only minor health concerns and thus irrelevant to the public health agenda, particularly for females in developing countries who may face life-threatening conditions. Data on the frequency of menstrual dysfunction and on the impact of bleeding problems on health status, quality of life, and social integration among females in developing countries are certainly scant. This lack of data and the private nature of menstruation perpetuate the belief that menstrual complaints do not warrant the public health community's attention. Yet a more careful examination of available evidence and consideration of both the social impact of menstrual dysfunction on female's lives and the availability of effective relatively inexpensive interventions easily delivered through community-based efforts argue for reconsidering the relative importance of addressing menstrual complaints within reproductive health programmes.

The duration of bleeding is about 3-5 days and estimated blood loss is between 50 - 200ml implies changing of three to five pads per day indicates normal flow [1]. Some variety of menstrual dysfunction occurs in adolescent girls which may affect normal life of adolescent and young adult women. Physical, Mental, Social, Psychological, Reproductive problems are often associated with menstrual irregularities and menstrual problems. Due to change in life style, habits, diet, the prevalence of obesity increased in developed world which results in decreased age at menarche [2].Menstrual disorders frequently affect the quality of life of adolescents and young adult women, especially those who suffer dysmenorrhoea and heavy menstruation [3]. Menstrual disorders include menstrual cycle irregularities (of duration or length), hyper- or hypomenorrhoea, poly- or oligomenorrhoea, dysmenorrhoea, amenorrhoea, menorrhagia and premenstrual syndrome (PMS) [4].

Previous studies have shown a high prevalence of dysmenorrhoea and menstrual irregularity among female students (73% and 65% respectively) and that these problems affected the women's social activities and school attendance [5,6]. Another study showed that the prevalence of no, mild, moderate and severe menstrual pain among Iranian women was 10%, 41%, 28% and 22% respectively [7]. A high proportion of women in other studies reported suffering oligomenorrhoea or amenorrhea and these have been associated with body mass index (BMI) and other complications such as polycystic ovary syndrome (PCOS), hirsutism or infertility [8]. Menstrual disorders have multiple etiologies [9] and studies of associated variables have found relationships with diet and eating disorders[10], exercise and BMI [11] stress [12]and chronic diseases [13].

2. The objectives of the study

- To understand the socio-economic and demographic characteristics of the respondents.
- To assess the health problems among female students during menstrual period.
- To examine the treatment seeking behavior.

3. Materials and Methods

For this study by adopting simple random sampling technique 100 respondents were selected. The respondents were the Rwanda female students of arts faculty in Annamalai University. The data required for the study was collected using a detailed survey schedule through personal interview with the respondents. After the field survey, all the schedules were thoroughly scrutinized to check the inconsistencies in responses and were edited. Then all the data collected were coded and entered into the computer and processed to get the required tables. In this study, statistical tools such as frequency ,mean and percent were used to find out the association between the variables.

Place of birth	**Number of respondents**	**Percent**
Rural	40	40.0
Urban	60	60.0
Total	100	100.0
Religion	**Number of respondents**	**Percent**
Christian	88	88.0
Muslim	12	12.0
Total	**100**	**100.0**
Course studying	**Number of respondents**	**Percent**
M.A(Pop& Devt)	30	30.0
M.A (Economics)	35	35.0
M.Com	35	35.0
Total	**100**	**100.0**
Occupation of father	**Number of respondents**	**Percent**
Farmer	10	10.0
Business	58	58.0
Government job	17	17.0
Professional	15	15.5
Total	**100**	**100**
Family income in Rs/month	**Number of respondents**	**Percent**
< 50,000	54	54.0
50,001-150,000	35	35.0
150,001-250,000	11	11.0
Total	**100**	**100.0**
Age Group	**Number of respondents**	**Percent**
20-24	71	71.0
25-29	27	27.0
30-34	2	2.0
Total	**100**	**100.0**

Table 1: Distribution of respondents by their socio-economic and demographic characteristics

4. Observation and Analysis

It has been observed from the table that, majority(60%) of the respondents were born in urban area while 40 percent of the respondents were born in rural area. Regarding religion, It has been observed that majority of the respondents (88%) were Christians while 12 percent of them were muslims. Regarding education, it has been evident that majority of the respondents were studying in M.A Economics (35%) and M.com (35%) which is followed by 30 percent of the respondents who were studying in M.A population and Development.

Regarding the occupation of their father, it has been observed that the high proportions (58%) of respondents' fathers were doing business while 15 and 17 percent of them were professionals and government officials respectively. The remaining 10 percent of them were farmers. Regarding family income it has been evident that majority of the respondents (54%) had earned below Rs.50,000 , followed by35 percent whose income ranged between 50,001 and 150,000 Rs, the remaining 11 percent had earned the income ranged between 150,001 -250,000 Rs. The Mean monthly income calculated was 49,500 Rs.

The age wise distribution of the respondents shows that higher proportion (71%) of the respondents were in the age group 20-24, followed by 27 percent in 25-29, whereas 2 percent of them were in the age group 30-34. The mean age of the respondents calculated was 23 years.

Regularity of period	**Number of respondents**	**Percent**
Regular	76	76
Irregular	24	24
Total	100	100.0
Reasons of irregularity	**Number of respondents**	**Percent**
Stress	12	50.0
Illness	7	29.2
Undernourished food	5	20.8
Total	**24**	**100.0**
Treatment taken	**Number of respondents**	**Percent**
Yes	24	100.0
Total	**24**	**100.0**
Experienced heavy periods	**Number of respondents**	**Percent**
Yes	22	22.0
No	78	78.0
Total	**100**	**100.0**
Number of Pads used	**Number of respondents**	**Percent**
Nil	78	78.0
6 Pads	12	12.0
7 Pads	6	6.0
8 Pads	4	4.0
Total	**100**	**100.0**
Treatment taken	**Number of respondents**	**Percent**
Yes	22	22.0
No	78	78.0
Total	**100**	**100.0**
Place of yreatment	**Number of respondents**	**Percent**
Private Hospital	20	90.9
Home	2	9.1
Total	**22**	**100.0**
Menstrual Problems in past 3months	**Number of respondents**	**Percent**
No problems	36	36.0
White Discharge	2	2.0
Excess Bleeding	27	27.0
Blood Clots	3	3.0
Less Bleeding	17	17.0
Pelvic Pain	10	10.0
Others	5	5.0
Total	**100**	**100.0**
Treatment taken	**Number of respondents**	**Percent**
Yes	31	48.4
No	33	51.6
Total	**64**	**100.0**
Place of treatment	**Number of respondents**	**Percent**
Never took treatment	33	51.6
Government Hospital	5	7.8
Private Hospital	23	35.9
Home	3	47
Total	**64**	**100.0**
Menstrual Problems at present	**Number of respondents**	**Percent**
Nil	50	50.0
Stomach ache	32	32.0
Backache	11	11.0
Leg Pain	1	1.0
Vomiting	2	2.0
Tiredness	4	4.0
Total	**100**	**100.0**
Treatment	**Number of respondents**	**Percent**

Hot Tea	11	22.0
Hot Liquid	6	12.0
Coca-cola	3	6.0
Exercise	8	16.0
Sleeping	6	12.0
Consult the Doctor	6	12.0
more than one technique	10	20.0
Total	**50**	**100.0**

Table 2: Distribution of respondents by menstrual problems

From the above table, it has been observed that high proportion (76%) of respondents had regular period while 24percent reported that they had irregular period. The percentage distribution of respondents by reasons of irregular period shows that 50 percent of them had irregular period because of stress while 29 percent and 21 percent of them had reported illness and undernourished food respectively as reason of irregularity. Regarding treatment taken to prevent irregularity; it reveals that all the 24 percent of the respondents took treatment while the remaining 86 percent had no any problem at all.

Regarding the problem of heavy periods, it has been evident that 78 percent of the respondents had not experienced a heavy period while only 22 percent reported they had heavy periods. Further, the students were asked about number of pads used per day in case they had heavy periods, and the response shows that 12 percent of the respondents had used 6 pads per day, while 6 and 4 percent of them had used 7 and 8 pads respectively, the remaining 78 percent reported that they had not experienced heavy periods. Regarding treatment taken, all the students who had experienced heavy period (22%), took treatment. Regarding place of treatment 91 percent of the respondents got treatment from private hospital while only 9 percent of them took treatment at home.

In the survey, the students were further asked whether they had menstrual problems during last three months. The responses had revealed that 36 percent of the respondents never had any menstrual problem in the last three months, whereas, 27 and 17 percent of them had experienced an excess bleeding and less bleeding respectively. Very low proportion of respondents had experienced white discharge and blood clots (2% and 3% respectively) while 10 percent had pelvic pain and the remaining 5 percent had some other problems .It has been observed that majority (52%) of the respondents didn't take any treatment for menstrual problems; only 48 percent of them took treatment to prevent the menstrual problems. Regarding the place of treatment, 52 percent of the respondents never took treatment, 36 percent of them got treatment from private hospital while 8 and 5 percent of the respondents took treatment from Government hospital and at home respectively

Regarding problems at present ,it has been evident that 32 percent of the respondents had stomach ache, followed by 11 percent who had backache, 4 and 2 percent of them had experienced tiredness and vomiting respectively while 1 percent had leg pain. The remaining 50 percent hadn't experienced menstrual problems at the time of data collection. Regarding techniques used to relieve discomfort it shows that 22 and 16 percent had consumed hot tea and were doing exercise respectively to get relief from discomfort while 12 percent each stated consulting the Doctor, sleeping and taking hot liquid are techniques adopted whereas 20 percent of them had used more than one technique and 6 percent had drunk coca cola.

5. Conclusion

It has been concluded that majority of the students had fair knowledge of menstruation and menstrual hygiene. Stomach ache and excess bleeding were the commonest menstrual problem among Rwanda female students. Menstrual problems were apparently not causing depression among the students. The medical consultation for the menstrual problems was very low. Proper and early interventions, through well established channel like health counselor is required to ensure decrease in the extent of the problem.

6. Suggestion

Poor hygiene during menstruation has been associated with serious ill-health ranging from reproductive tract infection, urinary tract infection, bad odor and many more. Female adolescents are generally expected to exercise good hygienic practices during menstruation to prevent these problems. Reproductive health information and educational programs for adolescents are emerging in many countries and could be important means of providing information about treatment options for menstrual problems. An emphasis on reproductive health would reinforce understanding of the links between menstrual problems and other reproductive morbidities. Such programs could also help break down the socio-cultural barriers that prevent adolescent from obtaining timely and appropriate care for menstrual problems.

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