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Problems Related to Menstruation amongst Women with Visual Disability in Tamil Nadu

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Abstract
There is limited knowledge and many misconceptions about menstruation among young women in India before and even after the menarche. Indian women's perceptions on menstruation vary among different cultures and religions. Under this circumstance, this paper discusses the menstruation issues and its determinants among the visually impaired women. This study was conducted in Tamilnadu during 2012-2013. Snow ball sampling methods was adopted to choose the study population. Totally 468 women were interviewed. The average age at occurrence of menarche was 3.43 years. About half of the of respondents express that no one had discussion with them regarding menstruation matters, it indicating that the menstruation process often been dealt with secrecy among visual disabled population the same as general population. Seven out of ten visually impaired women had experienced any one of the menstruation related problems in the study area, indicates that visually impaired women's needs have been so widely and so deeply neglected, or not being properly addressed. Hence, specific measures should be taken for mainstreaming disabled women to get better education on reproductive health which will help them practice safe and hygienic menstrual practices and come out of traditional beliefs, misconceptions, and restrictions regarding menstruation.

1. Introduction

Menstruation is the discharge of blood and tissue that occurs each month as part of a woman's menstrual cycle. This cycle is controlled by hormones produced in both the brain and ovaries and prepares the reproductive organs for pregnancy. This process takes place once a month during a woman's reproductive years. Menstruation is also called monthly bleeding, menstrual period, menstrual course, and period. The first menstruation usually comes between the ages of nine and sixteen, although it is normal to begin earlier or later. The first menstrual period is called the menarche. The first menstruation may begin before ovulation takes place. The onset of menstruation represents a landmark event in pubertal development of the adolescent girl. Menstruation, and the menstrual cycle are characterized by variability in volume, pattern and regularity, which at the earlier stages of the development of the adolescent can create emotional discomfort particularly to the poorly informed girl (Drakshayani and Venkata, 1994). The first sign of menstruation will be a small spot of discharge, not a 'gushing.' The first periods are often very irregular. It is not uncommon to skip a month, or to have periods close together. The length of periods varies from two days to a week. Gradually, a regular cycle will be established but it is still quite normal and common during the teen years to have irregular periods.

Around the world, this process of menstruation always been surrounded by different perceptions. Nowadays, there is some openness toward menstruation, but differences in attitude still persist between different populations (Cronje and Kritzinger, 1991). In many parts of the world, including in India, the menstruation is still related to a number of cultural taboos as well as feelings of shame and uncleanliness. Even today menstruation is a secret of mother and daughter in many families and it is not discussed in the open. A great deal of women's' and girls' scant knowledge is informed by peers and female family members. A study of Indian women shows that young girls are generally told nothing about menstruation until their first experience (Narayan Srinivasa, Pelto and Veeramal, 2001). Many studies proved that women's perceptions of menstruation vary among different cultures and religions in India (Bhatt and Bhatt, 2005). There is limited knowledge and many misconceptions about menstruation among young women in India before and even after the menarche. This usually leads to undue fear, anxiety, and undesirable practices ((Mahon and Fernandes, 2010). The knowledge and practices related to menstruation are dependent on socio economic conditions as well (Drakshayani Devi and Venkata Ramaiah, 1994). Under this circumstance, this paper discusses the menstruation and issues associated with the menstruation among the visually impaired women.

2. Methods

This study was conducted in the selected 16 districts of Tamilnadu during 2012-2013. The qualitative method was adopted to identify the sample districts with the support NGOs who are working in the rehabilitation services for blind people. Snow ball

sampling methods was adopted to choose the study population. Totally 745 visually impaired women were identified and approached, however, 468 women accepted, co-operated and completed the interview.

3. Results

Respondents' opine on the ages at which menarche (the first menstruation) usually occurs discloses that a significant proportion of respondents indicate the ages between 10 and 12 years (45.1%), followed by 13-15 years (41.7%) indicating the menarche ages ranging from 10 to 15 years. It is strange to look at the respondents having no idea of age at occurrence of menarche constitute 10.0 percent. The average age at menarche opined by the respondents was 11.32 years. Data on the ages at which respondents obtained menarche shows that the about three-fourth of respondents experienced menarche at the ages between 13-15 yeas followed by 12.4% at the ages between 10-12 years. It is also observed that around four percent do not know the ages at which they experienced menarche. The average age at occurrence of menarche works out to13.43 years which are greater by 2.11years when compared to the average age at menarche opined by the respondents.

Age at menarche Experience	**Visually Challenged Women**	
	Number	**Percentage**
Below 10 years	1	0.2
10-12 years	58	12.4
13-15 years	351	75.0
Above 15 years	40	8.5
DK	18	3.8
Total	**468**	**100.0**
Average age at menarche	**13.43 yrs**	
Discussion on menstruation		
Discussed by someone	228	48.7
Not discussed by anyone	240	51.3
Total	**468**	**100.0**
Sources of Menstruation Discussion		
Mother	106	46.5
Sisters	47	20.6
Friends	40	17.5
Teacher	21	9.2
Others	14	6.1
Total	**228**	**100.0**

Table 1: Visually Challenged Women by their first menstruation process

An attempt is made to analyse whether there was any discussion with the respondents about menarche/menstruation related matter? It is noticed that about half of the of respondents express that no one had discussions with them regarding menstrual matters (51.3%) it indicating that the menstruation process often been dealt with the secrecy among the visual disabled population the same as the general population. The respondents (228) who had discussion on menstruation related matters were further asked to explain the persons who discussed the matters with the respondents. Result founds that 46.5 percent of respondents indicate mothers as a main discussion source, followed by sisters (20.6%), friends (17.5%) and teachers (9.2%). With respect to the intimation of the event of first menstruation (puberty), result shows that the event of the first menstruation of the high proportion of respondents was reported to mothers, closely followed by sisters and others.

4. Menstruation Problems

Although, the onset of menstruation is unique to females, menstrual disorders are common (Lee, Chen, Lee and Kaur, 2006). Deep-rooted traditions do not allow adolescent girls to realize their rights in many parts of the world. Although menstrual irregularity can be normal during the first few years after menarche, other menstrual signs and symptoms such as amenorrhea, excessive uterine bleeding, dysmenorrhea, and premenstrual syndrome may indicate a pathological condition which requires prompt attention and referral (McEvoy, Chang and Coupey, 2004). In the study area, the respondents were asked whether they ever suffered with any menstruation problems in the past three months preceding the survey. It reveals that seven out of ten visually impaired women had experienced any one of the menstruation related problems in the study area (71.4%).

Further, it is observed that Stomach ache is the major menstrual problem indicated by a significant proportion of the visually impaired women (73.1%), followed by backache (42.2%), Hip pain (37.4%), leg pain (35.9%), profused bleeding (20.3%) bleeding (20.3%) etc. In order to assess the prevalence of menstruation problems among the study population, a composite index was developed. The prevalence of menstruation problem index has three levels. The respondents who reported no menstruation problems are categorized as "No prevalence of problem", the respondents who reported any one problem to three problems are classified as "Less prevalence of problems" and the respondents who reported any four to eight problems are grouped as "More

prevalence of problems". The respondents who have been free from menstrual problem for the last three months prior to survey constitute 28.6 percent indicating better menstrual health for those women. 55.8 percent and 15.6 percent have experienced less and more menstrual problems respectively implying that three-fourth of visually impaired women have experienced some menstrual problems.

Menstruation Problems	Visually Challenged Women	
	Number	Percentage
Prevalence of any one problem (multiple responses)	334	71.4
No problem	134	28.6
Total	**468**	**100**
Bleeding	68	20.3
Stomach ache	244	73.1
Backache	141	42.2
Giddiness	47	14.1
Hip pain	125	37.4
Leg pain	120	35.9
Vomiting sensation	39	11.7
Weakness	44	13.2
Total	**334**	**100.0**
Menstruation Problem Index		
No prevalence of problem	134	28.6
Less prevalence of problems (1-3)	261	55.8
More prevalence of problems (4-8)	73	15.6
Total	**468**	**100.0**

Table 2: Visually Challenged Women by Prevalence of specific Menstruation problems

The analysis of the effect of selected SED variables on prevalence of menstrual problems shows that majority of respondents in each of the age group have experienced less menstrual problems, those who have experienced more menstrual problems constitute comparatively high proportions in the initial reproductive age groups (25% percent in >18 years; 22.2% in 18-20 years) and those have had no menstrual problem constitute relatively very low proportions in the same age groups indicating respondents in the initial reproductive age groups were worst sufferers of menstrual problems when compared to the respondents in the middle and latter reproductive age groups. The relationship between the respondents' age and the prevalence of menstruation problems was statistically significant at 1 percent level.

SED characteristics	Level of Prevalence of Menstruation problems			Total
	No	Less	More	
Age-groups* 40.141**				
Less than 18 years	4.2	70.8	25.0	**24**
18-20	16.7	61.1	22.2	**18**
20-24	22.4	65.5	12.1	**58**
25-29	26.5	49.0	24.5	**49**
30-34	21.4	59.5	19.0	**84**
35-39	27.4	56.2	16.4	**73**
40-44	32.0	57.3	10.7	**103**
Above 45 years	55.9	35.6	8.5	**59**
Religion* 22.966**				
Hindu	27.7	57.3	15.0	**347**
Muslim	15.4	23.1	61.5	**13**
Christian	33.3	54.6	12.0	**108**
Caste NS				
SC	26.5	57.8	15.7	**166**
ST	-	50.0	50.0	**4**
BC	30.9	53.1	16.0	**243**

MBC	25.0	63.5	11.5	**52**
FC	66.7	33.3	-	**3**
Educational status NS				
Illiterate	38.9	41.7	19.4	**72**
1-5 yrs	37.1	42.9	20.0	**35**
6-10 yrs	29.7	55.9	14.4	**111**
11-12 yrs	21.8	58.6	19.5	**87**
above 12 yrs	25.9	62.9	11.2	**143**
Dipl. Teac. edu.	17.6	64.7	17.6	**17**
Occupational Status * 28.118**				
Private sector	21.3	78.7	-	**47**
Public sector	29.6	51.9	18.5	**27**
Self employed	25.2	55.9	18.9	**143**
Dependent	14.3	71.4	14.3	**7**
Not working	38.3	46.3	15.4	**175**
Students	17.4	63.8	18.8	**69**
Family Income NS				
1000-2000	18.3	58.3	23.3	**60**
2001-4000	28.7	54.1	17.2	**122**
4001-6000	31.5	58.1	10.5	**124**
6001-8000	32.4	56.8	10.8	**37**
Above 8000	27.8	55.6	16.7	**90**
DK	34.3	48.6	17.1	**35**
Marital Status * 13.603**				
Unmarried	18.0	64.6	17.4	**161**
Married	34.2	51.1	14.7	**307**

Table 3: Visually Challenged Women by Level of Prevalence of Menstruation problems with their SED characteristics
****, **, *refers to significant at 1, 5, 10% level respectively*
(chi-square results –SED and Level of prevalence of menstruation problems) NS – Not significant

While majority each in Hindu and Christian communities have experienced less menstrual problems (57.3% and 54.6% respectively), majority of Muslims have experienced more menstrual problems (61.5%).Therefore, Muslim visually impaired women are the worst sufferers of menstrual problems. The linkage between religion and prevalence of menstrual problems is statistically significant at 1percent level. In case of caste analysis, the chi-square test result confirms insignificance of the relationship between caste and prevalence of menstrual problems. Similarly the effect of literacy of the respondents on their experience of menstrual problems shows insignificant relationship. The data on respondents' occupational sectors with their experience of menstrual problems shows that except non-working category, majority in each of the sectors of occupation have experienced less menstrual problems. The proportions of dependents and students who have experienced no menstrual problem are comparatively less. It is found to be statistically significant at 1 percent level.

Majority in each of the income categories have experienced less menstrual problems. The proportions with experience of more menstrual problems are comparatively high in the low level income categories and in contrast the proportions with experience of no menstrual problem are comparatively high in high income level category. The association between monthly income of respondents and their experience of menstrual problems is found to be statistically insignificant. In analysing the relationship between marital status of the respondents and their experience of menstrual problems, table shows that though majority in each of the marital status categories have experience less menstrual problems (comparatively less proportion in the married status category), the proportion having more problems is relatively high in unmarried category and in contrast the proportion with no experience of menstrual problem is comparatively high in married category indicating married women at advantageous position with regard to experience of menstrual problem. The chi-square result confirms significant association between marital status of respondents and their experience of menstrual problems.

It can be concluded that a significant proportion of visually impaired women were not discussed the menstruation related issues with anybody before they experienced it and among those discussed this issues, the source of information was also not authentic. This inadequate, incorrect knowledge leads to many health problems and complaints - seven out of ten visually impaired women had experienced any one kind of menstruation problems which indicates that visually impaired women's needs have been so widely and so deeply neglected, or not being properly addressed. Hence, specific measures should be taken for mainstreaming disabled women to get better education on reproductive health which will help them practice safe and hygienic menstrual practices and come out of traditional beliefs, misconceptions, and restrictions regarding menstruation.

It is recommended that increase and expand research should be carried out on reproductive health issues among visually impairment population and to improve coordination between partnerships and stakeholders at gross root level for better reproductive health practices among blinds.

5. References

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