

Prevalence of Menstrual problems and Treatment-seeking behavior: A study among visually challenged women

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Abstract- Menstruation is the discharge of blood and tissue that occurs each month as part of a woman's menstrual cycle. 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. Under this backdrop, this paper made an attempt to analysis the menstrual problems faced by the visually challenged women and its determinants, it also describe their treatment seeking behavior of the respondents. Totally 468 visually impaired women were interviewed. More than one-third of the respondents experienced menstrual problems and the association between the incidence of menstrual problems and their background conditions has statistically been proved. About 27 percent of the respondents consulted doctors for treatment of the problems mainly at Government and Private Hospitals. 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.

Index Terms- Menstrual pain, irregular periods, prolonged periods, self-treatment

I. INTRODUCTION

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). Menstruation, though a natural process, has often been dealt with secrecy in many parts of India. 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 (and ovulation may take place before the first menstruation). The menstruation flow is quite slow and gradual. 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. 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). Under this backdrop, this paper made an attempt to analysis the menstrual problems faced by the visually challenged women and its determinants, it also describe their treatment seeking behavior of the respondents.

II. METHODS

This study was conducted in the selected 16 districts of Tamil Nadu 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.

III. RESULTS

Age at menarche data were collected from the respondents. It shows that about three-fourth of the respondents experienced their menarche at the age of 13-15 years, and another 12percent experienced it at 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 to 13.43 years. **Menstrual Problems:** From missed periods to painful periods, menstrual cycle problems are common, but usually not serious. In the study area, the respondents were asked to report their menstrual problems experienced in the last three months. Table shows that 35.5 percent of respondents experienced any type of menstrual problems and the remaining 64.5 percent not faced any such problem.

Table No. 1 Percentage distribution of Visually Challenged Women by their age at menstruation and prevalence of Menstrual Problems

Menstrual Problems	Visually Challenged Women	
	Number	Percentage
Age at menarche		
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	
Prevalence of any one problem		
No menstrual problem	302	64.5
Prevalence of any menstrual problem	166	35.5
Type of menstrual problem		
No periods	51	30.7
Painful periods	47	28.3
Frequent or short periods	14	8.4
Irregular periods	61	36.7
Prolonged periods	8	4.8
Scanty bleeding	7	4.2
Inter-menstrual bleeding	1	0.6
Blood clots	12	7.2
Total	166	100.0

The analysis of menstrual problems experienced by visually impaired women are analysed in table 6.31. The major problem indicated by the respondents was irregular periods (36.7 percent), followed by no period (30.7percent), painful period (28.3percent) and frequent or short period (8.4percent) indicating period related issues as main problems reported by the respondents. While analyzing the magnitude of menstrual problems experienced by visually impaired women, around seven percent of them experienced more than one menstrual problem and the remaining 29 percent experienced any one type of menstrual problems in the last three months.

Experience of menstrual cycle disorders with Selected SED Factors: This section deals with examining the influence exercised by selected SED variables on the respondents' experience of menstrual cycle disorders in the study area.

Table No. 2 Percentage distribution of Visually Challenged Women by Level of Prevalence of Menstrual problems with their SED characteristics

SED characteristics	Level of Prevalence of Menstrual problems			Total
	No	One	More than one	
Age*** 45.697				
Less than 18 years	58.3	25.0	16.7	24
18-19	83.3	11.1	5.6	18

20-24	67.2	25.9	6.9	58
25-29	67.3	30.6	2.0	49
30-34	69.0	23.8	7.1	84
35-39	69.9	17.8	12.3	73
40-44	66.0	29.1	4.9	103
Above 45 years	40.7	59.3	-	59
Religion^{NS}				
Hindu	65.1	28.0	6.9	347
Muslim	53.8	38.5	7.7	13
Christian	63.9	31.5	4.6	108
Caste				
SC	63.9	29.5	6.6	166
ST	50.0	25.0	25.0	4
BC	63.8	30.5	5.8	243
MBC	73.1	19.2	7.7	52
FC	33.3	66.7	-	3
Caste^{NS}				
SC	63.9	29.5	6.6	166
ST	50.0	25.0	25.0	4
BC	63.8	30.5	5.8	243
MBC	73.1	19.2	7.7	52
FC	33.3	66.7	-	3
Educational Status^{NS}				
Illiterate	51.4	37.5	11.1	72
1-5 yrs	62.9	34.3	2.9	35
6-10 yrs	65.8	25.2	9.0	111
11-12 yrs	67.8	26.4	5.7	87

above 12 yrs	67.1	28.7	4.2	143
Dip. in Teacher edu.	76.5	23.5	-	17
Occupation ^{NS}				
Private sector	66.0	25.5	8.5	47
Public sector	63.0	37.0	.0	27
Self employed	58.0	35.0	7.0	143
Dependent	71.4	14.3	14.3	7
Not working	67.4	28.0	4.6	175
Family Income ^{NS}				
1000-2000	73.3	18.3	8.3	60
2001-4000	59.8	29.5	10.7	122
4001-6000	68.5	27.4	4.0	124
6001-8000	64.9	29.7	5.4	37
Above 8000	62.2	34.4	3.3	90
Marital Status ^{NS}				
Unmarried	68.9	23.0	8.1	161
Married	62.2	32.2	5.5	307

***refers to significant at 1 level (chi-square results –SED and Level of prevalence of menstrual problems) NS – Not significant

In an attempt to examine the relationship between the respondents' age and their experience of menstrual cycle disorders, majority of respondents in each of the reproductive age groups have not experienced menstrual cycle disorders during the last 3 months prior to the survey and the proportion experiencing such disorders seems to be increasing with an increase in the reproductive age groups. The association between the two factors is found to be statistically significant at 1% level.

In analyzing the influence of religion on the women experience of menstrual cycle disorders, though majority in each of the religious categories have not experienced menstrual cycle disorders, the proportion experiencing such disorders is comparatively high in Muslim community and the proportion. The chi-square results shows insignificant association between religious category and the respondents' experience of menstrual cycle disorders. In assessing the influence of caste structure on the respondents' experience of menstrual cycle disorders in the study area, table shows that majority in each of the caste categories (except ST and FC representing very meagrely) and the proportions experiencing such disorders are comparatively high in the SC and BC category hypothesising no significant relationship between caste structure and the respondents' experience of menstrual cycle disorders. The association between the two factors is also found to be statistically insignificant. In measuring the role of education in the respondents' experience of menstrual cycle disorders in the study areas, table shows that majority in each of the education attainment categories have not experienced menstrual cycle disorders and the proportions experiencing such disorders are not subject to greater variations or fluctuations over various education attainment categories. The linkage between the two factors is not found to be statistically significant.

In exploring the linkage between the respondents' occupational status and their experience of menstrual cycle disorders in the study area, table shows that majority in each of the occupational categories have not experienced menstrual cycle

disorders and the proportions experiencing disorder are not in notified variation over occupational categories. Also the association between the two factors is not found to be statistically significant. In analysing the influence of economic conditions of respondents in terms of their monthly income on their experience of menstrual cycle disorders in the study areas, table shows that majority in each of the income categories have not experienced menstrual cycle disorders and the proportion experiencing such disorder seems to be slightly low in the low income category when compared to other income categories. The percentage distribution in the table does not help hypothesize a linkage between income level and the respondents' experience of menstrual cycle disorders. The chi-square result also confirms this insignificant association. In examining the linkage between marital status of the respondents and their experience of menstrual cycle disorders in the study areas, table shows that majority in each of the marital status categories have not experienced menstrual cycle disorders and the proportions experiencing such disorders in marital status categories are not greatly varying. The chi-square result does not prove the significance of an association between the two factors.

Treatment seeking Behaviour: The foregoing analysis has brought out the fact that a significant proportion of respondents have been sufferings from menstrual related problems in the study area. This section focuses on treatment seeking behaviour of women, which is a measure to assess the importance given to reproductive health by the respondents.

Table No. 3 Percentage distribution of Visually Challenged Women by their Care seeking behaviour for menstrual problems

Care seeking behaviour	Visually Challenged Women	
	Number	Percentage
Consultation for treatment		
Not consulted	121	72.9
Yes consulted	45	27.1
Total	166	100.0
Places of consultation		
Govt. hospitals	21	46.7
Private hospitals	17	37.8
Friends/relatives	2	4.4
Self-treatment	5	11.1
Total	45	100.0
Effect of treatment for Menstrual problems		
Completely cured	19	42.2
Not cured	26	57.8
Total	45	100.0

Table 3 shows that out of 166 respondents who reported to have suffered from menstrual problems, 72.9 percent have not consulted any physician for treatment of their reproductive illness or menstrual ill-health and 27.1 percent have sought treatment indicating poor treatment taking behaviour of women. Regarding the places from where they have taken treatment, table

also shows that the major place of treatment is Government Hospital, followed by Private hospital. With respect to the effect of treatment on menstruation problems, table shows that 42.2 percent of menstrual problem-affected cases express that their problems have been completely cured due to treatment and the remaining 57.8 percent have not been completely cured indicating no very strong effect of treatment on menstrual problems.

IV. CONCLUSION

It can be concluded that the significance of the association between the incidence of menstrual problems among the respondents and their background conditions has statistically been proved. About 27 percent of the respondents who experienced menstrual problems have consulted doctors for treatment of the problems mainly at Government and Private Hospitals. The treatment has not resulted in curing menstrual illness for 57 percent of those who have been suffering from menstrual 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.

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