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Menstrual Discomforts of Female High School Students in Nainital

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***Abstract*: This paper presents menstrual discomforts of female high school students in Nainital.**

***Keywords*: menstrual discomforts**

1. Introduction

Dysmenorrhoea, a sharp painful menstrual cramp in the lower abdomen and menorrhagia; heavy and prolonged menstrual bleeding both of menstrual disorder and discomfort are peculiar health problems that have attracted little or no health concern. Such issues are often omitted in the public health agenda of many low and middle income countries. If any, very few attempts have been made at exploring menstrual cycle problems in India. Currently, there is paucity of data on the effects of menstrual disorder and discomfort on health status, quality of life and social integration among young women in developing countries. Many reasons have been deduced as the factors responsible for the low public attention attracted to menstrual disorder and discomfort. Some women see menstruation as a 'taboo', and subject not to be discussed publicly. Some other women perceive the issue of menstruation as a personal affair and if discussed publicly could cause discomfit. Lastly, the broader reproductive health concern has made some other health problems associated with women (among which is menstrual discomfort or disorder) and their implications irrelevant to public discourse.

Despite the reality of menstrual disorder and discomfort, understanding and addressing the problems of menstruation most especially in young women has not been given considerable priority in developing countries. In all, menstruation is an event that has socio-cultural and psychological implications attached to it. Hence, this study was carried out to assess the prevalence of menstrual cycle discomfort and its influence on daily academic activities and psychosocial relationship among female high school students in Ninital.

2. Materials and Methods

A. Study subjects and design

The study was conducted among female high school students in Ninital.

The study employed qualitative (in-depth interviews) and quantitative (structured questionnaire) techniques in generating relevant data. Data were collected at two levels; in the first phase quantitative data was collected through a structured questionnaire. In the second phase, qualitative data were collected to complement the quantitative data. Respondents for the survey were selected using a multi-stage sampling technique. Purposively, female high school students in Ninital.

The mixed quantitative and qualitative method adopted in this study enabled findings to be triangulated and strengthens the results. These complementary methods also allowed us to explore the issues in a more contextual and meaningful dimension than would otherwise have been possible through a single method. However, bearing in mind the limitations in using In-depth interviews for generalizations; thus, extracts from the interviews were drawn to substantiate the quantitative findings.

B. Data collection

The questionnaire was self-administered after the volunteered student had been clearly briefed on the research objectives and her rights to decline participation at any level. In order to understand the realities of menstrual disorders among the respondents, in-depth interviews (IDIs) were held with willing female high school students that have experienced menstrual disorder and have used any medication within the last three months preceding the study period. The IDIs' guide was designed to investigate the issues of menstrual discomfort as its affect daily activities of the female students. Information sought included questions on whether the participants have experienced menstrual disorder(s), how this problem was perceived, perceived consequences of the disorder on their daily activities and interactions with others and steps taken towards addressing the menstrual problem. All interviews were conducted in English, audio taped and transcribed. In all, 100 female high school students were selected through a snow balling technique.

C. Data analysis

The quantitative data were analyzed using the SPSS for Windows version 20. After each qualitative data collection activity, the recorded audio tapes and field notes were used to transcribe verbatim all the interviews. Thereafter, the audio tapes and field notes were used to verify the transcribed texts, ensuring that they were correctly transcribed to preserve the meaning of the participants' words. The transcribed texts were

then analyzed according to coding defined by the parameters of the research objectives. The analytic approach used in this study was influenced by Grounded Theory techniques and procedures (Strauss & Corbin, 1998). The data were examined for salient categories, which were given a label or code, which is not merely a description of the text, but a theoretical name suggestive of a wider phenomenon imperative in the data.

3. Results

A total of 100 valid responses were recorded among the respondents that participated in the survey. Majority (63.5%) of the respondents (100) that satisfactorily completed the questionnaires were in their early twenties (20-24 years). While less than 9% were teenagers. As expected, being a study among students, almost all the respondents (93.3%) were single and less than 7% were married as at the time of the survey. Majority of the respondents (82.3%) were Hindus and only 0.3% claimed neither Islam nor Christianity. Close to 70% of the respondents experienced their first menstruation before 15 years of age. The mean age at first menarche was 13.9±1.6 years. Sixty-four percent of the respondents reported a sharp painful cramp in the lower abdomen during menstrual period (dysmenorroea) in the last 3 months to the survey.

The age range of all the in-depth interview informants was 18-31 years (mean= 22 years). Majority of the informants showed a good understanding of menstrual disorder and discomfort but with little exaggeration on the part of some. For some informants, the fact that they are naturally bound to see blood on monthly basis was a discomfort and that it does not have to be painful before discomfort set in, as testified by one of the female student: 'I use to declare the first day as 'holiday-in- pain' for myself. Even if I go to class on the first day I will not be able to do anything tangible.

This occurrence of dysmenorrhoea was found significantly frequent among female students whose menses were associated with dizziness, headache, depression, irritation and among those who claimed that menses discomfort ever called for medical attention ($P<0.05$). It was equally observed in the bivariate relationship of the variables that dysmenorrhoea was the principal predictor of surgical intervention among young women than other factors. The incidence of menorrhagia (excess menstrual bleeding) was less frequent (21%) among the respondents than dysmenorrhoea. It occurred more significantly with dizziness, and headache.

Menorrhagia was also significant among those whose menstrual disorderliness or discomfort ever called for medical attention or even surgical intervention ($P<0.05$) (Table 3). There was a significant positive relationship between menstrual discomfort and interference in normal school activities ($P<0.05$). Dysmenorrhoeal and menorrhagia were significant predictors of psychosocial relationship of young women ($P<0.05$).

About three quarters (74.2%) of the respondents were ever disturbed from normal school activities. In addition, about half (48.8%) of the respondents experienced psychosocial problems during menstruation period. The IDIs findings also confirmed the presence of menorrhagia and dysmenorrhoea as earlier found among the survey respondents. Majority of the informants reported that they had at one time or the other experienced troubled menstrual period within the last three months.

Female with dysmenorrhoea were significantly twice affected in their school activities than those without abdominal pain during menses. Comparatively, female students with dysmenorrhoea reported one and a half times of depression than those without dysmenorrhoea. The collective effects of menorrhagia on school activities and female students' psychosocial relationship revealed that it was a principal factor affecting their daily school activities and relationship with peers and colleagues

In the in-depth interviews, some of the informants also expressed their reality as a one with both objective and subjective dimensions. The objective phase of their menstrual disorder were narrated in terms of the increase in the flow of blood during menstrual cycle, psychological discomforts, and the financial cost of coping with extra sanitary pads in case of high flow and the fear of contracting vaginal infections as described by one female student: 'Even the extra spending on the pad every month is enough as a discomfort in my own case' Another student added: 'I cut off totally from my friends and colleagues at least for the first two days of my usual menstrual periods. I would not have been able to partake in this discussion (interview) if it were my days of menstruation'

Perceived effects on their interaction with other social actors during this period dominated the subjective dimension of their menstrual discomforts. The informants admitted specific changes in their interactions or non-interaction with others during such periods: 'Whenever I am menstruating, it is like everybody is laughing at me. I always want to stay in-door especially the first and the last day of my menstrual cycle'

Majority of the informants interviewed, expressed anxiety and discouragements with the phenomenon of menstrual disorders. Some of them depicted these traits in their subjective experiences with other social actors during their menstrual cycle. One female student had this to say: 'Sometimes I ask myself why I have so much pain during menstruation and this has made me confused about the whole thing. Could it be a result of certain physiological disorder from birth or what?' Menstrual disorders become worrisome not only due to prolonged occurrence of discomforting episodes, but after repeated failures in securing reliefs. As such, it creates a pessimistic orientation to the problem as testified by another student: 'I have tried so many pain relief drugs. I do take Felvin, Boscopan among others, but none of them seems working for my case. It seems my own is so peculiar'.

4. Discussion and conclusion

Majority of the informants showed a good understanding of

menstrual disorder and discomfort but with the possibility of little exaggeration on the part of some. Some informants narrated the fact that they are naturally bound to see blood on monthly basis as discomforting even before the pain sets in. A level of congruence was noticed in the survey and the IDIs findings in terms of the high prevalence and the discomforting experience of menorrhagia and dysmenorrhoea. The survey results revealed a lower prevalence rate of menorrhagia than dysmenorrhoea among respondents, cultural background and the fact that most women see menstruation (most especially excess bleeding) as a private and irritating thing to discuss publicly (Walraven et.al, 2005) could be responsible for the vast difference between the two prevalence rates. Majority of informants cited psychological discomforts, and the financial cost of coping with extra sanitary pads in case of high flow and the fear of contracting vaginal infections were cited by the majority of the informants. The most commonly associated effects of dysmenorrhoea were headache and dizziness and this was similar to findings from El-Gilany et. al. (2015). As reported earlier women whose menstrual period were associated with headache and abdominal pain were significantly more likely to be disturbed from normal daily activities, based on the findings in this study, we conclude that there is a level of influence between menstrual discomfort and high school female students' normal school activities in the study area. It is essential that appropriate enlightenment and treatment mode for menstrual related cases should be made available to females who are in their reproductive years as this will enhance their sexual health.

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