



STATUS OF DYSMENORRHEA AND MENSTRUAL HYGIENE AMONG WOMEN RESIDING IN AN URBAN SLUM AT PATNA DISTRICT

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Conflicts of Interest: Nil

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Abstract:

Introduction: Dysmenorrhea or painful menstruation is defined as painful cramps that begin a few hours before the onset of bleeding and may persist for hours or days. It may be either primary (occurs typically between 17 and 22 years of age) when there It is commonly associated with associated symptoms such as lower back pain, nausea, vomiting, headache, diarrhea, and fatigue. The cause of primary dysmenorrhea has yet to be established.

Material and Method: A cross sectional study was carried out for six months from March 2017 to September 2017 at the Shastri nagar slum near the Urban Health and training centre (UHTC) under the department of community medicine of IGIMS Patna. The study units were women of reproductive age group of 18 to 45 years. The sample size was selected by convenient sampling technique. A total 400 female were included in the study. A house to house survey was done for twice a week for six months. All women of reproductive age group who gave verbal consent to participate in the study were included in the study and those female who showed non co-operative attitude or un-willingness to participate were excluded.

Result: A total of 65 % of the women had dysmenorrhoea during their menstrual cycle about 60 % of the women had irregular cycle where as regular cycle was seen in 40% of the female.

Conclusion: Women should be educated about the indications of disease, signs of disease, cause and impact of the disease and also on when and where to seek healthcare.

Key words: Dysmenorrhea, Menstrual cycle, Irregular cycle, Menstrual hygiene, Urban slum, Patna District

Introduction

Menstruation is a phenomenon unique to the females. Menstruation is the periodic vaginal bleeding that occurs with the shedding of the uterine mucosa. It is one of the important signs of puberty and occurs one or two years following appearance of secondary sexual characteristics. The first menstruation (menarche) occurs between 11 and 15 years with a mean age of 13 years. Once established, every mature female menstruates on the average 3-5 days (minimum 2 days, maximum 7 days) each month until menopause¹. Dysmenorrhea or painful menstruation is defined as painful cramps that begin a few hours before the onset of bleeding and may persist for hours or days. It may be either primary (occurs typically between 17 and 22 years of age) when there It is commonly associated with associated symptoms such as lower back pain,

nausea, vomiting, headache, diarrhea, and fatigue. The cause of primary dysmenorrhea has yet to be established. It has been attributed to uterine contractions with ischemia and production of prostaglandin². The terms “menstrual pain” and “dysmenorrhea” are commonly considered synonymous in clinical practice and literature. They indicate a cramp-like, dull, throbbing pain that usually emanates from the lower abdomen, and that occurs just before and/or during menstruation². Some authors suggest that a type of menstrual pain that is lighter than dysmenorrhea, called normal menstrual cramps, could exist³. Menstruation is still regarded as something unclean or dirty in Indian society. Isolation of the menstruating girls/women and restrictions being imposed on them in the family, have reinforced a negative attitude towards this phenomenon. Menstrual practices are clouded by taboos and socio-

cultural restrictions even today, resulting ignorance of the scientific facts and hygienic health practices, necessary for maintaining positive reproductive health¹. Women belonging to lower socio-economic strata, who cannot afford to buy sanitary napkins, use a cotton cloth which is usually a torn piece of cloth from their old sarees or other dresses and use them throughout their periods with infrequent changing. Sometimes scarcity of water adds up to them depriving them of washing the cloth. Such unhealthy menstrual practice is associated with many complications of recurrent reproductive tract infections like premature births, stillbirths, miscarriages, infertility problems, carcinoma of cervix, etc¹. So, it becomes an important area of study to assess the knowledge and the menstrual hygiene practices that the women follow and rectify them by educating them so that the habit of healthy practices would be continued in the future and would prevent the complications as mentioned above. In this background, the present study was conducted among the reproductive women living at shashtri nagar slum, Patna which is the urban field practice area of Indira Gandhi Institute of Medical Sciences, Patna.

Objectives:

To study the prevalence of dysmenorrhea among women residing in an Urban slum of Patna District.

Material and Method:

A slum based cross sectional study was carried out from March 2018 to September 2018 (For a period of 6 months) at the Urban Health and training centre (UHTC) under the department of community medicine of IGIMS Patna. The study units were women of reproductive age group from 18 to 45 years. The sample size was selected by convenient sampling technique. A total of 400 female were included in the study. A house to house survey was done for thrice a week for five months and data analysis was done in one month. All women of reproductive age group who gave consent to participate were included in the study and those female who showed non co-operative attitude or unwillingness to participate were excluded. The socio-demographic data of all the women was recorded. Bio-social characteristic of the women were age religion, caste, total no of family member, type of family, education and occupation status of the women. The socioeconomic status was determined by using Modified B.G.Prasad classification 2013. An enquiry was made about the menstrual cycle whether regular or irregular. Status of menstrual hygiene, by asking about the material that was used during menstruation.

OBSERVATION and RESULT:

Table 1: Distribution of Women according to their biosocial characteristics

Bio-social Characteristics	N=400	Percentage (%)
Age of the women		
18-30	240	60%
31-45	160	40%
Religion		
Hindu	260	65%
Muslim	140	35%
Level of education		
Illiterate	100	25%
Primary	180	45%
High school	70	17.5%
Intermediate	50	12.5%
Graduate/Post graduate	Nil	Nil
Type of family		
Nuclear	240	60%
Joint	160	40%
Total family members		
Upto 5	220	55%
More than 5	180	45%
Marital status		
Married	300	75%
Unmarried	100	35%

According to Table 1 the higher percentage (about 60%) of women belonged to the age group 18-30 ,were as only 40% of them belong to the age group of 31-45. Majority (65%) of the women were Hindu by religion, .More bulk of (60%) the women were of Nuclear family. A total of 55% of the family had total family member upto 5 .Most (75%) of the women were married , and around 35% of them were unmarried.

Table 2: Distribution of Women according to Dysmenorrhoea during the Menstrual cycle

Dysmenorrhoea	No	Percentage (%)
Present	260	65%
Absent	140	35%
Total	400	100%

Around 65 % of the women had dysmenorrhoea during the menstrual cycle, were as 35% of the women had no dysmenorrhoea. That shows that a higher percentage of women were suffering from painful menstrual cycle. [Table 2]

Table 3: Distribution of Women according to menstrual cycle irregularity

Pattern of cycle	No	Percentage(%)
Irregular cycle	240	60%
Regular cycle	160	40%

About 60 % of the women had irregular cycle, where as regular cycle was seen in 40% of the female.[table 3]

Table 4: Distribution of study subject according to the type of material used during menstruation

Variable	Practices	No	Percentage
Taking bath during menstruation	Yes	250	62.5%
	No	150	37.5%
Using sanitary napkin	Yes	190	47.5%
	No	210	52.5%
Using clothes	Yes	210	52.5%
	No	190	47.5%
Using Both	Yes	110	27.5%
	No	290	72.5%

In this study we found that around 62.5% women takes bath during menstruation. Around 47.5% using sanitary napkin whereas 52.5% using clothes and 27.5% are using both during menstruation. [Table-4]

Result:

About 60%of women belonged to the age group 18-30, were as 40% of them belong to the age group 31-45. Majority (65%) of the women were Hindu by religion .More bulk of (60%) the women were of Nuclear family. Among the women about 55% of the family had total family member upto5 .Most (75%) of the women were married and around 35% of them were unmrried. A total of 65 % of the women had dysmenorrhoea during the menstrual cycle, were as 35% of the women had no dysmenorrhoea. About 60 % of the women had irregular cycle, where as regular cycle was seen in 40% of the female.

Discussion:

In our study 60% of the women were belonging to Nuclear family however **Sutanuka S** had a lesser percentage (28.1%) of female belonging to nuclear family¹. About 55% of the women had a total family member upto 5. A total of 65 % of the women in our study had dysmenorrhoea ,which is more than the finding of study done by **Vanitha etal** and **pandit etal** where prevalence of dysmenorrhoea was 22.7%and 23.6 % respectively^{4,5}. Were as study done by **Kharaghani etal** had almost similar finding just like our study where the prevalence of primary dysmenorrhoea was about 71%⁶. Majority (**75%**) of the women were married in the present study. were as the study done by **Bae etal** and **Sutanuka S** about

69.2% and 84.4% of the women were married respectively^{1,7}. In our study a higher(60 %)of the women were between the age group of 18-30 were as study done by **Bae etal** around 30.6% and were under the age group 19- < 30⁷. However another study done by **Sutanuka S** a major chunk(50%) of the women belong to the age group 15-24 years¹.In our study irregular cycle was seen in 60% of the female where as study done by **Karki etal** the finding was that almost 61% of the female had irregular cycle⁸. In our study 62.5% of the women were taking bath during menstruation ,only 47.5 % of the study units were using sanitary napkin during menstruation, were as 52.5% of the women were using clothes during menses and around 27.5% of the women were using both sanitary napkin as well as clothes, However study done by **Sutanuka S** and **Laxman K B** around 65 % and 80.7% of the women were using sanitary napkin respectively^{1,9}, which was more than our study .It may be due to the higher level of awareness regarding the menstrual hygiene practices in their study area. According to our study majority (65%) of the women were Hindu by religion, were as study done by **Sutanuka S and kathuria B** (100%) and (83.7%) of the study population were Hindu by religion^{1,10}, respectively.

Conclusion:

Menstrual pain is a very common problem, but the need for medication and the inability to function normally occurs less frequently. Nevertheless, at least one in four women experiences distressing menstrual pain characterized by a need for medication and absenteeism from study or social activities. Women should be educated about the indications of disease, signs of disease, cause and impact of the disease and also on when and where to seek healthcare. It emphasizes that the important duty of a healthcare provider is to inform women about menstrual disorders and raise their awareness for better perception and health seeking for menstrual disorders. Health care providers must be trained to respond to women's concerns and effectively diagnose their condition. Opportunities and the delivery of care should be raised to ensure that the menstrual disorders are more properly addressed.

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