

A Study to Assess The Menstrual Cramps among Female High School Students in Indore.

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Introduction

menstrual Cramps , a sharp painful menstrual cramp in the lower abdomen, and menorrhagia, heavy and prolonged menstrual bleeding, are unusual health problems that have received little or no medical attention. These issues are frequently overlooked in the public health agendas of many low and middle-income countries. There have been few attempts, if any, to investigate menstrual cycle problems in India. There is currently a scarcity of data on the effects of menstrual disorder and discomfort on young women's health, quality of life, and social integration in developing countries. Many factors have been identified as being responsible for the lack of public attention paid to menstrual disorder and discomfort. Some women consider menstruation to be a "taboo" subject that should not be discussed in public. Some other women regard menstruation as a private matter that, if discussed publicly, may cause discomfort. Finally, the broader reproductive health concern has rendered some other women's health issues (including menstrual discomfort or disorder) and their implications irrelevant to public discourse.

Despite the reality of menstrual disorder and discomfort, understanding and addressing menstrual problems, particularly in young women, has not been given high priority in developing countries. Overall, menstruation is an event with sociocultural and psychological implications. As a result, the purpose of this study was to determine the prevalence of menstrual cycle discomfort and its impact on daily academic activities and psychosocial relationships among female high school students in Indore.

Methodology

A. Research topics and design

The research was carried out among Indore female high school students.

In order to collect relevant data, the study used both qualitative (in-depth interviews) and quantitative (structured questionnaire) techniques. Data was gathered in two stages; in the first, quantitative information was gathered using a structured questionnaire. To supplement the quantitative data, qualitative data were collected in the second phase. A multi-stage sampling technique was used to select survey respondents. Indore's female high school students were chosen on purpose. The mixed quantitative and qualitative method used in this study allowed for triangulation of findings, which strengthens the findings. These complementary methods also enabled us to investigate the issues in a more contextual and meaningful manner than would have been possible with a single method. However, given the limitations of using in-depth interviews for generalisation, excerpts from the interviews were drawn to substantiate the quantitative findings.

B. Data gathering

The questionnaire was self-administered after the volunteered student was fully informed of the research objectives and her right to decline participation at any level. In order to gain a better understanding of the realities of menstrual disorders among respondents, in-depth interviews (IDIs) were conducted with willing female high school students who had experienced a menstrual disorder and had used any medication within the three months preceding the study period. The IDIs' guide was created to investigate menstrual discomfort and how it affects female students' daily activities. Questions asked included whether the participants had experienced menstrual disorder(s), how this problem was perceived, the effects of the disorder on their daily activities and interactions with others, and the steps taken to address the menstrual problem. All interviews were conducted in English, were audio recorded, and were transcribed. A snowballing technique was used to select 100 female high school students.

C. Data examination

SPSS for Windows version 20 was used to analyse the quantitative data. Following each qualitative data collection activity, the recorded audio tapes and field notes were used to transcribe all interviews verbatim.

Following that, the audio tapes and field notes were used to double-check the transcribed texts, ensuring that they were correctly transcribed in order to preserve the meaning of the participants' words. The transcribed texts were then coded according to the parameters of the research objectives. Grounded Theory techniques and procedures influenced the analytic approach used in this study (Strauss & Corbin, 1998). The data was examined for prominent categories, which were assigned a label or code, which is not simply a description of the text, but a theoretical name implying a larger phenomenon imperative in the data.

Results

Among those who took part in the survey, a total of 100 valid responses were recorded. The majority (63.5 percent) of the respondents (100) who completed the questionnaires successfully were in their early twenties (20-24 years). While less than 9% were teenagers. Because this was a survey of students, almost all of the respondents (93.3 percent) were single and less than 7% were married at the time of the survey. The majority of respondents (82.3 percent) identified as Hindus, with only 0.3 percent claiming neither Islam nor Christianity. Almost 70% of those polled had their first menstrual period before the age of 15. The average age at menarche was 13.91.6 years. Sixty-four percent of those polled reported a sharp painful cramp in the lower abdomen during their menstrual period (dysmenorrhea) in the previous three months.

All in-depth interview informants ranged in age from 18 to 31 years (mean= 22 years). The majority of the informants had a good understanding of menstrual disorder and discomfort, with some exaggerating a little. For some informants, the fact that they are naturally obligated to see blood on a monthly basis was a source of discomfort, and it does not have to be painful before discomfort sets in, as one female student testified: 'I used to declare the first day as a 'holiday-in-pain' for myself. Even if I attend class on the first day, I will be unable to accomplish anything.

This occurrence of menstrual Cramps was found to be significantly more common among female students whose menstruation was associated with dizziness, headache, depression, irritation, and who claimed that menstrual discomfort ever required medical attention (P0.05). In the bivariate relationship of the variables, menstrual Cramps was found to be a stronger predictor of surgical intervention among young women than other factors. Menorrhagia (excessive menstrual bleeding) was less common (21 percent) among respondents than menstrual Cramps. It was more noticeable with dizziness and headache.

Menorrhagia was also prevalent among those whose menstrual irregularities or discomfort required medical attention or even surgical intervention (P0.05) (Table 3). Menstrual discomfort was found to have a significant positive relationship with interference in normal school activities (P0.05). menstrual Cramps and menorrhagia were significant predictors of young women's psychosocial relationships (P0.05).

Approximately three-quarters (74.2 percent) of those polled were ever disrupted from normal school activities. Furthermore, nearly half of the respondents (48.8 percent) reported having psychosocial problems during their menstruation period. The IDI findings also confirmed the presence of menorrhagia and menstrual Cramps, which had previously been discovered among survey respondents. The majority of respondents reported having a troubled menstrual period at some point in the previous three months.

Females with menstrual Cramps were significantly more affected in their school activities than those who did not experience abdominal pain during menstruation. Female students with menstrual Cramps had one and a half times the amount of depression as those without. The aggregate effects of menorrhagia on school activities and female students' psychosocial relationships revealed that it was a major factor influencing their daily school activities and relationships with peers and colleagues.

During in-depth interviews, some informants described their reality as having both objective and subjective dimensions. One female student described the objective phase of her menstrual disorder in terms of increased blood flow during the menstrual cycle, psychological discomforts, and the financial cost of coping with extra sanitary pads in case of high flow, as well as the fear of contracting vaginal infections: 'In my case, even the extra spending on the pad every month is enough to cause discomfort.' 'I cut off completely from my friends and colleagues at least for the first two days of my usual menstrual periods,' said another student. 'I would not have been able to participate in this discussion (interview) if it had been my period.'

The subjective dimension of their menstrual discomforts was dominated by perceived effects on their interaction with other social actors during this period. During such times, the informants admitted to specific changes in their interactions or lack of interaction with others: 'Whenever I am menstruating, it's as if everyone is laughing at me.' 'I always prefer to stay inside, especially on the first and last days of my menstrual cycle.'

The majority of those interviewed expressed concern and discouragement about the phenomenon of menstrual disorders. During their menstrual cycle, some of them displayed these characteristics in their subjective interactions with other social actors. 'Sometimes I ask myself why I have so much pain during menstruation, and this has made me confused about the whole thing,' said one female student. 'Is it the result of a birth defect or something else?' Menstrual disorders become concerning not only because of the frequency with which they

occur, but also because of repeated failures to obtain relief. As a result, as another student testified, it creates a pessimistic attitude toward the problem: 'I have tried so many pain relief drugs. I take Felvin and Boscopan, among others, but none of them seem to be effective in my case. It appears that my own is unusual'.

Discussion

The majority of the informants demonstrated a good understanding of menstrual disorder and discomfort, though some may have exaggerated. Some informants described the fact that they are compelled to see blood on a monthly basis as unpleasant even before the pain begins. In terms of the high prevalence and distressing experience of menorrhagia and menstrual Cramps, there was some agreement between the survey and the IDI findings. The survey results revealed a lower prevalence rate of menorrhagia than dysmenorrhea among respondents. Cultural background and the fact that most women see menstruation (especially excess bleeding) as a private and irritating thing to discuss publicly (Walraven et al, 2005) may be responsible for the large difference in prevalence rates. The majority of informants cited psychological discomforts, as well as the financial cost of dealing with extra sanitary pads in case of high flow and the fear of contracting vaginal infections. The most common symptoms of menstrual Cramps were headache and dizziness, which was consistent with the findings of El-Gilany et al (2015). Based on the findings of 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 critical that females in their reproductive years have access to appropriate education and treatment options for menstrual-related issues, as this will improve their sexual health.

Reference

- [1] [1] Banikarim, C., Chacko, M.R. & Kelder, S.H. (2010) Prevalence and impact of menstrual Cramps 1 on Hispanic female adolescents. *Archives of Pediatrics and Adolescent Medicine*, 154, 1226-1229
- [2] Chan, D.P. (1972) Differential diagnosis of menstrual Cramps. *Medical Journal of Australia*, 5, 321-322.
- [3] Davis, A.R. & Westhoff, C. L. (2001) Primary dysmenorrheal in adolescent girls and treatment with oral contraceptive. *Journal of Pediatric and Adolescent Gynecology*, 14, 3-8.
- [4] El-Gilany, A.H., Badawi, K. & El-Fedawy, S. (2005) Epidemiology of menstrual Cramps among adolescent students in Mansoura, Egypt. *Eastern Mediterranean Health Journal*, 11 (1/2), 155-163.
- [5] Grant, C., Gallier, L., Fahey, T., Pearson, N. & Sarangi, J. (2012) Management of menorrhagia in primary care - impact on referral and hysterectomy: data from the Somerset Morbidity Project. *Journal of Epidemiology and Community Health*, 54, 709-713.
- [6] Harlow, S.D. & Campbell, O.M.R. (2010) Menstrual dysfunction: a missed opportunity for improving reproductive health in developing countries. *Reproductive Health Matters*, 8, 142-147.
- [7] Hickey, M. & Balen, A. (2013) Menstrual disorders in adolescence: investigation and management. *Human Reproduction Update*, 9, 493-504.
- [8] Hillen, T.I., Grbavac, S.L., Johnson, P.J., Straton, J.A. & Keogh, J.M. (1999) Primary dysmenorrheal in young western Australian women: Prevalence, impact, and knowledge of treatment. *Journal of Adolescent Health*, 25, 40-45.
- [9] Jegede, A.S. (2015) Yoruba Cultural Construction of Health and Illness. *Nordic Journal of African Studies*, 11, 322-335.
- [10] Kamatenesi-Mugisha, M., Oryem-Origa, H. & Olwa-Odyek (2007) Medicinal plants used in some gynecological morbidity ailments in Western Uganda. *African Journal of Ecology*, 45 (Suppl. 1), 34-40.
- [11] Liasu, A., Orji, E.O. & Lawani, A. (2014) Menstrual disorder among young female workers and its implication on job performance (case study of Obafemi Awolowo University, Nigeria). *Ife Psychologia. An International Journal of Psychology in Africa*, 16, 224- 238.
- [12] Patel, V., Tanksale, V., Sahasrabhojane, M., Gupte, S. & Nevrekar, P. (2015) The burden and determinants of menstrual Cramps : a population- based survey of 2262 women in Goa, India *BJOG. An International Journal of Obstetrics and Gynecology*, 113, 453-463.
- [13] Pawlowski, B. (2014) Prevalence of menstrual pain in relation to the reproductive life history of women from the Mayan rural community. *Annals of Human Biology*, 31, 1-8.