



## MENSTRUAL DISTRESS AND QUALITY OF LIFE OF UNDERGRADUATES

**Aparajita Sharma**

Research Scholar, Department of Psychology, Panjab University, Chandigarh.  
Corresponding Author

**Shikha Sarna**

Counsellor, PGGCG-11, Chandigarh

### ABSTRACT

Menstrual distress is to the assessment of cyclical premenstrual symptoms of change in physical symptoms, mood behavior and arousal that women experience during the phase of menstrual cycle. Quality of life is the general well-being of individuals and societies, outlining negative and positive features of life, life satisfaction, including everything from physical health, family, education, employment, wealth, religious beliefs, finance and the environment. The purpose of this research is to identify the impact of menstrual distress on the quality of life of college going girls. A sample of 100 girls, in the age range of 17-20 years was taken from different colleges of Chandigarh. For the above mentioned purpose, Menstrual distress questionnaire (MDQ, Rudolf H. Moos, 1968) and WHOQOL-BREF (1997) were administered to the sample. Correlation was used for the statistical analysis. The results will be discussed as per the implications.

**AIM:** The present investigation aims to study the prevalence of premenstrual symptoms/ menstrual distress among the undergraduate college students and its impact on the quality of life.

### KEYWORDS :

#### INTRODUCTION:

An adolescent is a traveler who is yet to reach his destination. Adolescence is a period of transition and intense changes in the personality, from childhood to adult life along with pubertal development and sexual maturation. It refers to the phase of life where a young girl or boy, who being neither an adult nor a child, find themselves sandwiched between the carefree life of childhood and the responsibilities of adulthood<sup>1</sup>.

During puberty, hormonal, psychological, cognitive and physical changes occur simultaneously. One of the major physiological changes that take place in adolescent girls is the onset of menarche, which is a hallmark of female pubertal development. Problems like irregular menstruation, excessive bleeding, dysmenorrhea, backache, constipation, abdominal cramps, nausea, and vomiting etc are associated with menstruation<sup>2</sup>.

#### MENSTRUAL DISTRESS:

The **menstrual cycle** is the regular natural change that occurs in the female reproductive system, specifically the uterus and ovaries, which makes pregnancy possible by preparing the uterus for pregnancy and production of oocytes. Up to 80% of women report having some menstrual distress symptoms during the one to two weeks prior to menstruation. Common symptoms include acne, tender breasts, bloating, feeling tired, irritability and mood changes<sup>3</sup>.

Dysmenorrhea/ menstrual distress, also termed as painful periods or menstrual cramps, is pain during menstruation, one of the common problems experienced by adolescent girls. A study conducted on dysmenorrhea concluded that 20% to 90% of women suffer the symptoms of back pain, diarrhea, nausea, pain in lower abdomen, psychological problems such as desire to remain alone, depression and tension<sup>4,5</sup>. This common menstrual disorder begins within a year of the first menstrual period, leading to negative effects on the health related Quality Of Life among adolescents<sup>6,7</sup>.

According to a study, menstrual distress adversely effected the quality of life of 84% of 261 girls who reported dysmenorrhea. 91% of the girls reported Premenstrual syndrome (PMS) with symptoms of meal skipping, irritability, leg cramps, abdominal pain, emotional instability, fatigue, dizziness, breast pain, and anxiety. Studies suggest that higher the tendency of menstrual distress it adversely influences the daily life practices, as it increased the rate of absenteeism 4.9 times in college, reduced physical activity 3.1 times, reduced concentration at workplace 3.2 times, and reduces work satisfaction 2.4 times<sup>8,9,10</sup>.

#### QUALITY OF LIFE:

An individual's perceptions of his position in the context of the culture, value systems in which they live, in relation to their goals, expectations, standards and concerns all [play a vital role to define the quality of life. Quality of life (QOL) is the general well-being of individuals and societies, outlining negative and positive features of life. It observes life satisfaction, including everything from physical health, family, education, employment, wealth, religious beliefs, finance and the environment<sup>11</sup>. Quality of life is a subjective evaluation embedded in a cultural, social and environmental context, which focuses upon individuals perceived quality of life.. As such, quality of life cannot be equated simply with the terms health status, standards of life or life style, contentment or life satisfaction, mental state or well-being<sup>12,13</sup>.

A 2016 study showed a prevalence of dysmenorrheal, menstrual distress or painful cramps during menses, is an important clinical cause in young girls. Menstrual distress negatively effects the satisfaction and quality of life leading to everyday problems like absenteeism, reduced physical activity, and loss of concentration, emotionality, and poor social relationship. The quality-of-life among dysmenorrhic girls is always questionable due to frequent episodes of symptoms like fatigue, headache, backache, mood swing, disturbed sleep, depression, irritability, emotional disturbance, inability to concentration, dizziness and anorexia/ vomiting<sup>14</sup>.

Research indicates that 32% of 1500 women experience heavy menstrual bleeding, 39% normal menstrual blood loss, 15% light menstrual blood loss. Heavy menstrual bleeding is directly associated with cognitive complaints, difficulty concentrating, distractibility, motor insufficiency, negative perceptions, anxiety, ill-health behaviors, low self-esteem, limited social and professional activities. Women experiencing heavy menstrual bleeding have significantly worse QOL as compared to those normal menstrual bleeding<sup>15</sup>.

#### HYPOTHESES:

1. It is expected that there will be a negative relationship between menstrual distress and quality of life.
2. It is expected that menstrual distress increases the tendency of absenteeism from college.
3. It is expected that menstrual distress reduces the rate of physical activity during the ongoing menstrual cycle.

#### METHODOLOGY:

The current investigation is designed to study the relationship

between menstrual distress and quality of life of young girls. It also approaches to study the effect of distress in everyday practices and its impact on absenteeism from college and physical activities.

#### SAMPLE:

The current investigation aims to study the concept of menstrual distress, so the sample consists of 100 undergraduate females, in age range of 15-20 years from the tricity. In order to understand the impact effectively, the sample was approached during the ongoing menstrual cycle to estimate the frequency of the problem.

#### TESTS AND TOOLS USED:

- Demographic data consists of age, duration of menstrual cycle and pain, dietary habit, physical activities/ workout and frequency of skipping college and physical activity during menstrual cycle.
- Menstrual distress Questionnaire (Rudolf H. Moos, 1968)
- WHOQOL-BREF (1997)

#### STATISTICAL ANALYSIS:

In order to study the relationship between both the variables of the investigation correlation is calculated. The data is depicted in a tabular manner and the results are discussed further.

#### RESULTS:

**Table 1:** Shows correlation

Correlation between menstrual distress and Quality of life	0.21**
--	--------

At df = 98

\*\* indicating significance at 0.01 level

#### DISCUSSION:

The purpose was to study the relationship between menstrual distress and quality of life among young girls in the age group of 15-20 years. The first hypothesis was that there will be a negative relation between menstrual distress and quality of life. Menstrual distress interrupts the educational and social life with prevalence of sickness absenteeism (28- 48%) and low perceived quality of life among adolescent girls<sup>16,17</sup>. Menstrual distress negatively effects the satisfaction and quality of life leading to absenteeism, reduced physical activity, loss of concentration, emotionality, and poor social relationship, with frequent episodes of symptoms like fatigue, headache, backache, mood swing, disturbed sleep, depression, irritability, emotional disturbance, inability to concentration, dizziness and anorexia/vomiting<sup>14,18</sup>. The correlation came out to be 0.21 which is significant. Hence the hypothesis 1 is accepted.

The second hypothesis was that menstrual distress increases the tendency of absenteeism from college. Menstrual distress is a familial problem with high sickness and absenteeism among girls. Poor quality of life, restricted activity, loss of work satisfaction, personal relationships, confidence & concentration indicates disturbance in life<sup>8</sup>. The girls in urban areas have low coping tendencies leading to more medication and drug usage as compared to the rural area girls, who show high rate of adaptation and endurance without drugs<sup>17,19</sup>. Out of 100 girls, 67% reported absenteeism during the ongoing menstrual cycle due pain, discomfort, dizziness, backaches, cramps, anxiety etc. so the hypothesis 2 is accepted.

The third hypothesis was that menstrual distress reduces the rate of physical activity during the menstrual cycle. Menstrual distress reduced the rate of physical activity 3.1 times. The more severe the menstrual distress, the higher the impact on daily activities<sup>20</sup>. Research indicates that 32% of 1500 women experience heavy menstrual bleeding, 39% normal menstrual blood loss, 15% light menstrual blood loss. Heavy menstrual bleeding is supports negative perceptions related to physical exertion, limited social and professional activities<sup>21</sup>. 92% of 100 girls reported no physical activity or strenuous work during the menstrual cycle due to weakness, bodily pains, lack of strength. So hypothesis 3 is also accepted.

Understanding the impact on quality of life is an important measure to better understand the impact of the health problem on the general well-being of young women and to ensure the optimal delivery of healthcare. Despite not being life threatening, menstrual problems can pose a significant impact on the quality of life, which if timely identified can reduce the risk of poor life satisfaction, self-esteem, worthlessness and quality of life<sup>22,23</sup>. Thus, menstruation causes lot of distress, irritability, confusion, sadness, angry outbursts, emotional episodes and disrupt relationships. So be it the young, middle or old age, women need to take better care of themselves in every aspect of life: physically, mentally, emotionally and spiritually<sup>24</sup>. Healthy lifestyle practices like awareness, education, exercise, nutrition, nourishment, coping skills, all together play an important role to reduce stress, leading to healthy and risk free existence of the women<sup>25</sup>.

#### REFERENCES:

- Dorn L. D., Biro F. M. (2011). Puberty and Its Measurement: A Decade in Review. *Journal of Research on Adolescence*. 21 (1): 180-195. doi:10.1111/j.1532-7795.2010.00722.x.
- Barenboim, C. (1981). The Development of Person Perception in Childhood and Adolescence: From Behavioral Comparisons to Psychological Constructs to Psychological Comparisons. *Child Development*. 52: 129-144. doi:10.2307/1129222.
- Kristin H, Lopez. *Human Reproductive Biology*. 2003; Academic Press. p. 53. ISBN 9780123821850.
- Kumar, A. (1999). Menstrual problems among adolescents. *Nursing Journal of India*. 41-42.
- Drosdzol A., Skrzypule V. (2008). Dysmenorrhea in pediatric and adolescent gynecology. *Ginekolog*. 79(7):499-503.
- Osayande, A. S., Mehulic, S (2014). Diagnosis and initial management of dysmenorrhea. *American family physician*. 89 (5):341-6. PMID 24695505.
- American College of Obstetricians and Gynecologists (2015). FAQ046 Dysmenorrhea: Painful Periods.
- Joshi, T., Kural, M. K., Agrawal, D. P., Noor, N., Patil, A. (2015). Int J Med Sci Public Health. Primary dysmenorrhea and its effect on quality of life in young girls, 4(3): 381-385 doi: 10.5455/ijmsph.2015.0711201472
- Sundell, G., Milsom, I., Andersch, B. (1990). Br J Obstet Gynaecol. Factors influencing the prevalence and severity of dysmenorrhea in young women; 97:588-94.
- Jayashree, R., Jayalakshmi, V. Y. (1997). *Health Educ South East Asia*. Socio-cultural dimensions of menstrual problems; 12:21-6.
- Barcaccia, B. (2013). Quality Of Life: Everyone Wants It, But What Is It?. *Forbes/ Education*. Retrieved 10 May 2016.
- McNally, James W. (2009). *Encyclopedia of the Life Course and Human Development* (3). 310-317.
- Gregory, D., Johnston, R., Pratt, G., Watts, M. (2009). Quality of Life. *Dictionary of Human Geography* (5th ed.), Oxford: Wiley-Blackwell. ISBN 978-1-4051-3287-9.
- Tanna, A., Sommaiya, J., Dobariya, J., Doshi, P., & Shah, R. (2016). *International Journal of Current Advanced Research Research*. Prevalence of dysmenorrhea and its effects on quality of life in college going girls, 5 (7): 1093-1096. ISSN: 2319 - 6475.
- Karlsson, T. S., Marions, L. B., Edlund, M. G. (2014). AOGS. Heavy menstrual bleeding significantly affects quality of life; 93 (1):52-57. Doi 10.1111/aogs.12292.
- Sharma, P., Malhotra, C., Taneja, D. K., Saha, R. (2008). *Indian J Pediatr*. Problems related to menstruation amongst adolescent girls. 75(2):125-9.
- Sharma, M., Gupta, S. (2003). *Nepal Med Coll J*. Menstrual pattern and abnormalities in the high school girls of Dharan: a cross sectional study in two boarding schools; 5(1):34-6.
- J.C. Helen Shaji (2014) Severity of Primary Dysmenorrhea and Menstrual Distress among University Students in Kingdom of Saudi Arabia. *International Journal of Health Sciences and Research (IJHSR)*, 4 (11), 209-215.
- Avasarala, A. K, Panchangam, S. (2008) *Indian J Community Med*. Dysmenorrhoea in different settings: are the rural and urban adolescent girls perceiving and managing the dysmenorrhoea problem differently? 33(4):246-9.
- Azurah, A. G., Sancil, L., Moore, E., Grover, S. (2013). *J Pediatr Adolesc Gynecol*. The quality of life of adolescents with menstrual problems; 26(2):102-8. doi: 10.1016/j.jpag.2012.11.004.
- Delara, M., Ghifranipour, F., Azadfalla, P., Tavafian S. S., Kazemnejad, A., Montazeri, A. (2012). Health related quality of life among adolescents with premenstrual disorders: A cross sectional study: Health and quality of life outcomes. 10(1). Doi:10.1186/1477-7525-10-1.
- Knox, B., Azurah, A. G., Grover, S. R. (2015). *Curr Opin Obstet Gynecol*. Quality of life and menstruation in adolescents. ; 27 (5) : 309-14. doi: 10.1097/GCO.0000000000000199.
- McKay, M., Diem, E. (1995). *J Pediatr Nurs*. Concerns of adolescent girls; 10:19-27.
- Moos RH. The development of Menstrual distress questionnaire. *Psychometric medicine*. 1968; 30: 853-867.
- Parsons et al. *Gynaecology*. Philadelphia, W.B. Saunders Company, 1st edition, 1963.