



PATTERN OF MENSTRUAL CYCLES AND MENSTRUAL HYGIENE AMONG MARRIED WOMEN LIVING IN AN URBAN SLUM – A PILOT STUDY

Community Medicine

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ABSTRACT

This cross-sectional interview-based pilot study was conducted on urban slum-dwelling married women (mean current age: 25.8±3.92 years; mean living children: 2.26±1.19) to determine the profile of menstrual cycles and levels of menstrual hygiene. Only three participants had completed higher secondary level of education. Friends and mothers were the leading sources of information on menstruation. Most respondents had regular menses (mean duration: 3.8±1.2 days) with moderate bleeding. A majority reported symptoms during the pre-menstrual period and menses. During menses, all the participants cleaned the genital area after micturition. 64% used branded disposable sanitary napkins while 36% used home-made sanitary napkins that were washed and re-used. The frequency of changing sanitary napkins ranged from 1-2 times per day (n=29) to 3-5 times per day (n=21). Community-based educational interventions can create awareness on menstrual hygiene, menstrual disorders and their management.

KEYWORDS

Married women, Menstrual hygiene, Urban slum

INTRODUCTION

The socio-cultural restrictions, repression and restraint on open discussion on menstruation and menstrual practices with taboos are responsible for the adverse health outcomes related to menstrual problems. [1] Though many women experience some degree of pain and discomfort during their menses, several physical, psychological and emotional symptoms also occur before and during menstruation. [2] Though women's menstrual complaints are pervasive, not much attention is paid to understanding them. [2-4] The estimates of Global Burden of Disease do not incorporate menstrual dysfunction. [5] Poor personal hygiene and unsafe sanitary conditions during menstruation increase susceptibility to reproductive tract infections (RTI) and gynecological problems. [6-9] This pilot study was conducted prior to starting menstrual hygiene-related education programmes in an urban slum, to determine the profile of menstrual cycles and levels of menstrual hygiene.

MATERIAL AND METHODS

This cross-sectional descriptive interview-based pilot study was conducted in February 2018 on married women living in an urban slum in Kalwa (East), Thane, which is located about 30 kilometres from Mumbai city in the state of Maharashtra, India.

The majority of the married women in the slum locality were homemakers while some were working in unskilled and semi-skilled jobs in the vicinity of their homes. Due to their accessibility and long-term availability for menstrual-education programmes, married women living in the slum area were selected for this pilot study using convenience sampling technique. After explaining the purpose of the pilot study, the consenting participants were interviewed at their homes, at a time convenient to them, by a female investigator, using a pre-validated semi-structured questionnaire.

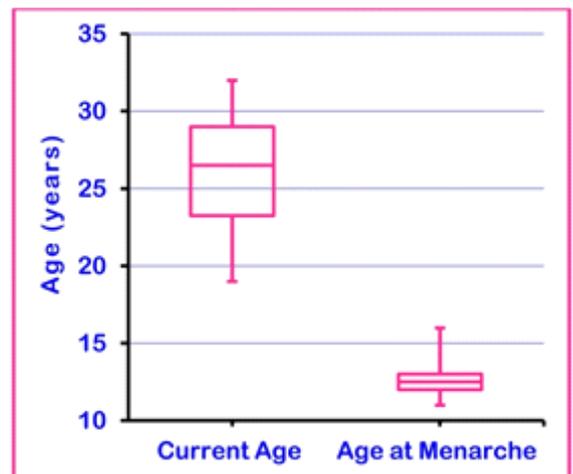
Categorical data were presented as frequencies and continuous data as Mean and Standard deviation (SD). The 95% Confidence Interval (CI) was expressed as: [Mean - 1.96*Standard Error] to [Mean + 1.96*Standard Error]. The data were analyzed using EpiInfo Version 7.0 (public domain software package from Centre for Disease Control and Prevention, Atlanta, GA, USA).

RESULTS

Demographics: A total of 50 married women participated in this study. Their mean current age was 25.80 ± 3.92 years (95% CI: 24.71-26.89 years). The maximum and minimum current age was 32 years and 19 years, respectively, with a median age of 26.5 years (Figure 1). Their mean age at menarche was 12.84 ± 0.96 years (95% CI: 12.58-13.10 years). The maximum and minimum age at menarche was 16

years and 11 years, respectively, with a median age of 12.5 years (Figure 1). Religion-wise, the participants were Christians (7), Hindus (18) and Muslims (25). The educational level of the participants ranged from illiteracy (13), primary schooling (10), and secondary schooling (24) while only three participants had completed higher secondary level of education.

Figure 1: Box-and-Whiskers plot of age distribution



Awareness: 29 (58%) were not aware of menstruation at the time of their menarche and 16 (32%) had not discussed this physiological phenomenon with anyone. The sources of information on menstruation for other participants were friends (13), mothers (11), husband (4), sister (3), and neighbour (2). A doctor was the source of information for only one participant.

Pre-menstrual symptoms:

The self-reported pre-menstrual symptoms included irritable mood (38), fatigue (36), breast tenderness (13), low abdominal pain (5), backache (5), and craving for particular foods (1).

Menstruation:

The mean duration of menstruation was 3.80 ± 1.20 days (95% CI: 3.47-4.13 days) 43 (86%) women had regular menses. The self-reported quantity of bleeding was scanty (7), moderate (34), and heavy (9). 14 (28%) women reported passage of clots during their menses. 2

women had intermittent inter-menstrual bleeding with moderate flow, associated with pain. The mean number of living children was 2.26 ± 1.19 (95% CI: 1.93-2.59). Only 8 women experienced changes in pattern of their menstrual cycles and/or menstruation-associated symptoms after parturition. Of these, 5 had irregular periods, 2 complained of decreased duration of periods while only one reported dysmenorrhoea

Symptoms during menses:

Abdominal cramp was reported by 42 (84%) women and this was the most common symptom during menses. The other reported symptoms included irritable mood (35), low backache (33), fatigue (19), sleep problems (14), breast tenderness (13), and burning micturition (8). In all, 6 women took prescribed treatment during their menses. Of these, 4 women had initiated treatment after worsening of symptoms while 2 initiated treatment immediately during menstruation. All the six women reported relief of symptoms after initiation of treatment.

Hygiene during menses:

All the participants in this study reported that after micturition, they cleaned the genital area during menses on a daily basis. 37 women used plain water for cleaning the genital region while 13 used soap and water. 32 (64%) used branded disposable sanitary napkins that were disposed off in household dustbins (21), separate dustbin (9) and in nearby gutter (2). 18 (36%) used home-made sanitary napkins that were washed and re-used. The frequency of changing sanitary napkins ranged from 1-2 times per day ($n=29$) to 3-5 times per day ($n=21$).

DISCUSSION

Demographics:

The age profile of participants in the present study (mean current age: 25.80 ± 3.92 years; mean age at menarche: 12.84 ± 0.96 years) contrasts with that of a similar study [10] on married women, conducted in Andhra Pradesh wherein, the mean age of 400 married respondents was 19.6 years and 37% were in the age group of 18-19 years and the mean age at menarche was 13.2 years. The mean age of married women in a Haryana-based study [11] was 28 ± 5.4 years, while the mean age at menarche was 14.3 ± 1.2 years

Awareness:

The chief sources of information in this study were friends, followed by mothers. A Delhi-based study [12] found that 46.6% of the 350 women acquired knowledge from their mothers, followed by neighbours and relatives. Studies [13,14] have found that family members and friends, though well-placed to create awareness on menstruation and menstrual hygiene, themselves lack the required knowledge.

Symptoms:

The reported symptoms before and during menses are similar to that reported by a study on married women in Haryana. [11]

Hygiene during menses:

In the present study, 64% women used sanitary pads while in a Delhi-based study, only 53.7% women used sanitary pads, 30.9% women used cloth while 15.4% used both napkins and cloth; washing of genitals was reported by 89.1% and reuse of absorbents was found to be satisfactory in 87.7%. [12] In this study, all respondents reported washing their genitalia during menses while in a Karnataka-based study [6] only 53.8% reported similar level of hygiene. Women need easy access to hygienic absorbent products which can prevent reproductive tract infections. [15] In the present study, 36% women used home-made sanitary napkins that were washed and re-used. Washing, drying and reusing homemade sanitary napkins has been found to be associated with Reproductive Tract Infections. [16] Financial constraints prevent most women from using branded sanitary pads. It is essential to make available cheaper unbranded hygienic sanitary napkins to women from lower socio-economic groups.

Limitations:

The determinants of usage of sanitary pads and menstruation-related socio-cultural perspectives of the women and their family members were not investigated in this pilot study.

CONCLUSION

Married women living in urban slums suffer from menstruation-related problems and the usage of sanitary pads is low. Health care

personnel ought to conduct community-based educational intervention programmes on menstruation and its management.

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