ORIGINAL RESEARCH PAPER

Statistics

THE IMPACT OF MENSTRUAL DISORDERS ON QUALITY OF LIFE

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Dr. Firdous Ansari Ph.D. (Statistics) 'Ansari Bldg' 'I' 'B'Road Sardarpura, Jodhpur, Rajasthan(342003)

ABSTRACT

Menarche is one of the most basic characteristic features in a woman's life but menstrual disorders affect the quality of life of a female belonging to reproductive age group. In this study we have considered various studies concerning with menstrual disorders and its impact on quality of life. In the last section of the study discussion is made for further future perspectives.

Discussion

Menstrual disorders are imposing adverse effects on women's health as well as on quality of life. There is an urgent need for sexual as well as menstrual education so that the disorders underlined can be detected early and treatment can be taken at initial stage.

Introduction

The age at menarche heralds sexual maturation and passage from childhood to adolescence among women(Tanner JM,1955; Zacharias Let al,1969; Laslett P, 1971; Tanner JM,1973; Dann TC et al,1973).Numerous of studies reported that early age at menarche was strongly associated with early marriage and premature parenthood, obesity, breast cancer, ovarian cancer, psychological disorders (stress, anxiety, and depression), metabolic syndrome (diabetes, coronary heart disease, stroke and respiratory problems),delinquent behavior, poor academic performance and so on(Walvoord EC,2010; Pierce MB et al,2005; Rah JH et al,2009).In present study we considered various studies concerning with menstrual disorders and its impact on quality of life.

In one of the studies considered, menstruation characteristics of the women and the effects of menorrhagia on women's quality of life were identified. In this study it was found that 10.9% of total women stated that their menstrual bleeding was severe and very severe before complaints while 73.2% described bleeding as severe or very severe after complaints. Among those who complained about menorrhagia, 46.7% were found pointing that they used hygienic products that are more protective than regular sanitary pads. In the same study women also found observed stating that their clothes, bed linens, and furniture got dirty parallel to the severity of the bleeding. In this study SF-36 scale was used to access the quality of life of women and in all subscales of SF-36 scale, quality of life of the women in the menorrhagia group was observed significantly lower than the ones in the control group (Gokyildiz S,2013).

A study assessed the pattern of menstrual disorders and impact on the quality of life among university students in South-Western Nigeria. It was a descriptive, cross-sectional study. Results of the study revealed that mean age at menarche of 494 women was 13.6 years. This study reported that about 82.8% were having regular monthly menstrual flow pattern, 21.9% had menorrhagia, 16.0% had oligomenorrhea, and 9.1% had polymenorrhea, while 65.8% had occasional associated dysmenorrhea. Study also revealed that about 10.7% had went-through the treatment of dysmenorrhea in a health facility in the last 1 year. If we put concentration on tension during menstruation, it was found that it puts tension on 46.2% of respondents, disrupted work at school in 38.9%, and at home among 42.9% of them, while it prevented 15.6% of respondents going to school for at least 1 day in the last 6 months. Girls with irregular menstrual pattern were observed 1.4, 1.8, and 1.6 times more likely to experience pressure or lenition on them, had school work, and homework disrupted, respectively whereas girls who were aware about menarche before menarche were found twice less likely to have disruptions of school activities compared to those who were not aware about it in advance.(odds ratio = 0.5, 05% confidence interval: 1.96–3.01, P = 0.01)(Adebimpe WO et al,2013).

Another study determined the prevalence and pattern of menstrual symptoms among nursing students in Beirut, Lebanon. After consideration of 352 students, study found that the most common menstrual disorders were irregular frequency of menstruation (80.7%), premenstrual syndrome (54.0%), irregular duration of menstruation (43.8%), dysmenorrhoea (38.1%), polymenorrhoea (37.5%) and oligomenorrhoea (19.3%). Significant associations were reported observed between irregular cycles and marital status (OR 2.18) and menarcheal age (OR 4.76); oligomenorrhoea and residency (OR 2.06) and menarcheal age (OR 3.17); abnormal blood loss and menarcheal age (OR 6.92); dysmenorrhoea and marital status (OR 8.93) and residency (OR 2.04); and premenstrual syndrome and marital status (OR 2.10)(Karout N,2012).

In one of the studies conducted in Egypt, a total of 283 from Zagazig University, Zagazig, Egypt were considered to determine the nature and prevalence of menstrual disorders among the young female students. According to this study, the mean age at menarche was 12.1 ± 1.6 years with a range of 11–16 years. Oligomenorrhoea was scanned reported by 6.0% girls while 2.1% had polymenorrhoea. Hypomenorrhoea was reflected in 7.1% students, while hypermenorrhoea was scrutinized by 5.3%. Irregular periods were pondered mentioned by 7.8% girls. In the study considered, dysmenorrhoea was found reported in 65.4% students. Out of these, as far as pain is concerned, 27.9% graded their pain as mild, 23.3% as moderate and 14.1% as severe(Nooh AM,2015).

In a cross sectional study on Arabian Gulf University medical students, various variables viz. socio-demographic characteristics, menstrual history, academic performance and habits e.g. sleeping, appetite, exercise, mood and social relationships during the menstrual period were considered . In this study mean age at menarche of the study population computed was 12.7 ± 1.5 years. 90.7% of the students reported symptoms during their menstrual period, with the commonest five being abdominal cramps (90.7%), backache (82.7%), tiredness (80.4%),pelvic pain(74.0%) and bloating (65.2%). According to this study amount of sleep (73.3%), quality of sleep (60%), diet (73.8%) and exercise (60.7%) were observed affected. In case of Academic performance, study time (76.0%), concentration (65.8%), group activities (58.1%), examination performance (51.8%) and attendance (40.8%) were also found affected(Khamdan H Y,2014).

A study was found considering adolescents aged 13–18. In this study the mean age of 184 adolescent girls reviewed was 15.10 ± 1.49 with the mean body mass index (BMI) of 22.83 ± 4.82 kg/m2. In this study the most common menstrual problems were dysmenorrhea, heavy bleeding, oligomenorrhea, and amenorrhea with 38.6%, 33.6%, 19.6% and 8.2% respectively. In the same study,maternal parenting style, parental anxiety, adolescents' ill-health behavior, and BMI were found having impact on the girls' quality of life (QoL)(Azurah AGN,2013).

We came across another study reviewing that menstrual disorders have a major impact on the quality of women's lives, especially those who suffer heavy menstruation. Study found that these problems also lead to limitations at work and school and hinder

educational and academic achievements. Early recognition, accurate diagnosis and appropriate management of bleeding disorders should improve not only the quality of care for affected women but also their Quality of life according to this study(Kadir RA,2010).

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