

Menstrual problems Among Women and their effect on the work at Omdurman Military Hospital 2018

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Abstract

Background: Menstrual Problem is a common health discomfort affecting females that are of sufficient severity to interfere with some aspects of life as physical, psychological and emotional, leading to reduction in a woman's working efficiency, having an impact on the whole sphere of communications in professional, employment prospects and personal life. This study aimed to determine menstrual problems and their effect on the work.

Methods: A descriptive cross sectional study was conducted on one hundred of non-health care worker women that recruited randomly in this study. Data were collected by structured interview questionnaire and check list for assessing menstrual symptoms, menstrual problems, and daily life activities in work. Data were analyzed using suitable statistical methods.

Results: The study revealed that 89% of participants their age between 20-40 years, 45% of them were single and most of them their education level were secondary school and university (33%,55%) respectively. Their age of first menstruation range between 11 and 17 years with mean age of (13.19±1.2SD). Majority of women have regular menstruation 79%. The length of menstrual flow varies (3, 5 and 7 days)(91%), with duration of the cycle range 18-21 days or up to 35 days (54%, 43%) respectively. Premenstrual syndrome occurs among 7% of women and menstrual symptom occurs among 60% of them. Psychological changes exist among them with average 43%. Menstrual problems and effect on their work was found among 47% of them. Women manage their symptoms with alternative therapy 79%, or medical therapy 36% while physical methods used by 45%.
Conclusion: Menstrual problem was very prevalence among women and effect of daily activities in work. Women managed their symptoms by pharmacological and non-pharmacological methods.

Key words: Working Women, Menarche , Menstrual Problem

1-Introduction

1.1 Background

Menstruation is an important component of the active reproductive life of a woman. Starting with menarche in young girls, it becomes a regular monthly event that culminates into social, sexual, and reproductive life that later terminates with menopause. (Harlow & Campbell, 2000) and (Walraven et al., 2002).

Menstrual cycle is the cyclical shedding of endometrial every 28 ± 7 days in response to hormones. It is a natural phenomenon that occurs throughout the reproductive years of every woman's life during which blood loss per cycle is not greater than 50 ± 30 ml with or without discomfort (Beek, Jonathan, 2006). Menstrual discomfort and disorders frequently affect the quality of life of women, especially those who suffer from dysmenorrhea (Symonds, 2004). Menstrual disorder have economic consequences in terms of has non- health problems as well as limitations on attendance at work which hinder employment prospects (Henderson, 2000) .Menstrual disorders include menstrual cycle irregularities (of duration or length), hyper- or hypo-menorrhea, poly- or oligomenorrhea, dysmenorrhea, amenorrhea, menorrhagia and premenstrual syndrome (PMS) (Dawood, 2006).

PMS is a condition which manifests with distressing physical, behavioral and psychological symptoms not due to organic or underlying psychiatric disease, which regularly recurs during the luteal phase of each menstrual cycle and which disappears or significantly regresses by the end of menstruation (Magos and Studd, 1984). The main symptoms of PMS are emotional symptoms, which include depression, mood swings, outbursts, anxiety/tension, confusion, social withdrawal, poor concentration, sleep disturbance, thirst, and appetite/food cravings, or physical symptoms include breast tenderness, bloating, weight gain and headache (Freeman, et al., 2011) (Deuster, Adera, and South-Paul, 1999).

1.2 Purpose of the Study

Menstrual problems affect not only the woman, but also family, social and national economics as well. However, Population studies on menstrual problems and pattern are very little for working women in Sudan.

1.3 Objective: This study comes up to determine menstrual problems and pattern among working women and their effect on the work.

2-Literature Review

High prevalence of dysmenorrhea and menstrual irregularity shown in previous study (Dawood,2006). Menstrual disorders are supposed to be negligible concerns especially in the under developed countries where the women suffer from dangerous problems therefore they are inappropriate to the community health plan (Esimai, and OmoniyiEsan,2010).

Common menstrual disorders reported among young women include dysmenorrhea, irregular frequency of menstruation, premenstrual syndrome, irregular duration of flow amenorrhea, polymenorrhea, and oligomenorrhea (Karou, Hawai, and Altuwaijri, 2012). Globally, little attention has been paid to menstrual disorders and many of such presentations go unnoticed. In many cultures, issues of menstruation are a taboo that should not be discussed openly and were regarded as strictly personal affairs. (Harlow & Campbell, 2000) (Walraven et al., 2002).

Disease burden associated with menstrual disorders include dizziness, headache, depression, and anxiety. Primary dysmenorrhea or painful menstruation without pelvic abnormalities may be associated with vomiting, fatigue, back pain, and diarrhea while secondary dysmenorrhea refers to painful menstruation due to pelvic abnormalities. Menstrual disorder is one of the most common causes of regular absenteeism of young women from schools and work places and inability to meet up with some social functions (Banikarim, Chacko, and Kelder, 2000) (El-Gilany, Badawi, and El-Fedawy,2005).

Menstruation is the periodic change occurring in primates, which results in the flow of blood and endometrium from the uterine cavity, and which may be associated with various constitutional disturbances. Dysmenorrhea which is one of the most common gynecologic complaints in young women who present to clinicians can be defined as difficult menstrual flow or painful menstruation (KhaledAbdEl Malek,2010) (French,2005) .

The prevalence of primary dysmenorrhea decreases with increasing age; prevalence is highest in the 20 to 24 year old age group and decreases progressively thereafter. Both dysmenorrhea and PMS are common problems and have negative effect on a woman's life during their reproductive years (Freeman, and Sondheimer, 2003).

3-Materials and Methods:

A descriptive cross sectional study carried out on one hundred non-health care worker women, selected randomly at Omdurman Military Hospital, Data were collected by structured interview questionnaire assessing menstrual symptoms and check list to determine effect of menstrual problem on daily life activities in work. Data were analyzed using SPSS, version20 frequencies and percentages were presented. Informed consent was used.

4-Results

Table (4-1): Socio demographic characteristics of studied women n=100

Study variable	Frequency	Percent %
Age		
< 20	7	7
20-30	59	59
31-40	30	30
>40	4	4
Marital statues		
Single	45	45
Married	40	40
Widow	8	8
Divorce	7	7
Education level		
Pre elementary, Elementary and intermediate	12	12
Secondary	33	33
University	45	45
Post graduate	10	10
Sources of information about menstruation		
Friends	41	41
Television	19	19
Health care workers	9	9
Radio	7	7
Internet	21	21
Books and magazines	6	6

89% of participants their age between 20-40 years and 4% age more than 40 years. Less than half 45%of participants were single 40% were Married and 15% were widow and divorce. Most of them their education

level were secondary school and university (33%, 55%) respectively. Their information about menstruation acquired from their friends and internet sources (41%, 21%) respectively.

Table (4-2):Menstrual status and characteristics of studied women n=100

Study variable	Frequency	Percent%
Age of menarche /years		
11	2	2
12	31	31
13	36	36
14	14	14
15	13	13
16	2	2
17	2	2
Criteria of menstrual regularity		
Regular	79	79
Irregular	21	21
Length of menstrual flow		
3-5	42	42
5-7	49	49
>7	8	8
Duration of the cycle/days		
18-21	54	54
21-35	43	43
>35	3	3
Women experience of menstrual symptoms after marriage.		
change	27	27
not change	25	25
Women experience of menstrual symptoms after delivery		
change	23	23
not change	26	26
Premenstrual syndrome among women	7	7

Age of menarche range between 11 and 17 years with mean age of (13.19±1.2SD), Majority 79% of women have regular menstruation. The length of menstrual flow varies 3, 5 and 7 days (91%), with duration of cycle between 18-21 days or up to 35 days (54%, 43%) respectively. 27% of married women experience menstrual symptoms change after married, while 23% of them experience the change after delivery.

Table (4-3) Women experience of menstrual symptoms n=100

No	Menstrual symptoms	yes	%
1	Back pain	98	98
2	Fatigue	98	98
3	Abdominal flatulence	33	33
4	Breast burning sensation	59	59
5	Headache	54	54
6	Nausea	40	40
7	Vomiting	27	27
8	Dysmenorrhea	59	59
9	Weight gain	17	17
	Average		60

Menstrual symptom occur among 60% of them and the most common symptom were (back pain, fatigue, dysmenorrhea, breast heaviness, headache and nausea) (98%, 98%, 59%, 59%, 54% and 40%) respectively.

Table (4-4) Women experience of menstrual psychological change n=100

No		Yes	%
1	Feeling of anxiety	87	87
2	Feeling nervousness	53	53
3	Mood swinging	83	83
4	Stress	27	27
5	Insomnia	39	39
6	Feeling depression	24	24
7	Isolation	14	14
8	Weeping	18	18
	Average		43

Psychological changes exist among women with average 43% ,mainly (feeling anxiety, mood swinging, nervousness and insomnia) (87%, 83%, 53% and 39%) respectively.

Table (4-5) Women experience of menstrual problem on work n=100

No		yes	%
1	Decrease the concentration during work	67	67
2	Low performance	83	83
3	Delay the work	49	49
4	Come late to the work	30	30
5	Leave the work early	35	35
6	Absent from work	29	29
7	Decrease daily activities	38	38
	Average		47

Regarding menstrual problem and effect on their work was found in 47% of them mainly (low performance, decrease concentration during work and delay the work) (83%, 67% and 49%) respectively.

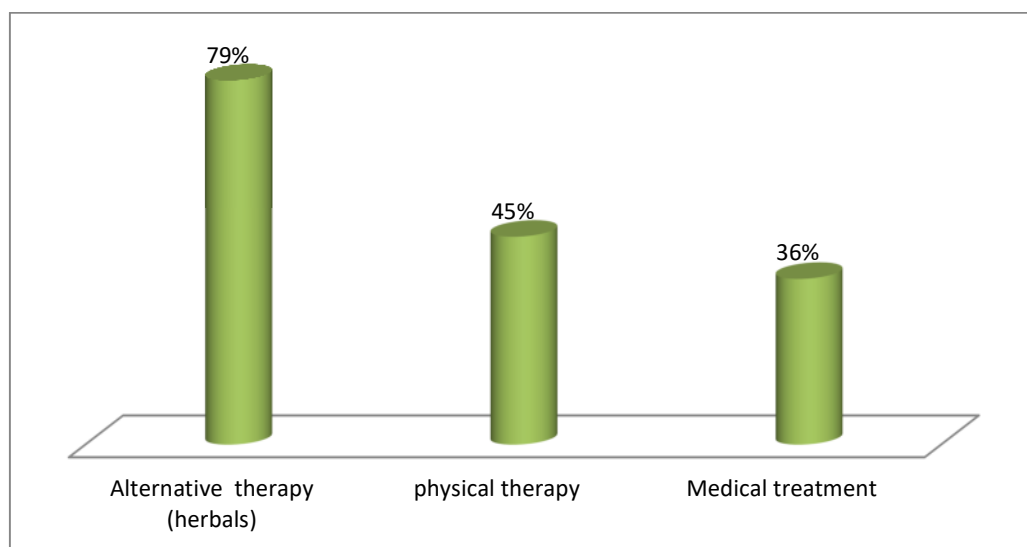


Figure (4-1) Women experience of menstrual management n=100

Management of menstrual problems among women by alternative therapy (herbals) used by majority of them , 79%, physical therapy 45% while medical treatment used by 36%. of them.

5-Discussion

In this study the age of menarche among women range between 11 and 17 years with mean age of (13.19±1.2), this result similar with study by (Omidvar, and Begum, 2011) that found age of menarche range between 10 to 17 years, with mean age of (13.36 ± 1.25) and, more than what found by Ahmed Nooh (2015) 12.1 ±1.6 years with a range of 11–16 years. In this study fifth 21% of participants were suffering from irregular menstrual cycle. This result approximately similar with previous study that found less than 30% of participants were suffering from irregular menstrual cycle as stated by (Allsworth, 2007 and Nisreen Aref, Farzana Rizwan and Mustafa Abbas 2015) and more than what found in other study by (Ahmed et al., 2017) 11.9%. Fatigue and backache were existing among most of women (98%, 98 %). This result opposite with study that found less than half (47.9%, 38.3%) of women were reported it as mentioned by [Nisreen Aref, Farzana Rizwan and Mustafa Abbas 2015 and (Shabnam Omidvar, Khyrunnisa Begum, 2011) . While backache was existing among 72.2% of women in the other study by (Ahmed et al., 2017). Dysmenorrhea experiences by 59% of the participants, which is less than what found in the other study by (Shabnam Omidvar, Khyrunnisa Begum, 2011) 78.2%. In the absence of appropriate pain relief, women with severe dysmenorrhea may not be able to carry out their normal activities and working ability was affective, as stated by (Thomas, Okonofua and Chiboka, 1990 and Shabnam Omidvar, Khyrunnisa Begum, 2011). In this study absent from work and decrease daily activities found among (29%, 38%) respectively, which is agreed by (Christiani, Niu, 1995 and Ballagh, Heyl, 2008) they illustrate that, dysmenorrhea is associated with high rates of absenteeism and restriction of regular activities. Feeling nervousness found among 53% of the women in this study, while anger found among 34.5% in the other study by (Shabnam Omidvar, Khyrunnisa Begum, 2011) . In this study alternative therapy (herbals) used by 79% of them, This result consistent with previous study that found more than half of the working women who experience dysmenorrhea reported drinking herbal fluids to alleviate their symptom as stated by (Ahmed et al., 2017) . But not consistent with (Gilany, Badawi, and Fedawy, 2005 and Khaled Abd El Malek (2010) that found pharmacotherapy remains the most reliable and effective treatment for abdominal pain related to primary dysmenorrhea. **Conclusion**, menstrual problems are more prevalent among females in reproductive age. Common symptoms existed are fatigue, backache, dysmenorrhea and feeling of anxiety. It appears that occurrence of menstrual problems increasing in population; such sufferings affect the productivity among females. Therefore, it can be stated that a comprehensive education program on menstrual problems may help women to cope better.

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