Kathmandu University Medical Journal
2003, Vol. 1, No. 1, 20-26

Original Article

A profile of menstrual disorders in a private set up

Padhye S[1], Karki C[2], Padhye S B[3]

[1]Prof., [2]Asst. Prof., [3]Medical officer, Department of Obstetric & Gynaecology, Kathmandu Medical College, Sinamangal.

ABSTRACT

Menstruation and its disorders are still considered unholy & impure and are not yet recognised as significant reproductive health morbidity. Therefore a prospective study was carried out at a private clinic for a period of three months where total number of patients coming with current or past menstrual problems are 525. This number did not include pregnant women or those on any hormonal medications or having dysfunctional uterine bleeding. This study aimed to find out the incidence of Menstrual Morbidity and their mode of presentation. It has also tried to find out these women's age, parity, age of menarche and number, following discriminating traditional rituals during their 1st and regular menses, their family planning status and the districts from where they came to Kathmandu for their treatment. In this study, menstrual morbidity was found to be 43.75%. Approximately 60% of women having menstrual complaints had absolutely normal menstrual cycle; whereas 13% of them had irregular, 17% of them had prolonged and 6% had short menstrual cycle. A significant number (46%) of women although suffering from menstrual problems presented with other symptoms like vaginal discharge, pain lower abdomen, subfertility, urinary problems, abdominal lumps and for cuT check-ups. 3% of the women who presented with vague, non-specific complaints asking for a general check up had one or the other menstrual problem. Although approximately 69% of these women were from the age group of 20 - 39 years, 4% of them were adolescents and 27% above 40 years. It was observed that although approximately 78% of these women were primi and multiparous ladies, 22% were unmarried and nulliparous suffering from various menstrual morbidities. More than 55% of these women had their menarche at the age of 12-14 years. It was not surprising to note that more than 90% of women had to follow the traditional unhealthy and unsociable rituals during their first menstruation. More than 75% of them had to follow the discriminating traditional rituals which consider a menstruating woman "untouchable" for 5 days of every month throughout their active reproductive lives. 20% of these women were using non-hormonal contraceptive methods, out of which >50% had undergone permanent sterilisation. It was a matter of pride to note that this clinic was providing the health care services to the adolescents and women of 13 zones and more than 52 districts of the country.

Key words: Menstrual morbidity, traditional rituals, Menarche, subfertility, nulliparous

In our society menstrual disorders are still not considered as a reproductive morbidity whereas menstruation itself is till now considered as an unholy, dirty and unnatural event. Rituals during and after menstruation are carried out in many societies (1, 2), including many Hindu sects. Rituals related to menstruation are also practised in Islamic and Jewish communities. Although, Nepal has a diverse multicultural and multiethnic society, one study carried out in Kathmandu and Birganj found that almost all girls in the sample studied had undergone a ritualistic period of seclusion prior to or during their first period. (1) Even today girls are kept in a dark room for 12 days during their 1st menstruation. During this time, they are kept away from sunlight in a dark room, are not allowed to have any male visitors and are sometimes not allowed to go out of the room even for bladder and bowel evacuation.

Similar rituals are followed in some casts before the age of menarche and no special ritual is performed when a girl starts menstruating. In the study cited above, most girls reported being very embarrassed, feeling very isolated, unhappy or sad during this period of seclusion.

During regular menstruation throughout their reproductive lives, women are barred from continuing with their routine work. The menstruating woman is isolated and not supposed to touch anyone

Correspondence
Prof. Dr. Saraswati Padhye, Department of Obstetric & Gynaecology, Kathmandu Medical College, Sinamangal

else or be touched by anyone. Food is given to her in a separate utensil. She has to sleep on the floor, which is not supposed to be touched by anyone else. She has to take a bath and clean all her used clothes on the 4th day of menstruation. Thereafter only on the 5th day she can mix normally with the rest of the family. This process is repeated every month.
It is not clear how & when these rituals began, but these rules apply to many women even when they are suffering from menstrual disorders or iatrogenic or natural dysfunctional uterine bleeding.

Menstrual disturbances are a common cause for health care utilization by women. In one study in the United Kingdoms, menstrual disturbances were responsible for 21% of gynaecology referrals (3).
Considering all these factors, a study addressing menstrual disturbances was carried out in a private clinic where women from economic levels of middle class to lower middle class visit for consultation from different parts of the country.

Aims and Objectives
The main aims and objectives of this study were to find out

- The Incidence of Menstrual Morbidity in a private Gynaecology Clinic
- Their mode of Presentation.
- The Demographic Pattern of these patients in terms of their age and parity.
- Age of menarche in Nepalese women.
- The number of women who did not have to follow the unscientific traditional rituals during their 1st and regular menses.
- Their Family Planning Status.
- The Districts from where they came to Kathmandu for their treatment.

Materials and Methods
This is a prospective Study carried out in a Private Clinic of Kathmandu valley. A total of 1200 women aged 15-54 came for the first time to this Clinic during the study period of three months duration. Out of these total patients, women with any sort of menstrual complaints were enrolled in the study. Women with pregnancy and those on hormones therapy during the study period were excluded from the study. The study period was of 3 Months duration. A standard questionnaire was formulated. A Public Health Staff & Senior Nurse took the history and filled up the Questionnaire with the patient's consent. The women were asked about their present address, age, parity and main health problems for which they had come to the clinic. The women were informed about the nature of study and their consent to be enrolled in this study was taken. They were asked about the rituals followed during their 1st and regular menses. The menstrual history was recorded in terms of age at menarche, menstrual cycle, flow, duration, associated pain and last menstrual bleeding. The clinical history, general and other systemic examination were done as required for every patient coming to the clinic. Gynaecological examination was done by the gynaecologist and the findings were recorded. Pelvic examination was not done in unmarried women. The patients were prescribed the necessary treatment on an outpatient basis. In this study following definitions of menstrual disorders were taken: Menorrhagia - Cycles remaining normal, heavy period either in duration or in amount. Normal Cycle - Cycle of 21 - 35 days. Prolonged cycle - Cycle of more than 35 days. Short cycle - Cycle of less than 21 days. The recorded data were analysed according to the aims and objectives of the study.

Results
Total number of patients coming to this clinic during this study period of three months are 1200. (525 of them had some problem with their menstruation and therefore were enrolled in this study.)
Therefore menstrual morbidity was found to account for 43.75% of visits to this clinic.

Presenting symptoms

Presenting symptoms	Menstrual cycle			
	Normal	Irregular	Prolonged	Short
Vaginal discharge	52	27	10	5
Dysmenorrhoea	12	2	10	0
Amenorrhoea	6	0	0	0
Inter menstrual Bleeding	1	1	0	0
Perimenopausal symptoms & bleeding	5	1	0	0
Dysparuenia	2	0	0	0
Pain lower abdomen ± PID	23	2	4	3
Subfertility	46	4	22	0
UTI & Other urinary problems	19	2	1	1
Prolapse uterus	5	0	3	0
Endometrial/cervical polyp	5	2	1	6
TOM	2	0	0	0
IUCD Checkup	8	0	2	0
Fibroid uterus (lump)	4	0	0	0
Menopause	9	0	0	0
Post hysterectomy	4	4	1	0
General checkup	80	15	21	7
Others	14	7	8	8
TOTAL	**311**	**68**	**89**	**32**
%	**59.9**	**12.9**	**17**	**6**

** 5 post hysterectomy patients and 20 postmenopausal ladies (4.76%) had some sort of menstrual problems previously but did not want to discuss it.

We could observe that approximately 60% of women having menstrual complaints, at some time had absolutely normal menstrual cycle. 13% of them had irregular cycle, 17% of them had prolonged and 6% of them had short cycles. A significant number (46%) of women though suffering from menstrual problems presented with other symptoms like vaginal discharge, lower abdominal pain, subfertility, urinary problems, abdominal lumps and for cuT check-ups. 3% of the ladies coming for general check up and presenting with some vague and non-specific complaints had one or the other menstrual problem.

Age distribution

Age	No.	%
15-19	20	3.80
20-24	91	17.33
25-29	105	20
30-34	93	17.71
35-39	68	14.09
40-44	74	12.95
45-49	44	8.38
50-54	30	5.71
Total	**525**	**100%**

We could see that approximately 69% of these women were from the age group of 20 - 39 years. Approximately 4% the adolescents, 21% youth and 27% of women from more than 40 years age group also had various menstrual problems.

Parity Distribution

Para	No.	%
Unmarried	29	5.52
0	87	16.57
1	84	16
2	166	31.6
3	87	16.57
4	47	8.95
5+	25	4.76
Total	**525**	**100**

We could observe that although approximately 78% of women suffering from menstrual disorders were primi and multiparous and 22% of unmarried and nulliparous women suffered also from various menstrual morbidities.

Age at menarche

Menarche age	No.	%
9-11	19	3.61
12-14	299	56.95
15-17	187	35.61
18^{+}	20	3.80
Total	**525**	**99.97**

This table shows that >55% of women attained menarche at the age of 12-14 years. 36% of them attained menarche at the age of 15 - 17 years. This finding was similar to another study in which the majority of the sample studied reported age of menarche between 13 and 14 years. (1)

Traditional Rituals

Followed traditional rituals during	No.	%
1^{st} Menstruation	490	93.3
Regular menstruation.	410	78.09

We could observe that more than 90% of women had to follow the traditional rituals as described in the introduction of this write up, during their first menstruation and more than 75% of women had to follow these traditional customs throughout their active reproductive lives.

Family planning status

Family planning status (Non-hormonal)	No.	%
Tubal ligation	42	39.25(8)
Vasectomy	32	29.90(6)
IUCD	14	3.08(2.66)
Condom user	19	17.75(3.61)
TOTAL	**107**	**100**

Only 20% of the enrolled patients had opted for non-hormonal contraceptive methods of family planning, out of which >50% had undergone permanent sterilisation.

Geographical distribution

Zones with districts	No.	%
MECHI Taplejung Jhapa	16 3 13	3.04
KOSHI Sankhuasabha Bhojpur Morang Terathum Sunsari	15 3 4 3 1 4	2.85
SAGARMATHA Okhaldhunga Khotang Saptari Siraha Udaypur Solu	23 3 2 7 8 2 1	4.38
JANAKPUR Dolakha Sindhuli Ramechhap Janakpur Mahottari Sarlahi	36 7 3 7 5 6 8	6.85
BAGMATI Dhading Nuwakot Kathmandu Bhaktapur Lalitpur Kabhrepalanchok Sindhupalchok Rasuwa	280 4 3 221 20 9 16 4 3	53.33

Geographical distribution cont….

Zones with districts.	No.	%
NARAYANI Makawanpur Rautahat Bara Parsa Birgunj Chitwan	36 7 3 5 5 4 12	6.85
GANDAKI Gorkha Kaski Lamjung Tanahu Syangja Manang	17 3 4 2 2 5 1	3.23
LUMBINI Gulmi Palpa Arghakhachi Rupandehi Parasi	21 6 2 2 6 5	4
DHAWALAGIRI Baglung Parbat Myagdi	9 2 4 3	1.71
RAPTI Pyuthan Rolpa Dang Banke	17 2 1 10 4	3.23
BHERI	3	0.5
MAHAKALI	5	0.95
SETI (Kailali)	5	0.95
KARNALI	0	0

42 (8%) patients could not mention their address. The analysis showed that the maximum percentage of patients were from Bagmati zone, patients came to this clinic from 13 zones and >52 districts of the country.

Discussion

It was seen that almost 44 % of the patients coming to this private clinic had menstrual morbidity. Similarly large percentage of menstrual morbidity also has been reported in other studies in other parts of the world. (4,5) A study conducted in the US estimated economic loss due to work loss because of increased blood flow only, to be $1692 annually per woman. (5) Despite such obvious social and economic implications, menstrual morbidity is seldom given the serious consideration it deserves.

Even in this 21st century our women are forced to lead a life where they are discriminated as "untouchable" when they are going through the very physiological process of menstruation. Due consideration must be given to these practices because attitudes regarding menstruation have been shown in one study to affect women's body image, perception of disease causation, diet, willingness to take medication, contraceptive use, and the ability to plan pregnancies (6).

No reproductive age is exempt from menstrual morbidity. Women of any age group suffer from menstrual disturbances.

Only 36% of women with menstrual morbidity in this study had abnormal menstrual cycles. Remaining

60%, despite having some sort of menstrual problems had absolutely normal cycle of menstruation.

In the context of knowing the average age of menarche in Nepal, the age of menarche in this study was similar to that in another study carried out in Nepal (1). This age of menarche is not too different from that in the United States where 90% of girls are reported to be menstruating by the age of 13.75 years. (7)

Although women using hormonal contraceptives were excluded from the study, 20 % of the women with menstrual morbidity were found to be using non-hormonal contraceptives. This signifies the fact that even non-hormonal contraceptives can cause the menstrual disorders in women.

Patients coming to this clinic from 13 Anchals and more than 52 districts of Nepal show the confidence of patients on the clinic and the service providers. At the same time it also shows the need of strengthening the reproductive health care facilities at the peripheral level.

Conclusion

There is a significant burden of menstrual morbidity with psychosocial and economic implications on women in our society. Despite this fact, menstrual problems are largely ignored and seldom openly discussed. The prevalent customs related to menstruation may have some advantages for women, in that they are freed from a large chunk of the housework for which they are usually responsible. However, the custom of treating a menstruating woman as "nachhuni" (untouchable) hinders the lifestyle of the woman more than it helps. It also affects in an unhealthy manner the way women perceive their menstrual process. As more and more women become better educated, the traditional rituals may slowly disappear, especially in the urban areas.

In a developing country like ours, where 40% of the people live below the poverty line, the nutritional status of women is very poor resulting in up to 62-68% of women being anaemic (8). Helminthic and other parasitic infestations, poor hygiene due to poverty and ignorance add to this problem. Malnutrition, infection and anaemia are therefore, common findings in women. Excessive menstrual blood loss if left untreated further add to this vicious cycle making it even more difficult to rescue the woman from the cycle of ill health.

As more and more women and community in general become literate and educated, acceptance of menstruation as a normal physiological process, identification of menstrual morbidity and slow disappearance of unhealthy practices as described above should be expected to follow.

Acknowledgement

We would like to take this opportunity to thank all the women participating in this study. We would also like to thank Mrs Parma Shakya for her co-operation.

References

1. Bhattacharya S, Experiences of girls about their menarche, Journal of Institute of Medicine 1999,21:1-61
2. Moawed S, Indigenous practices of Saudi girls in Riyadh during their menstrual period, East Mediterranean Health J2001 Jan-Mar; 7(1-2):197-203
3. Coulter A et al, Outcomes of referrals to gynaecology outpatient clinics for menstrual problems: an audit of general practice records; British Journal of Obstetrics and Gynaecology 1991Aug; 98(8): 789-96
4. Walraven G et al, Menstrual disorders in rural Gambia, Studies in Family Planning 2002 Sep; 33(3):261-8
5. Cote I, Jacobs P, Cumming D, Work loss associated with increased menstrual loss in the United States; Obstetrics and Gynecology 2002 Oct; 100(4):683-7
6. Snow L.F, Johnson S. M, Modern day menstrual folklore- Some clinical implications. JAMA 1977 Jun 20; 237(25):2736-9
7. Chumlea, W.C et al, Age at menarche and racial comparisons in US girls, Pediatrics 2003 Jan; 111(1):110-3
8. Bondevik GT et al , The prevalence of anemia in pregnant Nepali women-a study in Kathmandu, Acta Obstetricia et Gynecologica Scandinavica, Volume 79 Issue 5 Page 341 - May 2000.