

Analysis of menstrual treatment on sector students with Associated risk factors

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Background: Women's health concerns are generally underrepresented. In basic, menstrual health is an integral part of overall health because between menarche and menopause, most women menstruate. Well, millions of women around the world, menstruation regularly and often catastrophically disrupt their physical, mental, and social well-being. Underlying the phenomena involved in menstruation, abnormal uterine bleeding, and other menstruation-related disorders, the article analysis the goal of treatment and personalized care.

Methodology: The research design adopted for this study was based on questionnaires with random survey among the students, the study was conducted at Arcot Sri Mahalakshmi Women's School and College of Nursing, Villapakam sector, the setting was chosen on the basis of feasibility in terms of availability of adequate samples. The sample size for the study was 265 students with age group of 17-22 years old. Non-probability convenient sampling with inclusion and exclusion criteria were marked with a non-significance at $p < 0.05$ level, followed by Chi-square test, used to analyse the association between the demographic variables and psychological factors.

Results: Analysis depicted that, the value of SD is 18.91 with the mean value of 36.32. There was no significance association between the level of pain with selected demographic variables such as age, religion, marital status, socio economic status, type of family and the psychological symptoms such as anxiety, confused depression, forgetfulness, irritability, difficulty in concentration, mood swings and anger. Hence H01 null hypotheses were accepted.

Conclusion: Findings remarked the usefulness of awareness of menstruation at menarche as an indicator to describe minimal knowledge of menstruation and suggest that awareness may signal greater knowledge, social support, and confidence in some settings, following implications of vital concern in the field of nursing practice, administration, education and research.

Keywords: Menstrual health, Menarche, Menopause and Nursing.

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I. Introduction

Menstruation is associated with a time of physiological change and a natural part of the reproductive cycle which starts at puberty for girls (normally between the ages of 9 and 14). However, it remains taboo and is rarely talked about in most cultures around the world. Young girls in both rural and urban areas often grow up with limited knowledge of menstruation due to a lack of open communication with mothers and adult women. In general, knowledge about the physiological process associated with sexual maturity and biological facts as well as practices of managing menstruation is extremely limited in girls when they experience their period for the first time.

The Government of India has recognized the importance of menstrual hygiene to the health, well-being and educational achievements of girls and women, and has developed several programs to improve menstrual hygiene management (MHM) in schools and colleges, targeted at improving knowledge, access and disposal of menstrual waste, and improving sanitation in public, with support from a number of organisations. Some examples include the production and marketing of low cost sanitary pads, government subsidized sanitary pads in rural areas, vending machines for sanitary pads and pad incinerators and increasing gender separated toilet facilities. In light of these government initiatives, a study was developed to analysis the goal of treatment and personalized care among students sector.

II. Significance of the study

Good menstrual hygiene management practices, such as the use of sanitary napkins and adequate washing of the genital areas with water and soaps, are required during the monthly flower period to boost confidence in day-to-day activities. Poor menstrual hygiene practices, however, create major challenges to managing with privacy and dignity due to a lack of or insufficient water supply and sanitation facilities in

schools, health institutions, workplaces, prisons, public places, and in emergencies which may also increase susceptibility to reproductive health-related problems. As a result, millions of women and girls' rights to services, as well as their right to dignity and gender equity, remain unfulfilled. Accordingly, World Health Organization (WHO) has focused on menstrual hygiene management (MHM), believing that it can make a significant contribution to the achievement of several sustainable development goals, Underlying the phenomena involved in menstruation, abnormal uterine bleeding, and other menstruation-related disorders, the study analysis the goal of treatment and personalized care among sectors associated with several risk factors.

III. Methodology

The research design adopted for this study was based on questionnaires with random survey among the students, the study was conducted at Arcot Sri Mahalakshmi Women's School and College of Nursing, Villapakam sector, the setting was chosen on the basis of feasibility in terms of availability of adequate samples. The sample size for the study was 265 students with age group of 17-22 years old. Non-probability convenient sampling with inclusion and exclusion criteria were marked with a non-significance at $p < 0.05$ level.

The development and description of the tool made as two sections, In section A the demographic data consist of age, religion, marital status, socio-economic status, type of family were analysed. Similarly in section B the study with structured questionnaire regarding menstrual problem and associated risk factors were observed with pain score interpretation, e.g. Dysmenorrhoeal symptoms (Intense-2, Less intense -1, Sometimes-0), Finally the descriptive statistics were used to analyse the data, analysis of demographic variables was done in terms of frequency and percentage distribution, followed by Chi-square test, used to analyse the association between the demographic variables and psychological factors.

IV. Results

Since the research findings was based on descriptive analyses it has been observed and examined in three sections and tabulated below with the detailed investigations.

- A- Description of demographic variables
- B- Mean SD for pre level of dysmenstrual pain
- C- Association between the demographic variables and psychological factors with the dysmenstrual pain.

Section A: Table 1 represents the demographic variables with associated risk factors

S. No	Demographic Variables	Frequency (n)	Percentage (%)
1	Age		
	17-18 years	128	48
	19-20 years	112	42
	21-22 years	25	10
2	Type of Family		
	Nuclear	218	82
	Joint	19	18
3	Marital Status		
	Unmarried	246	92
4	Married	19	8
	Religion		
	Hindu	243	91
	Christian	8	3
5	Muslim	14	6
	Socio-economic Status		
	Low <10,000	140	52
	Moderate 10,000-20,000	123	46
	High>20,000	2	2

Section B: Table 2.1 represents the Mean SD for level of pain (dysmenstrual problem) among the college students.

Table 2.1 represents the Mean SD for level of pain

Out come	Pre-test
Mean	36.32
SD	18.98

Table 2.2; 2.3 and 2.4 represents the frequency and percentage distribution of physiological symptoms, dysmenorrhoeal symptoms and other risk factors associated during menstrual period among the college students.

Table 2.2 Frequency and percentage distribution of physiological symptoms during menstrual period among the college students

S. No	Physiological Symptoms	Frequency (n)	Percentage (%)
1	Age at Menarche		
	10-12 years	35	13
	13-25 years	186	70
	16-18 years	44	17
2	Menstrual period		
	Regular	223	84
	Irregular	42	16
2.1	If Irregular		
	Twice a month	22	8
	Once in 3 months	21	8
	Once in 6 months	7	3
	Once in 9 months	6	2
3	Day between two		
	More than 28 days	97	37
	28 days	113	43
	Successive periods < 28 days	45	20
4	Bleeding/Spotting between the period		
	Yes	49	18
	No	213	80
	Sometimes	3	3
5	Menstrual comforts		
	Sanitary pads	238	89
	Cloths	20	8
	Tampon	7	3
6	Methods used for disposing pads		
	Burning	152	57
	Dumping	25	10
	Disposed to dustbin	88	33
7	Head ache		
	Intense	35	13
	Less Intense	47	18
	Sometimes	183	69
8	Fatigue		
	Intense	44	17
	Less Intense	45	17
	Sometimes	176	66
9	Nausea and Vomiting		
	Intense	32	12
	Less Intense	30	11
	Sometimes	203	77
10	Dizziness		
	Intense	35	13
	Less Intense	60	23
	Sometimes	170	64
11	Constipation/Loose bowel/Diarrhoea		
	Intense	17	6
	Less Intense	21	8
	Sometimes	227	86
12	Increased appetite		
	Intense	19	7
	Less Intense	23	9
	Sometimes	223	84
13	Fainting		
	Intense	19	7
	Less Intense	27	10
	Sometimes	219	83
14	Indigestion		
	Intense	35	13
	Less Intense	45	17
	Sometimes	185	70

Table 2.3 Frequency and percentage distribution of dysmenorrhoeal symptoms during menstrual period among the college students

S. No	Dysmenorrhoeal Symptoms	Frequency (n)	Percentage (%)
1	Period of menses		
	1-3 days	27	10
	5 days	106	40
	7 days	134	50
2	Bleeding		

3	Light	16	6
	Medium	230	87
	Heavy	19	7
3	Day of severe pain		
	1 st day	112	42
	2 nd day	43	16
	1 st 3 rd day	110	42
4	Pain during menstrual period		
	Yes	67	25
	No	33	13
	Sometimes	165	62
5	Stomach Pain		
	Intense	74	28
	Less Intense	53	20
	Sometimes	138	52
6	Pain in the hip		
	Intense	28	11
	Less Intense	43	16
	Sometimes	194	73
7	Pain in the arms		
	Intense	41	15
	Less Intense	39	15
	Sometimes	185	70
8	Pain in the legs		
	Intense	31	12
	Less Intense	42	16
	Sometimes	192	72
9	Pain in the joint		
	Intense	25	9
	Less Intense	42	16
	Sometimes	198	75
10	Chest pain		
	Intense	165	62
	Less Intense	60	23
	Sometimes	40	15

Table 2.4 Frequency and percentage distribution of other risk factors during menstrual period among the college students

S. No	Other risk factors	Frequency (n)	Percentage (%)
1	Anxiety		
	Yes	51	19
	No	152	57
	Sometimes	62	24
2	Confused		
	Yes	35	13
	No	170	77
	Sometimes	61	23
3	Depression		
	Yes	41	15
	No	160	60
	Sometimes	64	25
4	Forgetfulness		
	Yes	28	11
	No	161	61
	Sometimes	76	28
5	Irritability		
	Yes	116	43
	No	78	30
	Sometimes	71	27
6	Difficulty in concentration		
	Yes	85	32
	No	103	38
	Sometimes	77	30
7	Mood swing		
	Yes	46	17
	No	126	47
	Sometimes	93	36
8	Anger		
	Yes	75	28
	No	109	41
	Sometimes	81	31

Where, table 2.4, shows the majority of students 116(43%) had irritability, 170(77%) had confused during menstrual period, 85(32%) had difficulty in concentration during menstrual period, 75(28%) had anger during the menstrual period among the selective data's.

Section C: Table 3.1 & 3.2 represents the association between the demographic variables and psychological factors among the collective data's.

Table 3.1: The association between the demographic variables and psychological factors among the collective data's

S.No	Demographic Variables	Levels of Pain						Chi-square Value
		Intense	%	Less Intense	%	Some times	%	
1	Age							530.8
	17-18 years	128	48	-	-	-	-	
	19-20 years	-	-	112	42	-	-	
	21-22 years	-	-	-	-	25	10	
2	Type of Family							265.14
	Nuclear	218	-	-	-	-	-	
	Joint	-	82	47	18	-	-	
3	Marital Status							265.3
	Unmarried	246	92	-	8	-	-	
	Married	-	-	19	-	-	-	
4	Religion							537.5
	Hindu	243	91	-	-	-	-	
	Christian	-	-	8	3	-	-	
	Muslim	-	-	-	-	14	6	
5	Socio-economic Status							664.9
	Low <10,000							
	10,000-20,000	140	52	-	-	-	-	
	High>20,000	-	-	123	46	-	-	
		-	-	-	-	2	2	

Table 3.2: The association between the demographic variables and psychological factors among the collective data's

S.No	Psychological Symptoms	Intense	%	Less Intense	%	Some times	%	Chi-square Value
1	Anxiety							273.9
	Yes	51	19	-	-	-	-	
	No	-	-	152	57	-	-	
	Sometimes	-	-	-	-	62	24	
2	Confused							364.4
	Yes	35	13	-	-	-	-	
	No	-	-	170	77	-	-	
	Sometimes	-	-	-	-	61	23	
3	Depression							499.8
	Yes	41	15	-	-	-	-	
	No	-	-	160	60	-	-	
	Sometimes	-	-	-	-	64	25	
4	Forgetfulness							530.8
	Yes	28	11	-	-	-	-	
	No	-	-	161	61	-	-	
	Sometimes	-	-	-	-	76	28	
5	Irritability							488.3
	Yes	116	43	-	-	-	-	
	No	-	-	78	30	-	-	
	Sometimes	-	-	-	-	71	27	
6	Difficulty in concentration							316.0
	Yes	85	32	-	-	-	-	
	No	-	-	103	38	-	-	
	Sometimes	-	-	-	-	77	30	
7	Mood swing							533.0
	Yes	46	17	-	-	-	-	
	No	-	-	126	47	-	-	
	Sometimes	-	-	-	-	93	36	
8	Anger							273.4
	Yes	75	28	-	-	-	-	
	No	-	-	109	41	-	-	

Sometimes	-	-	-	-	81	31	
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V. Discussion

This study showed that around three-fourths of the girls had good knowledge; while good menstrual hygiene management was practiced in two-thirds of the participants. However, the practice was poor and associated with mothers without formal education and accurate knowledge, being from families of lower wealth index category, deprivation of permanent pocket money to buy absorbent, and lower graded level. Thus, a significant proportion of college girls are at risk of those public health problems related to unhygienic menstrual hygienic practices. This study used a representative sample size and addressed the issue of sensitive, personal, and cultural barriers to open communication. Hence, the respondents were separated and a self-administered questionnaire was used with selected female staffs or health professional’s data collectors/supervisors. Although maximum effort has been made to minimize biases, there may be an unavoidable socially desirable prejudice by answering as to the required that may overestimate the practice.

VI. Conclusion

Findings remarked the usefulness of awareness of menstruation at menarche as an indicator to describe minimal knowledge of menstruation and suggest that awareness may signal greater knowledge, social support, and confidence in some settings, following implications of vital concern in the field of nursing practice, administration, education and research.

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