

A STUDY ON AWARENESS OF RURAL WOMEN ABOUT MENSTRUAL DISORDER DISEASE IN THANJAVUR DISTRICT

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ABSTRACT

Health is harmonious development of whole personality integrating all the components in a well, balanced proportion a state of total health the 'Arogya' that exist. The principal word for health in Sanskrit is 'swastika' which means 'established in oneself'. In recent days, Health is a state of complete physical mental and social well- being and not merely an absence of disease or infirmity an ability to lead a socially and economically productive life. Most of the women suffer minor physical and nervous disturbances during menses. The degree of disturbances depends to a large extent on the individuals' outlook towards this physiological and normal process and also on the determination not to allow it to interfere with their normal life. Menopause is an unavoidable change that every women will experience, assuming she reached middle age and beyond. It is helpful if women are able to learn what to expect and what options are available to assist, the Menopause has a wide starting rang, but can usually be expected in the age range of 42-58. The two major female hormones are estrogen and progesterone. These hormones give the women strength and stamina and are largely responsible for the peculiarly feminine of estrogen, the dominant female hormone when a girl reaches about 12 years of age. This enables her to grow rapidly and developed into a normal young woman. The commencement of menstruation at this time heralds the reproductive phase of her life when she can have children. This phase may last for about 35 years. The 37 per cent of women respondents are received information about menstrual disorders are from village primary health center workers, Government hospital workers and staff nurse. While the media account for 21 per cent of awareness and the 20 per cent awareness was from society which consists of the family, relatives and friends.

Key word: Health, Menstrual disorder, Awareness.

Introduction:

When the body is in the highest slate of perfection with purity of body and mind it become the divine kingdom i.e sanctum sanctorum, the sacred temple so that the supreme power could manifest within. That is the spiritual aspect of health which is essential for positive health". Health is a state of complete physical mental and social well- being and not merely an absence of disease or infirmity an ability to lead a socially and economically productive life. Health is the perfect state of physical mental, social and spiritual well being that enable the body to become the medium of all dharmas the righteous acts. So the term health does not only refer to the physical aspect of the body but also it encompasses the multi dimensional spectrum of health. Holistic health namely physical, mental, moral, social, spiritual. (Dr. VM Maruthappan)

Menstrual Disorder:

The maternal instincts of a woman almost entirely from the female hormones within her body. These hormones are produced in a pair of almond-shaped organs, known as the ovaries. They are situated deep within the pelvis, one on each side of the uterus or womb. The two major female hormones are estrogen and progesterone. These hormones give the woman strength and stamina and are largely responsible for the peculiarly feminine of estrogen, the dominant female hormone when a girl reaches about 12 years of age. This enables her to grow rapidly and developed into a normal young woman. The commencement of menstruation at this time heralds the reproductive phase of her life when she can have children. This phase may last for about 35 years.

The menstrual flow is connected with the female function of ovulation or the passing of the egg cell or ovum from the ovary to the womb ready for fertilization it is a provision of nature to cleanse the inner surface of the womb and enable reproduction to take place normally. The flow normally lasts for about four days and has a rhythm of 28 days. The main problem related to menstrual flow are painful menstruation, stoppage of menstruation and excessive menstruation, besides pre-menstrual tension. These disorders are quite common, but they are not normal. Healthy women, living according to natural laws and eating diets of natural foods do not suffer from the monthly ordeal most menstrual disorders are caused by nutritional deficiencies which lead to deficiency and improper metabolism of the female sex hormones. These disorders are now discussed briefly. (H.K. Bakhru)

Types of Menstrual Disorder:

If one or more of the symptoms you experience before or during your period causes a problem, you may have a menstrual cycle "disorder." These include: Abnormal uterine bleeding (AUB), Dysmenorrhea (painful menstrual periods), Premenstrual syndrome (PMS) and Premenstrual dysphoric disorder (PMDD)

Objective of the Study:

- To assess the Level of Awareness about the symptoms, diagnosis, treatment and source of information about Menstrual Disorders among rural women.
- To study about the relationship between socioeconomic factors and awareness about the Menstrual Disorders among rural women.

Methodology:

The Thanjavur District in Tamilnadu is taken as the area for the present study. It is one of the biggest districts in Tamilnadu state with an area of 3,396.5 square km. it is on the east coast of Tamilnadu. Basically it is an agriculture district. Thanjavur District is divided into three revenue sub divisions namely Thanjavur, Pattukkottai, Kumbakonam. During the formation of a separate district Thanjavur district was constituted with 15 Development blocks. Presently the district has only 14 administrative blocks and 51 wards in Thanjavur. Using sampling technique 250 respondents were selected. Only the rural women respondents those who were above the age of 18 visiting the health center for both medical or non-medical reason during the three months April to June 2019 were considered for study and data was collected using a validated questionnaire.

Review of Literature:

Weller and Weller (2002) examined whether women with regular cycles show increased symptoms of menstrual distress than the women with irregular cycles. One hundred fourteen college girls were selected for this study and were asked to record the menstrual cycle questionnaire for six to eight menstrual cycles. The results showed that women with irregular cycles experienced twice as many menstrual symptoms as women with regular cycles. The use of a more valid criterion for menstrual irregularity revealed that women with irregular cycles suffered more menstrual distress than did women with regular cycles.

Poureslami and Ashtiani(2002) stated that most females experience some degree of pain and discomfort which is called dysmenorrhea during menstruation. The menstrual cycle is a very important indicator of women's reproductive health and endocrine function, and some of these menstrual characteristics, such as irregularity in the menstrual cycle, premenstrual pain and discomfort at the time of menstruation, and a heavy menstrual discharge, might affect the general and/or reproductive health of a woman, as well as her productivity.

Newton and Philhower (2003) examined socioemotional correlates of menstrual cycle irregularity in premenopausal women by focusing on the dimensions of dominance/submission and hostility/warmth. Participants were 153 premenopausal women which consists of 70 African-Americans and 83 European-Americans who reported no current use of hormonal contraceptives. All women completed measures of socioemotional traits and reported whether the onset of their menstrual cycles was generally predictable within 4 days over the course of the past year. Menstrual cycle irregularity was significantly and positively associated with the socioemotional trait of submission. This association held after adjusting for age and a number of potentially confounding health behaviors. Results are consistent with the notion that menstrual functioning is sensitive to socioemotional processes, particularly those pertaining to social hierarchies. Given recent findings linking menstrual cycle irregularity to cardiovascular disease, the results of the present study highlight new biobehavioral pathways to be explored with regard to women's cardiovascular disease risk.

Eccles (2005) studied the effect of static magnet (2700 gauss) which was designed specially in order to be attached to the pelvic area to ease dysmenorrhea. 65 females were enrolled after giving an advertisement in local newspaper of London. The inclusion criterion was primary dysmenorrhea and the females suffering from secondary dysmenorrhea were excluded. Assessment was done by using a questionnaire which was administered by telephone at the beginning of the menstrual cycle and on the last day of the cycle. No direct contact was made with the participants, thus none of them were examined during the study period. The tools used for assessment were the McGill Pain and visual analogue scale. It was concluded in this study that the dysmenorrhea symptoms were significantly reduced in the magnet group as compared to the placebo group.

Yamamoto et al., (2009) examined the relationship between menses-associated health problems of women, such as premenstrual symptoms, menstrual pain and irregular menstrual cycles, and psychosocial stress. A cross-sectional study was conducted among Japanese college students, measuring psychosocial stress levels by means of IMPS (The Inventory to Measure Psychosocial Stress). A total of 264 female students (mean age 19.4 years), who were invited to participate in the study in October 2007, completed the questionnaire, which dealt with anthropometric data, lifestyle, 48 menstrual history, and menstrual health status. Forty-three students were excluded due to missing data, and the remaining 221 were analyzed. The proportions of students who reported premenstrual symptoms, menstrual pain, and the experience of irregular menstrual cycles were 79%, 79%, and 63%, respectively. Students who reported premenstrual symptoms, menstrual pain, and the experience of irregular menstrual cycles had higher stress scores than those who did not. Multiple logistic regression analyses were used to identify independent factors associated with having premenstrual symptoms, menstrual pain, and the experience of irregular menstrual cycles. Stress score, heavy menstrual flow, and menstrual pain were significant predictors for premenstrual symptoms, while age at menarche and having premenstrual symptoms were significant predictors for menstrual pain. Both stress score and body mass index were found to be significant predictors for having experienced irregular menstrual cycles. The results suggest that psychosocial stress is independently associated with premenstrual symptoms and the experience of irregular menstrual cycles among college students, implying that changes in the functional potentiality of women as a result of stress are related with changes in their menstrual function.

Smith et al., (2011) studied the effect of acupuncture in reducing the intensity and severity of dysmenorrhea. Two groups were formed i.e. experimental and control group in a randomized controlled trial where control group was given acupuncture by using a placebo needle. 92 Women aged 14-25 years who were diagnosed with primary dysmenorrhea were selected for this study. The intervention was given in 9 sessions over a period of 3 months. It was observed that although pain intensity was reduced in experimental

group as compared to control group, no significant difference was found between groups. Short-term effects of acupuncture therapy may be seen whereas no significant long term effects were observed. Also, acupuncture was found to be safe and effective treatment for primary dysmenorrhea.

DATA ANALYSIS

Overall Awareness about Menstrual Disorders

Questioned about the general awareness regarding Menstrual disorder, half of the respondents revealed that they are not at all aware of the same. In the mostly available source of the information in the village primary health center workers, Government hospital workers and area staff nurse from 37 per cent of the respondents gained knowledge of premenstrual syndrome. While the media account for 21 per cent awareness the society which consists of the family, relative and friends.

Table No: 1

Overall Awareness about Menstrual disorder by the rural women

S.No	Whether Aware of Menstrual disorder	No of respondents	Percentage
1	Yes	169	67 %
2	No	81	33 %
	Total	250	100 %
If yes the source of information (multiple answers)			
1	Family / Friends/ Relatives	34	20 %
2	PHC workers/ Area staff Nurse	62	37 %
3	Family doctors/ Gynecologists	26	15 %
4	Media	35	21 %
5	Other source	12	07 %
	Total	169	100 %

Source : primary data.

Relationship between Socio Economic Variables and Awareness about Menstrual Disorder

The study analyzed whether various socio-economic demographic variables have any statistically significant relationship with the awareness of menstrual disorder. The economic condition and standard of living is connected with level of awareness. High Economic condition increases the level of awareness about the menstrual disorder A similar relationship is witnessed between occupation status of women and awareness level. Thirty six percent of rural women occupied agriculture as their job and their awareness is low. 28 percent women education level is primary level and higher secondary education level is 24 percent. 71 percent of women respondent are nuclear family.

Table No: 2

Relationship between Socio Economic Variables and Awareness about Menstrual Disorder

Variables	Category	Awareness in no of respondents			Awareness in % of respondents		
		Aware	Not aware	Total	Aware	Not aware	Total
Age in years	Above 18 years	28	16	43	11%	06%	17%
	21 – 30 years	47	22	69	19%	09%	28%
	31-40	31	19	50	12%	08%	20%
	41 – 50	34	11	46	14%	04%	18%
	Above 50	29	13	42	12%	05%	17%

	Total	169	81	250	68%	32%	100%
Religion	Hindu	100	42	142	40%	17%	57%
	Christian	47	31	78	19%	12%	31%
	Muslim	22	8	29	09%	03%	12%
	Total	169	81	250	68%	32%	100%
Caste	BC	38	14	52	15%	06%	21%
	MBC	47	21	68	19%	08%	27%
	SC/ST	62	38	100	25%	15%	40%
	Others	22	8	30	09%	03%	12%
	Total	169	81	250	68%	32%	100%
Education	Primary level	40	30	70	16%	12%	28%
	Secondary level	32	21	53	13%	08%	21%
	Higher sec level	48	12	60	19%	05%	24%
	Degree	32	8	40	13%	03%	16%
	Others	17	10	27	07%	04%	11%
	Total	169	81	250	68%	32%	100%
Marital Status	Married	112	50	162	45%	20%	65%
	Unmarried	18	11	29	07%	04%	11%
	Widows / others	39	20	59	16%	08%	24%
	Total	169	81	250	68%	32%	100%
No of children	0	18	17	35	07%	07%	14%
	1	40	18	58	16%	07%	23%
	2	62	22	82	25%	08%	33%
	3	21	17	39	08%	07%	16%
	More than 3	28	8	35	11%	03%	14%
	Total	169	81	250	68%	32%	100%
Occupation	House wife	44	18	62	18%	07%	25%
	Agricultureworker	60	31	91	24%	12%	36%
	Government job	29	13	42	12%	05%	17%
	Private job	26	10	36	10%	04%	14%
	Self / Other work	10	09	19	04%	04%	08%
	Total	169	81	250	68%	32%	100%
Type of house	Own house	134	51	185	54%	20%	74%
	Rent house	35	30	65	14%	12%	26%
	Total	169	81	250	68%	32%	100%
Type of family	Nuclear	127	50	177	51%	20%	71%
	Joint family	42	31	73	17%	12%	29%
	Total	169	81	250	68%	32%	100%
Yearly family income	Less than 50000	48	31	79	19%	12%	31%
	50001 – 100000	55	25	80	22%	10%	32%
	100001 – 150000	44	13	57	18%	05%	23%
	More than 150000	22	12	34	09%	05%	14%
	Total	169	81	250	68%	32%	100%

Source: Primary data

Awareness regarding Menstrual Disorder Symptoms

Symptom may include abnormal menstrual disorder, pain and cramping, depression, headaches emotional distress, bleeding or fullness in the abdomen. If period come frequently, not often enough, or last longer than ten day. Forty three percent of women respondent are having a fully aware about symptoms of Menstrual disorder.

Table No:3

Awareness regarding Menstrual Disorder Symptoms

S.No	Awareness about the various symptoms of Menstrual disorder	No of respondents	Percentages
1	Yes	121	76%
2	No	28	24%
	Total	169	100%
If yes, level of awareness			
1	Fully aware	52	43%
2	Highly Aware	32	26%
3	Normal/ Moderate	25	21%
4	Low level of awareness	13	11%
	Total	121	100%

Source: Primary data.

Awareness about causes of Menstrual Disorder:

Menstrual disorder can be caused by a many factors, including: Uterine fibroids, Hormonal imbalances, clotting disorders, cancer, sexual transmitted infections, polycystic ovary syndrome, Genetics. (BCM) 43 percent of respondent or having a normal awareness about Menstrual disorder causes.

Table No:4

Awareness about causes of Menstrual Disorder:

S.No	Awareness about the causes of Menstrual disorder	No of respondents	Percentages
1	Yes	122	60%
2	No	48	40%
	Total	169	100%
If yes, causes			
1	Fully aware	22	18%
2	Highly Aware	18	15%
3	Normal/ Moderate awareness	53	43%
4	Low level of awareness	29	24%
	Total	122	100%

Source: primary data.

Awareness about Diagnosis of Menstrual Disorder

Diagnosis starts with a detailed medical history and physical exam, including pelvic exam and Pap smear. You may be asked to keep a diary of your menstrual cycles, including dates, amount of flow, pain and any other symptoms. Additional testing may include: Blood tests, Hormonal tests, Ultrasound. To detect conditions that may be causing menstrual disorders, Hysterosonography. An ultrasound using sterile saline to expand the uterine cavity for better imaging, Magnetic resonance

imaging (MRI).For intricate pictures of the uterus and surrounding organs.Hysteroscopy is an office procedure that uses a small, lighted telescope inserted through the vagina and cervix to examine the uterus for fibroids, polyps, or other areas of concerns. Laparoscopy looks for abnormalities of the reproductive organs using a tiny lighted instrument with a camera on the end inserted through a small incision in the abdomen.Endometrial biopsy an office procedure in which a small sample of the lining of the uterus is removed, to examine for abnormal cells. Dilation and Curettage which involves scraping the inside lining of the uterus and cervix to take tissue samples or relieve heavy bleeding. Forty five percent of rural area women respondent are having normal awareness about Menstrual disorder diagnosis in the study area.

Table No:5

Awareness about Diagnosis of Menstrual disorder

S.No	Awareness about the various diagnosis of Menstrual disorder	No of respondents	Percentages
1	Yes	110	58 %
2	No	59	42 %
	Total	169	100 %
If yes, causes			
1	Fully aware	20	18 %
2	Highly Aware	22	20 %
3	Normal/ Moderate awareness	49	45 %
4	Low level of awareness	19	17 %
	Total	110	100 %

Source: Primary data.

Awareness about Treatment of Menstrual Disorder:

The various disorders relating to menstrual flow are indicative of the low level of a women's health and a toxic condition of her sex organism, which has been brought about by women habits of living, especially wrong dietary habits. These disorder are made more deep seated and chronic by modern medical efforts to deal with them through the suppressive agency of surgery and drugs. The disorders being systemic in origin, can be tackled only by treating the system as a whole so as to remove the toxicity from the body and build up the general health level of the sufferer.

To undertake such a scheme of all round health building treatment, the sufferer from menstrual disorder should being within an all fruit diet for about five days. In the regimen the patient should have their meals a day of fresh , juicy, fruits, such as apples, pears, grapes, papaya, oranges, pineapple, peaches and melon. No other food stuff should be taken; otherwise the value of the whole treatment will be lost however if there is much weight loss on the all-fruit diet, those already underweight may add a glass of milk to each fruit meal. During the period the bowels should be cleansed daily with a warm water enema.(H.K.Bakhru). Thirty six percent of rural women respondents are having normal level of awareness about menstrual disorder treatment.

Table No:6

Awareness about Treatment about Menstrual disorder

S.No	Awareness about the diagnosis of menstrual disorder	No of respondents	Percentages
1	Yes	127	73 %
2	No	42	27 %
	Total	169	100 %
If yes, symptoms			
1	Fully aware	31	24 %
2	High Aware	29	23 %
3	Normal/ Moderate	46	36 %
4	Low level of awareness	21	17 %
	Total	127	100 %

Source : primary data

Prevention of Menstrual Disorder:

Cannot prevent abnormal uterine bleeding, but can manage it once it developments. Women who experience chronic ovulation problems failure to ovulate can regulate their bleeding by continuing to take oral contraceptives. For other menstrual cycle related problems, such as cramping or premenstrual syndrome, can take steps to prevent or minimize discomfort and pain as described in the treatment section of this entry.

Conclusion:

Menstrual disorder is a natural biological event which is unavailable to the normal women and the vital cycle for the continuation of race. The age of onset of menarche is not fixed and varied for region to region, population to population, individual to individual and change with the time. Government and Non Government organization should conduct the awareness programmes to increase the Awareness about various causes, treatment and prevention .

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