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Original Research Article

Evaluation of knowledge, attitude, and behaviour of women towards abnormal menstrual bleeding and its impact on quality of life of women in tribal region of central India

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ABSTRACT

Background: Abnormal Menstrual Bleeding (AMB) is a common gynaecological complaint. AMB has been studied pathologically and anatomically but in recent years, its effects on various aspects of women's life has been emphasized. AMB has an effect on women's quality of life (QoL) and it varies woman to woman. Hence it is necessary to know different views of women regarding AMB to provide them with proper care and guidance.

Objective: To assess Knowledge and behaviour of women towards AMB and its impact on various aspects of their lives.

Materials and Methods: This study is cross sectional descriptive study among women of reproductive age group attending OPD of OBGY department of medical college of tribal region of central India. Participants were given written questionnaires and their responses were recorded.

Result: Research highlights significant problems that are faced by the women with AMB, most common of them is pain which incapacitates the ability of these women to perform their daily work. Study also highlights the knowledge of women regarding AMB and its consequences. Study shows that women in this area are less understanding about the seriousness of treatment.

Conclusion: Study provides recent and reliable information about knowledge, attitude and practices among women having AMB. Less understanding of the seriousness of treatment reflects that there is a need to provide health and reproductive education among peripherals for improvement of QoL here.

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1. Introduction

Abnormal Menstrual Bleeding (AMB) is defined as bleeding from uterine corpus that is abnormal in regularity, volume, frequency or duration and occurs in absence of pregnancy.¹

AMB includes heavy menstrual bleeding (HMB) and intermenstrual bleeding (IMB) or both.² IMB is defined as bleeding which occurs between clearly defined cyclic and predictable menses. It includes unpredictable random

bleeding episodes and those which occur at same time in each cycle.³

About 1 in 20 women of age 30-49 years seek help annually for menstrual problems.⁴ 30% of gynaecological complaints are AMB.⁵ AMB varies with age, being higher in adolescents and fifth decade of life.³

Normality and abnormality regarding menstruation depends upon women's understanding of menstruation and their perception of its function.² It is important to gain understanding of women's views, misconceptions, and awareness of the treatments available. Due to impracticality of the quantitative measurement of Menstrual

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Bleeding(MBL) in clinical practice, National Institute of Health and Clinical Excellence guidelines now subjectively define HMB as 'excessive blood loss interfering with woman's physical, emotional, social and material Quality of life(QoL).⁴ Hence, there is a need to study the impact of AMB particularly on women's QoL.

2. Objectives

To assess the knowledge and behaviour of the women towards AMB and its impact on various aspects of their life.

3. Materials and Methods

This study was conducted at the OPD of the OBGY department of the medical college of tribal region of central India. It is a 'cross sectional descriptive study'. Women attending OBGY OPD during the study period were included in the study except for the pregnant ladies, ones with h/o hysterectomy and those who denied consent. The participants were given pre designed questionnaires. Permission from the IEC has been sought prior to the start of the study. Verbal consent has been obtained from every participant.

The study will explore the in-depth knowledge of women in tribal regions towards AMB. This may help women to come out with their views regarding MBL without hesitation which will ultimately allow healthcare professionals to know the impact of AMB on qoL of women and hence provide proper treatment options.

4. Result and Discussion

The questionnaire revealed most bothersome factors playing a role in qoL associated with AMB. Complaints like pain, heaviness, irregularity, breast pain, breast swelling, physical weakness, irritability, mood changes, stress and loss of confidence were asked. Regarding to knowledge and attitude of AMB, the participants were asked about normal and abnormal menses, awareness of the condition, its consequences, knowledge and seriousness of treatment. The practices of participants were evaluated by contraceptive practices and methods of sanitation (pad/ cloth) and other factors like age, occupation, education and marriage which might influence their practices.

In comparison with the study of Harpreet Kaur et al, the percentage that the above complaints consist in women with AMB are 53% for pain, 91% for heaviness, 37% for mood changes, 74% for irregularities, 13% for breast complaints the rest constituting 5%, this study has a distribution as shown in the following graph.

Knowledge about AMB, compared with Harpreet Kaur et al study (97.7%), this study has awareness in 81% of its participants. This might be attributed to the tribal setting of the study, where education is not well established. This

Table 1:

Symptoms	Present	Absent
Pain	84	18
Heaviness	40	62
Irregularity	63	39
Breast pain	28	74
Breast swelling	11	91
Physical weakness	67	35
Irritability	59	43
Mood changes	60	42
Stress	38	64
Loss of confidence	31	71

Table 2:

Knowledge and attitude criterias	Present (%)	Absent (%)
Knowledge about AMB	81	19
Know what is AMB	85	15
Consequences	41	59
Available treatment	70	30
Seriousness of treatment	82	18

might also apply to the seriousness of treatment, (100% in Harpreet Kaur study).

According to Mahboobeh Kafei study, both extremes of BMI are associated with menstrual disorders. Also, duration of menstruation was significantly related to anthropometric indices of obesity.⁶ Also according to Rinayash Ganesh study, duration is related to BMI but BMI doesn't affect bleeding amount and interval between two menses.⁷ As per Ahamed et al. study, AMB was significantly related to occupation and contraceptive use. Abnormalities were seen more in housewives and women who do not practice contraception.⁸ Also dysmenorrhea was the main complaint so as in our study. Myths regarding menstruation always have been a 'taboo' in India.

This has an impact on women's social, emotional state, mentality and QoL and health.⁹ According to Suneela Garg study, not entering 'puja room' and kitchen are the major restriction among urban girls and rural girls respectively.⁹ Majority women in our study have similar myths and misbeliefs irrespective of their education or occupation.

Table 3:

Category		Percentage
Cloth	14	13.7%
Pad	88	86.2%
No pain	37	36.2%
Lower back pain	12	11.7%
Lower abdominal pain	30	29.4%
Pain in the leg	7	6.8%
Lower abdominal pain+ other	7	6.8%
Other	9	8.8%
Contraception		
Not used	37	36.2%
	54	52.9%
Male condom	3	2.9%
OCPs	3	2.9%
Tubectomy	4	3.9%
Vasectomy	1	0.98%
Married	48	47%
Unmarried	54	
Thyroid status		
Hyper	1	0.98%
Hypo	10	9.8%
Nil	91	89.2%
PCOS	18	17.6%
Coagulopathy	1	0.98%
Liver disease	0	0%
Kidney disease	2	1.9%
IUD USE	0	0%
HRT	3	2.9%
Avoidance of social gatherings	30	29.4%
Avoidance of travelling	28	27.4%
Avoidance of sexual intercourse	38	37.2%
Isolation at home	26	25.4%
Disruption of normal daily work	23	22.5%
Myths and misbelief	69	67.6%
BMI		
Underweight(<18.5)	25	24.5%
Normal(18.5-24.99)	61	59.8%
Overweight(>/=25)		
Preobese(25-29.99)	14	13.7%
Obese I (30-34.99)	1	0.98%
ObeseII (35-39.99)	1	0.98%
Obese III (>/=40)		
Age		
15-24	63	61.7%
25-34	20	19.6%
35-44	15	14.7%
45-54	4	3.9%
>/=54		

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Table 3 continued

Education		
Illiterate	5	4.9%
Primary	2	1.9%
Middle	1	0.98%
High school	18	17.6%
Post High school	66	64.7%
Graduate	9	8.8%
Post graduate	1	0.98%
Occupation		
Students	52	50.9%
Homemaker	28	27.4%
Labour	7	6.8%
Other	15	14.7%

5. Conclusion

In conclusion this study provides recent epidemiological information about the knowledge, attitude and practices of women suffering from AMB residing in the tribal regions. This research highlights the significant problems arising with AMB, most common being pain which incapacitates the ability of these women to perform their daily work. Study also focuses on assessing the knowledge of the participants about the disease, its consequences and whether they seek medical care at the right time. This study suggests that women belonging to the study region have a lesser understanding of the seriousness of treatment. Hence, there is an increased need to provide health and reproductive education in the peripheries to improve the qoL of these women.

6. Limitations of the Study

This study took place in the OPD of the OBGY department of the medical college allowing nearby medical students to participate in the study. This might have reflected an increase in awareness and knowledge.

7. Source of Funding

None.


8. Conflict of Interest


The authors declare no conflict of interest.


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