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The relationship between menstrual health and absenteeism in nursing college students at Chamarajanagar

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Abstract
Objective: Study to assess the weather or now no longer menstrual sickness is contributed to absenteeism among nursing college students at Chamarajanagar
Methodology: This locate out about examined whether or no longer menstrual distress contributed to absenteeism in females. The Menstrual Distress Questionnaire (MDQ)-Form C used to be utilized to achieve information associated to signs at some factor of the menstrual cycle. 132 Nursing college students are selected for study the study using simple random sampling technique.
Results: Among 132 participant 57 (43.18%) are in the age group of 19 years, 37 (28%) participants are in 20 years age 32 (24.2%) members were in 18 years, 06 (4.5%) participants in the age group of 17 years, 128 (97%) belongs Hindu religion 2 (1.5%) were Muslims 2 (1.5%) were Christian 128 (97%), the majority of participant 121 (91.6%) are in nuclear family and 11 (8.3%) participant belongs to joint family and family income of 82 (62%) was 5000-10000, 27 (20.45%) participant income was 15000-20000 and 23 (17.4%) participant income was 10000-15000 102 (77.27%) participants were non-vegetarian and 30 (22.7%) participants were vegetarian. age of menarche of most of the participant 42 (31.8%) was13 years, 108 (81.81%) having regular cycle, 9 of them got menstrual problems 123 participant not having menstrual problems out of 132 participant 6 members diagnosed with dysmenorrhea and 3 with PCOD . out of 132 participants 8 participants family member diagnosed with menstrual disorders 1 participants mother and 7participants sister having menstrual problem 2 diagnosed with menstrual disorder. Product used by participant shows 127 participant use disposable pad and 05 participant use cloth, daily frequency of product change 51 participant 2x, 61 participant 3x, 14 were 4x,2 participant 5x and 4 participant 6x. Frequency of missed classes due to Menstrual problem 16 members missed class 1 day every month 95 member missed class occasionally 111 participant never missed class Average no of days missed due to menstruation (September to February) 1 participant missed1 day 5 participants missed 52 days 3 participants missed 4 days 13 participants missed 5 days.
Conclusion: Most of college students getting absent to classes because of problems of menstruation. Teaching managing problems of menstrual cycle may reduce the rate of absenteeism to college.

Keywords: Menstruation, dysmenorrhea, absenteeism, female

Introduction

The time between puberty and maturity is known as adolescence. Menarche is one of the signs of puberty and is consequently significant in the lives of adolescent girls. According to studies, as a society's sanitary, nutritional, and economic conditions improve, menarche tends to occur earlier in life [1].

By late adolescence, menstrual problems are common presentation. As a result of a variety of host and environmental variables, delayed, irregular, painful, and heavy menstrual bleeding affect 75% of girls and the most common causes of doctor office visits [2].

Some of the menstrual characteristics such irregularity in the menstrual cycle, have historically reduced with age at menarche, which historically has dropped gradually by about 4 months every 10 years. It was discovered that 79.6% adolescent girls had dysmenorrhea. 37.96% of them experienced severe dysmenorrhea on a regular basis [3].

Lethargy and exhaustion (first), depression (second), and difficulty concentrating at work were the three symptoms that were most frequently present on both days, i.e., the day before and the first day of menstruation [3].

The ranking of these symptoms on the day following the cessation of menstruation should place depression as the first common symptom with inability to concentrate at work coming in second depression coming in third [3]. Dysmenorrhea was found to have a negative connection with body surface area measurements of overall health.

Need for the study

The beginning of menstruation is a stage of maturation, there is a wide range of menstruation disorders in this study, the age at menarche and menstrual patterns in adolescent's girls were examined, along with variations across socio economic and demographic characteristics [4].

77 individuals with a mean age of 20.4+1.2 years received no treatment, while 83 women with a mean age of 20.1.8 years underwent physiotherapy as per protocol5. When compared to the control group, the treatment group showed a substantial decrease in pain on the VAS during the second and third menstrual cycles (p 0.05) [5]. Young girls and the adults who look after them typically struggle to determine what constitutes typical menstrual cycles or bleeding patterns [5].

Patients might not tell their carers about menstruation irregularities or other symptoms since they don't know what is typical for them. Patients may not disclose menstrual irregularities or missed periods to their carers because they and their carers may not be familiar with what is abnormal [6].

Additionally, a patient may confide in another trusted adult but is frequently hesitant to address this subject with carers. Teenage girls who experience cycle variations that are actually within the normal range may seek medical assistance. Even now, the cultural and societal influence appears to be a barrier to the progress of knowledge on the topic in India where even further discussion of the subject has been frowned upon. In many regions of India, menstruation is still regarded as filthy and unclean [7].

In addition, women are not allowed carry on with daily activities when menstruating in the Hindu faith. Before being permitted to rejoin her family and resume her regular daily activities, she must first be "purified". However, ovulation, followed by a missed pregnancy opportunity that causes bleeding from the subsequent cycle, is the actual cause of menstruation, according to scientific knowledge. Therefore, there doesn't seem to be any justification for this country to continue to view menstruation women as "impure" [8].

Many young women and girls' have limitations in their daily lives just because they are having their period. For urban girls, the main restriction during menstruation is to avoid the "puja" chamber, whereas for rural girls, it is to avoid the kitchen [9].

Girls and women who are menstruating are prohibited from praying or touching sacred texts cultural notions of menstrual related impuring provide as another source of mythological inspiration. Furthermore, it is thought that menstruation women are filthy and unsanitary, which makes it possible for the food they handle or prepare to become contaminated [10].

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Menstrual hygiene

Girls and women need access to WASH facilities, affordable and appropriate menstrual hygiene products information on good practice and welcoming environment where they can manage menstruation without embarrassment or stigma in order to manage it effectively [11].

Menstrual hygiene management is defined as "women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary, using soap and water for washing the body as required and having access to safe and convenient facilities to dispose of used menstrual management materials" as per the WHO/UNICEF joint monitoring programme of 201212. Women and adolescent girls use sterile menstrual management products to absorb or collect menstrual blood which can be changed privately as often as necessary. They also wash their bodies as needed with soap and water and have access to secure disposal facilities for used menstrual products [12].

They are aware of the fundamental information related to menstruation and how to handle it respectably, without discomfort or worry. For the majority of women and girls, menstruation is a natural and healthy part of life, but in many communities, menstruators' experiences are nevertheless limited by social stigmas and discriminatory cultural taboos. The interesting problems of inadequate sanitary facilities, lack of knowledge and high-quality period hygiene products stigma and societal norms around menstruation, cannot be solved just by WASH specialists. Girls and women are less likely to contract infections when they have access to safe, inexpensive sanitary products to control their periods [11].

Objectives

1. To determine if menstruation causes absenteeism in college females.
2. To determine the underlying reasons related to menstrual pain and the average number of class days missed.

Materials and Methods

Study Design

This study utilized a descriptive correlational cross-sectional study design with quota sampling.

Study Setting: This study was conducted on a Nursing college campus at Chamarajanagar.

Study Duration
May 2023-October 2023.

Sample Size
132 students.

Study Participants & Selection Criteria
- Be at least 17 years of age.
- Self-identify as a female.
- Experience menstruation.
- Must consent to participate.

Instrument Used

Section I: Data on demographic variables

Sociodemographic information, age of menarche, whether menstruation is regular or irregular, presence of reproductive health disorders, the presence of family history of reproductive disorders, number of times menstrual material is changed on heavy days, whether financial hardship is associated with the purchase of menstrual products, the frequency of missed events and/or classes due to menstruation, and the total number of average days missed per month for classes and/or events.

Result

Table 1: Demographic Characteristics of Participants N=132

Sr. No.	Characteristics	Frequency	Percentage
1.	**Age**		
	17 Years	06	4.5%
	18 Years	32	24.2%
	19 Years	57	43.18%
	20 Years	37	28%
2.	**Religion**		
	Hindu	128	97%
	Muslim	2	1.5%
	Christian	2	1.5%
	Others	-	-
3.	**Type of family**		
	Nuclear	121	91.6%
	Joint	11	8.3%
	Extended	-	
4.	**Income of the Family**		
	Less than 5000	-	-
	Less than 10,000	82	62%
	Less than 15,000	23	17.4%
	Less than 20,000	27	20.45%
5.	**Type of Diet**		
	Vegetarian	30	22.7%
	Non Vegetarian	102	77.27%

The data presented in the table shows that majority of the participant in the age group of 19 (43.18%) years, majority belongs Hindu 128 (97%), the majority of participant 121 (91.6%) are in nuclear family and family income was 5000-10000 82 (62%) participant, most of them were non-vegetarian 102 (77.27%)

Table 2: Characteristics of Menstruation N=132

Sr. No	Characteristics	Frequency	Percentage
1.	**Age at menarche**		
	11 Years	01	0.75%
	12 Years	25	18.93%
	13 Years	42	31.8%
	14 Years	25	18.93%
	15 Years	28	21.21%
	16 Years	11	8.3%
2.	**Consistency/Regularity**		
	Regular	108	81.81
	Irregular	24	18.18
3.	**Menstrual Problem diagnosis**		
	Yes	09	6.8%
	No	123	93.2%
4.	**Participant Diagnosis**		
	No Diagnosis	123	93.18%
	Dysmenorrhea	06	4.5%
	PCOD	03	2.3%
5.	**Product Used**		
	Disposable Pad	127	96.2%
	Cloth	05	3.8%
6.	**Daily Frequency of product change**		

	2X	51	38.6%
	3X	61	46.2%
	4X	14	10.6%
	5X	2	1.5%
	6X	4	3.3%
7.	**Frequency of missed classes due to Menstrual problem**		
	Monthly	16	12%
	Occasionally	05	3.7%
	Never	111	84%
8.	**Average no of days missed due to menstruation (September to February)**		
	1day	1	0.75%
	2days	5	3.7%
	3days	-	-
	4days	03	2,2%
	5days	13	9.8%
	Undisclosed	110	83.3%

The above table describes age of menarche of most of the participant42 (31.8%) was13 years, 108 (81.81%) having regular cycle, 9 of them got menstrual problems 123 participant not having menstrual problems out of 132 participant 6 members diagnosed with dysmenorrhea and 3 with PCOD, Product used by participant shows127 participant use disposable pad and 05 participant use cloth, daily frequency of product change 51 participant 2x,61 participant 3x, 14 were 4x,2 participant 5x and 4 participant 6x. Frequency of missed classes due to Menstrual problem 16 members missed class 1 day every month 95 member missed class occasionally 111 participant never missed class Average no of days missed due to menstruation (May to October) 1 participant missed1 day 5 participants missed 52 days 3 participants missed 4 days 13 participants missed 5 days and 110 students not ready to disclose about absent.

Table 3: Characteristics of Family Menstruation N=132

Sr. No.	Characteristics	Frequency	Percentage
1.	**Family History of menstrual problem**		
	Yes	8	6%
	No	124	94%
2.	**Relationship to family member diagnosed with the menstrual problem(s)**		
	Mother	01	0.75%
	Aunt	-	
	Sister	07	5.3%
	Grandmother	-	
	No diagnosis	130	98.5%
3.	**Family member diagnosis**		
	Yes	02	1.5%
	No	130	98.5%

Above table describes out of 132 participants 8 participants family member diagnosed with menstrual disorders 1 participants mother and 7 participants sister having menstrual problem 2 diagnosed with menstrual disorder.

Conclusion

The study conducted in the Nursing College at chamarajanagara with the aim to find any relationship between menstrual sickness and absenteeism, the data collected from 132 samples through simple sampling technique. The data is subjected to descriptive analysis like finding frequency and percentage.

From the data our study says that there is some relationship between menstrual sickness and absenteeism. Further research on the impact of menstruation and its management on the academic performance of adolescent school girls is recommended. The study further recommends large-scale studies on the reproductive health effects of poor menstrual hygiene practices to fully understand the effects of menstrual problems management beyond school attendance and academic performance.

Recommendations

Study recommend to conduct study for large group.

Conduct awareness programme on how to manage menstrual problems for all college students.

Conflict of Interest

Not available

Financial Support

Not available

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