



CLINICAL ARTICLE

Opinion and experience of Brazilian women regarding menstrual bleeding and use of combined oral contraceptives

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ABSTRACT

Objective: To describe the opinion and experience of Brazilian women regarding menstruation and the use of combined oral contraceptives (COCs) to control monthly bleeding and induce amenorrhea. **Methods:** Women attending regional public healthcare clinics for non-gynecologic conditions, and female members of staff from university schools unrelated to the field of medicine completed a questionnaire. **Results:** Of the 1111 women interviewed, 64.3% reported disliking menstruation. The desired frequency of bleeding was never (65.3%), less than monthly (18.2%), and every month or more often (16.5%). More than 60% of the women reported that they would use COCs to control menstrual bleeding, 82.0% would use COCs to reduce the amount of bleeding experienced, and 86.1% would use COCs to induce amenorrhea. When compared with women who disliked menstruation, those who reported that they liked to experience monthly bleeding had fewer years of schooling (OR 1.98; 95% CI, 1.30–2.97), low socioeconomic status (OR 1.66; 95% CI, 1.12–2.46), fewer days of menstruation each month (OR 1.62; 95% CI, 1.11–2.36), and 1 or more child (OR 1.13; 95% CI, 1.01–1.26). **Conclusion:** Many of the women surveyed disliked monthly menstruation and were interested in the use of COCs to control menstrual bleeding and induce amenorrhea.

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1. Introduction

Monthly menstruation is an issue for the majority of women who are of reproductive age. In 1981, the WHO conducted a study in which more than 50% of the participants reported some discomfort and mood changes during menstruation [1]. In addition, the WHO study found that social values attributed to menstruation were related to diverse cultural determinants.

A large proportion of women report some discomfort during menstruation. Nonetheless, for many women, monthly bleeding is a sign of health, fertility, and of not being pregnant; conversely, the absence of monthly bleeding is often believed to be linked to disease [2–4]. A large body of published evidence is gathering to suggest that monthly menstruation can be avoided without any deleterious effect to health [4–6]. Furthermore, women from different cultures may accept the use of drugs as a valid method to avoid menstruation [4,6–9]. The main tool available for pharmacologic control of menstruation is the use of combined oral contraceptives (COCs), taken continuously rather than for the usual 21 days per 28-day cycle [6–9].

For this approach to be successful, women must be made aware that the amenorrhea induced by COCs is not hazardous to their

health, and that it is not the same as the amenorrhea that occurs after menopause or owing to a disease. The main reason given by women for avoiding the use of COCs to induce amenorrhea was that they were afraid they might unknowingly be pregnant, while many women stated that induced amenorrhea was unnatural [8]. In another study, some women preferred to experience monthly bleeding because it allowed the body to function normally or confirmed that they were not pregnant [9]. However, women who express a preference for pharmacologically induced amenorrhea have argued that monthly menstruation is associated with mood changes, general discomfort, abdominal pain, premenstrual symptoms, loss of time spent at daily activities, interference with sexual drive, and high economic costs [5,6,8].

In order to tailor the use of COCs for control of menstruation, it is important to know who would accept this approach. Studies conducted in Brazil, Germany, and the USA [4,10] showed that the proportion of women who declared their preference for amenorrhea was 32%, 8%, and 38%, respectively. The women with a preference for amenorrhea were predominantly those with menstrual pain or discomfort, and who reported that menstruation interfered with their daily activities.

The medical community is increasingly interested in understanding the perspective of women from different cultures and social settings regarding the use of contraceptive methods to regulate monthly bleeding. The aim of the present study was, therefore, to describe the

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menstruation experience of a cohort of Brazilian women and to obtain their opinion on the use of COCs to control menstrual bleeding or to induce amenorrhea.

2. Materials and methods

A cross-sectional study was conducted between April 2, 2010, and February 25, 2011. The study population was a purposive non-probability sample of women resident in 5 major Brazilian cities: São Paulo and Campinas in the southeast, Porto Alegre in the south, Recife in the northeast, and Belém in the north. The study protocol was approved by the Ethical Committee of the University of Campinas, Campinas, Brazil. The participants each provided signed informed consent before enrolling in the study.

Eligible participants were non-pregnant, non-lactating women aged 18–39 years, who had not undergone a hysterectomy and were not amenorrheic at the time of enrollment. The women were recruited when they attended public healthcare clinics for non-gynecologic conditions or reproductive health care. In addition, female staff members from university schools unrelated to the field of medicine were recruited at 1 university in each city where the present study was conducted.

The selection strategy permitted the inclusion of women from different socioeconomic strata. The criteria used to define these strata were those widely used in Brazilian market research surveys [11]: “A” (the highest socioeconomic strata); “B” (middle); “C” (lower-middle); “D” (low); and “E” (the lowest socioeconomic strata).

Women answered a structured questionnaire specifically designed for the present study; the questionnaire was applied by trained nurses. Items covered in the questionnaire included sociodemographic data, reproductive information, characteristics of the menstrual period (including bleeding characteristics during the 12 months previous to the interview), and opinion and experience of menstruation.

The characteristics of menstruation were assessed by questions on the number of days in the cycle interval, the number of days of bleeding, and changes in menstrual patterns during the 12 months previous to the interview. The questionnaire also gauged the opinion and experience of the women who had already used COCs or other contraceptives (or would use them in the future) to control menstrual bleeding or to induce amenorrhea, as well as their opinion on the same issues among other women.

The required sample size was estimated to be at least 1065 women. This figure was based on an estimated prevalence of 48% of women with age at menarche up to 12 years [12], and taking into account a type I error ($\alpha = 0.05$). Statistical analysis included descriptive analysis and univariate analysis with all variables. A multiple logistic regression analysis was performed to evaluate the variables associated to the response of “like” or “dislike” monthly menstruation, and the use or not of COCs to control menstrual bleeding. Variables that did not contribute significantly ($P > 0.05$) were excluded. SPSS version 17.0 (Chicago, IL, USA) was used for statistical analysis.

Two models were tested. The dependent variable in model 1 was respondent opinion about liking monthly menstrual bleeding. Independent variables included age (years); schooling (number of years); socioeconomic strata (high or low); parity (none versus at least 1 pregnancy); work outside home (yes or no); sexual intercourse in the past 2 months (yes or no); menstrual interval (at or below 28 days, irregular, or greater than 28 days); and duration of menstrual bleeding (less than or equal to 3 days versus more than 3 days).

The dependent variable in model 2 was any use of COCs to regulate the quantity of menstrual bleeding or to induce amenorrhea. Independent variables included age (years); schooling (number of years); socioeconomic strata (high or low); parity (none versus at least 1 pregnancy); work outside home (yes or no); sexual intercourse in the past 2 months (yes or no); menstrual interval (at or below 28 days, irregular, or greater than 28 days); duration of menstrual bleeding (less than or

equal to 3 days versus more than 3 days); opinion about the preferred interval between menstrual episodes (never or other); and opinion about the preferred number of days of menstrual bleeding (less than or equal to 3 days versus more than 3 days).

3. Results

Of the 1111 women interviewed, 6.3% were aged 18–19 years, 53.6% were aged 20–29 years, and 40.1% were aged 30–39 years. Most of the women (90.5%) reported that they were white or biracial; 55.5% had up to 12 years of schooling; 44.5% had graduated or were college students; 49.0% reported that they were single; 50.4% lived with a partner; 0.6% were widows; 92.4% were in paid employment; and 93.8% had a previous pregnancy. Age at menarche was 12–14 years in 60.6% of the women, the frequency of menstrual bleeding was up to 28 days in 58.8%, the duration of monthly bleeding was 4–5 days in 54.7%, and 51.6% of the participants reported having had sexual intercourse more than 10 times in the 2 months before the interview (data not shown).

Table 1 shows the distribution of the women according to their opinion on menstruation. In all, 64.3% of the participants reported that they disliked monthly bleeding, while 11.8% liked menstruation and 23.9% were indifferent. The main reasons given for disliking menstruation were inconvenience or discomfort (73.9%), lower abdominal pain and back pain (54.5%), and mood changes (43.8%). Reasons given for liking menstruation included the association with feeling healthy (54.2%), the indication that she is not pregnant (38.9%), and the feeling of being clean (29.0%) or light (26.0%). The preferred frequency of bleeding was never (65.3%), less frequent than monthly (18.2%), monthly (13.5%), and more frequent than monthly (3.0%).

Table 1
Distribution of the women according to their opinions about menstruation^a.

Opinion	Response
Dislike menstruation	714 (64.3)
Indifferent	266 (23.9)
Like menstruation	131 (11.8)
Reasons to dislike menstruation ^b	
Inconvenience and/or discomfort	526 (73.9)
Lower abdominal pain and/or back pain	388 (54.5)
Mood changes	312 (43.8)
Premenstrual symptoms	295 (41.4)
Pain at different organs	182 (25.6)
Interferes with sexual intercourse	141 (19.8)
Loss of time from work or school	83 (11.7)
Cost of sanitary protection	65 (9.1)
Sleeping problems	44 (6.2)
Other	53 (7.4)
Reasons to like menstruation ^b	
Feel healthy	71 (54.2)
Confirms that she is not pregnant	51 (38.9)
Feel “clean”	38 (29.0)
Feel “light”	34 (26.0)
Feel feminine or womanly	28 (21.4)
Confirms fertility	20 (15.3)
Improved mood	19 (14.5)
Can avoid sexual intercourse	13 (9.9)
Desired frequency of menstrual bleeding ^c	
Never	724 (65.3)
Less frequently than present interval	202 (18.2)
Every month	150 (13.5)
More often than present interval	33 (3.0)
Preferred duration of monthly bleed ^d	
<3 days	881 (81.1)
3–5 days	203 (18.7)
>5 days	2 (0.2)

^a Values are given as number (percentage).

^b Response allowed more than 1 reason per participant.

^c Data missing for 2 women.

^d Data missing for 25 women.

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