

Premenstrual Syndrome and Dysmenorrhea: Urban-Rural and Multiethnic Differences in Perception, Impacts, and Treatment Seeking

Li Ping Wong BSc(Hons), MSc, PhD^{a,b,c,*}

^a Department of Social and Preventive Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia

^b Julius Centre University of Malaya (JCUM), Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia

^c Centre of Population Health (CePH), University of Malaya, Kuala Lumpur, Malaysia

ABSTRACT

Background: Attitudes toward menarche and menstruation are largely influenced by sociological, cultural, and family environmental factors. Recognizing the influential effects that these factors might have on shaping adolescents' attitudes is crucial in designing a more effective means of transmitting health information.

Aims: This study aimed to gather an in-depth understanding of perceptions, impacts, and treatment seeking on menstruation-related issues from an ethnically mixed group of rural and urban girls.

Methodology: In total, 27 focus group discussions (172 participants) were conducted between November 2008 and April 2009. Participants were adolescent girls aged 13-19 years, recruited from 7 public secondary schools in the Federal Territory of Kuala Lumpur and 4 public secondary schools from the rural districts of Kelantan, in Malaysia.

Results: Many participants revealed that they were not given or had not received detailed information about the mechanism or physiology of menstruation prior to its onset. Thus, many described the onset of menarche as shocking, an event for which they were unprepared, and which has had a tremendous impact on their emotions. More positive acceptance of menarche was reported in the urban than with the rural groups. Despite the high prevalence of premenstrual syndrome and dysmenorrhea, participants across urban-rural and ethnic groups perceived the problems as completely normal, hence they relied on self-care methods and did not want to seek professional treatment. More rural girls compared to urban girls were embarrassed to talk to their mothers or consult their physicians regarding menstruation-related problems.

Conclusion: Menstruation-related education would have a positive impact in improving adolescent girls' knowledge and in nurturing a positive attitude toward menstruation-related matters at home, at school, and in the community.

Key Words: Menstruation, Dysmenorrhea, Premenstrual syndrome, Urban-rural, Multiethnic, Adolescent

Introduction

Adolescence is a transitional state between childhood and adulthood during which one's reproductive health and well-being are tremendously affected.¹ Adolescent girls have a variety of attitudes and perceptions, often negative rather than positive, toward menarche and menstruation.² Among the positive attitudes are menarche symbolizes adulthood, sexual maturity, and femininity.² The underlying hypothesis is the association between menstruation with women's sexual attitudes, desires, and behaviors, and it has been postulated that women who were embarrassed about sexuality may have similar reactions toward menstruation.³ Negative attitudes are related to physical discomfort, feeling annoyed, and embarrassment, and they are also associated with a variety of social disturbances such as disruption of social activities and interactions, school performance, and what has even been described as a hygienic crisis.^{2,4-7} The public's negative perceptions of menstruation have also had a huge impact on shaping adolescents' attitudes toward

their menstrual perception. There have been reports that the public viewed women as more emotional during menstruation and that they could not function well at work, and the public was also under the misperception that menstruation affects a woman's ability to think rationally.^{4,8,9}

Women's attitudes toward menstruation have also been suggested to be related to both internal physiological and external factors related to the cultural context and social environment. Several findings indicate that attitudes toward menarche and menstruation are socially and culturally constructed, rather than genetic.⁵⁻⁷ A vast majority of studies on the influence of social environment and culture on attitudes toward menstruation revealed variability in within-culture/religious and urban-rural settings.^{4,8-14} For instance, compared to Western countries, the prevalence of menstrual symptoms was found to be relatively lower in Asian countries.⁸ Urban-rural differences in the prevalence of menstrual symptoms were believed the result of differences in culture surrounding menstruation in urban and rural areas.⁴

It has been postulated that manifestation of menstrual symptoms is associated with attitudes toward menstruation.^{5,15} In a conservative, rural society, menstruation is considered shameful and a hidden topic. In spite of these negative attitudes, the levels of discomfort and pain from

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* Address correspondence to: Li Ping Wong, BSc(Hons), MSc, PhD, Department of Social and Preventive Medicine, Faculty of Medicine, 50603 Kuala Lumpur, Malaysia; Phone: 603-79675778; fax: 603-79674975

E-mail address: wonglp@ummc.edu.my

menstruation are significantly more prominent among urban than rural girls, which is believed to be a result of higher levels of endurance among rural girls.^{9,10} Rural girls also exhibited somewhat poorer levels of knowledge about menstruation before experiencing it, and they often confided in the female members of the family for information.^{11,12} Menses socialization and early exposure to attitudes toward menstruation shape one's attitudes toward menstruation.¹³

To date, menstruation-related studies comparing urban and rural communities as well as responses from different ethnic groups are relatively scarce. This study attempts to fill this gap by gathering an in-depth understanding of perceptions, impacts, and treatment seeking with menstruation-related issues using focus group discussions (FGD). The focus group method was used in the context of this study because it has the advantage of in-depth exploration of attitudes and experiences within groups. Recognizing the differences or similarities is fundamental to identification and resolution of urban-rural and ethnic group disparities and hence provides important information in planning effective communication channels or imparting a menstruation education program tailored to the unique needs of culturally diverse populations.

Methodology

Participants were recruited from 7 public secondary schools in the Federal Territory of Kuala Lumpur and 4 public secondary schools from the rural districts of Pasir Mas and Rantau Panjang in Kelantan. Kelantan is a rural state located in the northeastern corner of Peninsular Malaysia, with a majority Malay Muslim population. Criteria for inclusion in the study were girls who have reached menarche in forms/grades 1–6. To allow exploration of differences, the research design segmented the groups into the lower (forms 1–3) and upper secondary levels (forms 4–6) and ethnic groups (Malay, Chinese, Indian) for multi-ethnic urban participants. The focus group participants were a convenience sample selected from each of the sampled school. Consent was obtained from the students and their parents or caregivers.

A semistructured focus group moderator's guide corresponding to the research questions was used in the discussions. Prior to the first focus group, the guide was pilot-tested to ensure that the wording was understandable and that the questions elicited the information sought. Following the pilot-test, detected wording issues and ambiguities were addressed, further minor amendments were made, and the final revision remained the same for all FGD. The guide consisted of 3 sections. The group started discussion on perceptions and experiences of menstruation. Subsequently, participants were asked about premenstrual syndrome, dysmenorrhea, and other menstruation-related morbidity they may have experienced, and subsequently, their help-seeking behavior. The last section discussed issues surrounding source of information and information needs. Group discussions were conducted in Bahasa Malaysia (Malaysian national language). All the discussions were conducted for approximately 1 hour and were audio-taped

and transcribed into English. Notes taken by the moderator and note taker were supplemented with the audiotapes to glean details from the discussion. Data from the focus groups were analyzed in a descriptive and interpretive manner. Coding began by identifying broad conceptual themes and was refined as more data were analyzed.

The study protocol was submitted for ethical review by the Medical Ethics Committee of the University Malaya Medical Center and was granted approval. Permission to conduct the study in the public schools was obtained from the Ministry of Education Malaysia.

Results

Participants' Background

A total of 27 FGD were conducted between November 2008 and April 2009, of which 14 discussions were carried out in the urban Federal Territory of Kuala Lumpur and 13 were in rural districts of the state of Kelantan. Each focus group consisted of 5–8 participants. A total of 88 urban and 84 rural adolescent girls took part in this study out the overall 172 participants. The characteristics of the participants are shown in the Table 1.

Menstrual Perceptions and Experience

The vast majority of the participants across urban-rural and ethnic groups expressed dislike of menstruation, as most of them had experienced some degree of discomfort and pain during the menstrual period. Some of the participants in the rural groups, of whom the majority were relatively more active socially than those in urban groups,

Table 1
Demographic Characteristics of Participants (N = 172)^a

Characteristic	Rural, % (n = 84)	Urban, % (n = 88)
Levels of education (age)		
Form 1–3 (13–15 y)	46.7	73.9
Form 4–6 (16–19 y)	53.3	26.1
Ethnicity		
Malay	99.0	28.4
Chinese	1.0	42.0
Indian	–	23.9
Others	–	5.7
Religion		
Muslim	99.0	33.3
Buddha	1.0	27.3
Hindu	–	20.5
Christian	–	14.8
Others	–	4.5
Average household income (MYR)		
Above 4,000	1.2	25.6
2,000–4,000	8.4	23.1
Less than 2,000	90.4	51.3
Family type ^b		
Parents married	86.9	87.2
Parents divorced/separated	3.6	7.0
One or both parents deceased	9.5	5.8
Regular exercise		
Yes	52.4	79.1
No	47.6	20.9
Age, y (mean ± SD)	15.7 ± 1.9	14.9 ± 1.3
Age menarche (mean ± SD)	12.1 ± 1.1	12.0 ± 1.1

^a All values are based on participants self-reporting

^b \$1 US = 3.1 Malaysian ringgits (MYR), as of Sept 9, 2010

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