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A PILOT STUDY ON KNOWLEDGE, ATTITUDE AND PRACTICE OF POSTPONEMENT OF MENSTRUAL PERIODS AMONG THE WOMEN BELONGS TO URBAN LOCALITY

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ABSTRACT

Regular menstrual cycle is a healthy sign in a woman's reproductive life. Currently change in women thinking lead to treat menses as a burden and will try to postpone it temporarily to attend important events or to improve performance in duty period. Prolonged or frequent menstrual suppression may lead to short term or long term side effects due to disturbed physiology of menstruation. Thus a pilot study was conducted with 100 participants in an urban area to know the prevalence of use of medication for postponement of menstrual cycle. The practice of postponement of periods is very common as 53% in this study. 62% of users are taking over the counter drugs and 32% with doctor's prescription and 4% with old prescription. Among the users of drugs, 83% gave reason that there was no need to use. The practice of menstrual suppression is common among Indian women by unsupervised use of medicines. This pilot study stresses the need of involvement of health workers in providing requires awareness to women in India for better health conditions of women. Thus, there is a need for a well designed, large sample detailed study to assess the amplifications of the practice of menstrual manipulation in Indian context.

Keywords: *Menstrual Periods, Postponement Pills, Reproductive Age, Infrequent Periods, Dysmenorrhea, Irregular Vaginal Bleeding, Deferment of Menses*

INTRODUCTION

Regular menstrual cycle is a healthy sign in a woman's reproductive life. However most of the women feel menses as unhygienic condition due to religious or personal beliefs and will try to postpone it temporarily whenever it coincides with important events (Jody *et al.*, 2000; George, 1937; Kristen and Julia, 2008; Smedly, 1960). Further women working in aviation, military services to adopt methods for prolonged suppression of menses to improve performance and fear of avoiding duty period (Nicole, 2009). Currently change in women thinking lead to treat menses as a burden and availability of safe methods encourage them to suppress menses for prolonged times. Internet and electronic media are providing detailed information on reproductive cycles, use of different methods to suppress or prolong cycle available to the people. Studies have shown that 35% women prefer infrequent periods and 36% preferred no menses (Carolle and Mmurat). Advances in science, availability of information are making women to think about various practical problems as well as solutions for the same. Hence, it is expected that this practice will increase in near future.

While menstrual suppression will be definitely useful in the certain unavoidable circumstances where women suffer from menstrual disorders like irregular periods, endometriosis, physical or mental disabilities, the practice of menstrual suppression however convenience sake needs further evaluation in relation to safety, because most often the medications used for the purpose are female sexual hormones Estrogen and progesterone alone or in combinations and often obtained over the counter. Since both the hormones and home remedies used for postponement of menses are known to have both the long term and short term adverse effects, like irregular bleeding per vagina, aggravation of epilepsy, migraine, Gall bladder disease and breast cancer (Suzanne and Alfred, 2011). Other home remedies used for same purpose may also have adverse effects. Hence pilot study was conducted to assess the medical reproductive and psychological outcomes of practices of postponement of menses by various methods.

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The objective of present work was to study the knowledge, attitudes and practices regarding the postponement of menstrual periods among the women in an urban locality.

MATERIALS AND METHODS

The study was conducted duly obtaining approval and permission from Institutional Ethics committee of Sri Venkateswara Medical College, Tirupati, dated 13/04/2011. This pilot study had 100 participants from Nehru Nagar, Tirupati, located in Andhra Pradesh is one of the major Pilgrim centers in India and a municipal corporation. The selected urban locality has a total population of 6664 out of which 3308 were women. 2050 women were in reproductive age group (15-45yrs).

Many women in reproductive age group as mentioned were requested to participate and were fully explained about the study, the process continued till the sample size reached hundred. Volunteers who excluded were

1. Suffering from chronic illness and on medication.
2. Women using hormones for contraceptive purposes.
3. Women who Underwent hysterectomy.

All the volunteers were supplied with preformed tested questionnaire containing 24 questions after taking informed written consent. The data were maintained and analyzed through MS Excel 7 and Epi Info 3.5.

RESULTS AND DISCUSSION

Results

Of 100 volunteers participated in the pilot study, 53 were on medicines for the postponement of menses. Of them 15 women suppressed their periods more than once in a year. 23 volunteers were using medicines for postponement whenever necessary i.e. more frequently in a year. Information related to different parameters were listed below

Table 1: Socio economic characteristics of study population

Parameter	Users	Non users
I. Age		
<20yrs	12	11
21-30yrs	27	22
>30yrs	14	14
II. Education		
Nil	7	7
School	23	19
College	23	21
III. Occupation		
Housewife/Student	36	31
Unskilled	11	12
Professional	6	4
IV. Income		
BPL	35	31
APL	17	16

Women within age group of 21-30 years were involved mostly followed by above thirty years. Majority of the volunteers had school/ college education. Related to occupation of volunteers majority of them were housewives/ students with maximum below poverty line. As per the data available in the present study in different age groups there were no significant differences in age, educational levels, occupation and income of the between the groups.

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Table 2: The source of information for method for the users

Source	Frequency
Neighbors	20(39%)
Friend	15(29%)
Mother	12(24%)
Husband	2(4%)
Sister	1(2%)
Do not remember	1(2%)

In the present study various sources of information regarding different methods for menstrual suppression, or postponement showed that neighbors formed maximum source followed by friends, mothers, husbands etc. It was interesting to note that health care givers/ workers did not play role in disseminating the required medical information to the public.

Table 3: The source for procurement of medicine

Over the counter	33(62%)
Prescription	17(32%)
Old Prescription	2(4%)
Un known	1(2%)

Source of procurement of medicine, availability, accessibility of the same to the women is important in suppressing or postponing cycle. The present pilot study showed that major source of procurement of medicine was reported to be over the counter. This information clearly showed unsupervised, irrational use of medicine which was alarming and unscientific detrimental to health of women, also will have long term side effects.

Table 4: Side effects of using the drugs

Side effects	Frequency
Nil	34(64%)
Irregular bleeding P.V.	17(32%)
Weight gain	1(2%)
Un expected pregnancy	1(2%)

In the present study though majority of the volunteers did not express any side effects however 32% of them experienced incidence of irregular bleeding which itself warrants immediate attention. Also meager percentage experienced non specific weight gain and unexpected pregnancy in few cases. The specific reasons could not be attributed to any factor

Table 5: Non users gave the following reasons for not using medicines

REASON	NUMBER
No necessity	39(83%)
Not good for health	6(13%)
Unnecessary medication	2(4%)

Non users gave the above reasons for not using medicines for postponement of menses. It was clear that majority of non users were not averse to suppress menses and only few of them were health conscious.

Table 6: Reasons for which the postponement was practiced

Reason	Number
Functions/festival	51(96%)
To get regular menses	1(2%)
Do not remember	1(2%)

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In the present pilot study volunteers expressed that attending functions and festivals happily were major reasons for which they resort to menstrual suppression which forms the hallmarks of Indian society and mostly related to traditions, customs and culture.

Table 7: The nature of medicines used

Nature of medicine	Number
Do not know	41(77%)
Estrogen	-
Progesterone(Primolut N)	11(20%)
Combined pill	-
Home remedy	8(16%)

(The percentage exceeds 100 because a few subjects used primolut and home remedies also.) 77% users were not aware of the nature of medicines used for postponement of menses. 20% of the volunteers expressed use of Primolut-N followed by adoption of Home remedies like sesame seeds, jiggery etc. This information clearly depicts that women were unaware of type of medicine they are using for the purpose it was meant.

Discussion

Modern lifestyle important events may necessitate suppression of menstrual period for short or longer times. There are many advantages of prolonged suppression of periods like reducing the incidence of ectopic pregnancy, Pelvic inflammatory disease, Dysfunctional uterine bleeding and anemia. It may also reduce acne, dysmenorrhea, benign breast diseases and fibroids of the uterus (Nicole *et al.*, 2009; Daniel *et al.*, 2010; Pratap and Narendra, 2008; Ellis and Stephen, 2011).

Often such suppression is achieved by use of medicines usually female sexual hormones like Estrogen, progesterone. These hormones are used alone or combined together. In the United States of America, Food and Drugs authority has approved a dedicated extended regimen of oral contraceptive pill in the fall of 2003 (Linda *et al.*, 2004). But no drug is totally safe. All drugs produce unwanted effects in some people on some dose. Many unwanted and serious effects occur so infrequently, perhaps only once in a several thousand patients that they go undetected in relatively small population of in standard phase III trials (Jody *et al.*, 2000). Although there is no evidence that harmful effects follow the use of hormones for postponement of menstruation, it is obviously imprudent to practice them frequently (Lynk, 1987).

In developed countries usually suppression of menses is practiced under medical care (De voogd, 1991; Oesteragod *et al.*, 1966). But In country like India where majority of people due to lack of adequate knowledge and access to appropriate health care facilities, the practice of postponement of menses can often remains through self /ill advised medications. This would be a hazardous practice hence this pilot study was designed and in future a detailed structural study is required. The present study clearly showed that the practice of postponement of periods is very common as 53% subjects compared to 81% usage in women of aviation personnel (George, 1937). However, these findings were quite significant because the subjects participated were civilians. Till now no comparable studies are available in India.

The present study also revealed that the socio economic characteristics like age, Occupation and education do not influence the practice. In the present study parous women have practiced menstrual manipulation more often than the nulli parous women probably as the later were afraid of impairment of fertility and also fetal anomalies. Women who have been sterilized also practicing suppression of menstruation. It was also evident that context of suppression was different from that of developed countries because here participating in functions and festivals were the leading indications (96%) for menstrual suppression. These findings suggested that in women of this pilot study often suppression is only for short term unlike the women in western countries where often long-term suppressions are practiced. 82% non users have not practiced because there was no necessity meaning that they are ready to suppress their periods if need arises.

Alarmingly only 33% of the users had proper prescription and 77% did not know the nature of medicine

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they were using. This is quite in contrast to aviation personnel where awareness was 93%. This information stresses the fact that in India more health educational supervisory activities are required to make the practice of deferment of menses safer. The occurrence of irregular vaginal bleeding in 32% of the users probably shows the phenomenon of cure becoming worse than the disease because it could be nuisance and could lead to anemia.

Conclusion

Much of the literature regarding menstrual manipulation available was related to developed countries, literature related to India is scarce making it difficult to compare. Since the present study reveals that practice of menstrual suppression is common among Indian women by unsupervised use of medicines, there arises a need for a well designed, large sample detailed study to assess the implications of the practice of menstrual manipulation in Indian context.

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