

Knowledge, attitude and behaviour of women towards abnormal menstrual bleeding

Nupur Nandi¹, Banasree Bhadra^{2*}

¹Professor, Department of Obstetrics and Gynaecology, KPC Medical College, Kolkata, West Bengal, INDIA.

²Associate Professor, Department of Obstetrics and Gynaecology, College of Medicine and JNM Hospital Kalyani, Nadia, West Bengal, INDIA.

Email: banasree22@yahoo.com

Abstract

Background: AMB is an important cause of female morbidity and one of the most common complaints with which patient presents to gynaecology outpatients department. Abnormal menstrual bleeding was defined subjectively as bleeding which led to disruption of normal activities as per National Institute of Health and Clinical Excellence guidelines (NICE). In clinical practice, the diagnosis, evaluation, and treatment of abnormal uterine bleeding are based upon 'patient experience', the woman's personal assessment of her menstrual blood loss and its impact on her quality of life. **Materials and Methods:** Main objective of the study was to assess the knowledge, attitudes and beliefs of women regarding abnormal menstrual bleeding and its impact on daily life. Women, between 21-60 years, not on any hormonal treatment attending the gynaecology OPD at a tertiary care centre between September 2017 to December 2017 were interviewed by a questionnaire. Exclusion criteria included women who had undergone hysterectomy, who did not give consent to participate in study. The women were grouped into normal and abnormal bleeding group. **Results:** Out of the 318 women recruited, 72 formed the Abnormal menstrual bleeding (AMB) group while 246 women perceived their bleeding to be normal and formed the normal menstrual bleeding group. In the AUB group, a significantly greater proportion of women identified their menstrual bleeding as being an inconvenience and a disruption to their lives. AUB also significantly affected their relationships, social life and productivity at work place. The knowledge among the women about the condition and its treatment was low. **Conclusion:** Abnormal menstrual bleeding is a common problem which has impact on many aspects of women's daily activities and quality of life. Majority of women know about abnormal bleeding as something serious, but they lack in depth understanding of its consequences and various treatment modalities available. There is need to raise awareness of abnormal menstrual bleeding and its treatment options among women.

Key Words: Abnormal menstrual bleeding, quality of life, awareness.

Address for Correspondence

Dr. Banasree Bhadra, 8 A/2 Anupama housing Complex, Phase1, VIP Road (Haldiram) Kolkata 700052, West Bengal, INDIA.

Email: banasree22@yahoo.com

Received Date: 03/01/2018 Revised Date: 30/01/2018 Accepted Date: 14/02/2018

DOI: <https://doi.org/10.26611/1012522>

Access this article online

Quick Response Code:



Website:
www.medpulse.in

Accessed Date:
19 February 2018

female morbidity and one of the most common complaints with which patient presents to gynaecology outpatients department.¹ Abnormal menstrual bleeding was defined subjectively as bleeding which led to disruption of normal activities as per National Institute of Health and Clinical Excellence guidelines (NICE).² AMB can present as heavy menstrual bleeding (HMB), irregular bleeding or combination of both. Heavy bleeding has been objectively defined as blood loss more than 80 ml per cycle. This threshold value of menstrual blood loss was set due to the pathologic consequences of menstrual loss of this volume, as this is associated with a high frequency of iron deficiency.¹ As it is not practically possible to measure heavy menstrual bleeding objectively, NICE defines heavy menstrual bleeding as

INTRODUCTION

Abnormal menstrual bleeding (AMB) is a common gynaecological problem. AMB is an important cause of

excessive menstrual blood loss which interferes with the woman's physical, emotional, social and material quality of life, and which can occur alone or in combination with other symptoms.² Irregular menses are academically defined as menses with cycle to cycle variation of greater than 20 days total over 1 year.³ Irregular menstrual bleeding is frequently seen following menarche and from the late thirties to the menopausal transition. Women's perception of what is normal regarding menstruation depends largely on their understanding of menstruation and what they perceive its function to be.⁴ Throughout history, women have often been made to feel that menstruation is a topic that should not be discussed openly. The general view of menstruation as a monthly cleanser has given rise to the idea that it is medically beneficial when women experience excessive menstrual blood loss. Due to the myths attached to menstruation as something or unhygienic, many a times abnormal menstrual bleeding conditions, such as HMB, may go undiagnosed and untreated, leading to unnecessary suffering in women.⁵ In clinical practice, the diagnosis, evaluation, and treatment of abnormal uterine bleeding are based upon 'patient experience', the woman's personal assessment of her menstrual blood loss and its impact on her quality of life.¹ Research on AUB has also recognized the importance of the 'patient experience' as an outcome that should be measured. Now, patient-based outcome measures (PBOMs) and various questionnaires have been developed and used for clinical research in this area. 'Patient experience' with irregular bleeding is important because women with irregular menstrual bleeding have difficulty 'predicting' when they will get their menstrual bleeding and may experience staining of their clothes and face embarrassing accidents. Limited studies are there addressing the impact of AMB on women's quality of life (daily activities, social life, relationships, religious life etc). The present study was undertaken to assess effect of AMB on various aspects of women's life and to assess their knowledge toward causes and management of AMB and its health impacts.

MATERIALS AND METHODS

Main objective of the study was to assess the knowledge, attitudes and beliefs of women regarding abnormal menstrual bleeding and its impact on daily life. The study

population included women attending gynecology OPD with various gynaecological complaints from September 2017 to December 2017, at KPC Medical College and Hospital, Kolkata West Bengal (India). All women were given written performa addressing demographic data and questionnaire regarding abnormal menstrual bleeding. Data from the literature was used as basis for preparation of questions. Main points covered in the performa were relating to the following:

- Demographic data
- Impact of AMB on quality of life (QoL)
- Knowledge regarding causes, treatment of abnormal menstrual bleeding and its relation with gynaecology malignancies.

Inclusion criteria were women in the age group of 21-60 years, and were not currently taking HRT. Exclusion criteria included women who had undergone hysterectomy, who did not give consent to participate in study. Informed consent was taken from all women. The women who perceived their blood loss to be normal were grouped together in the normal bleeding group. Abnormal menstrual bleeding was defined subjectively as bleeding which led to disruption of normal activities as per NICE guidelines. Data from women with ABM was analyzed separately from the ones with normal menstrual bleeding. All the data was recorded on the proforma and discrete categorical data was presented as n%; Chi -square test and Fischers exact test was applied for comparison between the two groups of normal bleeding and abnormal bleeding. Statistical significance was set at $p < 0.05$.

RESULTS

A total of 318 women met the eligibility criteria and went on to fully complete the questionnaire. All the women felt that it is important to have menses as it is a monthly cleaner. Out of the 318 women recruited, 72 felt their bleeding was above average/irregular/both and formed the Abnormal menstrual bleeding (AMB) group while 246 women perceived their bleeding to be normal and formed the normal menstrual bleeding group. The baseline characteristics were similar in the two groups. Majority were in the 20 to 40 years age group and had upto 2 children (Table 1).

Table 1: Comparison of the baseline characteristics of the women in the two groups in terms of age, parity, educational level and BMI

| | Normal bleeding group (n=246) | Abnormal bleeding group (n=72) | Total | P-value |
|-------------------------|-------------------------------|--------------------------------|-------|---------------|
| Age | | | | |
| 21-30 years | 97(39.4%) | 15(20.8%) | 112 | |
| 31-40 years | 72(29.2%) | 24(33.3%) | 96 | |
| 41-50 years | 43(17.4%) | 22(30.5%) | 65 | 10.52 (0.015) |
| 51-60 years | 34(13.8%) | 11(15.2%) | 45 | |
| Parity | | | | |
| 0-2 | 179(72.7%) | 53(73.6%) | 232 | |
| 3-4 | 61(24.7%) | 17(23.6%) | 78 | 0.0628 (0.97) |
| 5 or more | 6(2.4%) | 2(2.7%) | 8 | |
| Education | | | | |
| Illiterate | 42(17%) | 13(18%) | 55 | |
| Under matric | 69(28%) | 21(29.1%) | 90 | |
| Matric | 61(24.8%) | 19(26.3%) | 80 | 0.3717 (0.98) |
| Senior secondary | 43(17.4%) | 11(15.2%) | 54 | |
| Graduate and above | 31(12.6%) | 8(11.1%) | 39 | |
| BMI | | | | |
| 18-25kg/m ² | 157(63.8%) | 47(65.2%) | 204 | |
| 26-30 kg/m ² | 63(25.6%) | 17(23.6%) | 80 | .122 (0.94) |
| >30 kg/m ² | 26(10.5%) | 8(11.1%) | 34 | |

When asked what bothers them the most, the response was varied in the normal and the abnormal bleeding group. Majority of women in the abnormal bleeding group quoted heaviness (88%) and irregularity of bleeding (75%) as the most bothersome complaint. Other significant complaints were pain in 43% and mood changes (36%). Whereas in the normal bleeding group majority quoted mood changes as the most bothersome complaint (30.9%) as seen in Table 2.

Table 2: Shows the most bothersome symptom as perceived by women during periods

| | Normal bleeding group (n=246) | Abnormal bleeding group (n=72) | Total | P-value |
|-----------------------|-------------------------------|--------------------------------|-------|---------------|
| Pain | 45(18.3%) | 31(43%) | 76 | 18.78 (0.000) |
| Heaviness of bleeding | 13(5.3%) | 64(88%) | 77 | 211.5 (0.000) |
| Mood changes | 76(30.9%) | 26(36%) | 102 | .693 (0.405) |
| Irregularities | 8(3.2%) | 54(75%) | 62 | 182.7 (0.000) |
| Breast pain/swelling | 17(6.9%) | 9(12.5%) | 26 | 2.18 (0.14) |
| Others | 54(22%) | 3(4.1%) | 57 | 11.94 (0.000) |
| Nil complaints | 33(13.4%) | 0 | 33 | 10.78 (0.000) |

Some women quoted more than one symptom as being most bothersome so the total number is more. Significantly more women in the abnormal bleeding subgroup identified their menstrual bleeding as problematic in comparison to women in the normal bleeding subgroup (Table 3). In the abnormal menstrual bleeding group, 84.7% of women stated that AMB impacted upon their daily activities. Further questioning showed that the impact of heavy menstrual bleeding stretched across multiple aspects of women's lives including social life, relationships and work. Significantly higher proportion of women (79.1%) felt physically weak and unable to carry on day to day activities during days of heavy bleeding.

Table 3: Effect of menstrual bleeding on QoL

| | Normal bleeding group (n=246) | Abnormal bleeding group(n=72) | Total | P-value |
|--------------------------------------|-------------------------------|-------------------------------|-------|---------------|
| Disruption in normal activities | 139(56.5%) | 61(84.7%) | 200 | 19 (.000) |
| Limitation of work | 107(43.5%) | 58(80.5%) | 165 | 30.64 (.000) |
| Skip social activities | 116(47.1%) | 64(88.9%) | 180 | 39.49 (.000) |
| Avoid travel | 119(48.3%) | 69(95.8%) | 188 | 51.75 (.000) |
| Avoid get togethers | 102(41.4%) | 59(82%) | 161 | 36.52 (.000) |
| Isolation at home | 73(29.6%) | 44(61.1%) | 117 | 35.84 (.000) |
| Change in type and colour of clothes | 97(39.4%) | 43(59.7%) | 140 | 9.306 (.000) |
| Change in underwear colour | 114(46.3%) | 47(65.2%) | 161 | 7.99 (.002) |
| Feeling of less confident | 71(28.8%) | 38(52.7%) | 109 | 14.14 (.000) |
| Felling physically weak | 115(46.7%) | 57(79.1%) | 172 | 23.57 (.000) |
| Mood changes | 88(35.7%) | 41(57%) | 129 | 10.36 (.000) |
| Myths related/ religious beliefs | 104(42.3%) | 33(45.8%) | 137 | 0.2874 (.296) |
| Avoid sexual activity during periods | 118(48%) | 63(87.5%) | 181 | 35.5 (.000) |
| Whether feel shy discussing with HCP | 72(29.2%) | 31(43%) | 103 | 4.39 (0.013) |

In the abnormal menstrual bleeding group, 88.9% of women stated that they tend to skip participation in social activities when their period is heavy. They also felt less confident during days of heavy flow. All values were significantly higher in the abnormal menstrual bleeding group than normal bleeding group. In terms of social life, 82% of women in the heavy bleeding said they avoided social get togethers. In this study on enquiry, 59.7% women in the abnormal bleeding group answered that on heavy days they would avoid certain colours or clothes to cope with the bleeding. 87.5% of women avoided sexual activity during heavy bleeding. They also felt that their heaviest flow days had an impact on their relationship with their partners. Despite suffering 43% women of AUB group felt shy discussing with healthcare professional (HCP). Despite being a common condition the knowledge among the women about the condition and its treatment was low (Table 4).

Table 4: Knowledge of women regarding abnormal bleeding, its treatment and consequence

| | Normal bleeding group (n=246) | Abnormal bleeding group (n=72) | Total | P-value |
|---|-------------------------------|--------------------------------|-------|---------------|
| Are they aware of AMB | 203(82.5%) | 69(95.8%) | 278 | 7.98 (0.00) |
| Knowledge about treatment options | 68(27.6%) | 27(37.5%) | 95 | 2.58 (0.054) |
| Knowledge about association with malignancies | 127(51.6%) | 42(58.3%) | 169 | 1.006 (0.159) |
| Knowledge about consequences of HMB | 29(11.7%) | 20(27.7%) | 49 | 10.92 (0.00) |
| Do they think HMB is something serious and needs to be treated? | 214(87%) | 67(93%) | 281 | 1.99 (0.079) |

Regarding the awareness level, AUB group was more aware (95.8%). Even in the women who had awareness about the condition, the awareness about the various treatment options was poor. Majority (93%) in AUB group felt that heavy bleeding is something serious and needs to be treated.

DISCUSSION

It has been seen in several studies that heavy menstrual bleeding is common problem which has impact on many aspects of a woman's life including social, relationships and work.^{5,6} In our study also we found similar results. Patient centred understanding of complaint may lead to better understanding of patient's illness and can contribute to improved patient satisfaction and results of treatment.⁷ Similar to our study, other studies also found that there was variability in the perception of women as to what should be considered as normal-majority felt 2 to 3 pads per day and bleeding lasting for 4 to 5 days as normal.^{5,8} We found heaviness (88%) and irregularity (75%) was the most bothersome complaint in majority of women in the abnormal bleeding group. Kaur H *et al* also reported similar observations.¹ Whereas in another study by Santer M *et al*, pain (27%) was the symptom which bothered them the most followed by heaviness (19%) and mood changes (17%).⁷ The present study noted that, more women in the heavy menstrual flow group identified their menstrual cycle as being an inconvenience and disruption to their lives compared to those women with perceived normal menstrual flow. Bitzer J concluded that regarding impact of heavy menstrual bleeding on women's social life, relationships, and work, a significantly greater proportions of women reported negative effects in these domains in the above average menstrual flow subgroup relative to the below average menstrual flow subgroup.⁵ In our study, 84% of the AUB group accepted that there was disruption in normal activities and 80.5% women had limitation of work. Similar to our findings, Kaur H *et al*

observed that in AUB group around 86% women had disruption in normal activities and 83.7% acknowledged having limitation of work.¹ Outside of work majority (95.8%) preferred to avoid travel on days of heavy bleeding in the present study. 59.7% AUB group women also felt that their heaviest menstrual flow days impacted on the type and colour of the clothes they wore. 82% avoided of AUB group avoided family gatherings. Significantly more women in the abnormal menstrual bleeding group stated that their periods impacted on their relationships compared to women in the normal menstrual loss group. Bhatiyani BR *et al* observed that 93.5 % avoided travel, 65.3% answered that on heavy days they would avoid certain colours or clothes to cope with the bleeding and 79.5% of women in the heavy bleeding group said they avoided family gatherings.⁹ In another study by Bitzer J, a high proportion (91%) also felt that their heaviest menstrual flow days impacted on the type and colour of clothes they wore.⁵ When asked about their awareness regarding heavy menstrual bleeding we found that majority of the women (95.8%) were aware about abnormal bleeding but as such they didn't have much knowledge about the treatment available and the consequences of AMB. There was significant difference in both groups regarding their awareness level. Whereas Bitzer J *et al* found the awareness of HMB to be comparatively low (59%). 41% of above average bleeding group believed that there was no treatment available to them. Even in the awareness group, understanding of abnormal bleeding and available treatment options was found to be lacking. Hence there is

a need to raise awareness of HMB and its treatment options amongst women, as well as provide necessary guidance and resources to HCPs in order to enable them to disseminate appropriate information to patients with this condition.⁵ Unlike our study, Kaur H *et al* found no significant difference in both groups regarding their awareness level.¹ Esimai *et al* in his study observed that students' awareness of menstrual abnormalities was quite poor (29%) and only few of them (10.5%) decided to seek help for menstrual abnormalities.¹⁰ In the present study, 58.3% of AMB group correlated AMB with malignancy and 93 % felt that AMB is something serious and needs to be treated. Kaur H *et al* in their study found 62.8% women of AUB group had knowledge about association of AMB with malignancy and all women of AUB group (100 %) felt that AMB is something serious and needs to be treated.¹ Our study supports the findings of previous research showing HMB to be a common problem which has impact on quality of a women's life.^{5,10}. Furthermore, similar to other studies we observed that the women in abnormal bleeding group are affected more by their problem as compared to normal bleeding group.^{1,5,9} There is definitely need to create awareness among women regarding abnormal bleeding and its consequences. This would help them to visit health care professionals and seek timely treatment.

CONCLUSION

Abnormal menstrual bleeding is a common problem which has impact on many aspects of women's daily activities and quality of life. Hence, it is important to understand the perceptions of women about abnormal bleeding and its effect on quality of life. Majority of women know about abnormal bleeding as something serious, but they lack in depth understanding of its consequences and various treatment modalities available. Identifying the symptoms and situations that are most bothersome to women with abnormal menstrual periods could help clinicians and researchers ask patients more meaningful questions and, therefore, improve both medical care and patient satisfaction. There is need to raise awareness of abnormal menstrual bleeding and its

treatment options among women. Health care workers should disseminate appropriate information to AUB patients.

REFERENCE

1. Kaur H, Sharma S, Goraya SPS. Knowledge, Attitude and Behaviour of women towards Abnormal Menstrual Bleeding and its impact on Quality of Life. *J South Asian Feder Obst Gynaec*. 2015; 7(1):5-9.
2. National Collaborating Centre for Women's and Children's Health. Heavy menstrual bleeding [homepage on the internet]. Dorchester: RCOG; 2007. Available at: <http://www.nice.org.uk/nicemedialive/11002/30401/30401.pdf>. Accessed on: August 13, 2012.
3. Munro MG, Critchley, Fraser IS. The FIGO Menstrual Disorders Working Group. The FIGO classification of causes of abnormal uterine bleeding in the reproductive years. *Fertil and Steril* 2011; 95(7):2204-220.
4. Coutinho EM, Segal SJ. Is Menstruation Obsolete? New York: Oxford University Press; 1999
5. Bitzer J, Serrani M, Lahav A. Women's attitudes towards heavy menstrual bleeding, and their impact on quality of life. *Open Access J Contraception* 2013; 4:21-28.
6. Matteson KA, Clark MA. Questioning our questions: do frequently asked questions adequately cover the aspects of women's lives most affected by abnormal uterine bleeding? Opinions of women with abnormal uterine bleeding participating in focus group discussions. *Women Health*. 2010; 50(2):195211.
7. Santer M, Wyke S, Warner P. What aspects of periods are most bothersome for women reporting heavy menstrual bleeding? Community survey and qualitative study. Available at: <http://www.biomedcentral.com/1472-6874/7/8>.
8. Gokyildiz S, Aslan E, Mecdi M. The effects of menorrhagia on women's quality of life: a case-control study. *Obstet Gynecol* 2013; 918179:1-13.
9. Bhatiyani BR, Dhumale SV, Pandeeswari B. Knowledge, attitude and behaviour of women towards abnormal menstrual bleeding and its impact on quality of life. *Int J Reprod Contracept Obstet Gynecol* 2017; 6:4291-6.
10. Esimai OA, Esan GOO. Awareness of menstrual abnormality amongst college students in urban area of Ile-Ife, Osun State, Nigeria. *Ind J Community Med* 2010 Jan; 35(1):63-66.

Source of Support: None Declared
Conflict of Interest: None Declared