

SOCIAL SUPPORT, QUALITY OF LIFE AND MENTAL HEALTH PROBLEMS AMONG FEMALES WITH AND WITHOUT MENSTRUATION PROBLEMS: A COMPARATIVE STUDY

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ABSTRACT

OBJECTIVE: To access the social support, quality of life (QoL) and mental health problems to discriminate between females with and without menstruation problems.

METHODS: This comparative study was conducted on sample of 408 females enrolled in study through purposive sampling technique. Female (with and without problems of menstruation) aging from 13 to 40 years, without any restriction of socioeconomic status were recruited in study from public and private academic institutions and hospitals of Sialkot, Pakistan. Females who denied giving consent and those who had any other chronic and infectious disease like diabetes, heart disease, cancer etc. were excluded from the study. Demographic variables detail, Multidimensional Scale of Perceived Social Support (MPSS), QoL and Depression Anxiety and Stress Scale (DASS) were assessed. Results was analyzed by using SPSS version 20.

RESULTS: Out of 408 participant, 206 (50.5%) were with menstruation problems and 202 (49.5%) without problem. Majority (n=146; 35.8%) were from 19-26 years age group. Around 38.5% (n=157) were graduates. Majority (n=355; 87.0%) were from middle class families. Common menstrual problems observed were dysmenorrhea (n=77; 18.9%), oligomenorrhea (n=67; 16.4%) and menorrhagia (n=62; 15.2%). Significant difference among females with and without menstruation problems were found on the variables of quality of life (t=5.01, p<0.05) and mental health problems (t=-3.88, p<0.05).

CONCLUSION: Females with menstruation problems suffers with mental health problems and poor QoL than females without menstruation problems. There is immense need to deal with mental health issues of this group to enhance QoL.

KEY WORDS: Social Support (MeSH); Quality of Life (MeSH); Mental Health (MeSH); Mental health problems (Non-MeSH); Depression Anxiety and Stress Scale (Non-MeSH); Multidimensional Scale of Perceived Social Support (Non-MeSH); Menstruation Disturbances (MeSH); Female (MeSH).

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and overall wellbeing.⁵ Women with menstruations disorders defiantly compromised quality of life (QoL)⁶ despite that there was very limited literature was found on these issues.⁷ In the current time research has been depicting and concluded that women with these disorders face severe physical and psychological problems and reasons behind these issues are lack of knowledge, anxiety and unhealthy diet, depression, lack of social support, poor mental health, and poor methods of hygiene.⁸ To deal these issues social support is essential to health promotion as it assists an individual's physical and emotional needs, as well as lesser the effects of stressful events. Females who have less social support were significantly associated with emotional problems and more menstruation pain as compare women with stable social support.⁹

Many researchers confirmed that social support is positively associated with life satisfaction that increased the daily functioning to deal with psychological issues.¹⁰⁻¹¹ Gokyildiz S, et al. (2013) found that females with the menorrhagia have low QoL and emotional disturbance as compared to those who have normal menstrual cycle.¹² Laksham KB, et al. (2019) identifies that such females who had excessive menstruation bleeding have low QoL as compared to those who have normal menstruation bleeding. QoL was poor in those females who have menstrual disorders (menorrhagia and dysmenorrhea) as compared to women without menstrual disorder.¹³ Many researchers reported that adolescents had the poorest scores in

INTRODUCTION

In female's reproductive health, menstruation plays a key role. Poor menstrual health literacy and negative menstrual experiences of young females lead to increased prevalence of menstrual problems, especially in low- and middle-income countries.¹ Although many of menstruation-associated issues are under-reported due to cultural reasons, menstrual symptoms affect the daily

activities in 38% of women.² Women of fertility age are prone to various menstrual disorders, like premenstrual symptoms, painful periods (dysmenorrhea), heavy or prolonged menstrual bleeding (menorrhagia), scanty or infrequent menstrual periods (oligomenorrhea) and absence of menstruation (amenorrhea) etc.^{3,4}

Menstrual problems affect the women lifestyle, relationship, emotional health,

TABLE I: DEMOGRAPHICS OF THE STUDY PARTICIPANTS (N=408)

| Variables | Categories | Frequency | Percentage |
|------------------------------|----------------|-----------|------------|
| Age (years) | 13-19 | 112 | 27.5 |
| | 19-26 | 146 | 35.8 |
| | 27-33 | 72 | 17.6 |
| | 34-40 | 78 | 19.1 |
| Family Setup | Nuclear | 284 | 69.6 |
| | Joint | 124 | 30.4 |
| Education | Middle | 48 | 11.8 |
| | Matric | 46 | 11.3 |
| | Inter | 100 | 24.5 |
| | Graduate | 157 | 38.5 |
| | Post-Graduate | 56 | 13.7 |
| | Others | 1 | 0.2 |
| Socioeconomic Status | Lower | 24 | 5.9 |
| | Middle | 355 | 87.0 |
| | Upper | 29 | 7.1 |
| Job Status | Govt. | 64 | 15.7 |
| | Private | 169 | 41.4 |
| | Other business | 175 | 42.9 |
| Nature of Menstrual Disorder | Normal | 202 | 49.5 |
| | Dysmenorrhea | 77 | 18.9 |
| | Oligomenorrhea | 67 | 16.4 |
| | Menorrhagia | 62 | 15.2 |

physical functioning associated with dysmenorrhea, whereas female with amenorrhea had the lowest score in psychosocial functioning. Females who develop dysmenorrhea they get low social support from their families as compared who have no disease.¹⁴ Social support provides positive impact on individual's health and act as barrier in stressful situations.¹⁵ Barron ML, et al. observed in their study that high stress significantly links to incidence of dysmenorrhea and psychiatric disorder have more in those females who have irregular menstruation cycle as compared to without menstruation problems.¹⁶

Research on mental health and QoL of females suffering from menstruation problems is very limited in our local healthcare settings. This domain is remained untouched and requires immediate and foremost focused of attention for the health care policy makers. Mental health is a vital necessity

for those females who suffer from menstruation problems as during this cycle a female naturally goes through mood swings, tension, stress etc. Medical side of the treatment is emphasized more rather than mental health services so basic purpose of the researcher is to create awareness among different aspects for policy makers, medical health practitioner and general population too. "There is no health without mental health" so by provision of effective mental health services to the females who suffered from menstruation problems can help them to stabilize their mood swings, anxiety problems and stress caused by this cycle and enhance their personal, social, and physical sense of well-being.

METHODS

This comparative study was conducted on sample of 408 females with and without menstrual problems, enrolled

in study through purposive sampling technique. The research topic was approved by the review committee of department of Psychology, Government College Women University, Sialkot, Pakistan.

Females with menstruation problems were taken from different private and government hospitals including City Hospital, Kashmir Medical Complex, Munawar Surgical Hospital, Khalida Memorial Hospital, Sialkot Medicare Hospital and Chest Hospital, Sialkot, Pakistan. Those females were approached who were diagnosed by the medical practitioners with different menstruation problems. Menstruation problems were categorized into dysmenorrhea, menorrhagia, and oligomenorrhea.

Without menstruation problem female's data was received from different government and private academic institutions.

After taking consent from the sample, questionnaire was distributed among all female participants of the research and they submitted the response after completing it.

Demographic information was collected from 408 female participants, in addition, the Urdu version of the questionnaire of Multidimensional Perceived Social Support (MPSS) consists of 12 items and 7 points Likert scale. The Cronbach's alpha of MPSS was 0.92 from original scale.¹⁷ Multidimensional Scale of Perceived Social Support by Rizwan and Aftab (2009)¹⁸ was administered in current study to measure how much support individual gain from their family, friends, and others. The Urdu version of QoL developed by Flanagan and translated by Khan MN, et al. (2003)¹⁹ that comprises of 15 items with 4 domains of QoL and the reliability of respectively all domains are ($\alpha=0.78, 0.75, \text{ and } 0.73$) but was low ($\alpha=0.56$) in the social

TABLE II: COMPARISON OF FEMALES WITH AND WITHOUT PROBLEM ON MULTIDIMENSIONAL PERCEIVED SOCIAL SUPPORT, QUALITY OF LIFE, AND MENTAL HEALTH (N=408)

| Variables | Groups | Mean \pm SD | t | p | Cohen's d |
|-------------------------------------|---------------------------------------|-------------------|-------|-------|-----------|
| Quality of Life Scale | Females with menstruation problems | 90.83 \pm 11.23 | 5.01 | 0.000 | 0.49 |
| | Females without menstruation problems | 96.71 \pm 12.44 | | | |
| Depression Anxiety and Stress Scale | Female with menstruation problems | 17.8 \pm 9.29 | -3.88 | 0.000 | 0.38 |
| | Females without menstruation problems | 14.4 \pm 8.36 | | | |

TABLE III: SOCIAL SUPPORT, QUALITY OF LIFE AND MENTAL HEALTH AMONG FEMALE WITH AND WITHOUT MENSTRUATION PROBLEM (N=408)

| Variables | With menstruation problem | | Without menstruation problem | | t | p | Cohen's d |
|-------------------------------------|---------------------------|------|------------------------------|------|-------|-------|-----------|
| | M | SD | M | SD | | | |
| QoL (Physical) | 25.00 | 3.39 | 26.44 | 3.68 | 4.09 | 0.000 | 0.40 |
| QoL (Psychological) | 21.06 | 2.95 | 22.16 | 3.47 | 3.60 | 0.000 | 0.34 |
| QoL (Social) | 10.64 | 2.04 | 11.52 | 4.40 | 2.59 | 0.010 | 0.25 |
| QoL (Satisfaction with Environment) | 27.21 | 4.70 | 29.04 | 4.40 | 4.05 | 0.000 | 0.40 |
| Depression | 5.56 | 3.61 | 4.23 | 3.18 | -393 | 0.000 | 0.39 |
| Anxiety | 4.91 | 3.09 | 3.92 | 3.06 | -3.27 | 0.010 | 0.32 |
| Stress | 7.36 | 3.89 | 6.28 | 3.65 | -2.89 | 0.00 | 0.28 |

QoL: Quality of life

domain. Depression Anxiety Stress Scale (DASS) that consists of 21 items and 7-Likert scale and internal consistency reliability of subscales 0.86, 0.74 and 0.86 respectively. Scale translated by Aslam N, et al;²⁰ were used in current study. Cut off score of scale defining the mild/moderate/severe/ and extremely severe scores for each DASS scale were utilized at the time of analysis. The data was analyzed through SPSS-20 version.

RESULTS

Out of 408 participants 206 (50.2%) participant females were with disease and 202 (49.3%) participant females were without menstruation disease. Majority (n=146; 35.8%) of females were from 19-26 years age group (Table I). Mostly females were educated and 38.5% (n=157) were graduates. Majority (n=355; 87.0%) were from middle class socioeconomic status. About 69.6% were from nuclear families. Common menstrual problems observed were dysmenorrhea (n=77; 18.9%), oligomenorrhea (n=67; 16.4%) and menorrhagia (n=62; 15.2%).

As given in table II, females with menstruation problems experienced low level of QoL ($t=5.01$, $p<0.05$) as compared to females who did not suffer from any menstruation problems. Further analysis revealed that females with menstruation problem suffer more with mental health problem as compared to the control group ($t=-3.88$, $p<0.05$).

From the table III, it is evident that on the sub-domains of QoL, females with menstruation problems have low level of physical well-being as compared to female without menstruation problem ($M=25.00$, $p<0.05$). Further it was

found that female with menstruation problem suffered poor psychological well-being as compared to the control group. Furthermore, social and satisfaction with environmental domains female with menstruation problems faced more difficulties as compared to the control group. Hence on mental health subscales females with menstruation problem suffered more with depressive symptoms as compared to females without menstruation problems.

DISCUSSION

We conducted this study to identify the healthy phenomenon happening with females that ensures reproduction and have significant impact on the female's QoL. Menstruation problems are common among adolescents but there is little research on this topic, especially in Pakistan. Many researchers identified that majority woman perceive these type of symptoms are part of life so might be one of the reason females do not want to discuss these complaints or seek medical care.¹³ Another reason may be social or cultural etiquette to treat female issues as private. Our current comparative study assesses the social support, QoL and mental health among women with and without menstrual disease and the findings from this study revealed that there was a significant difference existing between with disease and without disease participants. Menstrual disease effected the women's QoL and their mental health. One study result showed that menstruation symptoms have significant impact on women's QoL including their function of daily activities.²¹

In the current study social support has no significant difference among females

with and without menstrual problems ($p>0.05$). There are many reasons according to different researcher's social support play vital role directly and indirectly reducing the stress of disease. Researchers have found that psychological issues lower their QoL.²² Positive support from family helped to strengthen the individual and overcome their illness as well. A study in Korea revealed that family and medical practitioner have been the most crucial support from all social support types.²³ Majority of females who received higher social support have more positive emotions and which keeps them away from mental health issues including depression.²⁴ Another literature demonstrated that social support has a lot of benefit for an individual health including psychical and psychological (depression, anxiety, and stress).^{25,26}

The main limitation of the current study is the small sample size. Further research is recommended with a larger sample size to study the burden of menstruation related mental health problems in females that affect their QoL. Further research is also recommended to explore the phenomenon using qualitative approach for more in-depth analysis and knowledge about mental health issues in females with menstruation related problems.

CONCLUSION

This study confirmed that females' mental health and QoL suffer due to menstruation problems. Educational and health professional needs to identify the problem and provide the tangible solution to promote the female health in this area. This research creates awareness to enhance QoL of females that suffers

due to menstruation disease.

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AUTHOR'S CONTRIBUTION

Following authors have made substantial contributions to the manuscript as under:

US: Conception and study design, acquisition of data, analysis and interpretation of data, drafting the manuscript, critical review, approval of the final version to be published.

UR: Conception and study design, analysis and interpretation of data, approval of the final version to be published.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

CONFLICT OF INTEREST

Authors declared no conflict of interest

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DATA SHARING STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.



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