

# Menstruation: Symptoms, Management and Attitude of Female Nursing Students in Ibadan, Nigeria

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## ABSTRACT

This study surveyed 120 student nurses from two schools of nursing in Ibadan, Nigeria to assess the symptoms experienced during menstruation, attitude towards and management of menstruation. The student nurses overall mean age at menarche was 14 years, average duration of menstrual period was five days and mean of menstrual cycle was 28 days. Out of the 120 study participants, 93% were having menstruation regularly. More participants experienced symptoms during premenstrual periods than menstrual periods. Majority (70%) used sanitary pad to manage their menstruation, 93% had positive attitude towards menstruation while only 20% consulted medical doctors whenever they experienced menstrual symptoms. Paracetamol was the drug of choice for many of the participants whenever they experienced menstrual symptoms.

It was recommended that authorities in schools of nursing should not overlook reproductive health needs of students. Also teaching of reproductive health education early in primary and secondary schools should be encouraged. (*Afr J Reprod Health* 2006; 10[3]:84-89)

## RÉSUMÉ

**Menstruation: Symptômes, Prise en charge et attitudes des élèves infirmières à Ibadan, Nigéria** Cette étude a enquêté 120 élèves infirmières à Ibadan, Nigéria, afin d'évaluer les symptômes vécus pendant la menstruation, l'attitude envers et le traitement de la menstruation. L'âge moyen à l'instauration de la menstruation était 14 ans, la durée moyenne de la période de la menstruation était cinq jours et la moyenne du cycle menstruel était 28 days. Sur les 120 participantes qui ont fait l'objet de l'étude, 93% avaient leur menstruation régulièrement. Plus de participantes avaient des symptômes pendant les périodes prémenstruelles que pendant les périodes menstruelles. La majorité (70%) se servaient des serviettes hygiéniques pour pendre leur menstruation en charge, 93% avaient une attitude positive envers la menstruation alors que seulement 20% consultaient le médecin chaque fois qu'elles avaient des symptômes de la menstruation. Paracetamol était le médicament de choix chaque fois qu'elles avaient les symptômes de la menstruation. L'étude a proposé que les responsables dans les écoles des infirmières se préoccupent des besoins des étudiantes sur le plan de la santé de reproduction. Elle préconise aussi que l'enseignement de l'éducation de la santé de reproduction doit être encouragé dans les écoles primaires et secondaires. (*Rev Afr Santé Reprod* 2006; 10[3]:84-89)

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**KEY WORDS:** *Menstruation, Symptoms, Management, Attitude, Female Nursing Students*

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## Introduction

Menarche is one of the markers of puberty and in many countries, the age at menarche is declining. Once every month or so, the lining tissues of the inside of the womb come away and are passed out through the vagina with some blood which is known as menstruation "or having a period"<sup>1</sup>. Though menstruation is a normal biological process, it may also cause physical or psychological problems too, to a woman of reproductive age<sup>2</sup>. Hence, it has been surrounded by myths, superstitions, rituals and even laws since time immemorial. In modern times, it is viewed with remarkable openness. Nevertheless, differences between attitudes still occur between different population and cultures<sup>3</sup>. Since menstrual flow is a normal phase of life and a positive sign of good health, women need to be encouraged to be normally active during menstruation<sup>4</sup>.

We therefore undertook this study to ascertain the age at menarche, symptoms, management and attitude towards menstruation of female nursing students in Ibadan, Nigeria.

## Methods

This cross-sectional descriptive study carried out in 2004, utilised a self-administered questionnaire. The survey instrument contained items on demographic characteristics of respondents, and items on the main focus of the study. One hundred and twenty (120) randomly selected female nursing students of Eleyele and University College Hospital Schools of Nursing in Ibadan participated in the study. The school authorities appealed to the study participants for cooperation and with the prompt collection of copies of administered questionnaire on the spot a 100% response rate was ensured.

## Results

Majority of the respondents (73%) were between 21-25 years, 80% were Christians and 20% Muslims.

The mean age at menarche of the respondents was 14 years and the average duration of their menstrual periods was 5 days and the mean of menstrual cycle of respondents was 28 days. Also majority 93% experienced menstruation regularly.

### *Self reported signs and symptoms associated with menstruation*

Responses on psychological symptoms shown in table 1 revealed that 53% experienced moodiness and 47% irritability, during premenstrual period. During menstrual period 40% experienced moodiness and 37% irritability. This shows that more of the study participants experienced irritability, moodiness during premenstrual period than menstrual period.

### *Hormonal effects*

Out of 120 study participants, 57% of the study experienced headache and 53% weight gain during premenstrual period whereas the distribution were 60% and 20% during menstrual periods. It is significant to note that more study participants experienced edema during menstrual than premenstrual period.

### *Dysmenorrhoeal complex*

In dysmenorrhoeal complex, 52% participants had backache and 50% abdominal pain during premenstrual period as against 40% and 43% during menstrual period.

### *Restrictive effects*

In restrictive effects, equal number of study participants experienced decreased physical ability 50%, decreased intellectual ability 23% and evasive behaviour 13% during premenstrual and menstrual periods.

### *Materials used to manage menstruation*

In table 2, participants used more than one material to manage menstruation at different

**Table 1: Self Reported symptoms and signs associated with menstruation**

Response	Premenstrual		Menstrual	
	(Have it) N=120	(%)	(Have it) N=120	(%)
Psychological symptoms				
Moodiness	64	53	48	40
Irritability	56	47	44	37
Tension	28	23	24	20
Depression	24	20	24	20
Anxiousness	24	20	28	23
Hormonal Effects				
Headache	68	57	72	60
Weight gain	64	53	24	20
Acne, greasy skin	44	37	28	23
Breast tenderness	44	37	20	17
Edema	36	30	48	40
Fatigue	32	27	32	27
Increased appetite	24	20	24	20
Dysmenorrhea Complex				
Backache	64	53	48	40
Abdominal pain	60	50	52	43
Restrictive Effects				
Decrease physical ability	60	50	60	50
Decrease intellectual ability	28	23	28	23
Evasive behaviour	16	13	16	13

**Table 2: Materials used to manage menstruation**

Response	N=120	%
Sanitary pad	84	70
Cotton wool	52	43
Tissue paper	16	13
Clothing material	12	10
Tampons	12	10

**Table 3: Health seeking behaviour when experiencing menstrual problems**

Response	N=120	%
Pray about it	64	53
Self medication	60	50
Endure it	60	50
Consult medical doctor	24	20

Table 4: Drugs used when having menstrual problems

Response	N=120	%
Paracetamol	52	43
Magnesium trisilicate mixture	14	12
Hyoscine hydrobromide	12	10
Piroxicam	8	7

Table 5: Attitude towards menstruation

Response	N=120	%
Menstration is part of a women's life	112	93
Menstration is a curse on womanhood	8	7

periods, nevertheless, sanitary pads were used by majority (70%) of the study participants, 43% used cotton wools, 13% used tissue paper while 10% each used clothing materials and tampons to physically manage menstruation.

#### *Health seeking behaviour*

Responses to each of the four items revealed 53% of participants chose to pray whenever they experienced menstrual problems, 50% engaged in self medication, 50% endured it while only 20% consulted medical doctors.

#### *Drugs used when having menstrual problems*

On the four drugs responded to by study participants, 43% used paracetamol, 12% magnesium trisilicate mixture, 10% hyosine hydrobromide and 7% piroxicam.

#### *Attitude towards menstruation*

Majority (93%) of the study participants believed that menstruation is part of a woman's life while 7% believed it was a curse on womanhood.

## Discussion

Human sexuality and reproductive behaviour are among the number of distinctive features

differentiating human beings from animals<sup>5</sup>. Women will remain the focus of reproductive health activities since the burden of sexual and reproductive ill-health falls on women far more than on men. Consequently, women need to be involved in the leadership, planning, implementation and evaluation of services<sup>6</sup>. If the aforementioned is true, then the choice of trainee nurses as study participants was a right step knowing fully well, their future potentials as mothers and strong stakeholders in women reproductive health services. In this study, a result of 14 years of age at menarche is consistent with the range of 11 to 15 years in literature<sup>2,7,8,9</sup>.

Only in six out of seventeen items did more than 50% of study participants experienced premenstrual syndrome. Survey result from Afrikaans speaking university students in USA premenstrual symptoms yielded irritability 87%, depression 87%, moodiness 77%, anxiousness 31%, headache 47%, breast tenderness 71%, and fatigue 77%. A study of characteristics of the menstrual cycle in Nigeria school girls recorded in general about 10-22% of the girls reported severe premenstrual symptoms in all symptom complex categories<sup>10</sup>.

It has been observed that though menstruation is a normal biological process, it may cause

physical or psychological problems<sup>3</sup> as in this study, though less than what was experienced during premenstrual period, sizeable percentages of study participants still experienced the psychological symptoms, hormonal effects, dysmenorrheal complex and restrictive effects during actual menstrual period.

Also majority (70%) used sanitary pad to physically manage their menstruation. Clean clothing materials, toilet tissue, sanitary napkins pads tampons had been identified as materials (with advantages and disadvantages) to manage menstruation<sup>2,12</sup>. Modern methods of absorbing menstrual flow include the use of internal tampons and external pads. Nevertheless, caution needs to be exercised by the users of tampons to avoid the possibility of toxic shock syndrome<sup>4</sup>.

Although many of the study participants recorded more than one health care seeking behaviour, 53% prayed, 50% engaged in self medication, 50% endured it while only 20% consulted medical doctors. Worried by the fact that the great majority of menstrual symptoms did not precipitate medical consultations, it was recommended that a better understanding of the psycho-social determinants of illness and consulting behaviour for menstrual problems is developed<sup>12</sup>.

The use of paracetamol by many (43%) of the study participants is consistent with literature, but others in this study used magnesium trisilicate, hyoscine hydrobromide and piroxicam. It has been recorded that until the effectiveness of progesterone has been fully researched, it is unlikely that the medical community will deal with PMS through any other approach other than a relatively conservative treatment of symptoms through the use of analgesic drugs<sup>4</sup>.

In this study, majority (93%) had positive attitude towards menstruation by agreeing that menstruation is part of a woman's life. In a study, only 25% accepted menstruation positively, 27% were fatalistic and 48% were antipathy towards menstruation<sup>12</sup>.

Though menstruation is an indication of positive reproductive health status of women,

the issue of premenstrual and menstrual symptoms need to be well understood and managed by young women. Many of the symptoms are likely to affect the social-emotional health of young people. If trainee nurses are to provide right counsel and provide quality of care and youth friendly reproductive health care services later in life, they also must enjoy such to have a pleasing experience to share with their future clients. Therefore, authorities of schools of nursing need to develop strategies to meet reproductive health challenges of student nurses. They also need to be encouraged to seek medical advice for their reproductive health needs. Reproductive health education must be encouraged early in life in primary and secondary schools in the country and elsewhere in Africa.

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