

The impact of premenstrual syndrome on social Participation of the 25-35 year old female staffs of Baft city (Kerman Province) in 2010

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Abstract : Development is not materialized without the women's contribution, so that preparing an appropriate ground for different activities of the women and fighting against all barriers of women participation in socio-economic and political activities is essential. One of the barriers is the existence of the Premenstrual Syndrome (PMS) in women. PMS is a set of disturbing signs which are experienced by many people some days before menstruation. Many of pro-women thinkers believe that PMS is a psychological disturbance being created by medical science to treat a natural biologic process, so that to prevent of the women interference in heavy and strong activities in the society. In order to determine the existence of PMS and its consequences, a study was done on 130 women in 25 to 35 years old who were the female employed staff in the public offices in Bam city. It was a survey and in order to collect data, in addition to questionnaires, books and other documents were also used. The results show that the percentage of affliction with PMS was 94%. The affliction with depression resulting from the syndrome was reported in 70% of the individuals and those afflicted with agony were 64%. This high pain of PMS affliction along with the consequences resulting from the physical signs, distress and depression can have a threatening factor for the women's health and a pretext to make employers disappointed of employing women. Journal of American Science 2011; 7(8):324-328]. (ISSN: 1545-1003). <http://www.americanscience.org>.

Key words: Women, Premenstrual Syndrome, Distress, Depression, Social Participation

Introduction:

The term Premenstrual Syndrome (PMS) is a periodical disturbance which entangles feelings, behaviours and physics of the body in the pre-stage of menstruation. The PMS is an important clinical situation which affects the majority of women. Even the percentages of women are afflicted with the PMS such that its damages can have impacts on the productivity of the afflicted individuals in working environment, home, social relations and their social life. It can endanger their mental and social health as well. This syndrome with a high load resulting from distress and depression and physical pains such as tiredness, muscular pains and etc is a barrier for the pervasive contribution of women in different dimensions including their social contribution in the society.

Though, long years have passed since the identification of this syndrome, but only in recent years, attention has been focused on the set of its full signs and that is due to the women involvement in jobs outside home and undertaking the critical positions. Notwithstanding, the people do not understand that in fact the women in the period of affliction with PMS are patients with a high need to care and should be helped to recover and they are

considered as incapable, invalid and face gender discrimination and removed from the social science.

General purpose

Identifying signs of the PMS and its relation with the social relations of the 25-35 year old female staff of public offices in Baft city in 2008

Research questions:

1. Is there a relation between PMS and social relations of women?
2. Is there a relation between PMS and the emergence of depression?
3. Is there a relation between PMS and the emergence of distress?

Women and PMS

PMS can be defined as the cyclical return of a combination of physical and psychological changes or behaviours during the stages of leutel cycle of menstruation which involves the family, social or professional activities of the individual. Almost one percent of the women at the fertilization age are afflicted with PMS so that it endangers the patient' relations and inter-relations of the individual (Riyan, 2006, P. 65).

The signs of the PMS are diverse but in general they include the followings:

1. Body pain (headache, cramp, exhausting and etc.) 2. Water accumulation (increase of weight, inflation and painful breast), 3. Negative mood (depression, crying, feeling loneliness and irritation), 4. Autonomic reactions (cold perspiring, giddy, weakness and unconsciousness) 5. Beavertail changes (reduction of efficiency, difficulty in concentration and reduction of kinetic coordination, 6. Somatisation status (feeling suffocated, pain in the breast, feeling the sound of bell in ears, blind spots in the visionary domain, blurred vision, shakiness and etc.) Spirov: 1992, 65).

For the first time, this syndrome was explained by Frank. He found a creditable position through a report in which he used the term of premenstrual tension of an indefinable tension and increase of the epilepsy activities at the end of stage of leutel in a group of women being afflicted with epilepsy disorders. He reported that this tension is increased during the stages of leutel and with the start of menstrual bleeding it moves to remission (ibid, 611). About 3 to 5 percent of women with such observable signs or disabling symptoms, according to psychological diagnosis, the Premenstrual Dysphoric Disorder are true in their cases (Barrak, 2003, P. 223).

The high rate of committing suicide and violent actions such as violence committed by women occur in four days before menstruation and during the four days of menstrual period (Haid, 2004, P. 350). Forty five percent of the women workers in the industrial factories who became ill, forty six percent of the women who are accepted in mental centres are either in the period of 8 days before menstrual period starts or inside the menstrual period which indicate perhaps the increase of the distress in mothers in this part of the time (ibid). On the other hands, 8 days before menstrual period and the days of menstrual period form the 36 percent of the total days of a cycle. So, statistics which say for example 49 percent of violations by women takes place in this time period is by itself and considerably high (ibid, 350). It is estimated that 20 to 40 percent of women mention considerable difficulties in relation with their menstrual cycle. About 20 percent of them complaining some degrees of working disturbance and their routine jobs (Spirov, 1992, 115).

The social structure of PMS

The viewpoint of the advocates of women rights emphasizes on the gender roles based on external, social and environmental factors. The expression of feelings is exactly adjusted by social norms. Concerning most of the emotions such as love, sadness—expressing them by women is more acceptable as compared with men. The emotion of anger is an exception. The expression of anger by

men has been borne but for women it is not so. A woman who expresses her anger violates the social norm (Haide, 2004, p. 357).

The expression of anger in women is not acceptable for these reasons because it interfere with their social role. The family role of women called them to prepare care and emotional support for others. The angry person can not behave affectionately and take care after and offer emotional support. This is also true in job roles and still anger interferes in job performance. Nobody wishes to be taken care after by an angry nurse. On the other hands, many of women are forced to become angry due to low level jobs, inequality in paying the wages vis-à-vis an equal work, violation and lack of access to high posts (ibid, 358).

So, in summary, many women feels anger or distress but to feel these emotions- emotions which are expressed less-is a serious deviation from social norms. This makes that women and her companions pursue an acceptable explanation for her expression of emotions. So, the issue of PMS is put forth. The PMS from the viewpoint of psychology or social structuralism as a reference is put forth. The woman experiences a specific emotion or expresses it. This woman refers this specific emotion to something. If the emotion is an unacceptable social emotion such as anger or distress, she and the others search for acceptable social references and the society thinks that PMS is a reference and easily accessible. She surprisingly does not become angry, but she is in the temporary stage of mental disorder, i.e. PMS. Her emotions with a little further reference do not anymore violate social norms. But at the same time, any real feelings from here real anger towards perhaps husband or boss is also removed (ibid, p. 358).

Research methodology:

The research methodology of this research is survey.

The tools and method of data collection:

In addition to questionnaire (questionnaire of physical symptoms, measuring the scale of clinician distress and depression and questionnaire of social relations, the library method has been also used.

Statistical community

All women of 25-35 years old being employed in Baft city (due to access to the statistical society, the sample volume was not used).

The method of data analysis

In this research, the descriptive and inferring statistics have been used. At the level of descriptive statistics, for the organizing and summarizing the data to be understandable and interlinking, descriptive tables were made (frequency distribution

and percentage). Furthermore, at the level of inferring statistics, the Khee Du calculation has been used.

The theoretical framework of the research

The theoretical framework of this research has used the theoretical views of Kert Lovin's psychology and sociology. Levin believes that his field theory aims at the link of the social living space and behaviour of the individual. He thinks that the behaviour of the individual is a function of this atmosphere which is understood through his needs and objectives (Turner, 1998, 78). Through this theory, some of the unnatural behaviours and states of human such as depression, alienation, anger, suicide are clarified. The concept of the conformity emphasises on coupling the individual variables with environmental variables. The more the individual expectations are in harmony with the expectations of the environment, the more will be the adaptability of individual and environment and the behaviour will be more nature and the environmental pressure on individuals will be also less (ibid).

Findings analysis

In order to study the impact of PMS on social contribution of the female staff of Baft city, 130 people of the employed female staffs of public offices were identified in Baft and responded to the related questionnaires.

The first objective in implementing these questionnaires was to study the spread of PMS among these women. A person was considered afflicted with PMS who has a score higher than 2 in the series of physical symptoms of PMS. 122 people (94 percent) of the 130 participants in this research were afflicted with PMS and 8 people (6) percent were not afflicted with the PMS.

The first assumption: Determining the relation between PMS and change in the social conformity Table of change in the social changes versus the physical symptoms of PMS

Table1, calculations of independence test

Test statistic	14.29
<i>P</i>	0.003

With regard to the fact that–p obtained of the test of independence of two variables of those afflicted with the PMS syndrome and change in the social relations of women (0/003) is less than the meaningful level of (0/05), so the two variables are not separate from each other and change in the physical signs of PMS will cause reduction or increase of change in the social relations of the women.

The second assumption: Determining the relation between PMS and affliction with depression

Table2, calculations of independence test

Test statistic	13.85
<i>P</i>	0.003

With regard to the –p, the quantity resulting from the test of independence between two variables of affliction with PMS and intensity of depression (0/300) which is less than meaningfulness of (0/05), so it is concluded that the two variables of depression and PMS are not independent from each other and when the score of physical and PMS affliction, the depression goes up. Of the 8 people with non affliction with PMS, 87/5% had normal scores and were not afflicted with depression. But in the group afflicted with PMS, only 26% percent were not affiliated with depression and even 47 people (39%) were afflicted with an intensive and high depression.

The third assumption: Determining the relation between PMS and affliction with agony (distress)

The conformity Table of distress versus physical signs of PMS

Table 3, calculations of impence test

Test statistic	12.8
<i>P</i>	0.047

With regard to the fact that–p of the obtained quantity from the independence test of affliction with PMS and increase of distress (0/047) which is less than significance of (0/05), so the two variables are not independent from each other and change in the physical signs of PMS causes change in reduction or increase of distress. 75% of the non-afflicted people with PMS had a natural score of distress but in the group afflicted with PMS, only 33/6% of the individuals were not afflicted with distress and had a natural score of distress. The score of intensive and very high in the group of afflicted with PMS allocated 33/6% of the scores related to the affliction with distress to themselves. But this score in the group which are not afflicted with PMS is zero. This means that in the group who are not afflicted with PMS, the affliction with an intensive or very high distress was not observed. But 41 people (34%) of the people afflicted with PMS were afflicted with a grave or very grave distress.

Conclusion and approaches

PMS is one of prevailing disorders of the fertilization years which along with menstrual pains

disturb the women life considerably. This syndrome exists in all cultures and has different impacts on social, economic, and professional life of women. This syndrome is observed among the women of 25 to 35 years old who are employed in the public offices in Baft city with a 94% prevailing rate. This syndrome with various difficulties which put ahead of this group leads to the spread of depression, stress and physical pains among them. It is such that with the affliction with PMS and moving up the scores of the physical signs of syndrome, the score of affliction with depression and distress goes up considerably. Of the 122 people afflicted with PMS, 68% (83 people) were afflicted with depression. 66% (81 people) were afflicted with distress and 82% (100 people) were afflicted with the change in social relations. So the PMS along with the grave pain resulting from the physical problems, depression, and distress is seen among the women of Baft. This has led to the reduction of efficiency, lack of concentration and tiredness resulting from muscular pains associated with depression and distress. This disease with a broad level and different consequences exist in that society but unfortunately, it is not considered as it is and has not received sufficient attention by authorities, whereas PMS is a difficult issue with a relatively simple solution. Because, the women with a slight attention can reduce this issue by correcting their food program, doing exercises, and ... and they can even bring this difficulty into zero level. This will be possible only through planning on the side of officials to promote the knowledge of women and giving them further freedom of action to the employed women.

At the end, it is necessary to propose some suggestions to the authorities. Firstly, PMS is one of the complex issues of the social life, because half of the individuals of the society are suffering from it and faces its consequences. The officials should give sufficient attention to the social and psychological aspects of it in the social interaction among individuals.

Secondly, different social institutions including the Ministry of Health and Medical Education, Management and Planning Organization, etc. should support the researches in this area and help with further understanding of different issues of women afflicted with PMS who are a high percentage of the society i.e. half of the individuals of the society with high education, professional knowledge and capabilities. They play unique roles in the development of the society. The officials should forecast necessary approaches in policymaking and planning to reduce the unfavourable impacts of this disease.

Of the most important approaches, the followings may be mentioned:

- In those jobs which are done in shift forms, the women to be permitted to select their hard and full of stress shift based on their menstrual cycles. They must be trained that to transfer the stress producing part of their job to the week after menstrual period. Having relaxation in the week before menstrual period can be useful in the control of the outcomes of PMS.

- It is necessary to have the education of reconciliation with PMS as part of the educational activities of female personnel. They must become familiar with the scientific issues and ways to reduce the consequences of this disease. Because as long as the individuals are not familiar with a disease, they will not pursue treatment. The women should be taught that they must not change their meal hours, sleeping time and usual program of their activities some days before menstrual period. Maintaining usual order of these three issues help with internal and harmonic order of the body. They must be trained that it is necessary to sleep well (every night 8 hours) before or during menstrual period. Lack of sleeping, the reduction of serotonin in the body, exhaustion and irritation resulting from that will add fuels to PMS.

- Unfortunately, due to lack of public knowledge about this fact that it is necessary to be mindful of the women in PMS period in order to help them recover, the women are blamed for incapability and even face gender discrimination. If managers do not become aware of this preventive weakness, they will not be eager to employ women and the society will be deprived of the half of its skilful and expert forces. So arranging educational courses for managers and familiarizing them with this disease seems to be very necessary.

- The respectable officials should ban drinking teas and those holding caffeine and sugar in offices and should encourage women to consume fresh fruits.

Health is the pivot of development and women are axes of health. So paying attention to the health of the women is one of the most important axis of the development of the society, because a healthy human helps with the development of the society. We must treat the PMS with a high spread as one of the barriers in the path of women health and an obstacle for her participation in the society affairs. It has been rarely dealt with due to perhaps lack of awareness of it.

In fact, if we really wish to have the participation of the women in the process of sustainable development, and want to have it increase regularly, this objective will become only possible by facilitating the participation of women in social

activities. Otherwise, by putting forward mottos on the necessity of women participation and that the men and women's conditions are fully equal, no problem will be solved. Inequality between the conditions of competition of men and women in the social, economic, etc scene is not a phenomena of the recent time, and could be removed fast and easy. This inequality is the outcome of a long history which will not be solved only with superficial equality at the condition of unequal competition.

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