

SURVEY ON THE EFFICACY OF METHODS FOR POSTPONING THE MENSTRUATION AMONG IRANIAN FEMALE PILGRIMS DURING THE HADJ OF 1994

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Abstract - It is required for many women participating in Hadj rituals to use some methods to postpone their menstruation, because some of the Hadj assignment rites are performed inside the Mecca Holy Mosque (Masjid-al-haram) and in case the woman pilgrim is menstruating, her arrival to Masjid-al-haram is according to the religious law.

This survey is to find out the most effective and least troublesome method for postponing the menstruation in women. The population women pilgrims above 15 years old who were chosen by means of convenient sampling were studied by this survey. The gathering of information was by means of questionnaires containing data such as demographic characteristics woman's background with respect to her previous menstruation, the methos applied to postpone the menstruation and resulting troubles.

There were 992 studied cases which included 189 cases over 50 years old and 803 cases under 50 years old. Oral contraceptive (OC) with a low dose (LD) was the best method applied to postpone the menstruation. The meaningful age for using these methods ($P < 0.001$) was lower than those who used no method, but no meaningful difference between menstruation length ($P = 0.56$) and menstruation interval ($P = 0.251$) was observed. Comparison between troubles caused by LD and high dose (HD) one and two daily showed that LD one daily caused less troubles. Considering that with the administration of one daily LDOC spotting (3.6%) and the occurrence of menstruation (0.5%) were of least prevalence and with LD other troubles like nausea were lower than other methods, so the best method to postpone the menstruation was using OC tablets with low dose and one daily. To eliminate the trouble of spotting by LDOC it is recommended that the consumption is started simultaneous with the menstruation from 2 cycles before traveling to Mecca, and only during the Hadj period taking of OC be continued after the ordinary weekly taking of drug.

Acta Medica Iranica, 36 (1) 70 - 73 ; 1998

Key words: Postponing the minstruation, Oral contraceptive

INTRODUCTION

Hadj is a devotional assignment which is obligatory for every Muslim enjoying bodily health and financial comfort or is not according to the religious law prohibited to enter Mecca.

The city of Mecca annually receives more than one million Muslims who congregate to worship their Creator, whereas half of this population are women. Since some of Hadj assignments must be performed within the Masjid-al-haram, muslim women effort is to prevent the incidence of menstruation during the time of Hadj by various methods recommended by physicians (1). Since the usage of Oral Contraceptive(OC) to postpone menstruation was merely recommended for some special conditions physical activities, etc, we decided to survey the most appropriate and less troublesome method of menstruation through a scientific method during the days of performance of Hadj devotions. We hope the results of this research can eliminate this major problem of muslim women.

MATERIALS AND METHODS

This study was carried out in Mecca and Medina (2 cities in Saudi Arabia) in May 1994 (1414 Hejri Ghamari). The plan was programmed in the form of a cohort study with forward direction. From the population under study which included Iranian women pilgrims with an age of over 15 a sample was chosen through convenience sampling. The sampling was done on the base of places of dwelling of pilgrims which were accessible to the studying group and the bulk of the sample was chosen as large as possible. No racial, age, or social factor caused the addition or

ommission of a group from the study.

From every group of pilgrims a woman with high-school diploma was selected and trained within 4 hours. Within this training class the importance of this research, probable results, population under study and information-gathering methods and methods to complete the questionnaire were explained to these women through an interview. The gathering of information by the mentioned group was done simultaneously in several pilgrim groups. A questionnaire which was completed during a face interview was used to gather information. The questionnaire contained questions concerning person's demographic characteristics (age, number of children, education level), short history of previous menstruations (length of menstruation period within 3 previous menstruations, interval between menstruations and the order of previous menstruations). In addition if someone uses a method of preventing menstruation during Hadj days, she was asked to speak out about the type of this method. The questions were set in a non-directed manner and then in the list of possible answers one of the answers was ticked by the questioner. Different hormone methods which considering the questioner's mental background were possible to have been used were included in the answers and nobody actually applied other methods which might cause her omission from the group which was under examination. Again by the 20th day after the first interview the questions arranged for another interview with the person was filled out. The second section of the questionnaire included bodily troubles resulted and produced during the ceremony in Mecca and Medina. The questioners were recommended to refrain from inculcating symptoms to the person under study and present the questions in a non-directed manner nine symptoms from the usual symptoms of the application of hormonal methods were inserted among the answers and the questioners could tick one or several of them in the questionnaire.

The information was transferred to a statistical software Epi Info 5.1. Within this software the validity and the accuracy of the datas were reviewed with respect to the inclusion criteria.

After analyzing general information the sample under examination was divided in to 2 age groups of under and over 50 (50 was considered as age limit - line of menopause) and a revisional analysis was also done separately in both groups. In addition concerning some symptoms whose occurrence prevalence increased on the base of menstruation regularity the analysis was also done on the base of menstruation order.

RESULTS

The bulk of the examined sample included 992 persons with 43 ± 10 years of age. 803 persons were under 50 and 189 over 50. The average menstruation length in the examined persons was 6 ± 1 days and the interval between 2 menses was 25 ± 12 days. The most common method used to postpone the menstruation was taking oral contraceptive tablets with a daily LDOC. Total number of women using menstruation postponement methods was 643, and they were under 50 years of age. The age difference between those using these methods and those using no method were measured through examination and a meaningful difference was observed ($P < 0.001$), for these 2 groups no significant difference in menstruation length ($P = 0.56$), and interval between menstruations ($P = 0.251$) was observed. The interval between menstruations ($P = 0.184$) and the length of menstruation ($P = 0.53$) among women under 50 years old showed no significant difference between those using the methods and other persons. Troubles caused by application of the methods are depicted in Table 1. The most common trouble was malaise (100 persons) and headache (55 persons). Table 2 shows the difference of side effects of menstruation postponing methods. Through reviewing the

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Table 1. Comparison of prevalence of resulting troubles within two age groups of under and over 50 years old among Iranian women pilgrims

side effects	< 50 (803) women		P	> 50 (189) women		P
	Those using methods (606 women)	Others (197 women)		Those using the methods (37 women)	Others (125 women)	
Nauseas	9/5%	4%	S	13.5	6%	S
Abdominal Bloating	5.1%	2.5%	NS	5.4%	5.9%	NS
EdemaNS	5.1%	2.5%	NS	0.0%	11.3%	NS
Breast pain	5.4%	2.5%	NS	5.4%	0.0%	NS
Headache	9.4%	4.5%	S	0.0%	11.8%	S
Malaise	16%	6.4%	S	8.1%	7.2%	S

S = Significant NS = Non-significant., Chis-square and Fisher exact tests have been used

Table 2. Comparison of side effects of menstruation postponing methods

side effects	LD qid	LD bid	HD qid	HD bid
	380	27	198	32
Serious Spotting	3.6%	24%	5.3%	13%
Severel hemorrhage	0.5%	4%	1.6%	3%
Normal menstruation	0.5%	0.0%	0.5%	0.0

Figures in the first row refer to number of women in each group

troubles caused by LDOC drug, it became clear that a meaningful connection between LDOC consumption and abdominal cramp exists ($X^2 = 9.682$; $P = 0.002$), while no meaningful connection between nausea ($X^2 = 0.026$; $P = 0.827$) or headache ($X^2 = 0.216$; $P = 0.642$) and the consumption of LDOC was found.

DISCUSSION

Previous studies had remarked the most prevalent estrogenic troubles of LDOC such as nausea, breast tenderness, water and salt retention. It was recommended that OC tablets be taken before sleep (1). It is suggestable that LDOC be taken before sleep during Hadj days too, so that this state is alleviated to the least possible level. Troubles resulting from LDOC such as abdominal bloating, edema, headache and breast sensitivity do not show any meaningful increase due to the taking of LDOC compared to

the group not taking the drug. The incidence of menstruation in those taking LDOC was 0.5% and the effects of both LDOC and high dose oral contraceptive (HDOC) in causing a delay in menstruation are equal. Since the possibility of occurrence of troubles like nausea is more probable with taking of HDOC than taking of LDOC, therefore in this case taking of LDOC is preferred.

Considering that one of the positive effects of OC is the regularization of menstruation the woman with irregular menses, therefore would take more advantage from this method. Furthermore in the population which is under study a change in the length of menstruation period, length of monthly cycle and irregularity in the order of menstruation has not reduced the effectiveness of LDOC in the postponement of menstruation. Since the incidence of spotting during Hadj period would obstruct the performance of Hadj devotional rituals, the

application of every method which involves this trouble (such as progestron only agents) is not appropriate for postponing menstruation during Hadj period (2).

Within previous studies one of problems was the consumption of OC type break through bleeding (BTB), which within the present study the incidence rate of spotting was not higher in persons taking LD. Considering that among most women this spotting disappears automatically as a result of improvement within the third month (3), therefore it is recommendable that for women pilgrims who are willing to use LD to prevent menstruation, cyclic taking of OC be started from 2 cycles before traveling to Saudi and continued while in Saudi Arabia in addition to the ordinary 3 weeks consumption of menstruation - postponing drugs. If BTB is continued, LD tablet can be changed to HD or extra estrogen can be used for 7 days to stop bleeding.

In the present study the amount of spotting with the taking of 2 daily had been much higher compared to 1 LD daily and when no LD had been taken. This had been proved through previous studies and it is not recommended to double LD dose in order to control BTB (3). Considering what was mentioned here, the proper proposal of researchers in that case the application of LDOC does not have a contra-indication in women who intend to perform Hadj rituals and have regular menstruation, regardless

of age, start taking of LDOC from when menstruation occurs, and get only during Hadj period continue to take LDOC after the ordinary 3 weeks taking of the drug so that they can delay their menstruation with least resulting troubles and positive desired effectiveness(4). Moreover, woman with irregular bleeding take advantage from the taking of LDOC during these days.

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